

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)

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Go to www.lrs.gov/Form990EZ for instructions and the latest information. Internal Revenue Service For the 2017 calendar year, or tax year beginning and ending D Employer identification number Check if applicable C Name of organization Address change X Name change METROPARKS TOLEDO FOUNDATION 23-7425773 Number and street (or P O box, if mail is not delivered to street address) Room/suite Initial return E Telephone number Final return/terminated 5100 W. CENTRAL AVE. Amended return City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Application pending TOLEDO Number > Accounting Method: X Cash Other (specify) ▶ Check ▶ I if the organization is not Website: ► N/A required to attach Schedule B Tax-exempt status (check only one) — X 501(c)(3) 501(c)((insert no) 4947(a)(1) or (Form 990, 990-EZ, or 990-PF). Form of organization. X Corporation Trust Association Other Add 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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 136,842 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part Check if the organization used Schedule O to respond to any question in this Part I 136,842 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4 Investment income Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses 6 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c \Leftrightarrow Gaming and fundraising events ₹. SCANNED AUG Gross income from gaming (attach Schedule G if greater than \$15,000) 6a of contributions Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the ŧ 6b sum of such gross income and contributions exceeds \$15,000) Less, direct expenses from gaming and fundraising events 6с Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances 7a 7a 7b b Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c C 8 Other revenue (describe in Schedule O) 8 136,842 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 MAY 1.4 2018 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 481 16 Other expenses (describe in Schedule O) 16 C. 481 Total expenses. Add lines 10 through 16 17 17 121 136,361 S 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 N Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 M 2,582 end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) ž 20 20

Net assets or fund balances at end of year. Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

21

138,943

Form 990-EZ (2017)

METROPARKS TOLEDO FOUNDATION

P	art II	Balance Sheets (see the instructions for P	art II)				
		Check if the organization used Schedule O to	respond to any	question in this Part I	<u> </u>		
				(A) Beg	inning of year	<u></u>	(B) End of year
22	Cash, savı	ngs, and investments			2,582	22	138,943
23	Land and b	puldings			0	23	
24	Other asse	ets (describe in Schedule O)		<u> </u>	0	24	
25	Total asse	ets			2,582	25	138,943
26	Total liabi	lities (describe in Schedule O)			0	26	0
27_	Net assets	s or fund balances (line 27 of column (B) must agr			2,582	27	138,943
P	art III	Statement of Program Service Accom	plishments (se	e the instructions for	Part III)		
		Check if the organization used Schedule O to	o respond to any	question in this Part I	<u> </u>]	Expenses
Wh	at is the org	ganization's primary exempt purpose?				(Re	equired for section
<u>H</u>	ELP PURC	HASE AND MAINTAIN FACILITY FOR METROPAL	RK OF TOLEDO	···		501	I(c)(3) and 501(c)(4)
Des	cribe the o	rganization's program service accomplishments for	each of its three lai	rgest program services,		org	anizations; optional for
as r	neasured b	y expenses. In a clear and concise manner, describ	e the services prov	vided, the number of		oth	ers.)
per	sons benefi	ted, and other relevant information for each program	n title.				
28	REIGNI	TE THE SPIRIT OF PUBLIC-PRIVATE PARTNE	RSHIPS AND PHI	LANTHROPY IN			
	SUPPOR	T OF OUR GREAT PARK SYSTEM.					
	(Grants \$_) If this amount includes	foreign grants, che	ck here		28a	
29							
	(Grants \$) If this amount includes	foreign grants, che	ck here	▶ 🗂	29a	
30						Ì	
		· 			**********		
	(Grants \$) If this amount includes	foreign grants, che	ck here	▶ 🗀	30a	
31		gram services (describe in Schedule O)					
•	(Grants \$) If this amount includes	foreign grants, che	ck here	▶ □	31a	
32		gram service expenses (add lines 28a through 31a				32	
	art IV	List of Officers, Directors, Trustees, and Key E	mployees (list eac	h one even if not compe	nsated see th		ctions for Part IV)
		Check if the organization used Schedule O to resp			T		<u></u>
		(a) Name and title	(b) Average hours per week	(c) Reportable compensation	(d) Health ber contributions to e		(e) Estimated amount of
		(a) Hame and the	devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans deferred compe	, and	other compensation
<u> </u>	CTCHARD	HYLANT		_(ii not paid, ontor -o-)	delened compe	113000011	
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DA/	<u> </u>						Form 990-EZ (2017)

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Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			
33	Did the ergenization energy in any configurat activity not provided to the IDS2 If "Vec." provide a		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		<u> </u>
•	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		x
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		х
b	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		
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 requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	┦ ҅		
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	00-		x
h	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 386	38a		
39	Section 501(c)(7) organizations. Enter:	-		
а	Initiation fees and capital contributions included on line 9			ĺ
b	Gross receipts, included on line 9, for public use of club facilities 39b	1		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶, section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			ĺ
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	400	•	x
41	List the states with which a copy of this return is filed OH	40e	l	
	The organization's books are in care of ▶ E. THOMAS TITUS Telephone no ▶			
724	149 WILKSHIRE DRIVE			
	Located at ▶ WATERVILLE OH ZIP + 4 ▶ 43	566		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country. ▶	7.3	72.	71/
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	1 2.2	11/4	
_	Financial Accounts (FBAR).	ششش	الشكلان	
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	L .	<u> </u>
43	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			_
70	and enter the amount of tax-exempt interest received or accrued during the tax year			
	The state and an extensive transfer to the state of the s		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		-,,,,	- :::0
	completed instead of Form 990-EZ	44a		х
ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			1
	explanation in Schedule O	44d		-
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	.,	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		3.5	· .
	Form 990-EZ (see instructions)	45b		<u> </u>

	·	
d Total	number of other independent contractors each receiving over \$100,000	
	ne organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a leted Schedule A	▶ X Yes No
	ies of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bear and complete. Declaration of preparer (other than efficer) is based on all information of which preparer has any knowledge	
Sign Here	Signature of officer E. THOMAS TITUS TREASURER Type or print name and title	
Paid	Print/Type preparer's name E. THOMAS TITUS, CPA Date O5/0	
Preparer Use Only	Firm's name HANTZ TITUS URBANSKI, LLC Firm's address 1540 S HOLLAND-SYLVANIA RD	Firm's EIN > 26 - 1728858
	MAUMEE, OH 43537	Phone no 419-866-6000

Yes

May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE A (Form 990 or 990•EZ)

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

METROPARKS TOLEDO FOUNDATION

Employer Identification number 23 – 7425773

P	art I	Reaso	on for Public Charity	Status (All organizations	must co	mplete	this part.) See instruction	ns.	
The	orga	nization is not	a private foundation becaus	e it is: (For lines 1 through 12, c	heck only	one box)		
1		A church, cor	vention of churches, or ass	ociation of churches described i	n section	170(b)(1	i)(A)(i).	\sim 7	
2	\Box			A)(ii). (Attach Schedule E (Form				(1 1	
3	П	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	М	•	· · ·	d in conjunction with a hospital c			•	ospital's name.	
-		city, and state						,	
5		• -		of a college or university owned	or operati	ed by a g	overnmental unit described in		
•	لــا	_	b)(1)(A)(iv). (Complete Part	•	-, - p	, - 3			
6		•		overnmental unit described in se	ection 17	0(b)(1)(A)(v).		
7	X			substantial part of its support fro			• • •		
-		•	section 170(b)(1)(A)(vi). (Co		3		com an man mad gamanar paam		
8				170(b)(1)(A)(vi). (Complete Part	II.)				
9	П	An agricultura	al research organization des	cribed in section 170(b)(1)(A)(i	x) operate	ed in con	unction with a land-grant colle	qe	
				of agriculture (see instructions).			=	3 -	
		university:					•		
10				1) more than 33 1/3% of its supp				oss	
				npt functions—subject to certain					
				nd unrelated business taxable in					
			•	0, 1975. See section 509(a)(2).			•		
11	H	•	• .	exclusively to test for public safe	•		3 11 1		
12	Ш			exclusively for the benefit of, to					
				zations described in section 509 hat describes the type of suppor					
	•			erated, supervised, or controlled				-	
	а			wer to regularly appoint or elect	-			ng .	
		• •	• , ,	omplete Part IV, Sections A a		or are ar	restors or addition or are		
	ь		•	pervised or controlled in connec		its suppo	rted organization(s), by having		
	-			ting organization vested in the s					
		organizat	ion(s). You must complete	Part IV, Sections A and C.	•				
	С			supporting organization operated structions). You must complete				nth,	
	d	Type III r	non-functionally integrated	d. A supporting organization ope	rated in c	onnection	n with its supported organization	on(s)	
		that is no	t functionally integrated The	e organization generally must sa	atisfy a dis	stribution	requirement and an attentiven	ess	
			,	nust complete Part IV, Section		•			
	0			eived a written determination fro			s a Type I, Type II, Type III		
				n-functionally integrated support	ting organ	ization.			
	f		nber of supported organizati	•••			••	<u> </u>	
	_9			ne supported organization(s).	1		r	 	
(• •	e of supported ganization	(II) EIN	(iii) Type of organization (described on lines 1–10		organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
	01	garnzauer,		above (see instructions))		ment?	instructions)	instructions)	
					Yes	No			
(A))								
•									
(B)								
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Schedule A (Form 990 or 990-EZ) 2017
Part II Support Schedule

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.)

Sect	ion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	500		300	2,472	136,842	140,114
2 .	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						<u></u>
4	Total. Add lines 1 through 3	500		300	2,472	136,842	140,114
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 amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	***************************************	······································			<	140,114
	tion B. Total Support	kommunia di kacamatan di kacamat	<u> </u>		***************************************		
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	500		300	2,472	136,842	140,114
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)			13.7.			
11	Total support. Add lines 7 through 10		1/24/11	<u> </u>	<u> </u>	L	140,114
12	Gross receipts from related activities, etc	•			1 504	12]	
13	First five years. If the Form 990 is for the	=	it, second, third, fo	ounn, or tinn tax ye	ear as a section 501	I(C)(3)	
500	organization, check this box and stop her stion C. Computation of Public Se		tage				
_				(f)		14	100.00%
14	Public support percentage for 2017 (line 6 Public support percentage from 2016 Sch			nn (1 <i>))</i>		15	100.00 %
15	33 1/3% support test—2017. If the organ			13 and line 14 is	33 1/3% or more (76
16a	box and stop here. The organization qual				33 1/3/8 OI IIIO/6, C	SIECK TIIS	▶ X
ь	33 1/3% support test—2016. If the organ				15 is 33 1/3% or m	ore check	
U	this box and stop here. The organization					ore, erreen	▶ [
172	10%-facts-and-circumstances test—20				6a. or 16b. and line	e 14 is	
	10% or more, and if the organization mee						
	Part VI how the organization meets the "fa						
	organization			J ,		•	▶ □
ь	10%-facts-and-circumstances test—20	16. If the organizat	tion did not check	a box on line 13, 1	6a, 16b, or 17a, an	id line	
_	15 is 10% or more, and if the organization	·					
	Explain in Part VI how the organization m						
	supported organization			ū	•	-	▶ [
18	Private foundation. If the organization de	d not check a box	on line 13, 16a, 1	6b, 17a, or 17b, ch	neck this box and se	ee	<u></u>
-	instructions						▶ [
_					<u> </u>	Schedule A (Form 9)	00 or 000 E7) 2017

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Part III		edule for Orgar				/ \/-\
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(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.)

800	tion A. Public Support	quanty under th	io testa listeu b	ciow, picase ci	Jimpiete i ait ii	•/	/
	dar year (or fiscal year beginning in)	(a) 2012	(h) 2044	(2) 2045	(4) 2042	(2) 2047 //	/6 T-4-1
	· · · · · · · · · · · · · · · · · · ·	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017 //	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513					<i>II</i>	
4	Tax revenues levied for the organization'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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				<u>/</u>		
b	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						
С	Add lines 7a and 7b	, , , , , , , , , , , , , , , , , , , ,				732 (3) 833	
8	Public support. (Subtract line 7c from	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
500	tion B. Total Support			L	<u>.</u>	L	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	// (c) 2015	(d) 2016	(-) 2047 T	(f) Total
9	• • • • •	(a) 2013	(6) 2014	// (C) 2015_	(a) 2016	(e) 2017	(i) Total
-	Amounts from line 6					 	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			_			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on		/				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	,					
13	Total support. (Add lines 9, 10c, 11,	,	1			\	
	and 12.)	L	L	L	L <u>.</u>	<u></u>	
14	First five years. If the Form 990 is for the	-	t, second, third, fo	urth, or fifth tax yea	ar as a section 50	1(c)(3)	. —
	organization, check this box and stop her		4				<u> </u>
	tion C. Computation of Public St						
15	Public support percentage for 2017 (line 8	,		nn (f))	••	15	<u>%</u>
16	Public support percentage from 2016 Sch					16	%
	tion D. Computation of Investme						
17	Investment income percentage for 2017 (I			s, column (f))		17	<u>%</u>
18	Investment income percentage from 2016	,				[18]	%
19a	33 1/3% support tests—2017. If the orga						
	17 is not more than 33 1/3%, check this b		_	•	•		. ▶ ∟
þ	33 1/3% support tests—2016. If the orga						. □
20	line 18 is not more than 33 1/3%, check the		_			-	
20 	Private foundation. If the organization de	THE CHECK A DOX		Tab, check this bo			000 == 000 E7) 3047

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

- 1 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
- 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?
- 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.
- 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
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Par	t IV Supporting Organizations (continued)			
		(**************************************	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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		
Secti	on B. Type I Supporting Organizations			
			Yes	No_
1	Did 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," 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 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	1 1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
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 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(s).	1 1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	[
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
~	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	•	
2	By reason of the relationship described in (2), did the organization's supported organizations have a		· · ·//	
3	significant voice in the organization's investment policies and in directing the use of the organization's		`	
	· · · · · · · · · · · · · · · · · · ·		`	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	.		
Sect	supported organizations played in this regard ion E. Type III Functionally-Integrated Supporting Organizations	1 3	L	<u> </u>
•		<u>-</u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction The organization satisfied the Activities Test. Complete line 3 below	> /.		
a	The organization satisfied the Activities Test Complete line 2 below			
ь	The organization is the parent of each of its supported organizations. Complete line 3 below.	odio == 1		
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ictions).		
•	Activities Test Anguer (a) and (b) helper		V	NI -
	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			•
	those supported organizations and explain how these activities directly furthered their exempt purposes,			·.
	how the organization was responsive to those supported organizations, and how the organization determined			
_	that these activities constituted substantially all of its activities	2a_		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			٠ ;٠
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement	2b	ļ	
3	Parent of Supported Organizations. Answer (a) and (b) below.	:) :
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			,
	trustees of each of the supported organizations? Provide details in Part VI.	3a		ļ
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	<u> </u>	L

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Distributable Amount. Subtract line 5 from line 4, unless subject to	1		. 4	15 11	v 24	
mergency temporary reduction (see instructions).		6	n en enfe	191 111	172	
Check here if the current year is the organization's first as a non-functionally integrated	Typ	e II	I supporting	g organiz	zation (s	ee
instructions).	_					

Current Year

6

8 Minimum Asset Amount (add line 7 to line 6)

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Section C - Distributable Amount

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Part	Y Type III Non-Functionally Integrated 509(a)(3) S	upporting Organiza	tions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos			
2	Amounts paid to perform activity that directly furthers exempt purposes			
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purposes of suppo	rted organizations		
4	Amounts paid to acquire exempt-use assets	·		
5	Qualified set-aside amounts (prior IRS approval required)	 		
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 organizations	tion is responsive		
	(provide details in Part VI) See instructions.			
9_	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017		Į.	
<u>a</u>	From 2013	***************************************	***************************************	
	From 2014	`		
	From 2015	***************************************	***************************************	
	From 2016			·····
	Total of lines 3a through e		***************************************	
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount	***************************************	······································	
	Carryover from 2012 not applied (see instructions)			
— <u>÷</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f.		***************************************	**************************************
4	Distributions for 2017 from			,
	Section D, line 7:	,	•	
a	Applied to underdistributions of prior years			······································
	Applied to 2017 distributable amount			
	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017 Subtract lines 3h	1 1 J		
	and 4b from line 1. For result greater than zero, explain in	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The fact the state of the	
	Part VI See instructions.	CARANGAIL AN	800 SM 2014 9 W	
7	Excess distributions carryover to 2018. Add lines 3j		14 44 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	and 4c.		Committee Committee	Gurague and Joseph Service
8	Breakdown of line 7:		March Com	4, 1, 1
a	Excess from 2013			
b	Excess from 2014		. , .	3 .
с	Excess from 2015	``````````````````````````````````````		<i>,</i>
<u>d</u>	Excess from 2016			
_	Evenes from 2017	l	t	

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE 0 (Form 990 or 990-EZ)

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.

▶ Go to www.irs.gov/Form990 for the latest information.

TOTAL S

332

481

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INSURANCE

METROPARKS TOLEDO FOUNDATION

Employer identification number

23-7425773

FORM 990-EZ, PART I, LINE 16 - OTHER EXPEN	ISES							
DESCRIPTION AMOUNT								
EXPENSES								
OFFICE \$	149							

Form 541 Prescribed by



Check the appropriate box:



Toil Free. (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910 www.OhioSecretaryofState.gov | busserv@OhioSecretaryofState.gov File online or for more information: www.OHBusinessCentral.com

For screen readers, follow instructions located at this path

Certificate of Amendment

(Nonprofit, Domestic Corporation)
Filing Fee: \$50
Form Must Be Typed

⊠Amendment to exis (128-AMD)	sting Articles of Incorporation by Members pursuant to Ohio Revised Code section 1702 38(C)
Amended and Restated Articles by Members pursuant to Ohio Revised Code section 1702.38(D) or by Directors —pursuant to Ohio Revised Code section 1702 38(E) (126-AMAN) - The following articles supersede the existing articles and all amendments thereto	
Complete the following	information:
Name of Corporation	CITIZENS FOR METROPARKS
Charter Number	437268

A copy of the resolution of amendment must be attached to this document.

Note If amended and restated articles were adopted, amended articles must set forth all provisions required in original articles other than with respect to the initial directors pursuant to Ohio Revised Code section 1702 38(A) In the case of adoption of the resolution by the directors, a statement of the basis for such adoption shall be provided

Form 541

Page 1 of 2

Last Revised 2/28/2013

RESOLUTION OF CITIZENS FOR METROPARKS FOR AMENDMENT AND RESTATEMENT TO ARTICLES OF INCORPORATION

Thomas E. Titus, who is President of the above named Ohio corporation organized not for profit does hereby certify that at a meeting of the members of said corporation which was duly called and held on the 1 day of 0 0 100% of the members adopted the following present thereat, and pursuant to Section 1702.38 of the Ohio Revised Code, the members adopted the following resolution to amend the articles:

RESOLVED, that the corporation's articles of incorporation shall be amended by the restatement of article I'IRST and article SIXTH to read as follows:

FIRST: The name of said corporation shall be "METROPARKS TOLEDO FOUNDATION."

SIXTII: The authority for all affairs of the corporation shall be in a Board of Directors who shall have and may exercise all the powers of the corporation as permitted by Ohio law, these Articles of Incorporation, and the Code of Regulations of the corporation as from time to time in effect. The persons who are members of the Board of Directors of this corporation from time to time shall be the only members of this corporation, and upon ceasing to be a member of the Board, any such person shall cease to be a member of this corporation. Members of the Board of Directors shall be appointed by action of the Officers of this corporation, or their successors or assigns.

RESOLVED FURTHER, that any and all references to "Trustee" or Trustees" in the Articles shall be changed to "Director" or "Directors."

IN WITNESS WHEREOF, the above named officer, acting for an on behalf of the corporation, have hereto subscribed their names this 31st day of Oetosee., 2017.

CITIZENS FOR METROPARKS

-Thomas R. Titus, President

E. THUMBS

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