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## Form **990**

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Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

2011

Open to Public Inspection

<u>A</u>	For the	2011 calendar year, or tax year beginning	anu	ending		
В	Check if applicable	C Name of organization TOLEDO COMMUNITY FOUND	ΔͲΤΟΝ		D Employer identific	cation number
	Address change	TOBEDO COMTONITI TOUND				
	Name change	Doing Business As			11-3	729710
F	Initial return Termin-	Number and street (or P 0. box if mail is not del 300 MADISON AVENUE, SU		Room/suite	E Telephone numbe	r )241-5049
늗	ated Amend		1111 1300			26,448.
누	lreturn Applica	City or town, state or country, and ZIP + 4			G Gross receipts \$	
L	tion pending	TOTEDO, OH 43004	TAM HAYY		H(a) Is this a group re	
		F Name and address of principal officer:W11	LIAM FALL		for affiliates?	Yes X No
		SAME AS C ABOVE			H(b) Are all affiliates inc	
		mpt status: X 501(c)(3) 501(c) ( )		or 527	If "No," attach a	list. (see instructions)
		e: ► N/A	···		H(c) Group exemptio	
K	Form of	organization X Corporation Trust As	sociation Other ▶	L Year	of formation 2004 N	State of legal domicile OH
P		Summary				
0	1 1	Briefly describe the organization's mission or most	significant activities: THE	EXEMPT	PURPOSE OF	THE
Activities & Governance	9	ORGANIZATION IS TO SUPPOR	T THE TOLEDO CO	LINUMW	Y FOUNDATIO	N, INC., A
Ē	2 0	Check this box 🕨 🔲 if the organization disco	ntinued its operations or dispo	sed of more	e than 25% of its net as	ssets.
Š	s	Number of voting members of the governing body	(Part VI, line 1a)		3	5
Ğ	4 1	Number of independent voting members of the go			4	5
Š	5 7	Total number of individuals employed in calendary		•	5	0
ij	6	Total number of volunteers (estimate if necessary)	20 : (		6	0
흕	72	Total unrelated business revenue from Part VIII, co	dump (C) line 12		7a	0.
ĕ		Net unrelated business taxable income from Form	• •		7b	0.
	5	ver unrelated business taxable income nonin onn	330-1, 1110-34	T	Prior Year	Current Year
		Contributions and grants (Part VIII, line 1b)		-	1,275,504.	0.
9	8	Contributions and grants (Part VIII, line 1h)		-	0.	0.
Revenue	9 1	Program service revenue (Part VIII, line 2g)		• • -	-5 <b>,</b> 997 <b>.</b>	22,430.
æ	10	nvestment income (Part VIII, column (A), lines 3, 4	·	·	-5,997. 0.	22,430.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8d		-		
		Total revenue - add lines 8 through 11 (must equal			1,269,507.	22,430.
	1	Grants and similar amounts paid (Part IX, column (		<u> </u>	1,275,504.	0.
	14	Benefits paid to or for members (Part IX, column (A	A), line 4)	_	0.	0.
es	15 3	Salanes, other compensation, employee benefits (	Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a I	Professional fundraising fees (Part IX, column (A),	ine 11e)		0.	0.
ğ	·   Ь	Total fundraising expenses (Part IX, column (D), lin	e 25) 🕨	0.		
Ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d	, 11f-24e)		10,592.	11,075.
i	-	Total expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)		1,286,096.	11,075.
•	1	Revenue less expenses. Subtract line 18 from line	12		-16,589.	11,355.
:				B	eginning of Current Year	End of Year
	-	Total assets (Part X, line 16)			1,042,805.	1,054,160.
ı		Total liabilities (Part X, line 26)			0.	0.
		Net assets or fund balances. Subtract line 21 from	ı lıne 20		1,042,805.	1,054,160.
	Ī	Signature Block		•		
	na	ties of penury, I declare that I have examined this return	including accompanying schedule	es and staten	nents, and to the best of m	ny knowledge and belief, it is
		t, and complete treckrationing preparer (other than office				
		11/1/Wall Too				-20 2
		Signalare of officer			Date	<b>.</b>
		WILLIAM FALL, CHAIRMAN				
		Type or print name and title	-		<del> </del>	
	-	Print/Type preparer's name	Preparer's signature	·· 1	Date Check	PTIN
		DONNA M. DAWSON	Done M. Daw.	3dn_	10/2-5/12 if self-emplo	
p.,	eparcer	Firm's name CLIFTONLARSONALL	<u> </u>		Firm's EIN	41-0746749
	e Only				FIIII S EIN	11 0/10/11/
US	CUITY	Firm's address ONE SEAGATE, SUI TOLEDO, OH 43604			Dhora sa 1	419)244-3711
_			<del></del>		Phone no (	
Ma	av tne li	RS discuss this return with the preparer shown abo	ove ( (see instructions)			X Yes  No

9

Form **990** (2011)

01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.
SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

## TOLEDO COMMUNITY FOUNDATION SUPPORTING ORGANIZATION

orm	990 (2011)	SUI	PPORTING	ORGAN	IZATION			11-3	3729710	Page 2
	t III Stateme	ent of Progr	ram Service	Accomp	lishments					
,	Check if S	chedule O con	tains a respons	se to any que	estion in this Part	III				
1	Briefly describe									
				OF REA	L PROPER	ry, WHEN	N REAL	PROPERTY	ASSETS	ARE
					LL SELL					
					UNITY FO			FUND.		
						· · · · · · · · · · · · · · · · · · ·	<del></del>			
2	Did the organiza	tion undertake	any significant	program se	rvices during the	vear which we	re not listed o	on .		
	the prior Form 99		any organicant	p.og.a		,		•••	Yes	X No
	If "Yes," describ		ervices on Sche	dule O		•	-			
3					t changes in how	it conducte a	ny propram s	enuces?	Yes	X No
•	If "Yes," describ				Crianges in now	n conducts, a	ny program s	CI 11003:		
4					ents for each of it	e three largest	program car	vicae se maseur	ad by avnansa	e
•	_		-							
			_		4947(a)(1) trusts :		report the ar	nount of grants a	na anocations	10
4-					rogram service re			) /5		
4a	(Code	) (Expenses \$		<del></del>	Including grants of \$ _			) (Hevenue \$		
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4b	(Code	) (Expenses \$			including grants of \$			) (Revenue \$		)
	-						-			
4c	(Code	) (Expenses \$			including grants of \$			) (Revenue \$		)
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4d	Other program s	services (Desci							•	
	(Expenses \$			ding grants of \$		)	(Revenue \$		)	
4e	Total program	service expen	ses 🟲	<del></del> -					P (	990 (2011)
									rorm :	3 <b>3U</b> (2011)

### 11-3729710

Page 3

### TOLEDO COMMUNITY FOUNDATION SUPPORTING ORGANIZATION

Form 990 (2011) SUPPORTING O
Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If 'Yes,' complete Schedule S. Schedule B. Chartle of Contributors' Did the organization required to complete Schedule C. Part II  Section 501(c)(3) organization. In order or indirect political campaign activities, or have a section 501(c)(c) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II  Section 501(c)(3) organization. Both the organization engage in bibbying activities, or have a section 501(c)(c)(c), 501(c)(c)(c), 501(c)(c)(c) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure Be 1971 If 'Yes,' complete Schedule C, Part III  If the organization maintain any done advised funds or any smiler funds or accounts? If 'Yes,' complete Schedule D, Part III  Did the organization maintain any done or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part II  Did the organization maintain any done of works of art, instorcal treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II  Did the organization maintain any done of works of art, instorcal treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III  Did the organization report an amount in Part X, line 21; serve as a custodian for amounts in listed in Part X, or provide order consensing, decit management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV  Did the organization report an amount for investments - shee securities in Part X, line 10 If 'Yes,' complete Schedule D, Part VII  Did the organization report an amount for investments - shee securities in Part X, line 10 If 'Yes,' complete Schedule D, Part VIII  Did the organization report an amount for investments - shee securities in Part X, line 10 If 'Yes,' complete Schedule D, Part VIII  Did the organization report an amount for investments - shee securities in Part X, line 10 If 'Yes,' complete Schedule D, Part VIII  Di				Yes	No
2 Is the organization required to complete Schedule 6, Part 7  3 Delthe organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officer if "Yes," complete Schedule C, Part 7  4 Section 801(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II  5 Is the organization section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part II  5 Is the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts if "Yes," complete Schedule D, Part II  5 Is the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  6 Did the organization in amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit courseling, debt management, oredit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  7 Did the organization seport an amount or part 1, which is a proper seporate or any of the followed organization in deviation organization in deviations assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III  8 Did the organization report an amount for investments or the securities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III  9 Did the organization report an amount for investments or the securities in Part X, line 15 that is 5% or more of its to	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Det the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I and the complete of the complete schedule C, Part II and the complete of the complete schedule C, Part II and II and the complete schedule C, Part II and II and the complete schedule C, Part II and II a		If "Yes," complete Schedule A	1	Х	
public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organization. Did the organization engage in lobbying activities, or have a section 501(t)) election in effect during the tax year? If "Yes," complete Schedule C, Part II I be the organization assistance of the Newton Procedure of Part II in the organization assistance of any similar framounts as defined in Newtone Procedure 19-19? If "Yes," complete Schedule C, Part II Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easiment, including assimants to preserve open space, the environment, historical and areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, premarent andowments, or quasi-endowments? If "Yes," complete Schedule D, Part V, II If the organization shawes to any of the following questions is "Yes," ten complete Schedule D, Part V, II II If the organization shawes to any of the following questions is "Yes," ten complete Schedule D, Part X, III II I	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		_X_
Section 501 (c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501 (h) election in effect dump the tax year? If "Yes," complete Schedule C, Part II is the organization a section 501 (c)(4), 501 (c)(5), or 501 (c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99-197 If "Yes," complete Schedule C, Part III is Did the organization maintain any donor advesded funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II is Did the organization report an amount in Part X, including assertants to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II is Did the organization report an amount in Part X, instends treasures, or other similar assets? If "Yes," complete Schedule D, Part II is Did the organization, directly or through a related organization, hold assets in temporanty restricted endowments, permanent andowments, or quasa-endowments? If "Yes," complete Schedule D, Part VI is the organization, directly or through a related organization, hold assets in temporanty restricted endowments, permanent andowments, or quasa-endowments? If "Yes," complete Schedule D, Part VI is the organization, directly or through a related organization, hold assets in temporanty restricted endowments, permanent andowments, or an amount for Index, complete Schedule D, Part VI is asset reported in Part X, line 167 If "Yes," complete Schedule D, Part VI is but the organization report an amount for related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X is Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X is Did t	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
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s the organization a section 50 1c)(s), or 50 1c)(s), or 50 1c)(s) or	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
similar amounts as defined in Revenue Procedure 88-197 if "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III  Did the organization maintain collections of works of art, historical treasures, or other similiar assets? If "Yes," complete Schedule D, Part III  Did the organization report an amount in Part X, line 21: serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  Did the organization report an amount for a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quast-endowments! If "Yes," complete Schedule D, Part V  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI  Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI  Did the organization report an amount for other assets in Part X, line 15? If wes, "complete Schedule D, Part XI  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 1		during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u> _
bid the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II  Did the organization reserve or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or histonic structures? If "Yes," complete Schedule D, Part II  Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide oredit counseling, debt management, credit repair, or debt negolation services? If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV  If the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV  If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III  Did the organization report an amount for investments because the organization report an amount for other assets in Part X, line 15 that is 5 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III  Did the organization report an amount for other liabilities in Part X, line 15 that is 5 t	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
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12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII  b Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional  1s the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  1d Did the organization maintain an office, employees, or agents outside of the United States?  b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  1b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts III and IV  17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	f	·			v
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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20-	·			
				<del>                                     </del>	
	<u> </u>	ii res to mie 202, die the organization attach a copy of its addited imanicial statements to this return:		990	2011)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			}
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23_	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	<u> </u>	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			l
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			١
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ <u>.</u>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	_		
	If "Yes," complete Schedule N, Part I	31	1	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?		v	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	V
35a		35a	<del> </del>	X
þ				v
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35Ь	├	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			\ v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<del>                                     </del>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X 000	(2011)

### 11-3729710

Page 5

Form 990 (2011)

TOLEDO COMMUNITY FOUNDATION SUPPORTING ORGANIZATION

Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Officer is schedule of contains a response to any question in this rail v		Yes	No
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
	Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	ļ	Х
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7a		х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		
G	to file Form 8282?	7c		Х
ч	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	ļ .	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	ļ
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	40-	1	1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	-
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	<del> </del>	<del>}</del>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<del> </del>	<del> </del>
ı	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b  13c			
C 14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del>  '''</del>	X
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		† <del></del>
	in 1001 that it med a 1 offin 120 to toport those partitioner in 1101 provide an explanation in consequent		<del></del>	• •

## TOLEDO COMMUNITY FOUNDATION

Form 990 (2011)

SUPPORTING ORGANIZATION

11-3729710

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI					X
Sec	tion A. Governing Body and Management					<del></del>
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5			
	If there are material differences in voting rights among members of the governing body, or if the governing	}		1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with	any other			
	officer, director, trustee, or key employee?			_2_	X	
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision	l		
	of officers, directors, or trustees, or key employees to a management company or other person?			_3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form		s filed?	4_		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6_		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or	l _	v	
_	more members of the governing body?	-41-1		7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or	7.		v
0	persons other than the governing body?	a - b., 4b	. fallouine.	7b		X
8 a	The governing body?	ar by th	e following:		Х	
a b	Each committee with authority to act on behalf of the governing body?			8a 8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	achad	at the	00		
Ü	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	aciieu i	at tile	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code )			<del></del>
	are in the second of the secon	1010110	o Gode.y		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapter	s. affiliates.			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		, ,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	re filing the form?	11a	Х	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to con	flicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	es," d	escribe			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14		_X
15	Did the process for determining compensation of the following persons include a review and approve		dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•				
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
าซล	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a			v
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate a continuous arrangements under applicable fodoral tax low and take store to a featured the organization.					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization with respect to such arrangements?	ınızatio	n's	466	1	
Sec	exempt status with respect to such arrangements?			16b		
17	List the states with which a copy of this Form 990 is required to be filed ▶OH					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	100 501(c)(3)s only	availah		
.5	for public inspection. Indicate how you made these available. Check all that apply.	1 10601	ion our (c)(o)s only)	avallat	···C	
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict	of interest policy an	d finar	ncial	
. •	statements available to the public during the tax year.			J mai		
20	State the name, physical address, and telephone number of the person who possesses the books a	ınd rec	ords of the organiza	tion:	•	
-	MS. KIM CRYAN, TOLEDO COMMUNITY FND - (419)241-504					
	300 MADISON AVENUE, SUITE 1300, TOLEDO, OH 43604					
13200 01-23-	3 12			Form	990	(2011)

Page 7

## Form 990 (2011) SUPPORTING ORGANIZATION 11-3 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization		orga I	ınıza			nper	ısat			
<b>(A)</b> Name and Title	(B) Average			Pos	C) ition			(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per	(do	not c	heck ss pe	more	than o	one h an	compensation	compensation	amount of
	week	offic	er ar	d a d	irecto	r/trus	tee)	from	from related	other
	(describe	actor						the	organizations	compensation
	hours for	ō	R			afed		organization	(W-2/1099-MISC)	from the
	related organizations	rste	155		8	npens		(W-2/1099-MISC)		organization and related
	in Schedule	Individual trustee or director	Institutional trustee		l g	stcor				organizations
	O)		ag t	Officer Officer	Кеу ептріоусе	Highest compensated employee	Ē			
(1) MR. JOHN DISALLE										
TRUSTEE	0.30	X						0.	0.	0.
(2) MR. WILLIAM FALL						İ	ŀ			•
CHAIR	0.30	X			<u> </u>			0.	0.	0.
(3) MR. FRANK JACOBS	0.30	v						0.	0.	^
TRUSTEE	0.30	X		$\vdash$		$\vdash$	-	0.		0.
(4) MR. MARK ZYNDORF TRUSTEE	0.30	X		X		ĺ		0.	0.	0.
(5) MR. ART MORGAN	0.30	A		^		$\vdash$				
TRUSTEE	0.30	$ _{\mathbf{X}}$						0.	0.	0.
(6) MR. KEITH BURWELL		+==								-
SECRETARY/TREASURER	0.30			X		X		0.	171,855.	13,654.
					<u> </u>					
<del> </del>			<u> </u>	<u> </u>	_	ļ	L_			
		<u> </u>	<u> </u>	_	<u> </u>	_	<u> </u>			
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				L						
		<u> </u>	<u> </u>	<u>L</u>	<u> </u>	<b> </b>	_			
		$\vdash$	$\vdash$	-	-	-	-			
				_				L	L	

Form **990** (2011)

Par	t VII Section A. Officers, Directors, Tra	ustees, Key Er	nplo	yee	s, a	nd ł	ligh	est	Compensated Employ	ees (continued)				
•	(A) Name and title	(B) Average hours per week	(do	not c	Pos heck ss pe	C) Ition more rson		one han	(D) Reportable compensation from	(E) Reportable compensatio from related	n	am	(F) timate ount o	
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS	s	comp fro orga and	pensation the anization I relate nization	e on ed
							-							
							╁							
				-	<u> </u>			<u> </u>						
				_										<del></del>
	· · · · · · · · · · · · · · · · · · ·											-		
						-	-							
				_			Ļ			171,8	ËE	1	3,6	5.4
	Sub-total  Total from continuation sheets to Part V	II, Section A					>		0.		0.		·	0.
	Total (add lines 1b and 1c) Total number of individuals (including but in	not limited to th		liot	- d o	bov	<b>►</b>	ho r	0.	171,8		1	3,6	<u>54.</u>
	compensation from the organization		1056	IISU					eceived filore triair \$ 100			<del>- 1</del>	Yes	0 <b>No</b>
3	Did the organization list any former officer	, director, or tr	uste	e, ke	ey e	mple	oyee	, or	highest compensated e	mployee on			162	, <del>, , , , , ,</del>
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s			omp	ens	atıo	n an	d ot	her compensation from	the organization		3		Х
5	and related organizations greater than \$15 Did any person listed on line 1a receive or	50,000? If "Yes	," ca	mpl	ete	Sch	edul	eJ	for such individual			4	Х	
	rendered to the organization? If "Yes," con								ted organization of indiv			5		Х
1	tion B. Independent Contractors  Complete this table for your five highest or										npens	ation f	rom	
	the organization. Report compensation for (A)	the calendary	/ear	end	ing v	with	or v	<u>/ithu</u>	n the organization's tax (B)	year.		(0	<del></del>	
	Name and business	s address	N	ON	E				Description of	services	C	ompe	nsatio	n
					_								<del></del>	
2	Total number of independent contractors		not	lmite	ed to	o the	^	ste	d above) who received i	more than				
	\$100,000 of compensation from the organ	nization >					0				<u> </u>	Form	990 (	2011)

Form 990 (2011)

22,430.

Form 990 (2011)

TOLEDO COMMUNITY FOUNDATION 11-3729710 SUPPORTING ORGANIZATION Page 9 Statement of Revenue Part VIII (A) (B) (C) (D) Revenue excluded from Unrelated Total revenue Related or exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b Membership dues 1c c Fundraising events d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 26,448. 26,448. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents Less: rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis 4,018. and sales expenses -4,018.c Gain or (loss) -4,018.d Net gain or (loss) -4,018.8 a Gross income from fundraising events (not Other Revenue Including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances . . b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue

22,430.

e Total. Add lines 11a-11d

Total revenue. See instructions

### Form 990 (2011)

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon	se to any question in thi	e Part IX		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		expenses	general expenses	
•	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in				3-1-1 na
-	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,			<del>''</del>	· · · · · · · · · · · · · · · · · · ·
Ŭ	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
o	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	•			
7					
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				****
11	Fees for services (non-employees):				
а	Management				
b	Legal	050		050	
C	Accounting	850.		850.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17			, , , , ,	
f	Investment management fees				
9	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O')				
а	ADMINISTRATIVE FEES	8,288.		8,288.	
b	BANK INVESTMENT MANAGEM	1,594.		1,594.	
c	MISCELLANEOUS EXPENSES	200.		200.	
d	RECORD KEEPING FEES	143.		143.	
е	All other expenses				W-8-2
25	Total functional expenses. Add lines 1 through 24e	11,075.	0.	11,075.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)	,			

Form **990** (2011)

Par	tΧ	Balance Sheet			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing .	7,921.	1	7,921.
	2	Savings and temporary cash investments	21,692.	2	10,181.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	-	4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
`	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation 10b	1	10c	
	11	Investments - publicly traded securities	1,013,192.	11	1,036,058.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	=	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,042,805.	16	1,054,160.
寸	17	Accounts payable and accrued expenses	2,012,000	17	2,002,1000
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
- 1	21	•		21	
	22	Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees,		21	
	~				
3		highest compensated employees, and disqualified persons. Complete Part II of Schedule L		00	
	00	•		22	
ł	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
-	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117, check here and complete			
Net Assets of Fund balances		lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets		_ 27	
S C	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
2		Organizations that do not follow SFAS 117, check here   X  and			
5		complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds	0.	30	0.
ž	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
<u> </u>	32	Retained earnings, endowment, accumulated income, or other funds	1,042,805.	32	1,054,160.
-	33	Total net assets or fund balances	1,042,805.	33	1,054,160.
	34	Total liabilities and net assets/fund balances	1,042,805.	34	1,054,160.

Form **990** (2011)

Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

За

X

Act and OMB Circular A-133?

### **SCHEDULE A** (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

TOLEDO COMMUNITY FOUNDATION

**Employer identification number** 

SUPPORTING ORGANIZATION 11-3729710 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d \_\_\_ Type III · Other a X Type I **b** Type II c \_\_\_\_ Type III · Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?

(i) Name of supported organization	(ii) EIN	(lii) Type of organization (described on lines 1-9 above or IRC section	in col (i) la	organization sted in your document?	organizat	u notify the tion in col r support?	(vi) Is organizatio (i) organiz U S	the on in col ed in the	(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
TOLEDO									
COMMUNITY FO	23-7284004	11A	X		X		X		0.
					-				-
			-						
Total 1									0.

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

Provide the following information about the supported organization(s).

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

h

Section A. Public Supp	ort					
Calendar year (or fiscal year beg		<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
1 Gifts, grants, contribution		1				
membership fees receive	· ·					
include any "unusual gra	nts.")					
2 Tax revenues levied for the	ne organ-	_				
ization's benefit and eithe	er paid to					
or expended on its behal	f					
3 The value of services or f	acilities					
furnished by a governme	ntal unit to					
the organization without	charge					
4 Total. Add lines 1 throug	h 3					
5 The portion of total contr	ıbutions					
by each person (other the	an a					
governmental unit or pub	olicly					
supported organization) i	ncluded					
on line 1 that exceeds 29	% of the					
amount shown on line 11	,					
column (f)	MINITE		<u>                                     </u>	<b></b>		
6 Public support. Subtract lir		1	<u> </u>	1		
Section B. Total Suppo	<del> </del>	1	<del> </del>	T	T	
Calendar year (or fiscal year beg	inning in) ▶ <u>(a) 2007</u>	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	•		1		-	
8 Gross income from interes	•					
dividends, payments rec	Į.					
securities loans, rents, ro	· I					
and income from similar		<del> </del>				
9 Net income from unrelate						
activities, whether or not						
business is regularly carr						
10 Other Income. Do not inc	*					
or loss from the sale of c	' 1					
assets (Explain in Part IV		1,			· · · · · · · · · · · · · · · · · · ·	
11 Total support. Add lines 7		<u></u>	<u> </u>	, <b>L</b>	12	\
<ul><li>12 Gross receipts from relat</li><li>13 First five years. If the Fo</li></ul>	•	•	rd fourth or fifth t	ev voor oo o oostu		
organization, check this	•	is mist, second, tin	ia, iourai, or intir i	ax year as a secu	311 30 1 (C)(3)	
Section C. Computation		ercentage				
	ge for 2011 (line 6, column (f)		column (fl)		14	9
	ge from 2010 Schedule A, Par		001011111 (1))		15	9
16a 33 1/3% support test -	•		on line 13, and line	14 is 33 1/3% or		
	tion qualifies as a publicly sup			1,1000 1,070 01		<b>▶</b> □
	2010. If the organization did r			d line 15 is 33 1/3°	% or more, check the	nis box
= =	nization qualifies as a publicly					<b>▶</b> □
17a 10% -facts-and-circum		•••		e 13, 16a, or 16b.	and line 14 is 10%	or more,
	eets the "facts-and-circumsta					
-	cumstances" test. The organiz				<b>3</b>	▶□
		•				

Schedule A (Form 990 or 990-EZ) 2011

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

## Schedule A' (Form 990 or 990-EZ) 2011 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails	to
gualify under the tests listed below, please complete Part II.)	

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	<u> </u>					
2	Gross receipts from admissions,		-				
	merchandise sold or services per-	1					
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	1					
3	Gross receipts from activities that						
-	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				<del> </del>	<del> </del>	
3	furnished by a governmental unit to						
	the organization without charge						
e					<del> </del>	+	
	Total. Add lines 1 through 5		-		+	<u> </u>	
78	Amounts included on lines 1, 2, and	ĺ					
	3 received from disqualified persons				<del>                                       </del>	<del> </del>	
C	Amounts included on lines 2 and 3 received from other than disqualified persons that				1		
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b			ļ			
	Public support (Subtract line 7c from line 6)	<u> </u>	1	<u> </u>	<u> </u>	<u> </u>	1
	ction B. Total Support	T	1	· · · · ·	<del> </del>	··	<del></del>
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties			-			
	and income from similar sources					_	
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is	1					
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)	L	<u> </u>	]			
13	Total support (Add lines 9, 10c, 11, and 12)					<u> </u>	
	First five years. If the Form 990 is fo	r the organization's	s first, second. the	rd, fourth, or fifth t	ax vear as a secti	on 501(c)(3) organiz	zation.
	check this box and stop here		<b>,</b>	-			▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2011 (			column (fl)		15	%
	Public support percentage from 2010	•	-			16	
_	ction D. Computation of Inve					110	
	Investment income percentage for 20					17	0/
	investment income percentage from	•	• • • • • • • • • • • • • • • • • • • •	ne ra, column (f))		18	%
					. 45 46	<del></del>	<u>%</u>
185	33 1/3% support tests - 2011. If the						I / IS NOT
	more than 33 1/3%, check this box a	· ·					السا
	33 1/3% support tests - 2010. If the						
~~	line 18 is not more than 33 1/3%, che						▶⊨
20	Private foundation. If the organization	on did not check a	box on line 14, 19	ia, or 19b, check t	this box and see ii	nstructions	▶∟.

### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

OMB No 1545-0047

**Open to Public** Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Attach to Form 990. ► See separate instructions. TOLEDO COMMUNITY FOUNDATION SUPPORTING ORGANIZATION

Employer identification number

11-3729710

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			Í
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			i
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2_		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			U
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		ļ <b>^</b>
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b	<u> </u>	X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b	ļ <u>.</u>	Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7_	<u> </u>	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	ınıtial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	<u></u>	<u> </u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6/c)?	9	1	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2011

# TOLEDO COMMUNITY FOUNDATION

11-3729710

Schedule J (Form 990) 2011

SUPPORTING ORGANIZATION

Part # Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	<b>Q</b>	(E)	Ð
(A) Name		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
			Compensarion	Compensation				
	Θ	0	0	0	0	0	0.	0
1 MR. KEITH BURWELL	(ii)	171,855.		0.	6,427.	7,227.	185,509.	0
	ε							
Q	<b>E</b>							
	Θ							
ო	•							
	Θ							
4	(1)							
	Θ							
9	(ii)							
	(i)							
9	(ii)							
	(j)							
7	(ii)							
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80	8							
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6	(ii)							
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10	(ii)							
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11	⊞							
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12	(1)							
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13	(ii)							
	8							
14	(1)							
	8							
15	<u> </u>							
	€							
16	(i)							

Schedule J (Form 990) 2011

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

Name of the organization

TOLEDO COMMUNITY FOUNDATION

Employer identification number 11-3729710

SUPPORTING ORGANIZATION	11-3/29/10
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
NOT-FOR-PROFIT ORGANIZATION WHICH PROVIDES FINANCIAL SUPP	ORT TO
INITIATE PROGRAMS THAT ADDRESS THE CHANGING NEEDS OF NORT	HWEST OHIO.
FORM 990, PART VI, SECTION A, LINE 2: MR. WILLIAM FALL AN	D MR. MARK
ZYNDORF ARE ALSO BOARD MEMBERS OF THE TOLEDO COMMUNITY FO	UNDATION, INC.
FORM 990, PART VI, SECTION A, LINE 7A: THE TOLEDO COMMUNI	TY FOUNDATION
APPOINTS THE SUPPORTING ORGANIZATION'S BOARD MEMBERS. TH	ESE INDIVIDUALS
ARE RECOMMENDED BY THE NOMINATING COMMITTEE OF THE TOLEDO	COMMUNITY
FOUNDATION.	
FORM 990, PART VI, SECTION A, LINE 8B: ALL DECISIONS ARE	MADE BY THE BOARD
AS A WHOLE. THERE ARE NO COMMITTEES.	
FORM 990, PART VI, SECTION B, LINE 11: ALL TOLEDO COMMUNI	TY FOUNDATION
RELATED FORM 990 RETURNS ARE REVIEWED WITH THE FINANCE /	AUDIT COMMITTEE
AND THE SUPPORTING ORGANIZATION BOARD PRESIDENT.	
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION	REQUIRES AN
UPDATED CONFLICT OF INTEREST FORM ANNUALLY; THIS FORM IS	REVIEWED
INTERNALLY.	
FORM 990, PART VI, SECTION C, LINE 19: ALL OF THE ABOVE D	OCUMENTS ARE
AVAILABLE ON REQUEST.	

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization TOLEDO COMMUNITY FOUNDATION	Employer identification number 11-3729710
SUPPORTING ORGANIZATION	11-3/29/10
FORM 990, PART XI, LINE 1:	
ACCOUNTING METHOD - OTHER	
MODIFIED CASH	
MODITIES ONLON	
<del></del>	
FORM 990, PART VI, SECTION B, LINE 13:	··-
WHISTLEBLOWER POLICY	
THE WHISTLEBLOWER POLICY IS INCLUDED WITH THE TOLEDO COMM	4UNITY
FOUNDATION'S AUDIT.	
FOUNDATION & AUDIT.	
FORM 990, PART VI, SECTION B, LINE 14:	
DOCUMENT RETENTION AND DESTRUCTION POLICY	
THE ORGANIZATION FOLLOWS THE TOLEDO COMMUNITY FOUNDATION	DOCUMENT
DESTRUCTION POLICY.	
TODY 000 DIDE TY TIME 100	
FORM 990, PART IV, LINE 12A:	
FINANCIAL INFORMATION FOR THIS ORGANIZATION IS INCLUDED	IN THE AUDITED
CONSOLIDATED FINANCIAL STATEMENTS FOR THE TOLEDO COMMUNIT	ry foundation,
INC., EIN: 23-7284004.	
	· ** = ·

(g) Section 512(b)(13) controlled entity? Employer identification number 11-3729710ŝ Open to Public Inspection OMB No 1545,0047 × Direct controlling Identification of Related Tax-Exempt Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Direct controlling entity End-of-year assets <u>e</u> status (if section Public charity 501(c)(3)) Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. 113 Total income Related Organizations and Unrelated Partnerships Exempt Code ত্র section 501(C)(3) ► See separate instructions. Legal domicile (state or Identification of Disregarded Entities (Complete If the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) foreign country) OHIO IT IS A PUBLIC CHARITABLE OF NW OHIO & SE MICHIGAN. CORP. SERVING THE PEOPLE ► Attach to Form 990. Primary activity TOLEDO COMMUNITY FOUNDATION Primary activity SUPPORTING ORGANIZATION 23-7284004, 300 MADISON AVE., STE. 1300 TOLEDO COMMUNITY FOUNDATION, INC. Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization 43604 Department of the Treasury Internal Revenue Service SCHEDULE R TOLEDO, OH (Form 990) Part II Part !

Schedule R (Form 990) 2011

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

TOLEDO COMMUNITY FOUNDATION

Schedule R (Form 990) 2011 SUPPORTING ORGANIZATION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Page 2

11-3729710

Percentage ownership General or Percentage managing ownership Schedule R (Form 990) 2011 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 3 Code V-UBI General or P managing c 20 of Schedule K-1 (Form 1065) Yes No Share of end-of-year assets 9  $\boldsymbol{\epsilon}$ Share of total income ε ate allocations? Disproportion-Yes Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets e 6 Direct controlling entity Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) Q **©** 21 Primary activity Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization 132162 01-23-12 Part IV

# TOLEDO COMMUNITY FOUNDATION SUPPORTING ORGANIZATION

11-3729710 Page 3

Schedule R (Form 990) 2011

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	ş
1 Duning the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	ated organizations listed	in Parts II·IV?			
a Receipt of (i) interest (ii) annuities (iii) royalities or (iv) rent from a controlled entity				- B		×
b Gift, grant, or capital contribution to related organization(s)				<b>1</b> b		X
				10		×
				7		×
			•	2 ,		: >
<ul> <li>Loans or loan guarantees by related organization(s)</li> </ul>	•			e P		۱
					****	;
f Sale of assets to related organization(s)				=		×
g Purchase of assets from related organization(s)				<b>6</b>		×
				÷	_	×
				;=		×
					*****	
j Lease of facilities, equipment, or other assets from related organization(s)				Ţ.		×
k Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			¥		×
l Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			=		×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	lon(s)			£		×
				t L		×
o Reimbursement paid to related organization(s) for expenses				10		$\times$
p Reimbursement paid by related organization(s) for expenses				4		×
						:
<ul> <li>q Other transfer of cash or property to related organization(s)</li> </ul>				5	1	<b>∢</b>  :
r Other transfer of cash or property from related organization(s)				-		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete th	is line, including covered	relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(I)					•	
(2)						
Č.						
(4)						
(5)						
(9)						
132163 01-23-12	22	i	Schedul	Schedule R (Form 990) 2011	990) 2(	1

## TOLEDO COMMUNITY FOUNDATION

SUPPORTING ORGANIZATION Schedule R (Form 990) 2011 Part Vi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	structions regarding exclu	sion for certain inve	estment partnerships.							
(e)	2	<u>©</u>	<u>5</u>	(e)	£	<b>(6</b> )	Ξ	8	S	¥
Name, address, and EIN of entity	Primary activity	<u></u>	Predominant income pamers sec (related, unrelated, 501(c)(3) excluded from tax	partners sec 501(c)(3) orgs?	Share of total	Share of end-of-year	Dispropor- tionate altocations?	Dispropor-  Code V-UBI  General or/Percentage  tonal  anount in box 20 managing  allocators? of Schedule K-1 partner?	Seneral or managing partner?	Percentage ownership
		country)	under section 512-514)	ON Se	Illcollie	assers	Yes No	(Form 1065)	Yes No	
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				$\frac{1}{4}$					$\frac{1}{2}$	

Schedule R (Form 990) 2011

### TOLEDO COMMUNITY FOUNDATION SUPPORTING ORGANIZATION

Schedule R	(Form 990) 2011	SUPPORTING	ORGANIZATION	11-3729710 Page 5
Part VII	Supplemental Infor	mation		- Tuge U
<del></del>	Complete this part to pro-	vide additional informa	tion for responses to questions on Sched	ulo P (and instructions)
	Complete this part to pro	vide additional imornia	tion for responses to questions on Sched	ule H (see instructions).
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### Form **8868**

(Rev. January 2012)

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

• If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box			• X	
	are filing for an Additional (Not Automatic) 3-Month Ex			his form).			
	omplete Part II unless you have already been granted a			-	rm 8868.		
	ic filing (e-file). You can electronically file Form 8868 if y			-		ooration	
	to file Form 990-T), or an additional (not automatic) 3-mol			•			
	file any of the forms listed in Part I or Part II with the exc				•		
	Benefit Contracts, which must be sent to the IRS in pap						
	urs.gov/efile and click on e-file for Charities & Nonprofits		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		The filling of time	,	
Part I	Automatic 3-Month Extension of Time		ubmit original (no copies nee	eded).	<del></del>		
	ation required to file Form 990-T and requesting an autor						
Part I ont		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<b>1</b>	• 🗀	
All other	, corporations (including 1120-C filers), partnerships, REM ome tax returns.	ICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time		
Type or	Name of exempt organization or other filer, see instru	ctions.		Employer	dentification num	ber (EIN) or	
print	TOLEDO COMMUNITY FOUNDATION			,,		(,	
	SUPPORTING ORGANIZATION			X	11-37297	10	
File by the due for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	curity number (SS		
filing your	300 MADISON AVENUE, SUITE				, (	,	
return See instructions	City, town or post office, state, and ZIP code. For a for TOLEDO, OH 43604		ress, see instructions.				
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)		· · ·	0 1	
Applicati	on	Return	Application			Return	
Is For	<u> </u>	Code	Is For		<u> </u>	Code	
Form 990         01         Form 990-T (corporation)         07							
Form 990-BL 02 Form 1041-A 08							
Form 990-EZ 01 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	
			DO COMMUNITY FND				
	ooks are in the care of > 300 MADISON AV	ENUE,	SUITE 1300 - TOLE	DO, 0	Н 43604		
Telept	none No. ► (419)241-5049		FAX No. ►				
	organization does not have an office or place of busines	s in the Ur	nited States, check this box			<b>▶</b> □	
<ul><li>If this</li></ul>	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	f this is fo	r the whole group,	check this	
box 🕨	. If it is for part of the group, check this box	and atta	ich a list with the names and EINs of	all memb	ers the extension	s for.	
	quest an automatic 3-month (6 months for a corporation						
			tion return for the organization name		The extension		
ıs f	or the organization's return for:		J				
	X calendar year 2011 or						
<b>&gt;</b>	tax year beginning	. an	d ending		•		
·		·			<del>_</del>		
2 If ti	he tax year entered in line 1 is for less than 12 months, o	heck reas	on: Initial return	Final retur	m		
	Change in accounting period						
	<u> </u>						
3a If ti	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any				
	nrefundable credits. See instructions.	•		3a	\$	0.	
_	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and				
	mated tax payments made. Include any prior year over	· · · · · · · · · · · · · · · · · · ·		3ь	\$	0.	
	lance due. Subtract line 3b from line 3a. Include your pa			7			
	using EFTPS (Electronic Federal Tax Payment System).			3c	<b></b>	0.	
	If you are going to make an electronic fund withdrawal				EO for payment in		
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see Instr	uctions.		Form 8868 (	Rev 1-2012)	

If you are fling for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box	Form 8868 (Rev. 1-2012)					Page 2	
Note Conty complete Part III flyou have already been granted an automatic 3-month extension on a previously flied Form 8868.  I trou are fling for an Automatic 3-Month Extension complete on the part I (long page 1).  Part III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  Type or Name of exempt organization or other flier, see instructions TOLEDO COMMUNITY FOUNDATION    Semployer identification number (SIN) or POLEDO COMMUNITY FOUNDATION   Semployer identification number (SIN) or POLEDO COMMUNITY FOUNDATION   Semployer identification number (SIN) or POLEDO COMMUNITY FOUNDATION   Semployer identification number (SIN) or POLEDO COMMUNITY FOUNDATION   Number, attent, and room or suite no. If a P.O. box, see instructions.   TOLEDO City, town or post office, state, and ZIP code. For a foreign address, see instructions.   TOLEDO, OH 43604		tension, c	complete only Part II and check this	s box			
Part II					8868.		
Enter filer's identifying number, see instructions   Employer identifying number, see instructions   TOLEDO COMMUNITY FOUNDATION   Employer identification number (EIN) or TOLEDO COMMUNITY FOUNDATION   X 11-3729710	• If you are filing for an Automatic 3-Month Extension, complet	te only Pa	art I (on page 1).				
Name of exempt organization or other filer, see instructions   Support Interest to the state of the state o	Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	nal (no d	copies n	eeded).	
TOLEDO CÓMMUNITY FOUNDATION			Enter filer's	identifyi	ng numbe	r, see instructions	
SUPPORTING ORGANIZATION    Number, street, and room or suite no. If a P.O. box, see instructions.   Social security number (SSN)	Type or Name of exempt organization or other filer, see instruc	ctions		Employe	r identifica	ation number (EIN) or	
Succial security number (SSN)   Social security number security number (SSN)   Social security number security number security number security number security number security number security number security number security number security number	print TOLEDO COMMUNITY FOUNDATION						
Note   National Section   Nat	·			X	<u>11-3</u>	729710	
methoticities   Surf	filing your Number, street, and room or suite no. If a P.O. box, se		tions.	Social se	ecurity nur	nber (SSN)	
Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Application  Application  Beturn  Application  Application  Beturn  Application  Application  Beturn  Application  Beturn  Application  Application  Beturn  B	return See 300 MADISON AVENUE, SUITE 13	300			•	<del></del>	
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Form 990-BL Form 990-BL Form 990-BL Form 990-BL Form 990-BL Form 990-BC Form	Application	Return	Application			Return	
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Form 990-EZ Form 990-FF Od Form 5227 10 Form 990-T (sec. 4D1(a) or 408(a) trust) 05 Form 990-T (trust other than above) 06 Form 8870 11 Form 990-T (trust other than above) 06 Form 8870 11 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  MS . KIM CRYAN, TOLEDO COMMUNITY FND  The books are in the care of ▶ 300 MADISON AVENUE, SUITE 1300 − TOLEDO, OH 43604 Telephone No. ▶ (419)241-5049  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 it is for part of the group, check this box ▶ and attach a list with the names and ElNs of all members the extension is for.  NOVEMBER 15, 2012.  For calendar year 2011, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, check reason: Initial return  Change in accounting period  State in detail why you need the extension THE TAXPAYER NEEDS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO PREPARE AN ACCURATE RETURN.  Ba If this application is for Form 990-BL, 990-F, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Form 990-BL, 990-F, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  Ba \$ 0.  If this application is for Form 990-PBL, 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 previously with Form 8868.  Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Signature and Verification must be completed for Part II only.  Under penalties of perjuny, I decare that II have examined this form, including accompanying schedules and statements, and to the best of my knowledge and		01					
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Form 990-T (rect 401(a) or 408(a) trust)  Form 990-T (trust other than above)  O6 Form 8870  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  MS . KIM CRYAN, TOLEDO COMMUNITY FND  The books are in the care of ▶ 300 MADISON AVENUE, SUITE 1300 − TOLEDO, OH 43604  Telephone № ▶ (419)241−5049  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, check this box  If this is for part of the group, check this box  If this is for part of the group, check this box  NOVEMBER 15, 2012.  For calendar year 2011, or other tax year beginning  If the tax year entered in line 5 is for less than 12 months, check reason: Initial return  Change in accounting period  State in detail why you need the extension  THE TAXPAYER NEEDS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO PREPARE AN ACCURATE RETURN.  Ba If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  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 previously with Form 8868.  C Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFIPS (Electronic Federal Tax Payment System). See instructions.  Signature and Verification must be completed for Part II only.  Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, its true, correct, and complete, and that I have examined this form  Signature ▶ Approach 1. Belief the property of the payment is the payment in the payment is form.						<del></del>	
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