As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492300010510 Short Form OMB No. 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2019 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to ▶ Do not enter social security numbers on this form as it may be made public. Department of the **Public** Treasury ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. Inspection Internal Revenue Service A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019 **B** Check if applicable: C Name of organization D Employer identification number DEFIANCE CITY SCHOOLS FOUNDATION ☐ Address change 34-1636665 ☐ Name change Number and street (or P. O. box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 801 S CLINTON ST ☐ Final return/terminated (419) 782-0070 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return F Group Exemption DEFIANCE, OH 43512 ☐ Application pending Number Check ▶ ☑ if the organization is **not** G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF). I Website: ►N/A J Tax-exempt status (check only one) - ☑ 501(c)(3) ☑ ☐ 501(c)() ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 **K** Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other L 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) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 33,848 2 Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments 4 4 5a Gross amount from sale of assets other than inventory b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . 5c C 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b Less: direct expenses from gaming and fundraising events 60 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances . . . 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 9 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . 33,848 10 10 Grants and similar amounts paid (list in Schedule O) . 31,242 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . 12 Expenses 13 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance . 15 Printing, publications, postage, and shipping. 15 1,155 16 16 1,501 Other expenses (describe in Schedule O) 17 17 33,898 Total expenses. Add lines 10 through 16 18 18 -50 Excess or (deficit) for the year (Subtract line 17 from line 9) Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 91 20 20 Other changes in net assets or fund balances (explain in Schedule O) . 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 10642I Form **990-EZ** (2019)

Part II	Balance Sheets (see the instructions Check if the organization used Schedule		uestion in this	Part II				
		, ,	<u>'</u>	(A) B	eginning of year		(B) End of year	_
22 Cash, sa	vings, and investments					22	41	
	d buildings					23		
	sets (describe in Schedule O)					24		
	sets				91		41	
	ibilities (describe in Schedule O)					26		
27 Net asse Part Ⅲ	ets or fund balances (line 27 of column Statement of Program Service A	• ,		iona for Da		27 T	Expenses 41	_
What is the of the ORGANIMAINTAIN, INTO PROVID RESIDENTS OF THE ORS OF THE ORS OF THE ORGANIZE	Check if the organization used Schedule organization's primary exempt purpose? IZATION'S PURPOSE IS TO SOLICIT FUND DEVELOP, INCREASE AND EXTEND THE FACE BROADER EDUCATIONAL SERVICE OPFOR THE GEOGRAPHICAL AREA WHICH IT WHO INTEND TO PURSUE TEACHING AS A organization's program service accomplis	O to respond to any of the Control o	Question in this L PUBLIC BY A CES OF THE DE STUDENTS, STA PORT THE HIGH s three largest	PPROPRI PPROPRI FFIANCE AFF, FAC HER EDU	ATE METHODS TO CITY SCHOOLS ULTY AND CATION OF Services, as	(3 or	dequired for section 501(c) and 501(c)(4) ganizations; optional for hers.)	:)
penefited, a	vexpenses. In a clear and concise manne nd other relevant information for each pro		es provided, the	e number	of persons	_	1	
28 See Addition	al Data Table							
(Grants \$)	If this amoun	t includes foreign gran	nts, check here		. ▶ □	28a	a	
29 See Addi	tional Data Table					29a	1	
(Grants \$)	If this amoun	t includes foreign gran	nts, check here		. ▶ □			
30						30a	1	
Grants \$)		t includes foreign gran	nts, check here		. ▶ □			
	ogram services (describe in Schedule O)							
Grants \$)		t includes foreign gran			<u>. ▶ ⊔</u>	31a		_
Part IV	ogram service expenses (add lines 28a List of Officers, Directors, Trustees,			en if not c		32	,	. 2
Part IV	Check if the organization used Schedule							
	(a) Name and title	(b) Average hours per week devoted to position	(c) Repor compensa (Forms W-2 MISC) (if no enter -	ation /1099- o t paid,	(d) Health ben contributions to e benefit plans, deferred comper	nploy and	ree of other compensation	
See Addition	al Data Table							
								_
								_
								_
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								_
								_
		1	I		1		1	

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirement			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V . $oldsymbol{.}$	• • •		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
33	detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed 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		No
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		No
	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		
С	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		No
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		No
38a	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		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities]		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	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			
С	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 sections4912, 4955, and 4958 ▶			
d	Section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations. Enter amount of tax on line 40c reimbursed by the organization			
	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	40e		No
41	List the states with which a copy of this return is filed. The organization's books are in care of ROBIN NOFZIGER Telephone	no h (41	10) 700 (2070
42a			·	3070
	Located at ▶ 801 S CLINTON ST DEFIANCE , OH ZIP + 4 ▶	43512		
		ı		
h	At any time during the calendar year did the organization have an interest in or a cignature or other authority over a		Yes	No
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			
c	Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		No
Ĭ	If "Yes," enter the name of the foreign country: ▶			-110
/2 ⁽	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶ □	
75.	and enter the amount of tax-exempt interest received or accrued during the tax year	•	-	
	· · · · · · · · · · · · · · · · · · ·		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	1 63	No No
b	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		No
С	Did the organization receive any payments for indoor tanning services during the year?	44c		No
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an</i>			
	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	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 Form 990-EZ (see instructions)	45b		No

	2 (2019)							Page
							Yes	No
	ne organization engage, directly or indirec dates for public office? If "Yes," complete					46		No
Part VI	Section 501(c)(3) Organization	•						
	All section 501(c)(3) organizations Check if the organization used Schedule	must answer question O to respond to any qu	ons 47- 49b and 5 uestion in this Part Vi	2, and c	complete the table	s for li	nes 50	and 51]
							Yes	No
	ne organization engage in lobbying activit	ies or have a section 50	01(h) election in effe	ct during	the tax year?			
	s," complete Schedule C, Part II					47		No No
	e organization a school as described in sec	()()()()	, ,			49a		No
	ne organization make any transfers to an	·	related organization	?		49a 49b		<u> </u>
	s," was the related organization a section	-						
	plete this table for the organization's five leach received more than \$100,000 of com					and key	employ	ees)
(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC)	contr - b) Health benefits, butions to employed enefit plans, and erred compensation		timated er comp	
ONE					· · · · · · · · · · · · · · · · · · ·			
f Tota	al number of other employees paid over \$	100,000			-			
	plete this table for the organization's five I		ndependent contracto	ors who e	ach received more t	han \$10	0,000 o	F
compe	ensation from the organization. If there is (a) Name and business address of e	<u> </u>	actor	(b) Ty	/pe of service (c) Comp	ensation	_
IONE	(4,7,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,			(-)	(3	,		_
ONE								
								_
								_
d Tota	al number of other independent contracto	rre each receiving over	¢100 000					_
	al number of other independent contracto	-			• _			_ _ _
52 Did	al number of other independent contracto I the organization complete Schedule A? I npleted Schedule A	NOTE. All section 501(c)(3) organizations m	nust attac		▶	es 🗆 I	
52 Did con nder penal nowledge a	I the organization complete Schedule A? I mpleted Schedule A	NOTE. All section 501(o	c)(3) organizations m	nust attac	and statements, an		best of	my
52 Did con nder penal nowledge a	I the organization complete Schedule A? I mpleted Schedule A	NOTE. All section 501(o	c)(3) organizations m	nust attac	and statements, an	d to the	best of	my
nder penal nowledge a	I the organization complete Schedule A? I mpleted Schedule A	NOTE. All section 501(o	c)(3) organizations m	nust attac	and statements, an	d to the	best of	my
52 Did con nder penal nowledge a as any kno	I the organization complete Schedule A? I mpleted Schedule A	NOTE. All section 501(o	c)(3) organizations m	nust attac	and statements, and on all information	d to the	best of	my
52 Did con nder penal nowledge a as any kno	I the organization complete Schedule A? Impleted Schedule A	NOTE. All section 501(o	c)(3) organizations m	nust attac	and statements, an ed on all information 2020-10-26 Date PTIN	d to the of whic	best of	my
nder penal nowledge a as any kno ign lere	I the organization complete Schedule A? Impleted Schedule A	NOTE. All section 501(o	c)(3) organizations m	nust attac	and statements, an ed on all information 2020-10-26 Date Check if self-employed	d to the of whic	best of	my
nder penal nowledge a as any kno	I the organization complete Schedule A? Impleted Schedule A	NOTE. All section 501(decorated in the section of preparer's signature	c)(3) organizations m	nust attac	and statements, an ed on all information 2020-10-26 Date Check ☐ if PTIN P0011 self-employed Firm's EIN ▶ 34-1534	d to the of whic	best of	my
nder penal nowledge a as any kno	Ithe organization complete Schedule A? Impleted Schedule A	NOTE. All section 501(decoration) in the section of preparation of	c)(3) organizations m	nust attac	and statements, an ed on all information 2020-10-26 Date Check if self-employed	d to the of whic	best of	my
52 Did con nder penal	I the organization complete Schedule A? Impleted Schedule A	NOTE. All section 501(decoration) in the section of preparation of	c)(3) organizations m	nust attac	and statements, an ed on all information 2020-10-26 Date Check ☐ if PTIN P0011 self-employed Firm's EIN ▶ 34-1534	d to the of whic	best of	my

Additional Data

(Grants \$ 17,599)

Software ID:

Software Version:

EIN: 34-1636665

Name: DEFIANCE CITY SCHOOLS FOUNDATION INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	`(c	Expenses quired for section 501)(3) and 501(c)(4) panizations; optional for others.)
28 GRANTS PAID TO DEFIANCE CITY SCHOOLS FOR BENEFIT OF DEFIANCE CITY SCHOOL STUDENTS.	28a	17,599

If this amount includes foreign grants, check here . . .

Describe the organization's program service accomplishments for each of its three largest program

Services as measured by expenses. In a clear and concise manner, describe the services provided the

Form 990EZ, Part III - Statement of Program Service Accomplishments

(Grants \$ 13,643)

number of persons benefited, and other relevant information for each program title.		organizations; optional for others.)		
29 SCHOLARSHIPS PAID TO COLLEGES FOR THE BENEFIT OF GRADUATES OF DEFIANCE CITY SCHOOLS.	29a	13,643		

If this amount includes foreign grants, check here

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV) (a) Name and title (b) Average (c) Reportable (d) Health benefits, (e)Estimated hours per week compensation contributions to amount of devoted to (Forms W-2/1099employee benefit other compensation position MISC) plans, and (If not paid, deferred compensation enter -0-) 0.10 STEVE SONDERGAARD TRUSTEE 0 0.10 ANNE MURRAY TRUSTEE 0 0.10 CRAIG ANDREWS VICE-PRESIDE 0 0.10 ROBIN NOFZIGER TREASURER 0 0.10 BETTY PICKERING TRUSTEE 0 0.10 MICHAEL STRUBLE TRUSTEE 0 0.10 LUIS RIVERA TRUSTEE 0 0.10 GLENN KUHN TRUSTEE 0 0.10 **ROB LAWSON TRUSTEE** 0 0.10 CHRIS KORHN PRESIDENT 0 0.10 BARRY PARSONS TRUSTEE 0 0.10 RANDY SWARY TRUSTEE 0 0.10 DONNA ASCHEMEIER TRUSTEE 0 0.10

0

KEN WETSTEIN TRUSTEE

efile GRAPHIC print - DO NOT			<u> 1t - DO NOT PROCESS</u>	As Filed Data -			DLN: 9	3492300010510
SCI		ULE A	Dublic	Charity Statu	e and Dul	nlic Sunn	ort	OMB No. 1545-0047
	m 990		Complete if the o	organization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) o empt charitable 990 or Form 99	organization or trust. 10-EZ.	r a section	2019
		the Treasury	► Go to <u>www.ir</u>	<u>s.gov/Form990</u> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
Name	e of th	ne organiza TY SCHOOLS F					Employer identific	ation number
INC				(41)			34-1636665	
Pal			for Public Charity Stat a private foundation becaus				See instructions.	
1			onvention of churches, or a	•	•		(A)(i).	
2		·	scribed in section 170(b)					
3					,	, ,		
4		·	nospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).					
-	Ш		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:					
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170 (b)(1)(A)(iv). (Complete Part II.)						
6		A federal, s	tate, or local government o	r governmental unit de	escribed in sectio	on 170(b)(1)(A	\)(v).	
7	✓		ation that normally receives (O(b)(1)(A)(vi). (Complet		s support from a	governmental u	ınit or from the gener	al public described in
8		A communi	ty trust described in sectio	n 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ural research organization d ant college of agriculture. S					ege or university or a
10		from activit investment	ation that normally receives ies related to its exempt fu income and unrelated busin see section 509(a)(2). (C	nctións—subject to cer ness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	upport from gross
11			ation organized and operate	•	r public safety. S	ee section 509	(a)(4).	
12		more public	ation organized and operate By supported organizations through 12d that describes	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting organization ope n(s) the power to regularly Part IV, Sections A and B	rated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		manageme	supporting organization su nt of the supporting organiz plete Part IV, Sections A	ation vested in the sar				
c			unctionally integrated. A prganization(s) (see instruct					ited with, its
d		Type III n	on-function(s) (see instruction- on-functionally integrated integrated. The organization). You must complete Pa	ed. A supporting organion generally must satis	ization operated fy a distribution	in connection wi	th its supported organ	
e		Check this	box if the organization rece or Type III non-functionally	ived a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organizations		-			
g	Provid	de the follow	ing information about the s	upported organization((s).			
	(i) N	lame of supp organizatior		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Total			tion Act Notice, see the I		Cat. No. 11285			90 or 990-EZ) 2019

16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

Schedule A (Form 990 or 990-EZ) 2019

h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

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

h 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

17a 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
4	under section 513 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						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	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 carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON TIME 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

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

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

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. 1 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). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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. 3b 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. 3с

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. 4a 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

4b supervised by or in connection with its supported organizations. 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. 4c 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 5a amendment to the organizing document).

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? 5b

5с 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 6

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. 6 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) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

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. 9a

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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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.
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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,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	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		
	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		
S	ection 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		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	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	2		
	organization.			
S	ection 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	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection 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		
3	By reason of the relationship described in (2), did the organization's supported organizations have a 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 supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a 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		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more 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 activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a 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? <i>Provide details in Part VI</i> .	3a		
	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.	3h		

3b

Schedule A (Form 990 or 990-EZ) 2019 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 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. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 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) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see 4 instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

2	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	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
_		

7 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 2019 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-2019	(iii) Distributable Amount for 2019
		110 2013	Allibant for 2013
1 Distributable amount for 2019 from Section C, line 6		110 2015	Allount for 2013

details in Part VI). See instructions		(
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018.			

Schedule A (Form 990 or 990-EZ) (2019)

f Total of lines 3a through e

instructions)

See instructions.

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

3j and 4c. 8 Breakdown of line 7:

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

Additional Data

Software ID: Software Version:

EIN: 34-1636665

Name: DEFIANCE CITY SCHOOLS FOUNDATION

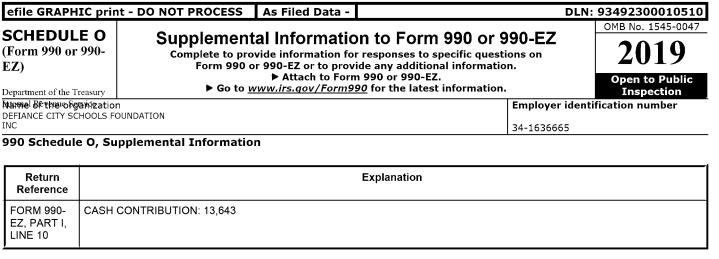
Schedule A (Form 990 or 990-EZ) 2019

Part VI

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).

instructions).

Facts And Circumstances Test



990 Schedule O, Supplemental Information

Return Explanation

Reference	
FORM 990- EZ, PART I, LINE 10	NAME: DEFIANCE CITY SCHOOLS ADDRESS: 801 S CLINTON ST DEFIANCE, OH 43512 CASH CONTRIBUTION: 17,599

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990-EZ, PART I, LINE 16

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990EZ, PART III
ODS TO MAINTAIN, DEVELOP, INCREASE AND EXTEND THE FACILITIES AND SERVICES OF THE DEFIANCE
CITY SCHOOLS AND PROVIDE BROADER EDUCATIONAL SERVICE OPPORTUNITIES TO ITS STUDENTS, STAFF,
FACULTY AND RESIDENTS OF THE GEOGRAPHICAL AREA WHICH IT SERVES AND TO SUPPORT THE HIGHER
EDUCATION OF STUDENTS WHO INTEND TO PURSUE TEACHING AS A CAREER.