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### Form 990-PF

**Return of Private Foundation** or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0052

Treated as a Private Foundation Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2011 or tax year beginning Name of foundation A Employer Identification number TOLEDO COMMUNITY FOUNDATION. 34-6853246 ALGONQUIN FUND Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (419)241 - 5049300 MADISON AVENUE, SUITE 1300 City or town, state, and ZIP code C If exemption application is pending, check here TOLEDO, OH 43604 Initial return of a former public charity Initial return D 1. Foreign organizations, check here Check all that apply Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation Check type of organization E If private foundation status was terminated Other taxable private foundation under section 507(b)(1)(A), check here Fair market value of all assets at end of year | J Accounting method Cash Accrual If the foundation is in a 60-month termination X Other (specify) MODIFIED CASH under section 507(b)(1)(B), check here (from Part II, col. (c), line 16) 435,862. (Part I, column (d) must be on cash basis.) ▶\$ Analysis of Revenue and Expenses (d) Disbursements Part I (c) Adjusted net (b) Net investment (a) Revenue and for chantable purpos (cash basis only) (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income ıncome Contributions, gifts, grants, etc., received 2 Check ► X If the foundation is not required to attach Sch B Interest on savings and temporary cash investments 3 11,738. 11,738 11,738 Dividends and interest from securities 5a Gross rents Net rental income or (loss) 11,589 62 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 11,589. 11,589 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modification q Gross sales S-0S f goods sold **b** Less Cost 2012 c Gross profit@r (10\$\$10) V Other income 11 11,738 23,327. 23,327 12 Total. Add lines 0. 0. 0. Compensation of officers directors trus 13 Other employee salaries and wages 14 15 Pension plans, employee benefits Expenses 16a Legal fees 800 0. 800 0 STMT 1 **b** Accounting fees 5,722. 5,722 5,722 0. STMT 2 c Other professional fees Operating and Administrative 17 Interest 1,880. 0. 0. STMT 3 18 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 SCANNED NOV 2 7 201 Printing and publications 100. 0 0. STMT 4 0. 23 Other expenses 24 Total operating and administrative 6,522 0. 8,502. 5,722. expenses Add lines 13 through 23 22,500. 22,500. 25 Contributions, gifts, grants paid Total expenses and disbursements. 31,002 5,722 6,522 22,500. Add lines 24 and 25 Subtract line 26 from line 12 -7,675

123501 12-02-11 LHA For Paperwork Reduction Act Notice, see instructions.

2 Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

c Adjusted net income (if negative, enter -0-)

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5,216.

17,605

ALGONQUIN FUND

34-6853246

Page 2

Par	Balance Sheets Attached schedules and amounts in the description column should be for encholyear amounts only	Beginning of year	End of	year		
	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
1	Cash - non-interest-bearing	369.	0.	0.		
2		460.	457.	457.		
3						
	Less allowance for doubtful accounts					
4	Pledges receivable -					
	Less allowance for doubtful accounts					
5	Grants receivable					
6	Receivables due from officers, directors, trustees, and other					
	disqualified persons					
7	Other notes and loans receivable					
	Less: allowance for doubtful accounts		1			
g 8						
Assets	Prepaid expenses and deferred charges					
8 10	a Investments - U.S. and state government obligations					
'"	b investments - corporate stock STMT 5	278,958.	277,009.	370,690.		
	c investments - corporate bonds STMT 6	67,417.	62,063.	64,715.		
	_	0//41/	02,003.	04,713.		
11			1			
	Less accumulated depreciation					
	! Investments - mortgage loans		-			
13	· · · · · · · · · · · · · · · · · · ·		<del> </del>			
14			1			
	Less. accumulated depreciation			<del></del>		
15	Other assets (describe		_			
		245 224	222 522	405 060		
	Total assets (to be completed by all filers)	347,204.	339,529.	435,862.		
17	Accounts payable and accrued expenses					
18	Grants payable					
ဖ္မွ 19	Deferred revenue					
Liabilities 51	Loans from officers, directors, trustees, and other disqualified persons					
<u>.g</u> 21	Mortgages and other notes payable					
ے <sub>22</sub>	! Other liabilities (describe ▶)					
23	Total liabilities (add lines 17 through 22)	0.	0.			
	Foundations that follow SFAS 117, check here					
	and complete lines 24 through 26 and lines 30 and 31.					
8 24						
<u>E</u> 25	<del>_</del>					
B 26						
2	Foundations that do not follow SFAS 117, check here		· - · -			
Assets or Fund Balance	and complete lines 27 through 31.					
Ö 27	·	0.	0.			
Set 28		0.	0.			
A 29		347,204.	339,529.			
26 30		347,204.	339,529.			
2   30	Total list assets of fully paralless	31772031	33773231			
21	Total liabilities and net assets/fund balances	347,204.	339,529.			
			33773271			
Par	Analysis of Changes in Net Assets or Fund Ba	alances				
1 Tot	tal net assets or fund balances at beginning of year - Part II, column (a), line 3					
	ial net assets or fulfu balances at beginning of year - Fart II, columni (a), line s ust agree with end-of-year figure reported on prior year's return)	<del>)</del>		347,204.		
			1	-7,675 <b>.</b>		
	ter amount from Part I, line 27a		2	-7,673.		
	ner increases not included in line 2 (itemize)	·	3			
	d lines 1, 2, and 3		4	339,529.		
	creases not included in line 2 (itemize)	L (L) ( 00	5	<u>-</u>		
<u>v</u> Tol	tal net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	umn (b), line 30		339,529.		
				Form <b>990-PF</b> (2011)		

Part IV Capital Gains a	and Lo	sses for Tax on In	vestment	Income						
	2-story brick warehouse, or common stock, 200 shs MLC Co )		Į̈́Ρ			(c) Date a (mo , da		(d) Date sold (mo , day, yr )		
1a PUBLICLY TRADE	SEC	CURITIES BY	3RD PA	RTY						
b BROKER					P (			01/0	1/10	12/31/11
<u>C</u> .					-					
<u>d</u>		-					-			
(e) Gross sales price	(f) C	Depreciation allowed	(g) Cos	t or other basis				(h) Ga	ın or (loss	)
(B) Gloss sales plice		(or allowable)	plus e	xpense of sale				(e) plus	(f) minus	(g)
a b 11,589.										11,589.
C 22/3331				-						
d										
е										
Complete only for assets showing	g gain in e	column (h) and owned by t	the foundation	on 12/31/69					of (h) gain	
(i) F M V as of 12/31/69	(	j) Adjusted basis as of 12/31/69		cess of col (I) col (J), if any			col		ot less tha from col (	
a				- ·						
b							_			11,589.
C										
<u>d</u>					-	-				
8			<u> </u>		$\overline{}$		· · · · · · · · · · · · · · · · · · ·			· ·
2 Capital gain net income or (net cap	pıtal loss)	If gain, also enter     If (loss), enter -0-			<b>}</b>	2				11,589.
3 Net short-term capital gain or (los			nd (6)		٦					
If gain, also enter in Part I, line 8, (	column (d	<b>:</b> )				9				0.
Part V Qualification U	nder S	ection 4940(e) for	Reduced	Tax on Net	Inv	estn	nent Inc	ome		
(For optional use by domestic private if section 4940(d)(2) applies, leave the Was the foundation liable for the sect	is part bla	ank tax on the distributable am	nount of any ye	ear in the base pei		e )				Yes X No
1 Enter the appropriate amount in e					es					
(a)		(b)			(c)	)			Nietril	(d) bution ratio
Base period years Calendar year (or tax year beginnir	ng In)	Adjusted qualifying dis		Net value of no	ncha					vided by col (c))
2010			1,000.				3,401			.047361
2009			5,371.				2,574			.064627
2008			9,914.				3,165			.058293
2007			7,000.	-			8,883 9,762			.046448
2006			0,000.			<u> </u>	7,102	+	—	.040440
2 Total of line 1, column (d)	_							2		.261072
3 Average distribution ratio for the 5 the foundation has been in exister	•	·	on line 2 by 5,	or by the number	or ye	ars		3		.052214
4 Enter the net value of noncharitab	le-use as	sets for 2011 from Part X,	line 5					4		472,523.
5 Multiply line 4 by line 3								5		24,672.
		D. Al L.: 07th				•				176.
6 Enter 1% of net investment incom	ie (1% 01	ran I, line 2/0)						6		
7 Add lines 5 and 6								7	_	24,848.
8 Enter qualifying distributions from								8		22,500.
If line 8 is equal to or greater than See the Part VI instructions	line 7, cl	neck the box in Part VI, line	e 1b, and comp	olete that part usir	ng a 1	% tax	rate			
123521 12-02-11				· · · · · · · · · · · · · · · · · · ·						orm <b>990-PF</b> (2011)

TOLEDO COMMUNITY FOUNDATION, INC.

Form	990-PF (2011) ALGONQUIN FUND						<u>6853</u>			Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940	)(a),	4940(b	), 4940(e	), or 4	948	- see i	nstru	ctio	าร)
1a	Exempt operating foundations described in section 4940(d)(2), check here $\blacktriangleright$ and en	ter "N/	'A" on line	1	)					
	Date of ruling or determination letter (attach copy of letter if nece				}					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	· []	and ente	r 1%	}	1			3	52.
	of Part I, line 27b									
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% $$	of Par	t I, line 13	2, col (b)	)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Other	hers er	nter -0-)			2				<u>0.</u>
-	Add lines 1 and 2					3			3	<u>52.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Ot	hers e	nter -0-)			4	<u> </u>			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-					5	ļ		3	52.
6	Credits/Payments	1	1							
а	2011 estimated tax payments and 2010 overpayment credited to 2011	6 <u>a</u>	<u> </u>		940.					
	Exempt foreign organizations - tax withheld at source	6b	ļ <u>.</u>							
C	Tax paid with application for extension of time to file (Form 8868)	_6c								
	Backup withholding erroneously withheld	<u>6d</u>				1			^	4.0
	Total credits and payments. Add lines 6a through 6d					7	ļ		<u> 9</u>	<u>40.</u>
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attack	ched				8				
_	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed					9	ļ		-	
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		20	o I		10	<del> </del>			88.
	Enter the amount of line 10 to be Credited to 2012 estimated tax		38	88 . Refuni	led 🚩	11				00.
	rt VII-A Statements Regarding Activities				<del></del>				V	N <sub>a</sub>
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisla	ation (	or ala it p	articipate or i	ntervene	ı ın			Yes	X
	any political campaign?				\ <b>0</b>			1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos							1b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	d copi	ies of an	y materiais į	oublish	ea or				
	distributed by the foundation in connection with the activities									х
	Did the foundation file Form 1120-POL for this year?							1c		
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the				0.					
_	(1) On the foundation > \$ 0. (2) On foundation managers	پ <b>ب</b>		d on foundati		-				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendit managers > \$ 0 •	lute la	x iiiipose	u on toutidad	UII					
•	managers  \$ U .  Has the foundation engaged in any activities that have not previously been reported to the IR	100						2		х
2		10'								<del></del> -
2	If "Yes," attach a detailed description of the activities.  Has the foundation made any changes, not previously reported to the IRS, in its governing in	netrum	ant artic	les of incorna	ration (	or				
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change		ione, areio	ics of moorp	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	٠.		3		х
12	Did the foundation have unrelated business gross income of \$1,000 or more during the year							4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	•				N	I/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?							5	-	X
ŭ	If "Yes," attach the statement required by General Instruction T.									
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eff	ther								
•	By language in the governing instrument, or									
	By state legislation that effectively amends the governing instrument so that no mandatory	v direc	tions that	conflict with	the stat	e law				
	remain in the governing instrument?							6	X	
7	Did the foundation 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.									
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	ns) 🕨	•							
	ОН									
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	ttorney	General	(or designate	*)					
	of each state as required by General Instruction G? If "No," attach explanation							8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of sec	ction 4	1942(j)(3)	or 4942(j)(5	) for cal	endar				
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," c	omple	ete Part	XIV				9		X
								10		l Y

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_	art VII-A   Statements Regarding Activities (continued)			r aye u
	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		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► TOLEDO COMMUNITY FOUNDATION, INC. Telephone no ► (419)2	41-	504	9
	Located at ≥ 300 MADISON AVENUE, SUITE 1300, TOLEDO, OH ZIP+4 ≥43			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b></b>	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/ <u>A</u>	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of the foreign			
1	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.		Yes	No
1 a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days )			
b	ol frany answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations			
•	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  N/A	16		
	Organizations relying on a current notice regarding disaster assistance check here	<del></del>		
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 2011?	10		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2011? Yes X No			
	If "Yes," list the years 🛌 , , , , ,			
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions ) N/A	2b		
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.			
	Dod the foundation half many them a COV direct or and and advantage of the country of the countr			
32	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time  Uring the year?  Yes X No			
	during the year?  L Yes X No If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after			
L	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2011.)  N/A	3b		
42	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			<del></del>
•	had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b		х
	· · · · · · · · · · · · · · · · · · ·	m 990	DE	

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

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Part VIII Information About Officers, Directors, Trustees, Foundation Ma Paid Employees, and Contractors (continued)	nagers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	· · · · · · · · · · · · · · · · · · ·	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	<del>-</del>	
Total number of others receiving over \$50,000 for professional services	<u> </u>	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 number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ation such as the	Expenses
1 DISTRIBUTION OF FUNDS TO NON-PROFIT TAX EXEMPT OR	GANIZATIONS	-
		0.
2		
<u> </u>		
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		

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this	oart. Foreign foui	ndations, se	e 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	479,463.
b	Average of monthly cash balances		16	479,463. 256.
	Fair market value of all other assets		10	
d	Total (add lines 1a, b, and c)		1d	479,719.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	479,719.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	7,196.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.		5	472,523.
6	Minimum investment return. Enter 5% of line 5		6	23,626.
P	postributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations organizations check here and do not complete this part.)	ting foundations ar	id certain	
1	Minimum investment return from Part X, line 6		1	23,626.
2a	Tax on investment income for 2011 from Part VI, line 5	352.		
b	Income tax for 2011 (This does not include the tax from Part VI )			
C	Add lines 2a and 2b		2c	352.
3	Distributable amount before adjustments Subtract line 2c from line 1		3	23,274.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	23,274.
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	23,274.
P	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes			
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26		1a	22,500.
þ	Program-related investments - total from Part IX-B		16	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	Suitability test (prior IRS approval required)		3a	
b	Cash distribution test (attach the required schedule)		3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		4	22,500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment			
	income Enter 1% of Part I, line 27b		5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	22,500.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating wheth	er the foundation (	ualifies for th	e section

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4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years pnor to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				23,274.
2 Undistributed income, if any, as of the end of 2011		······································		
a Enter amount for 2010 only			18,979.	
b Total for prior years				
		0.		
3 Excess distributions carryover, if any, to 2011				- J
a From 2006				
<b>b</b> From 2007				
c From 2008				
d From 2009				
e From 2010				
1 Total of lines 3a through e	0.			
4 Qualifying distributions for 2011 from				
Part XII, line 4 ►\$ 22,500.				
a Applied to 2010, but not more than line 2a			18,979.	
<b>b</b> Applied to undistributed income of prior	······································			<del> </del>
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				***************************************
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount		<del>*************************************</del>	· ·	3,521.
e Remaining amount distributed out of corpus	0.			- ,
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a) )  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 2010 Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2011 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				19,753.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006		***************************************		
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.		······································	······································	······································
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2007				
b Excess from 2008				
c Excess from 2009				
d Excess from 2010				
e Excess from 2011				

Part XV Supplementary Information				
3 Grants and Contributions Paid During the	Year or Approved for Future I	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	- Timount
a Paid during the year				
SEE ATTACHED SCHEDULE	NONE			
				22,500
	<del> </del>	-	-	
				_
<del></del>				
				. <u> </u>
Total	1	<del></del>	<b>▶</b> 3a	22,500
b Approved for future payment				
NONE				
		•		
Total	•		<b>▶</b> 3b	0.

ALGONQUIN FUND

Part XVI-A	Analys	sis of Income	-Producing	<b>Activities</b>
* **** * ** * * * * * * * * * * * * *				,

	<del>- 1</del>				
Enter gross amounts unless otherwise indicated	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue	code	Amount	code	Amount	Turicuon income
a					
b					
<u> </u>					
d					<u>.                                    </u>
e					
1			-		
g Fees and contracts from government agencies	-		+	· -	
2 Membership dues and assessments					- · · · · · · · · · · · · · · · · · · ·
3 Interest on savings and temporary cash					
investments			1 1 1	11 720	
4 Dividends and interest from securities			14	11,738.	<i></i>
5 Net rental income or (loss) from real estate					
a Debt-financed property			<del> </del>		
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other			10	11 500	
than inventory			18	11,589.	
9 Net income or (loss) from special events			<del></del>	-	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
<u> </u>					
b			<del> </del>		
C			<del>                                     </del>		
d	_		<del>                                     </del>		
e				22 227	•
12 Subtotal Add columns (b), (d), and (e)		0	•	23,327.	0.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation				13	23,327.
Part XVI-B Relationship of Activiti  Line No. Explain below how each activity for which	ı ıncome ıs reported ın	column (e) of Part XVI-			olishment of
▼ the foundation's exempt purposes (other NOT APPLICABLE	than by providing tune	is for such purposes)			
NOT APPLICABLE		<del></del>			
					=+-
			<del></del>	<del></del> _	
				<del></del>	
					<del>_</del>
<del>-                                    </del>					
· · ·		<del></del>			
<del>  </del>					
					<del></del>
				•	
	-				
<del></del>					

123621 12-02-11

ran	VAII	Information Re Exempt Organ		sters to a	and Transactions	and Kelations	nips with Nonch	aritable	9	
1 Die	the or			of the followin	g with any other organizati	on described in sect	ion 501/o) of		Yes	No
					27, relating to political organ		1011 30 1(0) 01		163	110
		from the reporting found			• •	nzations.				1
	Cash	nom the reporting round	buon to a monomanta	bio oxompt on	gumenton or			1a(1)	ĺ	х
•	Other	assets						1a(2)		X
•		sactions						14,27		
		of assets to a noncharita	ble exempt organiza	tion				16(1)	ĺ	Х
		ases of assets from a no						1b(2)		Х
•		I of facilities, equipment,	•					1b(3)		Х
•		bursement arrangements						1b(4)		X
		or loan guarantees					•	1b(5)		X
		rmance of services or me	embership or fundrai	sing solicitatio	ins			1b(6)		Х
		facilities, equipment, ma						10		Х
					dule Column (b) should al	ways show the fair r	narket value of the good	s, other ass	ets,	
or	services	s given by the reporting f	oundation If the fou-	ndation receive	ed less than fair market val				ŕ	
		) the value of the goods,				1 (4) -	<del></del>			
(a) Line i	10	(b) Amount involved	(c) Name of		exempt organization	(0) Description	of transfers, transactions, a	nd shanng ar	rangeme	nts
	_			N/A_						
			. <u> </u>							
	_					<del></del>				
	_									
	_									
	- <del> </del>									
		<del> </del>								
					<del></del>		· · · · · · · · · · · · · · · · · · ·			
	<del> -</del>									
							•••			
				-						
	<u> </u>	<u></u>							-	
2a Is	the four	dation directly or indirec	tly affiliated with or i	related to one	or more tax-exempt organ	izations described				
		501(c) of the Code (othe	-			LEGGOTO GOGOTIDOG		☐ Yes	X	No
		mplete the following sch	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
		(a) Name of org			(b) Type of organization	T	(c) Description of relatio	nship		
		N/A					· · · · · · · · · · · · · · · · · · ·	·····		
	-								-	
	Under	penalties of penury, I declare	that I have examined the	is return, includin	ng accompanying schedules and in taxpayer) is based on all inform	statements, and to the	r ban any languadadan	May the IRS		
Sign		The I	The Estatation of pr	eparer (outer that	1. /			return with th shown below	e prepar (see ins	er tr)?
Here	F	<u> </u>		•	11/8/12	<u> </u>		X Yes		No
	Sign	ature of officer or trustee	)	1	Date	Title				
		Print/Type preparer's na	ame	Preparer's s	ignature	Date	Check if PTI	N		
		DONNA M.	DAMESAN	As	m An	10/4/12	self- employed	= -		
Paid						17/12		00478		
Prep		Firm's name ► CLI	FTONLARSC	NALLEN	ГГЬ		Firm's EIN ► 41-	07467	49	
Use	Unly	Frank add b C33	E CEACACE		T 2650					
		Firm's address NON						0 \ 2 4 4	27	11
TOLEDO, OH 43604-1558   Phone no (419)24							フリム44	-3/	TT	

## Toledo Community Foundation Grantee 990 - Part 2 Organizations Tax Year 2011 Algonquin Fund

Name, address, and zip	EIN	IRC Code	Cash Grant	
AIDS Resource Center Ohio 15 W Fourth St , Suite 200 Dayton, OH 45402	31-1126780	501(C)3	\$1,500 00	General Support
Assistance Dogs of America, Inc c/o Ability Center of Greater Toledo 5605 Monroe Street Sylvania, OH 43560-2793	31-1186904	501(C)3	\$3,000 00	General Support
Aurora Project, Inc 1035 N Superior Street Toledo, OH 43604	34-1517827	501(C)3	\$1,500 00	General Support
Big Brothers Big Sisters of Northwest Ohio Four Seagate, Suite 660 Toledo, OH 43604	34-1396251	501(C)3	\$1,500 00	General Support
Boys & Girls Clubs of Toledo 2250 N Detroit Ave Toledo, OH 43606	34-4427933	501(C)3	\$1,500 00	General Support
Hospice of Northwest Ohio 30000 East River Road Perrysburg, OH 43551	34-1283188	501(C)3	\$1,500 00	General Support
Learning Club of Toledo 1702 Upton Avenue Toledo, OH 43607	34-1721196	5 501(C)3	\$1,500 00	General Support
Planned Parenthood of Northwest Ohio, Inc 1301 Jefferson Avenue Toledo, OH 43604	34-4429510	501(C)3	\$1,500 00	General Support
Read For Literacy, Inc 325 North Michigan Street Toledo, OH 43604	34-1516490	501(C)3	\$1,500 00	General Support
Ronald McDonald House Charities of Northwest Ohio 3883 Monroe St Toledo, OH 43606-3930	34-1349742	2 501(C)3	\$1,500 00	General Support
St. Timothy's Episcopal Church 871 East Boundary Street Perrysburg, OH 43551		501(C)3	\$1,500 00	General Support
Toledo Northwestern Ohio Food Bank, Inc 24 E Woodruff Avenue Toledo, OH 43624	34-1441016	5 501(C)3	\$1,500 00	General Support
Toledo Seagate Food Bank 526 High Street Toledo, OH 43609	51-0252948	3 501(C)3	\$1,500 00	General Support
Vassar College Box 14 124 Raymond Avenue Poughkeepsie, NY 12604	14-133858	7 501(C)3	\$1,500 00	_General Support
Tota	ils		\$22,500 00	=

FORM 990-PF	ACCOUNTING FEES		Si	PATEMENT 1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CLIFTON GUNDERSON LLP TAX PREPARATION	800.	0.	800.	0.
TO FORM 990-PF, PG 1, LN 16B	800.	0.	800.	0.
FORM 990-PF C	THER PROFES	SIONAL FEES	Sī	PATEMENT 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 MANAGEMENT RECORD KEEPING FEES	4,837. 820. 65.	820.	4,837. 820. 65.	0.
TO FORM 990-PF, PG 1, LN 16C	5,722.	5,722.	5,722.	0.
FORM 990-PF	TAX	ES	Sī	PATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAX	1,880.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	1,880.	0.	0.	0.

FORM 990-PF	990-PF OTHER EXPENSES				STATEMENT		4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM		(C) ADJUSTED NET INCOME		(D) CHARITABLE PURPOSES	
STATE OF OHIO FILING FEE	100.		0.			0.	
TO FORM 990-PF, PG 1, LN 23	100.		0.		0.		0.
FORM 990-PF	CORPORAT	E STOCK	<del></del>		ST	ATEMENT	5
DESCRIPTION			воок	VALUE	FA	IR MARKE VALUE	T
VANGUARD TOTAL STOCK MARKET IVANGUARD FTSE EX-US; INSTL	INDEX			139,350. 137,659.		247,7 122,9	
TOTAL TO FORM 990-PF, PART II	I, LINE 10B	_	,	277,009.		370,6	90.
FORM 990-PF	CORPORAT	E BONDS			ST	ATEMENT	6
DESCRIPTION			воок	VALUE	FA	IR MARKE VALUE	T
DFA 5 YR GLOBAL FIXED INCOME VANGUARD TOTAL BOND MARKET IN	NDEX			31,902. 30,161.		32,3 32,3	
TOTAL TO FORM 990-PF, PART II	I, LINE 10C			62,063.		64,7	15.

FORM 990-PF PART VIII - LIST TRUSTEES AND	STATEMENT 7			
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
KEITH BURWELL 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 43604	PRESIDENT 0.75	0.	0.	0.
RICHARD P. ANDERSON 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 43604	TRUSTEE 0.75	0.	0.	0.
PATRICIA APPOLD 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 43604	SECRETARY 0.75	0.	0.	0.
WILLIAM FALL 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 43604	TRUSTEE 0.75	0.	0.	0.
SCOTT ESTES 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 43604	TRUSTEE 0.75	0.	0.	0.
JIM HOFFMAN 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 43604	TRUSTEE 0.75	0.	0.	0.
RITA MANSOUR 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 43604	TRUSTEE 0.75	0.	0.	0.
BEVERLY MCBRIDE 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 43604	TRUSTEE 0.75	0.	0.	0.
GEOFFREY MEYERS 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 43604	TREASURER 0.75	0.	0.	0.
ANTHONY J. ARMSTRONG, M.D. 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 43604	TRUSTEE 0.75	0.	0.	0.
GRANGER SOUDER 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 43604	TRUSTEE 0.75	0.	0.	0.

. TOLEDO COMMUNITY FOUNDATION, INC.	ALGONQ	34-68	853246
MARK LUETKE CONTROLLEDO, OH 43604	CHAIRMAN 0.75 0.	0.	0.
DAVE WATERMAN 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 43604	TRUSTEE 0.75 0.	0.	0.
MARY WERNER 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 43604	7ICE CHAIRMAN 0.75 0.	0.	0.
MARK ZYNDORF 300 MADISON AVENUE, SUITE 1300 TOLEDO, OH 43604	TRUSTEE 0.75 0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, P	PART VIII 0.	0.	0.

#### 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

 $\triangleright X$ • If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file) You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or TOLEDO COMMUNITY FOUNDATION, INC. print 34-6853246 ALGONQUIN FUND File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) filing your 300 MADISON AVENUE, SUITE 1300 City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 43604 TOLEDO, OH 0 4 Enter the Return code for the return that this application is for (file a separate application for each return) Return **Application** Return **Application** Code Code Is For Form 990-T (corporation) 07 01 Form 990 08 Form 1041-A Form 990-BL 09 Form 4720 Form 990-EZ 01 10 Form 990-PF 04 Form 5227 05 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) Form 8870 12 Form 990-T (trust other than above) TOLEDO COMMUNITY FOUNDATION, INC. • The books are in the care of ▶ 300 MADISON AVENUE, SUITE 1300 - TOLEDO, Telephone No.  $\triangleright$  (419) 24  $\overline{1-5049}$ FAX No. ▶ • If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box > and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2012 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2011 or tax year beginning , and ending Initial return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 940. За nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and ь 940. 3ь estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, 0. by using EFTPS (Electronic Federal Tax Payment System). See instructions Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions Form 8868 (Rev. 1-2012) For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2012)					Page 2	
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month</li> </ul>	Extension,	complete only Part II and check thi	s box		► X	
Note. Only complete Part II if you have already been granted a				8868.		
<ul> <li>If you are filing for an Automatic 3-Month Extension, comp</li> </ul>						
Part II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the origin	nal (no c	opies ne	eded).	
		Enter filer's	identifyii	ng number,	see instructions	
Type or Name of exempt organization or other filer, see ins	tructions	<del> </del>	Employe	Employer identification number (EIN) or		
rint TOLEDO COMMUNITY FOUNDATION, INC.						
·	by the ALGONQUIN FUND			34-68	353246	
			Social se	curity numb	per (SSN)	
stum See 300 MADISON AVENUE, SUITE 1300						
City, town or post office, state, and ZIP code. For a TOLEDO, OH 43604	a foreign add	dress, see instructions.				
					[ <del></del>	
Enter the Return code for the return that this application is for	(file a separa	ite application for each return)			0 4	
Application	Return	Application			Return	
ls For	Code	Is For			Code	
Form 990	01			<del></del>	<del>  </del>	
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	
STOP! Do not complete Part II if you were not already grant		UNDATION, INC.	lously file	d Form 88	<u> </u>	
• The books are in the care of ► 300 MADISON A			DO 0	H 4360	1.4	
Telephone No. ► (419) 241–5049	ARMOR'	FAX No. ►	DO, O	11 4300		
<ul> <li>If the organization does not have an office or place of busing</li> </ul>	oon in the Lir				<b>.</b>	
<ul> <li>If this is for a Group Return, enter the organization's four dig</li> </ul>			f this is fo	r the whole	group check this	
box ► . If it is for part of the group, check this box ► .		ach a list with the names and EINs o				
4 I request an additional 3-month extension of time until		BER 15, 2012.	- CITTICITIC	CIS THE CAR	3131011 13 101.	
5 For calendar year 2011, or other tax year beginning		, and endin	a			
6 If the tax year entered in line 5 is for less than 12 months	check reas		Final	eturn	_ <del></del> ,	
Change in accounting period	, 0.1.00.1.1.000					
7 State in detail why you need the extension						
THE TAXPAYER NEEDS ADDITIONA	L TIME	TO GATHER INFORMA	TION	NECESS	SARY TO	
PREPARE AN ACCURATE RETURN.					<u> </u>	
8a If this application is for Form 990-BL, 990-PF, 990-T, 472	0, or 6069, e	enter the tentative tax, less any				
nonrefundable credits. See instructions.			8a	\$	940.	
b If this application is for Form 990-PF, 990-T, 4720, or 606	39, 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.			8ь	\$	940.	
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using			ł	_		
EFTPS (Electronic Federal Tax Payment System). See in:			_8c	\$	0.	
		st be completed for Part II				
Under penalties of perjury, I declare that I have examined this form, incit is true, correct, and complete, and that I am authorized to prepare thi	luding accom	panying schedules and statements, and t	o the best o	f my knowled	dge and belief,	
_				. 6	1, 1, 2	
Signature Donna M. Dawson Title	CPA		Date		1/10-	
				Form	8868 (Rev. 1-2012)	