# EXTENDED TO MAY 15, 2018 Short Form

Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service ➤ Do not enter social security numbers on this form as it may be made public.

➤ Information about Form 990-EZ and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>

For the 2016 calendar year, or tax year beginning JUL 1 2016 <u>30.</u> and ending JUN 2017 C Name of organization D Employer identification number Address change X]Name change MEDINA COUNTY POLICE ACTIVITIES LEAGUE 35-2342739 Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Room/suite Initial return Final return/ C/O TERRY GRICE, 6665 WADSWORTH RD 330-725-8314 terminated City or town, state or province, country, and ZIP or foreign postal code Amended return F Group Exemption 44256 MEDINA OH Number > X Cash Accrual Accounting Method: Other (specify) H Check I if the organization is Website: WWW.MEDINAPAL.ORG not required to attach Schedule B \*ax-exempt status (check only one) — X 501(c)(3) 501(c) ( ) **◄**(insert no ) 4947(a)(1) or [ (Form 990, 990-EZ, or 990-PF) orm of organization; X Corporation Trust Association Other dd lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 162.766. olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-E7 rt | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 151,691. Contributions, gifts, grants, and similar amounts received 33. 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 Δ investment income Δ 5a Gross amount from sale of assets other than inventory **b** Less: cost or other basis and sales expenses 5b Gain or (IOSS) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 820. 6a **b** Gross income from fundraising events (not including \$ 5,500. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such 10,193 gross income and contributions exceeds \$15,000) 6b 9,314 c Less: direct expenses from gaming and fundraising events 6¢ 1,699. Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с SEE SCHEDULE O 29. SCANNED AUG 0 8 2018 Other revenue (describe in Schedule O) 8 153,452. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 SEE SCHEDULE 5,760. 10 Grants and similar amounts paid (list in Schedule 0) 10 11 Benefits paid to or for members 11 Professional fees and other payments to independent contractors

Occupancy, rent utilities and markets 59,931. 12 12 MAY 0 8 2018 0. 13 13 170. 14 14 OGDEN 356. 15 Printing, publications, postage, and shipping 15 SCHEDULE O 25.138. 16 Other expenses (describe in Schedule 0) 16 91,355. 17 Total expenses Add lines 10 through 16 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 62,097. 18 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 104,354. (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 166,451. Net assets or fund balances at end of year. Combine lines 18 through 20

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form **990-EZ** (2016)

920

Part II Balance Sheets (see the instructions for Part II)				
<ul> <li>Check if the organization used Schedule O to resp</li> </ul>	ond to any question			X
		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments		104,354	. 22	167,751.
23 Land and buildings			23	
24 Other assets (describe in Schedule 0) SEE SCHEDULE O		0		1,500.
25 Total assets		104,354	25	169,251.
26 Total liabilities (describe in Schedule 0) SEE SCHEDULE O	<u> </u>	<u> </u>		2,800.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		104,354	. 27	166,451.
Part III Statement of Program Service Accomplishmen	•	,		Expenses
Check if the organization used Schedule O to resp	ond to any questic	on in this Part III		ured for section (3) and 501(c)(4)
What is the organization's primary exempt purpose? SEE SCHEDULE O				izations; optional for
Describe the organization's program service accomplishments for each of its three largest program service		ses. In a clear and concise	other	s.)
manner, describe the services provided, the number of persons benefited, and other relevant informa	tion for each program title			
28 SEE SCHEDULE O				
<del></del>				
(Grants \$ 5,760.) If this amount includes foreign of	rants, check here		28a	64,418.
29				
····				
(Grants \$ ) If this amount includes foreign of	rants, check here		29a	
30				
(Grants \$ ) If this amount includes foreign of	rants, check here		30a	
31 Other program services (describe in Schedule O)				
(Grants \$ ) If this amount includes foreign of	rants, check here		31a	
32 Total program service expenses (add lines 28a through 31a)			▶ 32	64,418.
	mn ovoco			
Part IV List of Officers, Directors, Trustees, and Key E			ee the instruction	ons for Part IV)
Check if the organization used Schedule O to response			ee the instruction	ons for Part IV)
<del></del>	oond to any question (b) Average hours	on in this Part IV	(d) Health ben	efits, (e) Estimated
<del></del>	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health ben contributions employee ber	efits, (e) Estimated amount of other
Check if the organization used Schedule O to responsible (a) Name and title	oond to any question (b) Average hours	on in this Part IV (c) Reportable compensation (Forms	(d) Health ben	efits, to amount of other compensation
Check if the organization used Schedule O to response (a) Name and title  TERRY GRICE	(b) Average hours per week devoted to position	on in this Part IV  (0) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health ben contributions employee ber plans, and defe	efits, to amount of other compensation
Check if the organization used Schedule O to response (a) Name and title  TERRY GRICE  EXECUTIVE DIRECTOR	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health ben contributions employee ber plans, and defe compensation	efits, to amount of other compensation
Check if the organization used Schedule O to response (a) Name and title  TERRY GRICE  EXECUTIVE DIRECTOR  JIM SHIELDS	(b) Average hours per week devoted to position  3.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ben contributions employee ber plans, and defe compensation	efits, to lefit amount of other compensation 0 • 0 •
Check if the organization used Schedule O to response (a) Name and title  TERRY GRICE  EXECUTIVE DIRECTOR  JIM SHIELDS  PRESIDENT	(b) Average hours per week devoted to position	on in this Part IV  (0) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health ben contributions employee ber plans, and defe compensation	efits. to tent tent tent tent tent tent tent t
Check if the organization used Schedule O to response (a) Name and title  TERRY GRICE  EXECUTIVE DIRECTOR  JIM SHIELDS  PRESIDENT  JANICE GROZA	(b) Average hours per week devoted to position  3.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  135.	(d) Health ben contributions employee ber plans, and def compensation	efits, to lefit amount of other compensation  0 .
Check if the organization used Schedule O to responsible to the control of the co	(b) Average hours per week devoted to position  3.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ben contributions employee ber plans, and def compensation	efits, to lefit amount of other compensation  0 • 0 •
Check if the organization used Schedule O to response (a) Name and title  TERRY GRICE  EXECUTIVE DIRECTOR  JIM SHIELDS  PRESIDENT  JANICE GROZA  VICE PRESIDENT  MARK T SHUPE	(b) Average hours per week devoted to position  3.00  1.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  135.  0.	(d) Health ben contributions employee ber plans, and def compensation	efits. to left remarked amount of other compensation  0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0
Check if the organization used Schedule O to responsible to the control of the co	(b) Average hours per week devoted to position  3.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  135.	(d) Health ben contributions employee ber plans, and def compensation	efits, to lefit amount of other compensation  0 .
Check if the organization used Schedule O to response (a) Name and title  TERRY GRICE  EXECUTIVE DIRECTOR  JIM SHIELDS  PRESIDENT  JANICE GROZA  VICE PRESIDENT  MARK T SHUPE  TREASURER  PHIL TITTERINGTON	(b) Average hours per week devoted to position  3.00  1.00  1.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  135.  0.	(d) Health ben contributions employee ber plans, and defice compensation	efits. (e) Estimated amount of other compensation  0. 0. 0.  0. 0.
Check if the organization used Schedule O to response (a) Name and title  TERRY GRICE EXECUTIVE DIRECTOR JIM SHIELDS PRESIDENT JANICE GROZA VICE PRESIDENT MARK T SHUPE TREASURER PHIL TITTERINGTON SECRETARY	(b) Average hours per week devoted to position  3.00  1.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  135.  0.	(d) Health ben contributions employee ber plans, and defice compensation	efits. to left remarked amount of other compensation  0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0
Check if the organization used Schedule O to response (a) Name and title  TERRY GRICE  EXECUTIVE DIRECTOR  JIM SHIELDS  PRESIDENT  JANICE GROZA  VICE PRESIDENT  MARK T SHUPE  TREASURER  PHIL TITTERINGTON	(b) Average hours per week devoted to position  3.00  1.00  1.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  135.  0.	(d) Health ben contributions employee ber plans, and defice compensation	efits. (e) Estimated amount of other compensation  0. 0. 0.  0. 0.
Check if the organization used Schedule O to response to the control of the contr	(b) Average hours per week devoted to position  3.00  1.00  1.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  135.  0.	(d) Health ben contributions employee ber plans, and defe compensation	efits. (e) Estimated amount of other compensation  0. 0. 0.  0. 0.
Check if the organization used Schedule O to response (a) Name and title  TERRY GRICE EXECUTIVE DIRECTOR  JIM SHIELDS PRESIDENT  JANICE GROZA  VICE PRESIDENT  MARK T SHUPE  TREASURER PHIL TITTERINGTON SECRETARY REBECCA BYRNE	(b) Average hours per week devoted to position  3.00  1.00  1.00  1.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  135.  0.  0.	(d) Health ben contributions employee ber plans, and defe compensation	efits. to left mared amount of other compensation  0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0
Check if the organization used Schedule O to response to the control of the contr	(b) Average hours per week devoted to position  3.00  1.00  1.00  1.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  135.  0.  0.	(d) Health ben contributions employee ber plans, and deficompensation	efits. to left mared amount of other compensation  0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0
Check if the organization used Schedule O to response (a) Name and title  TERRY GRICE EXECUTIVE DIRECTOR  JIM SHIELDS PRESIDENT  JANICE GROZA VICE PRESIDENT  MARK T SHUPE TREASURER PHIL TITTERINGTON SECRETARY REBECCA BYRNE PROGRAM DIRECTOR CRAIG HASSINGER	(b) Average hours per week devoted to position  3.00  1.00  1.00  1.00  30.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  135.  0.  0.  24,311.	(d) Health ben contributions employee ber plans, and deficompensation	efits. to left
Check if the organization used Schedule O to response to the control of the contr	(b) Average hours per week devoted to position  3.00  1.00  1.00  1.00  30.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  135.  0.  0.  24,311.	(d) Health ben contributions employee ber plans, and defe compensativ	efits. (e) Estimated amount of other compensation  0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0
Check if the organization used Schedule O to response to the control of the contr	(b) Average hours per week devoted to position  3.00  1.00  1.00  1.00  1.00  1.00	On in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)  135.  0.  0.  24,311.	(d) Health ben contributions employee ber plans, and defe compensativ	efits. (e) Estimated amount of other compensation  0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0
Check if the organization used Schedule O to response to the control of the contr	(b) Average hours per week devoted to position  3.00  1.00  1.00  1.00  1.00  1.00	On in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)  135.  0.  0.  24,311.	(d) Health ben contributions employee ber plans, and def compensation	efits. (e) Estimated amount of other compensation  0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0
Check if the organization used Schedule O to response to the control of the contr	(b) Average hours per week devoted to position  3.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  135.  0.  0.  24,311.  0.	(d) Health ben contributions employee ber plans, and def compensation	efits. to left mared amount of other compensation  0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0
Check if the organization used Schedule O to response to the control of the contr	(b) Average hours per week devoted to position  3.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00	On in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)  135.  0.  0.  24,311.	(d) Health ben contributions employee ber plans, and defice compensation	efits. (e) Estimated amount of other compensation  0. 0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.
Check if the organization used Schedule O to response to the control of the contr	(b) Average hours per week devoted to position  3.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  135.  0.  0.  24,311.  0.	(d) Health ben contributions employee ber plans, and defice compensation	efits. to left mared amount of other compensation  0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0
Check if the organization used Schedule O to response (a) Name and title  TERRY GRICE EXECUTIVE DIRECTOR JIM SHIELDS PRESIDENT JANICE GROZA VICE PRESIDENT MARK T SHUPE TREASURER PHIL TITTERINGTON SECRETARY REBECCA BYRNE PROGRAM DIRECTOR CRAIG HASSINGER BOARD MEMBER DAVID FERRELL BOARD MEMBER LARRY COBLER BOARD MEMBER PAT HABERFIELD BOARD MEMBER	(b) Average hours per week devoted to position  3.00  1.00  1.00  1.00  30.00  1.00  1.00  1.00  1.00  1.00	On in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)  135.  0.  0.  24,311.  0.  0.	(d) Health ben contributions employee ber plans, and defe compensation	efits. (e) Estimated amount of other compensation  0. 0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.
Check if the organization used Schedule O to responsible to the control of the co	(b) Average hours per week devoted to position  3.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00	On in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)  135.  0.  0.  24,311.	(d) Health ben contributions employee ber plans, and defe compensation	efits. (e) Estimated amount of other compensation  0. 0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.
Check if the organization used Schedule O to responsible to the control of the co	(b) Average hours per week devoted to position  3.00  1.00  1.00  1.00  30.00  1.00  1.00  1.00  1.00  1.00	On in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)  135.  0.  0.  24,311.  0.  0.	(d) Health ben contributions employee ber plans, and defe compensation	efits. (e) Estimated amount of other compensation  0. 0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.

35-2342739 juirements in the

-	instructions for Part V) Check if the organization used Sch. O to respond to any question in this	Part \	,	X
			Yes	_
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			<del>  110</del>
	activity in Schedule 0	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	33		<del>-^</del>
•	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)			x
35.2	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	34		<del>-^</del> -
00 a	on lines 2, 6a, and 7a, among others)?	1		٦,
	- · · · · · · · · · · · · · · · · · · ·	35a	37 /	X
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	Α
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			ĺ
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	ľ		
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions    37a   0.			
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A			
39	Section 501(c)(7) organizations. Enter:	7		
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities  39b  N/A	1		*
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	7 3	44	` ;
	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 •	4		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit		3 5	3
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any	-		<del>  -</del>
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	406		x
e	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	40b		
٠			, 133	į .
4			1	
u	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed	( a. si-		<b>1</b>
_	by the organization  • O.		i. Žia	1 3
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		*	L
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed   OH			
42 a	The organization's books are in care of ► MARK T. SHUPE Telephone no. ► (330)			14
	Located at ► 6665 WADSWORTH RD, MEDINA, OH ZIP+4 ► 4	<u> 1425</u>	<u>6</u>	
b	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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:	111	***	l
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		3 ′	~
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		х
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	-	
	· · · · · · · · · · · · · · · · · · ·	,		
		ſ	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			1.40
	Form 990-EZ	1445		Х
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	44a	*	<u> </u>
	of Form 990-EZ			v
		44b		X
	Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line, 44s, has the organization filed a Form 730 to separate these approach 50 years.	44c		X
a	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			<u> </u>
45 -	In Schedule O	44d		L
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
þ	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			<u> </u>
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
		Form 9	90-EZ	(2016)

632174 12-08-16

#### **SCHEDULE A**

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

Inspection

Nan	ne of t	ne organization							identification number
Da	пŧТ	MEDI.	NA COUNTY I	POLICE ACTIV	LTIES	LEAGU	JE:	3	5-2342739
		Reason for Public C					e instructions	•	
	organ	ization is not a private found		•	-	-			as CA
1	$\vdash$	A church, convention of chu					I)(A)(i).		
2	片	A school described in secti		•					
3	$\vdash$	A hospital or a cooperative						= .	
4	Ш	A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
_		city, and state							• .
5	لـــا	An organization operated for		lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in
_		section 170(b)(1)(A)(iv). (C	•						
6	님	A federal, state, or local gov							
7	L	An organization that normal		ntial part of its support fr	om a gove	ernmental i	unit or from th	e general p	oublic described in
_		section 170(b)(1)(A)(vi). (Co							
8	$\vdash$	A community trust describe			•				
9		An agricultural research org							
		or university or a non-land-g	rant college of agric	ulture (see instructions)	Enter the r	name, city	, and state of	the college	or
	77	university:							
10	X	An organization that normal							
		activities related to its exem							-
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the org	anızatıon a	ifter June 30, 1975
		See section 509(a)(2). (Cor	•						
11	$\vdash$	An organization organized a	•	·	-				_
12	ш	An organization organized a							
		more publicly supported org	-						neck the box in
_	. —	lines 12a through 12d that		• •				•	
а	<u> </u>		•	•		_			
		the supported organization			majority o	it the direc	ctors or trustee	es of the su	apporting
		organization. You must o	•				-d	-(-)	
b	'	J Type II. A supporting org	•				-		•
		control or management o organization(s). You mus			anie persoi	ns mai co	ntroi or manaç	ge trie supp	oortea
c		Type III functionally inte	-		ın connect	non with in	and functional	ly intograto	ad with
·	· <u> </u>	its supported organization	T	· ·				iy iiitegiate	o widi,
d		Type III non-functionally		•	•	-	-	ted organis	zation(e)
_		that is not functionally int	<u> </u>				• •	•	` '
		requirement (see instructi	•	• •	•		•	an attentiv	7611655
е		Check this box if the orga	•	•				I Type III	
Ĭ		functionally integrated, or					1,7001,1700	., 1 ypc iii	
f	Ente	er the number of supported of		rany magnatoa capporti	ng organiz	ation:			
g		vide the following information	•	d organization(s).					
		i) Name of supported	(ii) EIN	(III) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1.10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
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Tota	al								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 MEDINA COUNTY POLICE ACTIVITIES LEAGUE 35-2342739 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			-			
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					,	
	include any "unusual grants")					3	
2	Tax revenues levied for the organ-					·	
	ization's benefit and either paid to					, , , , , , , , , , , , , , , , , , ,	
	or expended on its behalf						
3	The value of services or facilities					,	
	furnished by a governmental unit to				ĺ		
	the organization without charge				,		
4	Total. Add lines 1 through 3				,'		
5	The portion of total contributions				/		
	by each person (other than a						
	governmental unit or publicly				/		
	supported organization) included						
	on line 1 that exceeds 2% of the			E 	/		
	amount shown on line 11,			ĺ	/		
	column (f)			,	/		
6	Public support. Subtract line 5 from line 4		<del>-, , -, , , , , , , , , , , , , , , , ,</del>		1 1 1 1 1		
	ction B. Total Support				/		
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014 /	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	X /	<u> </u>	/	(-)	(-)	(-)
8	Gross income from interest,			1.			
-	dividends, payments received on			/			
	securities loans, rents, royalties			/			
	and income from similar sources			/			
9	Net income from unrelated business			<i>j</i>			
_	activities, whether or not the			/			
	business is regularly carried on			/			
10	Other income. Do not include gain			/			
	or loss from the sale of capital		<i>,,</i>	7			
	assets (Explain in Part VI )		/				
11	Total support. Add lines 7 through 10		<i>j</i>		\$ \$ . \$ \$ \$	· 1 13400	
12	Gross receipts from related activities,	etc. (see instruction	ons) /	<u> </u>	• · · · · · · · · · · · · · · · · · · ·	12	•
13	First five years. If the Form 990 is for	· ·	•	d. fourth, or fifth ta	ax vear as a section		
	organization, check this box and stor	•	/· · · · · · · · /· · · · · · · · · · ·		,	(-)(-)	ightharpoonup
Se	ction C. Computation of Publi		centage				
	Public support percentage for 2016 (I		,	olumn (fl)	•	14	%
15	Public support percentage from 2015	Schedule A, Part	II, line 14	\ <i>''</i>		15	%
	33 1/3% support test - 2016. If the		,	n line 13, and line	14 is 33 1/3% or m	·	
	stop here. The organization qualifies	_	í	•		,	<b>▶</b> □
ŀ	33 1/3% support test - 2015. If the		//		line 15 is 33 1/3%	or more, check this	box
_	and stop here. The organization qual	/	1				<b>▶</b> □
17:	10% -facts-and-circumstances test	//			e 13, 16a, or 16b, a	and line 14 is 10% or	r more.
.,,	and if the organization meets the "fac	// -					
	meets the "facts-and-circumstances"	//		•		ale organi	<b></b>
	10% -facts-and-circumstances test	9/	•	. , ,,	•	17a and line 15 is 16	0% or
•	more, and if the organization meets the	- //					070 Oi
	organization meets the "facts-and-circ	//			= =		<b>►</b> □
12	Private foundation. If the organization	J)					
10	ate roundation. If the organization	/	DOV OUT HIS 19' 10	<u>u, 190, 174, 01 171</u>			or 000 E7) 2046
		//			эспе	edule A (Form 990 o	い「990-EZ] 2010

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II )

Sec	ction A. Public Support	3.5 K, p. 3.5 C					
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	45,011.	51,519.	94,161.	46,152.	151,691.	388,534.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	8,683.			3,780.	63.	12,526.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513	3,360.	10,303.	16,717.	13,398.	11,013.	54,791.
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 furnished by a governmental unit to						
	the organization without charge	57.054	(1 000	110 070	62 220	160 767	455 051
	Total. Add lines 1 through 5	57,054.	61,822.	110,878.	63,330.	162,767.	455,851.
72	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6)		% *4 ¥	* · \$		S, 2. ***	455,851.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	57,054.	61,822.	110,878.	63,330.	162,767.	455,851.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income				1		
	(less section 511 taxes) from businesses acquired after June 30, 1975				L		
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital		3,200.	5,201.	30.		8,431.
13	assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)	57,054.	65,022.	116,079.	63,360.	162,767.	464,282.
	First five years. If the Form 990 is for			d, fourth, or fifth ta		<del></del>	
	check this box and stop here						
<u>Se</u>	ction C. Computation of Publi	c Support Per	centage				
15 16	Public support percentage for 2016 (I Public support percentage from 2015		-	olumn (f))		15	$\frac{98.18}{97.42}$ %
_	ction D. Computation of Inves					<u> </u>	
	Investment income percentage for 20			ne 13. column (f))		17	.00 %
	Investment income percentage from		· ·	(,,,		18	%
	33 1/3% support tests - 2016. If the			on line 14, and line	15 is more than 3		
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	e organization qual	ifies as a publicly s	supported organiza	ation	$\triangleright X$
ŧ	33 1/3% support tests - 2015. If the						and
20	line 18 is not more than 33 1/3%, che			•	, , , , ,	•	
20	Private foundation. If the organization	ni did not crieck a	50x on line 14, 19	a, or 190, check th	ie nov glin see ius	LI UCLIOTIS	

632023 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes." answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a_		
3b		
<u> </u>	<b>_</b>	
3c		
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4b		
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8		
9a		
9b		
9c		
<u> </u>		
10a		
10b		

Has the organization accepted a gift or contribution from any of the following persons?	Pa	rt IV   Supporting Organizations (continued)	<u> </u>	J P	age 5
11 Has the organization accepted a gift or contribution from any of the following persons?  A parson with detector, where the control certifies able on copether with persons described in (b) and (c) below, the governing body of a supported organization?  A ASPS controlled enter of a person described in (a) bow?  A 39% controlled enter of a person described in (a) bow?  A 39% controlled enter of a person described in (a) bow?  A 39% controlled enter of a person described in (a) or (b) above?  A 39% controlled enter of a person described in (a) or (b) above?  A 39% controlled enter of a person described in (a) or (b) above?  A 39% controlled the explanation or manifesting of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No' describe in Part VI how the supported organization's described among the supported organization's activative organization and what controlled or rendered organization or further organization and what controlled or rendered organization or further than the supported organization and what controlled or rendered organization or further organization and what controlled or rendered organization or further organization and what controlled or rendered organization or further organization and what controlled or rendered organization organization's that operated, supported organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees of each of the organization's directors or trustees of each of the organization was vested in the same parsons that controlled or managed the supported organization such that such as a supported organization such that			<del></del>	Yes	No
below, the governing body of a supported organization?  A family member of a person described in [6] or [6] above?  A 35% controlled entity of a person described in [6] or [6] above?  A 35% controlled entity of a person described in [6] or [6] above?  Did the directors, instress, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations of electors or trustees at all times during the tax yeal? If "No," describe in Part VI how the supported organizations or trustees at all times during the tax yeal? If "No," describe in Part VI how the supported organizations of the organization organization or describes or trustees of engineering organization, describe how the provers to appoint and/or remove directors or trustees were allocated among the supported organization describe how the provers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictions, 14 may, applied to support powers during that supported organization programation and the supported organization	11	Has the organization accepted a gift or contribution from any of the following persons?			
b. A says controlled entiry of a person described in (s) above?  A 35% controlled entiry of a person described in (s) into (s) in	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			<u> </u>
Section B. Type I Supporting Organizations  1 Dd the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's director or trustees at all times during the tax year" if "No," describe in Part VI how the supported organization's director or trustees at all times during the tax year" if "No," describe in Part VI how the supported organization's director or trustees at all times during the care and organization and what conditions or restrictions, if any applied to supported organization greated organization and what conditions or restrictions, if any applied to supported organization greated organization and what conditions or restrictions, if any applied to supported organization greated organization and what conditions or restrictions, if any applied to supported organization greated organization is an experiment of the benefit cared out the purposes of the supported organization in the than the supported organization is according to the supported organization in the supported organizations.  1 Were a majority of the organization is directors or trustees during the tax year also a majority of the directors or trustees of each of the organization is supported organizations;? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supporting organization is according to the supported organizations; by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations. An olive organization is governing documents in effect on the date of notification, and (ii) copies of the organization is accessed and controlled organizations. The calcing the supported organization's incorrect organization's supported org		below, the governing body of a supported organization?	11a		
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or serior at least a majority of the organizations directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization is activities, if the organization and more than one supported organization. describe how the powers to appoint and/or member directors or trustees were efficiented among the supported organization. describe how the powers to appoint and/or member directors or trustees were efficiented among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year 2. Did the organization of the third the supported organization(s) that operated, supervised, or controlled the supported organization that third the supported organization(s) that operated, supervised, or controlled the supported programization where their the supported organization(s) that operated, supervised, or controlled the supported organizations.  Section C. Type II Supporting Organizations  1 Were a majority of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization is supported organizations.  Section D. All Type III Supporting Organizations  1 Did the organization provide to each of its supported organizations, by the list day of the fifth month of the organization's a year, (i) a copy of the Form 990 that was most recently lifed as of the date on politication, and (iii) copies of the organization's governing documents in effect on the date of notification, and (iii) copies of the organization's organization's offices, directors, or trustees either (ii) appointed organizations in Part VI how the organization's offices, directors, or trustees of the organization is satisfied the Activities Tes			11b		
Dot the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," deepche in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization as actives. If the organization is actives is the organization and organization and organization and the organization and organization and what conditions or restrictions, if any applied to such powers discreted among the supported organization and what conditions or restrictions, if any applied to such powers discreted among the supported organization of the thing the tax year and organization of the thing the tax year organization provided programization of the thing the tax year and organization of the part VI how providing such benefit carried out the purposes of the supported organization(s) if "Yes," suplain in Part VI how control or unsupported organization or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or unsupported organization is supported organization(s)? If 'No,' describe in Part VI how control or unsupported organization is supported organizations. It is supported organization to the cent of the supported organization or unsupported organization organization organization organization organization organization organization or organization and the supported organization organization organization or organization organization. In the extent not provided during the pror tax year, (i) a copy of the Form 930 that was most recently life as of the date of notification, and (ii) copy sorting organization or the date of notification, to the extent not provided year.  1 Did the organization provide to each of its supported organizations in unprovided organization and the reganization is the date of notification, to extent not provided any	c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
1 Did the directors, trustees, or membership of one or more supported organizations to regularly appoint or siect at least at majority of the organization for exercitors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or emvice directors or trustees were allocated among this supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year 2. Did the organization or the than the supported organization or	Sec	tion B. Type I Supporting Organizations		<del></del>	
regularly appoint or siect at least a majority of the organization's directors or trustees at all times during the tax year // 11%, or discorbe in Part VI how the supported organization's effectively operated, supervised, or controlled the organization's activities, if the organization had more than one supported organization that supported organization and what conditions or restrictions, if any applied to such powers during the tax year 1  2. Did the organization operate for the benefit of any supported organization other than the supported organization operated for the benefit of any supported organization other than the supported organization of the third the supported organization of the third that the supported organization of the third the supported organization of the third the supported organization of support provided during the prior tax year, (i) a copy of the Form 1990 that was most recently filed as of the date of notification, and (iii) copies of the organization or of the organization of the organization of the edition of the described in (2), or the organization or of the edition of the supported organization organization or the reliance organization or the edition of the organization or the supported organization organization or the reliance organization or the supported organization organization organization or the edition of the organization				Yes	No
tax year? If "No." describe in Part VI how the supported organizations of electively operated, supervised, or controlled the organizations's activities. If the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  2. Did the organization operated for the benefic of any supported organization than the supported organization of the provisions of the supporting organization." If "Yes," explain in Part VI how providing such benefic carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations.  Section C. Type II Supporting Organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed this supported organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supported organization provide to each of its supported organizations. By the last day of the fifth month of the organization provide to each of its supported organization, and (ii) copies of the organization or supported organization, and (ii) copies of the organization manizared a close and controlled or effected by the supported organization manizared a close and controlled organizationship with the supported organization is an expert organization manizared a close and controlled organizationship with the supported organizations and expert organizations have a significant vice in the organization is messaged organizationship with the supported organizationship and the supported organizationship and the problem	7		1		
controlled the organization's activities. If the organization had more than one supported organization describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the supported organization other than the supported organization of the very supported organization of the very supported organization of the very supported organization of the supported organizations or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organizations.  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organizations was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization organization is governing obcuments in effect on the date of notification, and (ii) copies of the organization's activities and the supported organization organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization or the governing body of a supported organization? If 'No, 'explain in Part VI how to end the organization's organization's explain in the supported organization's governing documents in effect on the date of notification, to the extent not previously provided?  3 By reason of the relationship described in (2), did the displantation's provided organization's have a supported organization's supported organization's supported org			ì		Ì
describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year, and the provided organization operated for the benefit of any supported organization other than the supported organization of the provided such periods and the purposes of the supported organization of the supported organization of the supported organization of the supported organization of the directors or trustees of each of the organization's directors or trustees of each of the organization's supported organization(s)? If *No,* describe in Part VI how control or management of the supporting organizations and the supported organization or analysement of the supporting organizations.  1 Did the organization provide to each of its supported organizations.  2 Ves No  1 Did the organization provide to each of its supported organizations. by the last day of the fifth month of the organization is at year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization is according to the organization or solvening documents in effect on the date of notification, to the extent not previously provided?  1 Were any of the organization of solvening the type and amount of support provided during the prior tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization is according to the organization or solvening documents in effect on the date of notification, to the extent not previously provided?  1 Were any of the organization solvening to describe the (ii) appointed organization is according to the organization maniferate of acces and continuous working relationship with the supported organizations have a significant vioce in the organization is according to the organization is accor					
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trustees of each of the supported organizations? Provide details in Part VI.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.  3b					
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632025 09-21-16 Schedule A (Form 990 or 990 EZ) 2046	50000				<u> </u>

Schedule A (Form 990 or 990-EZ) 2016 MEDINA COUNTY POLICE ACTIVITIES LEAGUE 35-2342739 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 3 Add lines 1 through 3 4 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other W factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by .035 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 **\*4** ( Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 1 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2016

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions)

Schedule A (Form 990 or 990-EZ) 2016 MEDINA COUNTY POLICE ACTIVITIES LEAGUE 35-2342739 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 6 Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2016 а b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2016 from Section D. a Applied to underdistributions of prior years 1 83 b Applied to 2016 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2017. Add lines 31 and 4c Breakdown of line 7: а b Excess from 2013 c Excess from 2014 d Excess from 2015 e Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-EZ)	2016 MEDINA	COUNTY	POLICE	ACTIVITIES	LEAGUE	35-2342739	Page 8
Part VI	Supplemental Ir	nformation. Pr	ovide the expla	anations requir	ed by Part II, line 10,	Part II, line 17a or	17b, Part III, line 12,	
•	Part IV, Section A, Iir	nes 1, 2, 3b, 3c, 4b	o, 4c, 5a, 6, 9a.	, 9b, 9c, 11a, 1	1b, and 11c, Part IV,	Section B, lines 1	and 2, Part IV, Section /, Section B, line 1e, Par	C, t V.
	Section D, lines 5, 6,	, and 8; and Part V	, Section E, lin	es 2, 5, and 6	Also complete this pa	art for any additio	nal information.	. •,
	(See instructions)	<del></del>		<del></del>			<del></del>	
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## SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

OMB No 1545-0047

▶ Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** MEDINA COUNTY POLICE ACTIVITIES LEAGUE 35-2342739 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations еl Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations C Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fundraiser have custody (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) or entity (fundraiser) fundraiser from activity or control of contributions? organization listed in col (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

632081 09-12-16

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

Schedule G (Form 990 or 990-EZ) 2016

Sche Pa		le G (Form 990 or 990-EZ) 2016 MEDINA  Fundraising Events. Complete if the	COUNTY POLICE e organization answered	E ACTIVITIES "Yes" on Form 990, Part		2342739 Page 2 more than \$15,000
		of fundraising event contributions and gro				ts greater than \$5,000
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
- }			GOLF OUTING	(avent tripe)	(total averbas)	col. <b>(c)</b> )
9			(event type)	(event type)_	(total number)	
Revenue	1	Gross receipts	15,693.			15,693.
	2	Less. Contributions	5,500.			5,500.
	3	Gross income (line 1 minus line 2)	10,193.			10,193.
	4	Cash prizes	0.			
	5	Noncash prizes	0.			
seuses	6	Rent/facility costs	8,562.		<u>.</u>	8,562.
Direct Expenses	7	Food and beverages	0.			
칠	_					
ļ	8	Entertainment Other direct expenses	357.			357.
ļ	9 10	Other direct expenses  Direct expense summary. Add lines 4 through	<del></del>	·		8,919.
	11		• •			1,274.
Pa	rt l	Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a	_			
a			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Ž			(a) 5g5	bingo/progressive bingo		coi. (a) through col (c))
Revenue						
	_1_	Gross revenue	<del> </del>			
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct [	4	Rent/facility costs				-
	5	Other direct expenses				
_	_ <u>3</u>	Other direct expenses	Yes %	Yes %	Yes %	·
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 ın column (d)		•	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)			<u> </u>
а	ls '	iter the state(s) in which the organization condi- the organization licensed to conduct gaming a "No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re	•	<del>-</del>	year?	Yes No
				<u> </u>		
3206	2 0	9-12-16			Schedule G (Fo	rm 990 or 990-EZ) 2016

Sche	edule G (Form 990 or 990-EZ) 2016 MEDINA COUNTY POLICE ACTIVITIES LEAGUE 35-	<u>2342739</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	<u></u>	
	to administer charitable gaming?	Yes	No
	Indicate the percentage of gaming activity conducted in:		
		ا ۔مدا	0/
	The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b	If "Yes," enter the amount of garning revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party >\$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶		
16	Gaming manager information		
	Name ▶		
	Gaming manager compensation  \$		
	D. Harris and J. D.		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions.		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year > \$		
Рa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	lines 9 9h 10	b 15b
	15c, 16, and 17b, as applicable Also provide any additional information. See instructions		-,,
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Schedule C	Supplemental Infor	MEDINA	COUNTY	POLICE	ACTIVITIES	LEAGUE	35-2342739	Page 4
Partiv	Supplemental infor	mation (conti	nued)	a				
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#### **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.

OMB No 1545-0047 16 Open to Public

**Employer identification number** 

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

MEDINA COUNTY POLICE ACTIVITIES LEAGUE 35-2342739 FORM 990-EZ, PART I, LINE 8, OTHER REVENUE: DESCRIPTION OF OTHER REVENUE: AMOUNT: REIMBURSEMENTS AND OTHER INCOME 29. FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES: AFFILIATE NAME: NATIONAL PAL AFFILIATE ADDRESS: 658 W INDIANTOWN RD JUPITER, FL 33458 PURPOSE OF PAYMENT: NATIONAL AFFILIATE DUES AMOUNT OF PAYMENT: 4,154. FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS: ACTIVITY CLASSIFICATION: FOOD PANTRY SUPPORT GRANTEE NAME: AKRON CANTON FOOD BANK GRANTEE ADDRESS: 350 OPPORTUNITY PKWY AKRON, OH 44307 GRANTEE RELATIONSHIP: N/A AMOUNT GIVEN: 1,606. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: YOUTH PROGRAM ACTIVITIES 10,994. PROGRAM SUPPLIES 4,351. DUES 2,650. INSURANCE 5,671. MARKETING 51. ADMINISTRATIVE EXPENSES 509. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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OMB No 1545-0047 6 Open to Public

Inspection

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization MEDINA COUNTY POLICE ACTIVITIES LEAGUE 35-2342739 912. TRAVEL & TRAINING TOTAL TO FORM 990-EZ, LINE 16 25,138. FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: DESCRIPTION BEG. OF YEAR END OF YEAR PREPPAID EXPENSES 0. 1.500. FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES: DESCRIPTION BEG. OF YEAR END OF YEAR DEFERRED REVENUE 0. 2,800. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE ORGANIZATION MENTORS SCHOOL AGE CHILDREN AGES 8-15. THE PROGRAM IS OPERATED BY AREA LAW ENFORCEMENT TWICE A WEEK FOR A TOTAL OF FOUR HOURS. STUDIES HAVE SHOWN THAT IF A YOUNG PERSON RESPECTS A POLICE OFFICER ON THE BALL FIELD, GYM OR CLASSROOM, THE YOUTH WILL LIKELY COME TO RESPECT THE LAWS THAT POLICE OFFICERS ENFORCE. SUCH RESPECT IS BENEFICIAL TO THE YOUTH, POLICE OFFICER, THE NEIGHBORHOOD, THE BUSINESS COMMUNITY AND THE COMMUNITY AT LARGE. FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS: THE ORGANIZATION OPERATED AN AFTER SCHOOL PROGRAM THAT BRINGS YOUTH AND LOCAL LAW ENFORCEMENT TOGETHER IN A FUN

LODI AND MEDINA, SERVING OVER 150 CHILDREN. THE OFFICERS AND

LEAGUE CURRENTLY HAS EIGHT AFTER SCHOOL PROGRAM LOCATIONS IN BRUNSWICK,

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Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

MEDINA COUNTY POLICE ACTIVITIES

AND ACTIVE ENVIRONMENT.

#### **SCHEDULE 0**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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6 Open to Public

Inspection

Name of the organization

MEDINA COUNTY POLICE ACTIVITIES LEAGUE

**Employer identification number** 35-2342739

VOLUNTEERS PLAY BASKETBALL, DODGE BALL, KICKBALL, INTERACTIVE VIDEO
GAMES AND BOARD GAMES WITH THE CHILDREN RANGING IN AGE FROM 8 TO 15.
THE PROGRAM ALSO OFFERS A TUTORING COMPONENT TO HELP STUDENTS COMPLETE
HOMEWORK ASSIGNMENTS. THE MCPAL KIDS ALSO ATTENDED VARIOUS FIELD TRIPS
THIS YEAR INCLUDING TRIPS TO A CAVALIERS BASKETBALL GAME, A BOWLING
ALLEY, AND A MONSTERS GAME. BE SURE TO VISIT OUR WEBSITE
<pre><www.medinapal.org> FOR UPCOMING EVENTS AND HOW TO GET INVOLVED.</www.medinapal.org></pre>
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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

Schedule O (Form 990 or 990-EZ) (2016)