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### **Return of Private Foundation**

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

Internal Revenue Service

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

OMB No 1545-0052

For	calendar year 2010, or tax year beginning		, and ending		<del></del>
	Check all that apply Initial return Amended return	Initial return of a f	ormer public charity	Final return	
Nar	TOLEDO COMMUNITY FO	UNDATION, INC.		A Employer identification	number
Nun	ALGONQUIN FUND  mber and street (or P O box number if mail is not delivered to	treet address	Room/suite	34-6853246	<del></del>
1	300 MADISON AVENUE,	•	noonvsuite	B Telephone number (419)241-5	N / Q
City	ty or town, state, and ZIP code	D011L 1300		C If exemption application is pe	
",	TOLEDO, OH 43604			D 1. Foreign organizations	
H C	Check type of organization X Section 501(c)( Section 4947(a)(1) nonexempt charitable trust	3) exempt private foundation  Other taxable private found		Foreign organizations mee check here and attach cor	eting the 85% test.
l Fa		ounting method.	Accrual	E If private foundation stat under section 507(b)(1)(	us was terminated
		Other (specify) MODIFI	ED CASH	F If the foundation is in a 6	
		column (d) must be on cash	basis.)	under section 507(b)(1)	
Pæ	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment Income	(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received 2 Check ► X If the foundation is not required to attach Sch	В			
	3 Interest on savings and temporary cash investments			<u></u>	***************************************
	4 Dividends and interest from securities	11,463.	11,463.	11,463.	
	5a Gross rents	·			
	b) Net rental income or (loss)	41 101	***************************************		**************************************
e	68 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all 41,131	41,131.			
Revenue	7 Capital gain net income (from Part IV, line 2)	•	41,131.		***************************************
æ	8 Net short-term capital gain	•	41,131.		
	9 Income modifications Gross sales less returns	•			
	10a and allowances  b Less Cost of goods sold				***************************************
	c Gross profit or (loss)				
	11 Other income				
	12 Total. Add lines 1 through 11	52,594.	52,594.	11,463.	
	13 Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
	14 Other employee salaries and wages				
(y	15 Pension plans, employee benefits				
nses		7.75	ļ	775	
Exper	b Accounting fees STMT 1			775. 5,803.	0.
П	c Other professional fees STMT 2	3,003.	3,003.	5,803.	0.
äţi	18 Taxes RECESUMID	9.	0.	0.	0.
and Administrative	19 Depreciation and depletion	10			
Ē	20 Occupancy O NOM = 7 2011.	SS			
Ψ	20 Occupancy   NOV 7 7 2011 21 Travel, conferences, and meetings	0			
and	22 Printing and publications	<u> </u>			
ing	23 Other expenses OGDESTMT-4	-252.	0.	0.	0.
Operating	24 Total operating and administrative	<del></del>	F 003	6 570	_
ŏ	expenses. Add lines 13 through 23	6,335.		<del>+</del>	31 000
	25 Contributions, gifts, grants paid 26 Total expenses and disbursements.	21,000		<u> </u>	21,000.
	Add lines 24 and 25	27,335.	5,803.	6,578.	21,000.
	27 Subtract line 26 from line 12:	7 77	474	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	21,000.
	Excess of revenue over expenses and disbursements	25,259	, 4, ,		
	b Net investment income (if negative, enter -0-)		46,791.		
~~~	c Adjusted net income (if negative, enter -0-) .	7	17 19 1111	4,885.	4.4
12-0	501 07-10 LHA For Paperwork Reduction Act Notice	see the instructions.			Form <b>990-PF</b> (2010)

Form 990-PF (2010)

ALGONQUIN FUND

34-6853246

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Part II Balance Sheets Attached schedules and a	mounts in the description	Beginning of year	End of	year
		(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing	[	369.	369.	369.
2 Savings and temporary cash investments	L	-715.	460.	460.
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, truste				
disqualified persons				
7 Other notes and loans receivable				
Less: allowance for doubtful accounts				
8 Inventories for sale or use				
9 Prepaid expenses and deferred charges				
10a Investments - U.S. and state government obliga				
b Investments - corporate stock		262,145.	278,958.	409,766.
c Investments - corporate bonds		60,146.	67,417.	69,164.
11 Investments - land, buildings, and equipment basis			/	00/1016
Less: accumulated depreciation		•		
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment. basis		······································		//
Less, accumulated depreciation				
15 Other assets (describe ►				
19 Other assets (describe >	<del></del> /			
16 Total assate /to be completed by all filem)		321,945.	347,204.	170 750
16 Total assets (to be completed by all filers)  17 Accounts payable and accrued expenses	<del>· · · - · - · - ·</del>	321,343.	341,204.	479,759.
18 Grants payable				
	•			
20 Loans from officers, directors, trustees, and other disqu	·			
21 Mortgages and other notes payable	· · · .			
22 Other liabilities (describe	······································			
22 Tatal Habilitian (add lines 47 through 00)		0	^	
23 Total liabilities (add lines 17 through 22)		0.	0.	
Foundations that follow SFAS 117, check her	1			
and complete lines 24 through 26 and lines 3	0 and 31.			
§ 24 Unrestricted	·· ···			
25 Temporarily restricted				
26 Permanently restricted				
24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, che and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and ed Retained earnings, accumulated income, endor	ack here 🕨 🗓			
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 e	· ·	0.	0.	,
29 Retained earnings, accumulated income, endo	wment, or other funds	321,945.	347,204.	
30 Total net assets or fund balances		321,945.	347,204.	
31 Total liabilities and net assets/fund balances	<u></u>	321,945.	347,204.	
Part III Analysis of Changes in Net	Assets or Fund Ba	alances		
1 Total net assets or fund balances at beginning of year	ir - Part II, column (a), line	30		
(must agree with end-of-year figure reported on prio	r year's return)		1	321,945.
2 Enter amount from Part 1, line 27a			2	25,259.
3 Other increases not included in line 2 (itemize)			3	0.
4 Add lines 1, 2, and 3			4	347,204.
5 Decreases not included in line 2 (itemize)			5	0.
6 Total net assets or fund balances at end of year (line	4 minus line 5) - Part II, co	lumn (b), line 30	6	347,204.

Part IV Capital Gains	and Lo	sses for Tax on In	vestment	Income					
2-story brick wa	rehouse;	nd(s) of property sold (e.g. or common stock, 200 shs	. MLC Co)		P·	low acquired - Purchase - Donation		Date acquired o , day, yr )	(d) Date sold (mo., day, yr.)
12 PUBLICLY TRADED SECURITIES BY 3RD PARTY									
b BROKER						P	VA	RIOUS	VARIOUS
C									
d			-						
.0				-					
(e) Gross sales price	(f) [	Depreciation allowed (or allowable)		t or other basis xpense of sale				h) Gain or (loss plus (f) minus	
<u>a</u>									
b 41,131.									41,131.
<u>C</u>									
d						-		-	
e									
Complete only for assets showing	g gain in	column (h) and owned by t	the foundation	on 12/31/69			(I) Gair	ns (Col (h) gair	minus
		(j) Adjusted basis		cess of col (I)			col (k),	but not less tha	ın -0-) <b>or</b>
(i) F M V. as of 12/31/69	'	as of 12/31/69		col (j), if any	ŀ		Lo	sses (from col.	(h))
									<del></del>
<u>a</u>							_		41,131.
<u>b</u>									41,131.
<u>C</u>					$\dashv$			<del></del>	
d	-	<del></del>						<del></del>	
<u>e</u>						<del></del>			
2 Capital gain net income or (net ca	ipital loss)	If gain, also enter If (loss), enter -0-			.)	2			41,131.
3 Net short-term capital gain or (los	ss) as defi	ned in sections 1222(5) an	ıd (6):						
If gain, also enter in Part I, line 8,	column (		(0).		}				0
If (loss), enter -0- in Part I, line 8			Dadwaa	Tau an Mad		3	lan a a an		0.
Part V Qualification U	naer s	ection 4940(e) for	Reduced	lax on Nei	Linv	estment i	ncon	16	
(For optional use by domestic private	e foundati	ons subject to the section 4	4940(a) tax on	net investment II	ncome	∍)			
If another 4040/d\/0\ applies Janua	h:a								
If section 4940(d)(2) applies, leave t	nis part bi	alik							
Was the foundation liable for the sec	tion 4942	tax on the distributable am	nount of any ye	ear in the base pe	riod?				Yes X No
If "Yes," the foundation does not qua	lify under	section 4940(e). Do not co	mplete this pa	ırt.					
1 Enter the appropriate amount in	each colu	mn for each year, see instr	uctions before	making any entr	185.				
(a)		(b)			(c)			Di-A	(d) Ibution ratio
Base periód years Calendar year (or tax year beginni	l (aı nai	Adjusted qualifying dis	tributions	Net value of no			ets	Distr (col. (b) d	ibution ratio ivided by col. (c))
2009	g,		5,371.			392,5	74	(00 (2) 0	.064627
2009	-		9,914.			513,1	65		.058293
			7,000.			608,8			.044343
2007			6,000.			559,7		<del></del>	
2006									.046448
2005			4,990.			522,5	93.		.047819
2 Total of line 1, column (d)							L	2	.261530
3 Average distribution ratio for the	5-year ba	se period - divide the total	on line 2 by 5,	or by the numbe	r of ye	ars			_
the foundation has been in existe	nce if less	s than 5 years			•			3	.052306
				•		•			
4 Enter the net value of noncharita	hla-uca se	sats for 2010 from Part Y	line 5					4	443,401.
- Litter the net value of noncharita	DIG-USG 43	13813 101 2010 HUIH FAIL A,		•			···  -	-	113/101.
F 44 W.4 D 4 D 17 D								_	22 102
5 Multiply line 4 by line 3					•		<u> </u>	5	23,193.
							ł	ļ	4.50
6 Enter 1% of net investment incom	me (1% of	f Part I, line 27b)						6	468.
							İ	ļ	
7 Add lines 5 and 6					-		. 1	7	23,661.
	- •	÷ ÷ • • •		=	•				
8 Enter qualifying distributions from	m Part YII	line 4						8	21,000.
	Enter qualifying distributions from Part XII, line 4								
If line 8 is equal to or greater tha See the Part VI instructions.	п II <b>ne</b> 7, с	NECK THE DOX IN PART VI, line	e 10, and com	piete that part usi	ng a 1	% tax rate.			
				<del></del>		<del> </del>			- 000 DE :
023521 12-07-10									Form 990-PF (2010)

TOLEDO COMMUNITY FOUNDATION, INC.

	n 990-PF (			-6853			age 4
Pa	irt VI	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 4948	- see ir	stru	ction	s)
1a	Exempt of	perating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1					•••••
	Date of n	uling 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 🕨 🔲 and enter 1%	1			9:	36.
	of Part I,	line 27b				***************************************	******
0	All other	domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
2	Tax unde	er section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines	1 and 2	3			9:	36.
4	Subtitle A	A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax base	ed on Investment Income. Subtract line 4 from line 3. If zero or less, enter -0	5			9.	36.
6	Credits/P	'ayments'					
a	2010 est	imated tax payments and 2009 overpayment credited to 2010 6a		1			
t	Exempt f	oreign organizations - tax withheld at source 6b					
0	Tax paid	with application for extension of time to file (Form 8868)	0.				
C	Backup v	withholding erroneously withheld					
7	Total cre	dits and payments. Add lines 6a through 6d	7			9	50.
8	Enter any	penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				4.
9	Tax due.	If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ 9			-	
10	Overpay	ment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶ 10				10.
11	Enter the	amount of line 10 to be Credited to 2011 estimated tax > 10 . Refunded	11				0.
Pá	art VII-/	Statements Regarding Activities					
18	During th	ne tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inte	rvene in			Yes	No
	any politi	ical campaign?			1a		X
t	Did it spe	and more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition	n)?		1b		X
		nswer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials put					
		ted by the foundation in connection with the activities.					
(	Did the f	oundation file Form 1120-POL for this year?			10		X
(	1 Enter the	amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On t	he foundation. <b>&gt;</b> \$ (2) On foundation managers. <b>&gt;</b> \$	0.				
(	Enter the	reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	<u>-</u>				
	manager	s ▶ \$O.					
2	Has the f	foundation engaged in any activities that have not previously been reported to the IRS?		••	2		X
	If "Yes,"	attach a detailed description of the activities.					
3	Has the f	foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorpora	tion, or				
	bylaws,	or other similar instruments? If "Yes," attach a conformed copy of the changes			_3		X
4	a Did the f	oundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
1	if "Yes," l	has it filed a tax return on Form 990-T for this year?		N/A	4b		
5	Was the	re a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes,"	attach the statement required by General Instruction T.					***************************************
6	Are the r	equirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By lan	guage in the governing instrument, or					
	<ul><li>By star</li></ul>	te legislation that effectively amends the governing instrument so that no mandatory directions that conflict with th	e state law				
	remaii	n in the governing instrument?			6	X	
7	Did the f	oundation have at least \$5,000 in assets at any time during the year?			7	X	
	If "Yes,	" complete Part II, col. (c), and Part XV.					
8	a Enter the	e states to which the foundation reports or with which it is registered (see instructions)					
	OH						
-	b If the an	swer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each s	state as required by General Instruction G? If "No," attach explanation			8b	X	<u> </u>
9	is the fo	undation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) f	or calendar				
	year 201	0 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		<u>X</u>
10	Did any	persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	-		10		X

TOLEDO COMMUNITY FOUNDATION, INC.

orm	n 990-PF (2010) ALGONQUIN FUND 34	4-68532	46	Page 5
Pâ	art VII-A Statements Regarding Activities (continued)			
	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			
13	August 17, 2008?  Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		12 13 2	X
14	Website address ► N/A  The books are in care of ► TOLEDO COMMUNITY FOUNDATION, INC. Telephone no. ►	(419)24	1-5(	149
		P+4 ►436		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			ightharpoonup
		5	N/I	<b>A</b>
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,		Y	es No
	securities, or other financial account in a foreign country?		16	X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of			
-	the foreign country			<u> </u>
Pe	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.	<b></b>	Y	es No
1a	a During the year did the foundation (either directly or indirectly)			
		X No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
		X No		
		X No		
	· · · · · · · · · · · · · · · · · · ·	X No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available	· ·		
		X No		1
	(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	X No		
	• • • • • • • • • • • • • • • • • • • •	A NO		
L	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	N/A	.	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?  Organizations relying on a current notice regarding disaster assistance check here		1b	
	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 2010?	ŀ	.	х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	· -	1c	
-	defined in section 4942(j)(3) or 4942(j)(5)):			
,	a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
·		X No		
	If "Yes," list the years $\blacktriangleright$			
t	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	ļ		
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
		N/A	2b	1
(	c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here	" ' · F		
	<b>&gt;</b>			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	ţ		
	during the year?	X No	•	
ı	b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after		į	
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to disp	ose		
	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 2010.)	N/A	3b	
48	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a	X
ì	b Did the foundation make any investment in a pnor year (but after December 31, 1969) that could jeopardize its charitable purpose t		7	
	had not been removed from jeopardy before the first day of the tax year beginning in 2010?	<u> </u>	4b	X_

TOLEDO COMMUNITY FOUNDATION, INC. ALGONQUIN FUND Form 990-PF (2010) 34-6853246 Page 6 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))? Yes X No (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X 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)? 5b Organizations relying on a current notice regarding disaster assistance check here ..... .. ... ... c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained N/A expenditure responsibility for the grant? ... . ... . .... If "Yes," attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . \_\_ Yes X No . . . . .. . . b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X If "Yes" to 6b, file Form 8870. Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 7b Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred (b) Title, and average hours per week devoted to position (c) Compensation (e) Expense (If not paid, account, other (a) Name and address enter -0-) allowances SEE STATEMENT 7 0 0. 0. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (b) Title, and average (a) Name and address of each employee paid more than \$50,000 hours per week devoted to position (c) Compensation NONE

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

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Part VIII Paid Employees, and Contractors (continued)	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."  (a) Name and address of each person paid more than \$50,000  (b) Type of service	(a) Campanastia
(a) Name and address of each person paid more than \$50,000 (b) Type of service  NONE	(c) Compensation
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 DISTRIBUTION OF FUNDS TO NON-PROFIT TAX EXEMPT ORGANIZATIONS	
	•
2	0.
3	
4	
Part IX-B Summary of Program-Related Investments	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions	
3	
Tatal Add base 1 through 2	
Total. Add lines 1 through 3	0 .

Page 8

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	dations, s	ee 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	449,783.
b	Average of monthly cash balances	1b	370.
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	450,153.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	450,153.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	6,752.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	443,401.
6	Minimum Investment return. Enter 5% of line 5	6	22,170.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part )	d certain	
1	Minimum investment return from Part X, line 6	1	22,170.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI )		
C	Add lines 2a and 2b	2c	936.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	21,234.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	21,234.
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	21,234.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		21 000
a	, , , , , , , , , , , , , , , , , , ,	1a	21,000.
þ	• • • • • • • • • • • • • • • • • • • •	1b 2	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	3.	
a	Suitability test (prior IRS approval required)	3a	<del></del>
b		3b 4	21,000.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	21,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		0.
_	income. Enter 1% of Part I, line 27b	6	21,000.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		·
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	quaimes for	the section

Form **990-PF** (2010)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				21,234.
2 Undistributed income, if any, as of the end of 2010		······································		21/231.
a Enter amount for 2009 only		j	18,745.	
b Total for prior years	***************************************			······································
		0.		
3 Excess distributions carryover, if any, to 2010				***************************************
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ► \$ 21,000.				
a Applied to 2009, but not more than line 2a	111111111111111111111111111111111111111	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	18,745.	*******************************
<b>b</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 2010 distributable amount				2,255.
e Remaining amount distributed out of corpus	0.	<del></del>		
5 Excess distributions carryover applied to 2010 (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	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b	·····	0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		-		
amount - see instructions		0.		
e Undistributed income for 2009 Subtract line			_	
4a from line 2a. Taxable amount - see instr.			0.	·
f Undistributed income for 2010 Subtract	, *			
lines 4d and 5 from line 1. This amount must				10 070
be distributed in 2011		! !		18,979.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2005		<u> </u>		
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	0.			· ,
10 Analysis of line 9	,			······································
a Excess from 2006	,		7 //	
b Excess from 2007		1000		3 "
c Excess from 2008			[" ]	
d Excess from 2009	1 1 1 1 1 1	Court of Come		1 1/2 1/2
8 Excess from 2010		1 1 1 1 1 1 1 1 1 1		
				- 000 DE 100 101

TOLEDO COMMUNITY FOUNDATION, INC.

Form 990-PF (2010) ALGONOUT					353246 Page 10
Part XIV Private Operating For			I-A, question 9)	N/A	<del></del>
1 a If the foundation has received a ruling or o					
foundation, and the ruling is effective for 2		-	. ▶ ∟		
b Check box to indicate whether the foundation		ng foundation described		4942(j)(3) or4	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	- (1)	Prior 3 years		
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for					
each year listed			<u> </u>		
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed			<u> </u>		<u> </u>
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities		<u> </u>			
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c			<u> </u>		
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets		<u> </u>			
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter			<del>- </del>	<del> </del>	
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		<del> </del>	<del> </del>	<del>                                     </del>	<del> </del>
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from	· · · · · · · · · · · · · · · · · · ·	+	<del></del>	_ <del>                                    </del>	<del>  -</del>
an exempt organization	<del></del>		<del></del>	<del> </del>	
(4) Gross investment income  Part XV Supplementary Infor	mation (Compl	ete this part only	if the foundation	on had \$5,000 or r	nore in accete
at any time during th			i tile louliusti	on nad \$5,000 or i	11016 111 033613
1 Information Regarding Foundation	<del></del>				
a List any managers of the foundation who	_	e than 2% of the total co	atributions received by	the foundation before the	elose of any tax
year (but only if they have contributed mo			itilibations received by	ino todinadion bototo ino t	nood of any tax
NONE					
b List any managers of the foundation who	own 10% or more of t	the stock of a comoration	o (or an equally large of	ortion of the ownership of	nartnership or
other entity) of which the foundation has			. to: an odnany laida hi	and of the officerally of a	- partitioning of
NONE	-				
2 Information Regarding Contribution	on, Grant, Gift, Loan	n. Scholarshin, etc.	Programs:		
Check here ► X if the foundation on				es not accept unsolicited re	enuests for funds. If
the foundation makes gifts, grants, etc. (s	see instructions) to ind	Ividuals or organizations	under other conditions	s, complete items 2a, b, c, a	and d.
a The name, address, and telephone numb	<del></del>				
ב זווס וומוווס, מטטוססס, מווט נפוסטונטווס ווטוווט	o. or the person to will	o approations strutte t			
b The form in which applications should be	submitted and inform	nation and materials they	should include.		
	···	·			
c Any submission deadlines:					
d Any restrictions or limitations on awards	, such as by geograph	ical areas, charitable field	s, kinds of institutions	or other factors:	
,	,				

Form 990-PF (2010)

ALGONQUIN FUND

34-6853246 Page 11

3 Grants and Contributions Paid During to	ne Year or Approved for Future F	ayment		
Recipient	If recipient is an individual,	·	D	
Name and address (home or business)	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
a Paid during the year	or occurrent contributor			
SEE ATTACHED SCHEDULE	NONE			21,000
		:		
		•		
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	<b>,</b>			
	1		!	
	İ		1	
		ĺ		
,				
Total			<b>▶</b> 3a	21,000
b Approved for future payment				
NONE				
			]	
	1			
	]			
			<u> </u>	
Totai			D	

Page 12

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

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ded by section 512, 513, or 514	(8)
1 Program service revenue	(a) Business code	(b) Amount	Excu- sion code	(d) Amount	Related or exempt function income
	Code	<del></del>			
<u> </u>	<del></del>			<del></del>	···
D	<del> </del>				<del></del>
<u> </u>	<del> </del>				
d	<b>-</b>				
e					
f	<u> </u>		ļ		
g Fees and contracts from government agencies			ļ		
2 Membership dues and assessments	<b>—</b>		<b> </b>		
3 Interest on savings and temporary cash					
investments	<u> </u>	<del></del>	1	- 11 460	
4 Dividends and interest from securities		<del></del>	14	11,463.	
5 Net rental income or (loss) from real estate:			ļ		
a Debt-financed property	<u> </u>		<b></b>		
<b>b</b> Not debt-financed property					<del></del>
6 Net rental income or (loss) from personal					
property	ļ				
7 Other investment income			<u> </u>		
8 Gain or (loss) from sales of assets other	1				
than inventory			18	41,131.	
9 Net income or (loss) from special events			ļ		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:	ì		}		
a			<u> </u>		
b					
C					
d					
6					
12 Subtotal. Add columns (b), (d), and (e)		0.		52,594.	0.
13 Total. Add line 12, columns (b), (d), and (e)		• ••			52,594.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities t	o the Acco	mplishment of E	xemp	ot Purposes	
					- Alabana A
Explain below how each activity for which inco the foundation's exempt purposes (other than			4 CUMUII	buted importantly to the accom	ipusiiment oi
NOT APPLICABLE	by providing fai	100 101 3001 parposos/		·	<del></del>
HOT AFFILICABLE					
				<del></del>	
		·			· · · · · · · · · · · · · · · · · · ·
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		<u>-</u> -			
023821 12-07-10					Form <b>990-PF</b> (2010)

orm 990-PF (2		QUIN FUND			•	34-	6853246	Pa	ge <b>13</b>
Part XVII	Information Re Exempt Organ		sfers To a	nd Transactions a	nd Relations	ships With Nor	ncharitable		
1 Did the or			of the following	g with any other organizatio	n described in sec	tion 501(c) of		Yes	No
				7, relating to political organ					110
	from the reporting found						İ		
							1a(1)	[	Х
	rassets						1a(2)		Х
<b>b</b> Other tran	sactions:								
(1) Sales	of assets to a noncharita	ible exempt organizati	ion				1b(1)		Х
	hases of assets from a no	•	•			•	1b(2)		X
	al of facilities, equipment,					**	1b(3)		X
	bursement arrangements						. 1b(4)	<u> </u>	X
	s or loan guarantees 🔒 .				•		16(5)	<u> </u>	X
	rmance of services or me	•	•				1b(6)	<u> </u>	X
	f facilities, equipment, ma						<u>1c</u>	<u> </u>	X
d If the ansi	wer to any of the above is	"Yes," complete the f	ollowing sche	dule. Column (b) should alv	ways show the fair	market value of the g	joods, other as	sets,	
				ed less than fair market valu	ie in any transactio	on or sharing arrange	ment, show in		
	<ol> <li>the value of the goods,</li> <li>(b) Amount involved</li> </ol>			exempt organization	(4) -	<del></del>			
1) Line no	(n) Amount involved	(c) Name of	N/A	exempt organization	(Q) Description	on of transfers, transaction	ons, and sharing a	rangeme	ents ———
			N/A						
		<del>                                     </del>							
		<u> </u>			-				
				<del></del>					
		<del> </del>		<del></del>					
	· - · ·	<del>                                     </del>			<del>-   -</del>				
							<del></del>		
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	<del></del>				·				
						<del></del> -			
							······································		
							· · · · · ·		
2a Is the fou	ndation directly or indirec	ctly affiliated with, or r	related to, one	or more tax-exempt organi	izations described				
	501(c) of the Code (othe						Yes	X	No 🖸
b If "Yes," c	omplete the following sch	nedule.							
	(a) Name of or	ganization		(b) Type of organization		(c) Description of re	elationship		
	N/A	<del> </del>			<u> </u>				
land				ing accompanying schedules an ased on all information of which			e and belief, it is t	rue, com	ect,
Sign	Much	an/	·		//		Pl		
Here				11/12	<del>t / ((</del>	yuc-	man	ma	<u> </u>
	Signature of officer or to		Deans	Date	Pata	Title	DTIN		
	Print/Type preparer's n	iaiti <del>8</del>	Preparer's s	ignatur <del>e</del>	Date	Check if	PTIN		
Doid	DONNA M.	Daysenal	Dans	M. Dawson	9/9/11	self- employed			
Paid Proporor			L.*		1 ' ' ' ' ' '	<u> </u>	L		<del></del>
Preparer	Firm's name CL	LETON GUND	LKOUN	דודג		Firm's EIN ►			
Use Only	Firm's address ▶ Of	TE CENCAME	CITT	PF 2650		<del> </del>			
	I .	NE SEAGATE OLEDO, OH	-			Dhens as /	110121	ر 1 ۲	711
	1 10	THEOU, OH	45004-	-1770		Phone no.	419)24		
							Form <b>99</b>	<b>リーアト</b>	(201

Toledo Community Foundation Algonquin Fund Grantee 990 - Part 2 Organizations Grantees receiving \$1 or more. Tax Year 2011 Region: All Regions

Name, address, and zip	EIN	IRC Code Cash Grant	Purpose
AIDS Resource Center Ohio 15 W. Fourth St., Suite 200 Dayton, OH 45402	31-1256541	501(c)(3) 3,	000 General support
Center of Hope Family Services, Inc. 5461 Southwyck Blvd. Suite 1-E Toledo, OH 43614	20-0955193	501(c)(3) 1,	500 General support
Learning Club of Toledo 1702 Upton Avenue Toledo, OH 43607	34-1721196	501(c)(3) 6,	000 General support
Old West End Association P.O. Box 4652 Toledo, OH 43610	34-1293695	501(c)(3) 3,	000 Toledo City Bicycle Co-op
Ronald McDonald House Charities of Northwest Ohio 3883 Monroe St Toledo, OH 43606-3930	34-1349742	501(c)(3) 4,	500 General support
Vassar College Box 14 124 Raymond Avenue Poughkeepsie, NY 12604	14-1338587	501(c)(3) 3,	000 General support
Totals		21,	000

FORM 990-PF	ACCOUNTI	NG FEES	ST	ATEMENT 1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CLIFTON GUNDERSON LLP TAX PREPARATION	775.	0.	775.	0.
TO FORM 990-PF, PG 1, LN 16B	775.	0.	775.	0.
FORM 990-PF C	THER PROFES	SIONAL FEES	ST	'ATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TOLEDO COMMUNITY FOUNDATION ADMINISTRATION FEES KEY BANK INVESTMENT	4,984.	4,984.	4,984.	0.
MANAGEMENT RECORD KEEPING FEES	751. 68.		751. 68.	0.
TO FORM 990-PF, PG 1, LN 16C	5,803.	5,803.	5,803.	0.
FORM 990-PF	TAX	ES	នា	PATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAX	9.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	9.	0.	0.	0.

FORM 990-PF	OTHER E	XPENSES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
FEDERAL EXCISE TAX	-252.		0.		0.	0.
TO FORM 990-PF, PG 1, LN 23	-252.		0.		0.	0.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	5
DESCRIPTION			вос	OK VALUE	FAIR MARKE VALUE	EΤ
VANGUARD TOTAL STOCK MARKET VANGUARD TOTAL INTERNATIONAL VANGUARD FTSE EX-US; INSTL				148,406. 0. 130,552.	270,0	0.
TOTAL TO FORM 990-PF, PART I	I, LINE 10B			278,958.	409,7	766.
FORM 990-PF	CORPORAT	E BONDS			STATEMENT	
DESCRIPTION			во	OK VALUE	FAIR MARKI VALUE	ΞT
DFA 5 YR GLOBAL FIXED INCOME VANGUARD TOTAL BOND MARKET IN	NDEX			34,234. 33,183.	34,6	
TOTAL TO FORM 990-PF, PART I	I, LINE 10C			67,417.	69,	164.

	LIST OF OFFICERS, D AND FOUNDATION MANA			
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
KEITH BURWELL 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 43604	PRESIDENT/CEO 0.25		0.	0.
MICHAEL J. ANDERSON 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 43604	TRUSTEE 0.25	0.	0.	0.
PATRICIA APPOLD 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 43604	SECRETARY 0.25	0.	0.	0.
WILLIAM FALL 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 43604	TRUSTEE 0.25	0.	0.	0.
JIM HOFFMAN 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 43604	TRUSTEE 0.25	0.	0.	0.
RITA MANSOUR 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 43604	TRUSTEE 0.25	0.	0.	0.
BEVERLY MCBRIDE 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 43604	CHAIRMAN 0.25	0.	0.	0.
EDWARD C. MCNEAL 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 43604	TRUSTEE 0.25	0.	0.	0.
GEOFFREY MEYERS 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 43604	TREASURER 0.25	0.	0.	0.
ANTHONY J. ARMSTRONG, M.D. 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 43604	TRUSTEE 0.25	0.	0.	0.
GRANGER SOUDER 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 43604	TRUSTEE 0.25	0.	0.	0.

TOLEDO COMMUNITY FOUNDATION, I	NC. ALGONQ		34-68	353246
MARK LUETKE 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 43604	VICE CHAIRMAN 0.25	0.	0.	0.
SCOTT J. SAVAGE 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 43604	TRUSTEE 0.25	0.	0.	0.
DAVE WATERMAN 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 43604	TRUSTEE 0.25	0.	0.	0.
MARY WERNER 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 43604	TRUSTEE 0.25	0.	0.	0.
MARK ZYNDORF 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 43604	TRUSTEE 0.25	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.

# Form **8868**

(Rev. January 2011)

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. 1-2011)

	1 10 2 00 pc.	-10 abb				
	are filing for an Automatic 3-Month Extension, complete					X
	are filing for an Additional (Not Automatic) 3-Month Ext		· · · · · ·	•		
	complete Part II unless you have already been granted a					
	<b>nic filing (e-file).</b> You can electronically file Form 8868 if yo					
	to file Form 990-T), or an additional (not automatic) 3-mon					
f time t	to file any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for Trans	sfers As	ssociated With Co	ertain
Persona	al Benefit Contracts, which must be sent to the IRS in paper	er format (	see instructions). For more details on th	e elect	ronic filing of this	form,
	w.irs.gov/efile and click on e-file for Charities & Nonprofits.				<del></del>	
Part						
Acorpo Part I or	ration required to file Form 990-T and requesting an autominy		nth extension • check this box and com	plete 		· 🗀
	r corporations (including 1120-C filers), partnerships, REMI come tax returns.	Cs, and tr	usts must use Form 7004 to request an	extens	ion of time	
Type or	Name of exempt organization			Emplo	yer identificatio	n number
orint	TOLEDO COMMUNITY FOUNDATION ALGONQUIN FUND	I, INC		34	l-6853246	
lie by the	Number, street, and room or suite no. If a P.O. box, se		ions.		0033240	
iling your etum. Se	300 MADISON AVENUE, SUITE 1					
nstruction	TOLEDO, OH 43604	reign add	ress, see instructions.			
Enter th	ne Return code for the return that this application is for (file	a separa	te application for each return)			0 4
Applica	ation	Return	Application			Return
s For		Code	Is For	Cod		
Form 9	90	01	Form 990-T (corporation)	07		
Form 9	90-BL	02	Form 1041-A	08		
Form 9	90-EZ	03	Form 4720		·	09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
	TOLEDO COMMUNIT					
	books are in the care of ► 300 MADISON AVI	ENUE,		, 01	H 43604	<del></del>
	phone No. ► (419)241-5049		FAX No. ►	<del></del>		
	e organization does not have an office or place of business				!	▶ ∐
	is is for a Group Return, enter the organization's four digit					
	. If it is for part of the group, check this box				ers the extension	ıs for.
1	request an automatic 3-month (6 months for a corporation AUGUST 15, 2011 , to file the exemp		to file Form 990-T) extension of time un tion return for the organization named a		The extension	
is	s for the organization's return for:					
•	► X calendar year 2010 or					
,	tax year beginning	, an	nd ending		_·	
2 i	f the tax year entered in line 1 is for less than 12 months, c	heck reas	son: Initial return Fin	al retur	n	
3a	f this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any	Τ		<del></del>
	nonrefundable credits. See instructions.	<b>, -</b>		3a	\$	950.
	f this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and		<u> </u>	
	estimated tax payments made. Include any prior year over			3ъ	\$	0.
_	Balance due. Subtract line 3b from line 3a. Include your pa					
	by using EFTPS (Electronic Federal Tax Payment System).	-	-	3c	\$	950.
	on. If you are going to make an electronic fund withdrawal			1 8879-	EO for payment is	nstructions.

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For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1·2011)					Page 2
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month Ex</li> </ul>	dension, c	complete only Part II and check this bo	ж		► X
Note. Only complete Part II if you have already been granted an		•	Form 8	868.	
If you are filing for an Automatic 3-Month Extension, comple					<del></del>
Part # Additional (Not Automatic) 3-Month E	xtensio	n of time. Only file the original (no c	T		
Name of exempt organization TOLEDO COMMUNITY FOUNDATION				Employer identification number	
print ALGONQUIN FUND	, INC	•	3/	4-685324	6
File by the	oo instrus	tions	1 3-	1-005324	<del></del>
due date for 300 MADISON AVENUE, SUITE 1		nons.			
filling your return See City, town or post office, state, and ZIP code. For a f		rese see instructions			
instructions. TOLEDO, OH 43604	oroigir doc	1033, 300 1131100110113.			
Enter the Return code for the return that this application is for (fil	le a separa	te application for each return)			0 4
					———
Application	Return	Application			Return
ls For	Code	Is For			Code
Form 990	01	· ·			
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already grante			usly file	d Form 8868.	<del></del>
TOLEDO COMMUNI					
<ul> <li>The books are in the care of ► 300 MADISON AV</li> </ul>	ENUE,	SUITE 1300 - TOLED	0,0	H 43604	
Telephone No. ► (419)241-5049		FAX No. ►			<b></b>
<ul> <li>If the organization does not have an office or place of business</li> </ul>					
If this is for a Group Return, enter the organization's four digit					
box ▶ . If it is for part of the group, check this box ▶		ach a list with the names and EINs of a	<u>ll memb</u>	ers the extensio	n is for.
	NOVEM	BER 15, 2011.			
5 For calendar year 2010, or other tax year beginning		, and ending	1		·
6 If the tax year entered in line 5 is for less than 12 months,	check reas	son: L Initial return L_	J Final r	eturn	
Change in accounting period					
7 State in detail why you need the extension THE TAXPAYER NEEDS ADDITIONAL	ттмг	TO GATHER INFORMAT	TON	MECECCAD	Y TO
PREPARE AN ACCURATE RETURN.	J I IIII	TO GATHER INFORMAT	TON	NECEBBAR	.1 10
FREIARE AN ACCORDE RETORN.					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720	05 6060	ontor the tentative tax long any		I	
nonrefundable credits. See instructions.	, 01 0009,	enter the tentative tax, less any	8a	s	950.
b If this application is for Form 990-PF, 990-T, 4720, or 6069	enter an	v refundable credits and estimated		4	
tax payments made. Include any prior year overpayment a					
previously with Form 8868.	uno 1100 ao	a creat and any amount paid	8b	İs	950.
c Balance due. Subtract line 8b from line 8a. Include your p	navment w	th this form if required by using	100	<del>"</del>	
EFTPS (Electronic Federal Tax Payment System). See inst	=	in this form, it required, by doing	8c	\$	0.
		nd Verification	1.00		
Under penalties of perjury, I declare that I have examined this form, inclu			the best o	of my knowledge a	and belief.
it is true, correct, and complete, and that I am authorized to prepare this	form.	,pan,jing 00.1000.00 and 0.1101.00.100, 2.10 to			
Signature Donna M. Dawoon Title >	CP	'A-	Date	» 8/2/1	11
					8 (Rev. 1-2011