Form 990

Return of Organization Exempt From Income Tax (Rev January 2020)

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

Do not enter social security numbers on this form as it may be made public.

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

2019 Open to Public

OMB No 1545-0047

Departmen	nt of the Treasury		enter social security numbers			600	Open to Public
	evenue Service		www.irs.gov/Form990 for ins		t information. 🚺	0 - 4	Inspection
A For	the 2019 ca	lendar year, or tax year beginnii	$_{ m ng}$ $07/01/19$, and	ending 06/30/	20		
B Check	k if applicable	Name of organization				D Employer	Identification number
Addres	ess change	Publ 10	Defender Corpor	ation			
	- Lindinge	Doing business as	,			55_0°	734707
Name	e change	Number and street (or PO box if mail is no	ot delivered to street address)		Room/suite	E Telephone	
C Instal	return	PO Box 588	or delivered to sticer address)		Nonvacile		522–1267
	return/	City or town, state or province, country, and	d ZIP or foreign postal code		·		
termin							
	nded return	Huntington	WV 25701			G Gross reo	eipts 1,763,559
	rueu retuiri	F Name and address of principal officer					
[] Applica	cation pending	Brent Walters			H(a) is this a gro	up return for s	ubordinates? Yes X No
					H(b) Are all sub	ordinates incli	uded? Yes No
				_	1		(see instructions)
						allaut a list	(see insudctions)
I Tax-e	exempt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a	a)(1) or 527			
J Webs	site N C	one		_(/	H(c) Group exer	notion numbe	r >
	of organization		cation Other	1 1	Year of formation		M State of legal domicale WV
			ZABIOTI CITIET P	-+	Teat of formation		W State of legal bornicie
Part		nmary					
1	 Bnefly des 	cribe the organization's mission o	r most significant activities				
اه	The c	organization provides	s high quality le	gal assistanc	e to appro	x. 3,!	500
2		gent persons who other		_		-	
<u> </u>	_	-		200.1 41.42220	00 411014	aacqa	
Revenue Activities & Governance	_	representation.					
S8 2	2 Check this	box 🕨 💹 if the organization disc	continued its operations or dis	sposed of more than 2	25% of its net ass	ets	
$\mathcal{Z}_{\mathbf{z}}$	3 Number of	voting members of the governing	body (Part VI, line 1a)			3	5
No A		findependent voting members of the	• •	ine 1h)		4	5
૦ ;≝]						<u> </u>	22
ကာ≩ ်		ber of individuals employed in cale	•	2a)		5	
۶ ا¥ح	6 Total numi	ber of volunteers (estimate if nece	ssary)			6	0
5 7	7a Total unrel	lated business revenue from Part \	VIII, column (C), line 12			7a	0
ا د	b Net unrela	ted business taxable income from	Form 990-T. line 39			7b	0
5			, ,,,,,,		Prior Yea		Current Year
ءِ ا	R Contributio	ins and grants (Part VIII, line 1h)			1,787	.318	1,763,386
₹ 9 3		- '				/	0
2 6 8	•	ervice revenue (Part VIII, line 2g)				100	<u>_</u>
(👌 10	0 Investment	t income (Part VIII, column (A), line	es 3, 4, and 7d)			189	<u> 173</u>
ረ" 11	 Other reve 	nue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)				0
9 12	2 Total rever	nue – add lines 8 through 11 (mus	t equal Part VIII, column (A)	line 12)	1,787	.507	1,763,559
		d similar amounts paid (Part IX, co			, , , , , , , , , , , , , , , , , , ,	7	0
		. ,				+	
i	•	aid to or for members (Part IX, col	• • •				<u> </u>
<u>νχ</u> 15	5 Salanes, o	other compensation, employee ben	efits (Part IX, column (A), Iir	nes 5–10)	1,411	.,297	1,369,551
sasuedx	6a Profession	al fundraising fees (Part IX, colum	n (A), line 11e)		ĺ	Í	0
<u> </u>		raising expenses (Part IX, column	, , ,	0	-		
<u> </u>				•	223	3,547	219,316
	•	enses (Part IX, column (A), lines 1	•		7 604	7,341	219,316
} 18	8 Total expe	nses Add lines 13–17 (must equa	il Part IX, column (A), line 25	5)	1,634		1,588,867
19	9 Revenue le	ess expenses Subtract line 18 from	m line 12		152	2,663	174,692
동왕					Beginning of Curr		End of Year
왕 <u>통</u> 20	O Total asset	ts (Part X, line 16)			849	675	912,570
ĕ ^α 21		ities (Part X, line 26)				,458	798,661
# 24		or fund balances Subtract line 21	I from tine 20			783	113,909
			HOITI IIIE 20			. , , 55	113,309
_Part	ııSıg	nature Block					
		erjury, I declare that I have examined t					owledge and belief, it is
true, co	correct, and cor	nplete Declaration of preparer (other t	han officer) is based on all infor	mation of which preparer	has any knowledge	e	
		3 51					
Sign	Sur!	nature of officer				Date	
-	' - °			01. i = 6	. Dimant		
Here		Brent Walters		Cniei	Directo	<u> </u>	
	Туг	be or print name and title					
	Pnnt/Type	preparer's name	Preparers signature		Date	Check	if PTIN
Paid	Stacev	A. Halloran	Stacey A. Hallo:	ran	05/05/	'21 self-em	ployed P01966020
Prepare	\r	. 33					55-0658004
Use On	Tillia Halli				THE PER	m's EIN	22-0626004
ose Ou	··y	608 Virgina		1 REC	EIVED	ıol	
	Firm's addr	ess Charleston,	WV 25301	1,1	Pi	one no	304-346-1198
May the		this return with the preparer show	n above? (see instructions)	101	9 4 2021	151	X Yes No
<u> </u>		ction Act Notice, see the separate in			74-2061	121 -	Form 990 (2019)
DAA		Not rection, occ the separate it	ion dollorid.	DS4		一同	
				L	DEN, UT	1	~ 10 1
				l ng	DEN, UI		1- 1
				1 00			

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<u> P</u>	art IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		res	No
•	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	<u> </u>	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	İ		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		ł	
	"Yes," complete Schedule D, Part I	6	L	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ļ	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	-	Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable		-	
а		440	x	
h	complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	11a		
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С		1115	-	
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d				
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	١		.,
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		v
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		x
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	'' <u>'</u>	_	^
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	"		
. •	If "Yes," complete Schedule G, Part III	19		х
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II

_	1990 (2019) Public Defender Corporation 55-0/34/0/		P	age 4
Pa	Int IV Checklist of Required Schedules (continued)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	L
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c	ļ	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with; a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	Ì		l
	If "Yes," complete Schedule L, Part I	25b	ļ	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee		i	ľ
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	0.7		•
20	persons? If "Yes," complete Schedule L, Part III	27	-	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
а	IV instructions, for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			<u> </u>
а	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
ŭ	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		İ	
•	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	L	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		'	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
_	19? Note: All Form 990 filers are required to complete Schedule O		<u> </u>	<u> </u>
_Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
4.	Falsa the grapher are stad to Day 2 of Form 4000. Falsa 0 of fast exclusive		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W.2C included in line 1s. Enter 0 if not applicable		[
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the example with backup with backup withholding rules for speciable payments to vanders and			} ·
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		l	l

reportable gaming (gambling) winnings to prize winners?

<u>Pa</u>	Int V Statements Regarding Other IRS Filings and Tax Compliance (contin	ued)				
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b_		X
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)			[-	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_		3a_		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		_	3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		· ·	١		₩.
	a financial account in a foreign country (such as a bank account, securities account, or other financial	acco	unt) /	4a_		X
b	If "Yes," enter the name of the foreign country	١٥٥٥٠٠	oto (EDAD)	ĺ		
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	ACCOU	IIS (FDAR)	5a		×
b		tion?		5a 5b	\vdash	X
C	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact if "Yes" to line 5a or 5b, did the organization file Form 8886-T?	,uon r		5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6		- 30		
va	organization solicit any contributions that were not tax deductible as charitable contributions?	C		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or		00		
-	gifts were not tax deductible?			6ь		
7	Organizations that may receive deductible contributions under section 170(c).			<u> </u>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for o	oods				
_	and services provided to the payor?	,		7a		-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s				
	required to file Form 8282?			7c	:	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract	12	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For		99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	ne	I		<u> </u>
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>		
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter		ı			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>	_		
11	Section 501(c)(12) organizations. Enter		1		,	
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them)	11b	<u></u>			
12a	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				٠.
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			120		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		-
b	Note: See the instructions for additional information the organization must report on Schedule O			ŀ	}	,
U	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	1	۴		
С	Enter the amount of reserves on hand	13c		\dashv		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	00		14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O		14b		_ <u></u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunei		or			
	excess parachute payment(s) during the year?	J	- :	15		x
	If "Yes," see instructions and file Form 4720, Schedule N			,	-	3
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	ıncom	ne?	16		X
	If "Yes," complete Form 4720, Schedule O				_	
					990	1

Form 990 (2019) Public Defender Corporation Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O 5 Enter the number of voting members included on line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X X Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code, Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records > Public Defender Corp 320 9th Street WV 25701 304-522-1297 Huntington

DEFENDER 05/05/2021 9 35 AM	FENDER 05/05/2021 9 35 AM									
Form 990 (2019) Public De	fender	Corporation	55-073	4707	Page 7					
Part VII Compensation of		irectors, Trustees, K	ey Employees, High	est Compensated E	mployees, and					
Independent Cor	ntractors									
Check if Schedule	O contains a	response or note to	any line in this Part V	<u> </u>						
Section A. Officers, Directors, 1	rustees, Key E	mployees, and Highest C	ompensated Employees							
1a Complete this table for all person organization's tax year	s required to be	listed Report compensation	on for the calendar year en	ding with or within the						
 List all of the organization's cu compensation Enter -0- in columns 				s), regardless of amount of	f					
 List all of the organization's cu 	rrent key emplo	yees, if any See instruction	ns for definition of "key em	nployee "						
 List the organization's five cur who received reportable compensation organization and any related organization 	on (Box 5 of For	npensated employees (other m W-2 and/or Box 7 of For	er than an officer, director, m 1099-MISC) of more tha	trustee, or key employee) an \$100,000 from the						
 List all of the organization's fo \$100,000 of reportable compensation 				who received more than						
 List all of the organization's foo organization, more than \$10,000 of in See instructions for the order in which 	reportable compe	ensation from the organiza								
Check this box if neither the org	anization nor an	y related organization comp	pensated any current office	r, director, or trustee						
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation					

(A) Name and title	(B) Average hours per week (list any hours for	(do box offi	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and			
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-21033-WISC)	(11 2 1000 111100)	related organizations
(1) Brent Walters	40.00									
Chief Director	40.00	x						95,348	0	0
(2) Ashley Lockwood,	Esq.	A	<u> </u>			+	-	33,340		
(2) ASITEY LOCKWOOD,	0.00									
Director	0.00	x						o	0	0
(3) Bert Ketchum, Es										
, ,	0.00									
Director	0.00	X						, <u>0</u>	0	0
(4) David Lycan, Esc										
	0.00									_
Director	0.00	X						0	0	0
(5) Kenneth Hicks,										
at 'a.	0.00	l				li				
<u> Chairman</u>	0.00	X	_		ļ	┢		0	0	0
Chairman Stephen Harsler Director	0.00							_		
	0.00	1			<u> </u>	\sqcup		0	0	0
(7)										
(8)										
(9)										
(10)										
(11)							-			
					l					

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
(A) Name and title	Name and title Average hours per week (list any) Average hours per week (list any)		Position ck more than one person is both an a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estmated amount of other compensation from the organization and		
	related organizations below dotted line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W21033-WIGC)	(1, 2, 633, 11, 10, 1)	related organizations
1b Subtotal c Total from continuation she	ets to Part VII, \$	Secti	on A	۹.			>	95,348 95,348		
d Total (add lines 1b and 1c) Total number of individuals (ir reportable compensation from	ncluding but not l the organization	ımıte ı ▶	d to 0	thos	e lis	ted a	bove		\$100,000 of	Yes No
 Did the organization list any f employee on line 1a? If "Yes, For any individual listed on lir organization and related organization. 	" complete Sched ne 1a, is the sum	dule of re	J for	<i>suc</i> lable	h in	<i>dıvıdı</i> npen	<i>ial</i> satio	n and other compensation	from the	3 X
 individual Did any person listed on line for services rendered to the or 	organization? If "\	crue ⁄es,"	com	pens plete	atio Sc	n fro hedu	m ar <i>le J</i>	ny unrelated organization of for such person	rındıvıdual	4 X
Section B. Independent Contract Complete this table for your f compensation from the organ	ive highest comp	ensa	ited ensat	inde	pend for th	dent he ca	contralend	ractors that received more lar year ending with or with	than \$100,000 of no the organization's tax ye	ear
	(A) d business address							Descrip	(B) non of services	(C) Compensation
		-								
							-			
							-			
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0									000	

55-0734707 Form 990 (2019) Public Defender Corporation Page 9 Statement of Revenue [Part VIII] Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt (C) (D) Revenue excluded Unrelated Total revenue from tax under sections 512-514 function revenue business revenue ts, Grants Amounts 1a Federated campaigns b Membership dues 1b is, Gifts, Similar An c Fundraising events 1c d Related organizations 1d 1,763,386 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1f 1g g Noncash contributions included in lines 1a-1f 1,763,386 h Total. Add lines 1a-1f Business Code 2a Program Service Revenue b С d f All other program service revenue g Total. Add lines 2a-2f \blacktriangleright Investment income (including dividends, interest, and 173 other similar amounts) 173 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents b Less rental expenses 6b 6c C Rental inc or (loss) Net rental income or (loss) \triangleright 7a Gross amount from (i) Securities (II) Other sales of assets other than inventory 7a b Less cost or other basis and sales exps 7b c Gain or (loss) 7с d Net gain or (loss) \triangleright 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 8a 8b b Less direct expenses c Net income or (loss) from fundraising events \blacktriangleright 9a Gross income from gaming activities See Part IV, line 19 9a b Less direct expenses 9b c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances 10a b Less cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code iscellaneous Revenue 11a b d All other revenue e Total. Add lines 11a-11d \triangleright

1,763,559

173

0

0

Total revenue. See instructions

| Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respond include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	Bb, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations		[
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	Individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members Compensation of current officers, directors,				
5					
6	trustees, and key employees Compensation not included above to disqualified				
٠	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,141,962	1,141,962		
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	31,668	31,668		
9	Other employee benefits	110,048	110,048		
10	Payroll taxes	85,873	85,873		
11	Fees for services (nonemployees) .	•			
	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	144,136	144,136		
14	Information technology				
15	Royalties				
16	Occupancy			<u></u>	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	18,086	18,086		
22	Depreciation, depletion, and amortization	10,000	10,000		
23 24	Other expenses Itemize expenses not covered				_
44	above (List miscellaneous expenses on line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Support Services	44,179	44,179		
b	Administrative Support	12,915	12,915		
c					 -
d					
e	All other expenses				 .
25	Total functional expenses Add lines 1 through 24e	1,588,867	1,588,867	0	C
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here		ľ		

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 489,678 421,276 Cash-non-interest-bearing 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 145,718 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Inventories for sale or use 8 23,834 23,834 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 632,811 basis Complete Part VI of Schedule D 10a 467,548 165,819 165,263 b Less accumulated depreciation 10b 10c 11 Investments—publicly traded secunties 11 Investments-other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 170,344 156,479 15 Other assets See Part IV, line 11 15 912,570 849,675 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 85,520 84,154 Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 824,938 714,507 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 910,458 798,661 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here ► X Fund Balances and complete lines 27, 28, 32, and 33. -60,783 Net assets without donor restrictions 27 113,909 27 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Net Assets or 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 31 Retained earnings, endowment, accumulated income, or other funds -60,783 113,909 32 Total net assets or fund balances 849,675 912,570 Total liabilities and net assets/fund balances 33

orm	1 990 (2019) Public Defender Corporation 55-0734707			<u> </u>	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		763,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		588,	
3	Revenue less expenses Subtract line 2 from line 1	3		174,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	L	-60,	<u>783</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor penod adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		113,	909
Pa	rt`XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			_	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				1.
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				ľ
	Schedule O			_	.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			,	1
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			_	. `
b	Were the organization's financial statements audited by an independent accountant?		2	b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				1
	separate basis, consolidated basis, or both		Ì		
	Separate basis Consolidated basis Both consolidated and separate basis		_	_	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		_2	c	
	If the organization changed either its oversight process or selection process during the tax year, explain on				1
	Schedule O		_	_	.
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3	а	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	b	<u></u>
				Form 99	0 (2019)

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 chantable trust. ▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

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

Employer Identification number Public Defender Corporation 55-0734707 Reason for Public Charity Status (All organizations must complete this part) See instructions l Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) R An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II. Type III. functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported (II) EIN (III) Type of organization (described on lines 1-10 listed in your governing support (see other support (see organization document? instructions) above (see instructions)) instructions) No (A) (B) (C) (D) (E)

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,_p	olease complete	e Part III.)	
	tion A. Public Support						
Calen	dar year (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")	1,796,813	1,786,253	1,769,652	1,787,318	1,763,386	8,903,422
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						
4	Total. Add lines 1 through 3	1,796,813	1,786,253	1,769,652	1,787,318	1,763,386	8,903,422
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	L					8,903,422
	tion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	_(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1,796,813	1,786,253	1,769,652	1,787,318	1,763,386	8,903,422
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	80	109	235	189	173	786
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)						
11	Total support. Add lines 7 through 10	<u></u> _					8,904,208
12	Gross receipts from related activities, etc	(see instructions)				12	173
13	First five years. If the Form 990 is for the	•	t, second, third, fou	ırth, or fifth tax yea	r as a section 501	(c)(3)	. —
800	organization, check this box and stop her						
	tion C. Computation of Public St						
14 45	Public support percentage for 2019 (line 6	• •	•	n (t))		14	99.99%
15 16a	Public support percentage from 2018 Sche 33 1/3% support test—2019. If the organ			13 and line 14 is 3	3 1/20/ or more o		
IVa	box and stop here . The organization qual				13 1/3 % OF THORE, C	HECK IIIIS	▶ 🗓
b	33 1/3% support test—2018. If the organ				5 is 33 1/3% or mo	ore check	,
_	this box and stop here. The organization				0.000070 0	, o o	▶□
17a	10%-facts-and-circumstances test—201	•			a, or 16b, and line	14 is	. Ц
	10% or more, and if the organization mee	*					
	Part VI how the organization meets the "f	acts-and-circumstai	nces" test. The org	anization qualifies	as a publicly supp	orted	. —
	organization						▶ 📋
b	10%-facts-and-circumstances test—201	•				d line	
	15 is 10% or more, and if the organization					abliob .	
	Explain in Part VI how the organization m	eets the facts-and	-circumstances te	st the organization	n quailles as a pu	iblicly	▶ □
18	supported organization Private foundation. If the organization did	t not check a how	on line 13 16a 16i	17a or 17h cho	ck this hav and sa	Δ	- 1
	instructions	THUL CHECK & DUX (лі ше тэ, тоа, тог	5, 17a, 01 17D, CHE	on this box and Se	C	▶ []
						2.1.1.1.2.4./5200	

18

%

20

18

19a

Investment income percentage from 2018 Schedule A, Part III, line 17

33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not prore than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Priyate foundation If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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. A	II Sur	porting	Organizations
-----------	------	--------	---------	----------------------

			Yes	No
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	1		
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)	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	3a		
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	3b		
С	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	3c	_	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	<u> </u>		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
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		l	l
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	١		
	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)			l
	purposes	4c		
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	ŀ		,
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,		ļ	Ì
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	l	l	
	was accomplished (such as by amendment to the organizing document)	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	,	
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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity		l	l
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
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)	8		
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.	9a		
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.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
Ŭ	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
.00	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		1	
	supporting organizations)? If "Yes," answer 10b below	10a		
			•	

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)

<u> Par</u>	rt 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		
	ion B. Type I Supporting Organizations	1		
0001	ion b. Type i dupporting digunizations	I	Yes	No
4	Out the diseases to store as manufacture of one or more assessed expenses hose the power to	\Box	163	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			ŀ
	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,	1 1		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	II		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
2	Did the organization operate for the benefit of any supported organization other than the supported			ı I
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			ı
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sect	ion 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			<u>_</u>
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1 1		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sect	ion D. All Type III Supporting Organizations	1 - 1		
	101. 2 · 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	
1				, ,
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1 1		
	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	-		i 1
	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	1, 1		
	significant voice in the organization's investment policies and in directing the use of the organization's	1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	<u> </u>]
	supported organizations played in this regard	3		
Sect	ion 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 instructions))		
а	The organization satisfied the Activities Test Complete line 2 below			
b	· 🗖			
c		tions)		
	The organization deppends a governmental army a control of the con	,		
2	Activities Test Answer (a) and (b) below.	ſ	Yes	No
a			. 55	
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			l 1
		1		ĺ
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1. 1	1	i I
	how the organization was responsive to those supported organizations, and how the organization determined			J
	that these activities constituted substantially all of its activities	2a		 -
b				1
	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.	'		}
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		i	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b			l	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		
	Schodula A Is			E31 0040

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org		tions	rage 0
Check here if the organization satisfied the Integral Part Test as a qualifying trust on No.			See
instructions. All other Type III non-functionally integrated supporting organizations must			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recovenes of pnor-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 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		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Pnor Year	(B) Current 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 secunties	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			
factors (explain in detail in Part VI)	1		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 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	6		
7 Recovenes of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for pnor year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally integrated	Type I	III supporting organization	(see

instructions)

Part	EV Type III Non-Functionally Integrated 509(a)(3)		tions (continued)	707 Page 1
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	oses		
2	Amounts paid to perform activity that directly furthers exempt purpose			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (pnor IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizations	ation 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
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			<u> </u>
3	Excess distributions carryover, if any, to 2019			
	From 2014		<u> </u>	· · · · · · · · · · · · · · · · · · ·
	From 2015			1
	From 2016 From 2017			
	From 2018			-
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
<u>`</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from			
-	Section D, line 7 \$			
<u>— а</u>	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
С	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 For result			
	greater than zero, explain in Part VI See instructions			. <u>.</u> .
6	Remaining underdistributions for 2019 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in	'		
	Part VI See instructions			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c	ļ·		
8_	Breakdown of line 7		·	
а	Excess from 2015			
b	Excess from 2016			
	Excess from 2017			
	Excess from 2018			<u> </u>
_	Excess from 2010	i	ı	Ì

Public Defender Corporation

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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 D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

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

Pt	blic Defender Corporation		55-0734707
Pa	rt I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that	at the assets held in donor advised	
	funds are the organization's property, subject to the organization's exc	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	wnting that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or dor	nor advisor, or for any other purpose	
	conferring impermissible private benefit?	<u> </u>	Yes No
Pa	rt II Conservation Easements.	5 000 B + N/ L - 7	
	Complete if the organization answered "Yes" on	Form 990, Part IV, line /	
1	Purpose(s) of conservation easements held by the organization (check		
	Preservation of land for public use (for example, recreation or edu	· 1 ·	
	Protection of natural habitat	Preservation of a certified hi	stonc structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified cons	ervation contribution in the form of a conse	
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic structure inc		2c
d	Number of conservation easements included in (c) acquired after 7/25	/06, and not on a	
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, released, ex	xtinguished, or terminated by the organiza	ition during the
	tax year ▶		
4	Number of states where property subject to conservation easement is		
5	Does the organization have a written policy regarding the periodic mo	nitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		∐ Yes ∐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation e	easements during the year
			and the same
7	Amount of expenses incurred in monitoring, inspecting, handling of vi	plations, and enforcing conservation easer	nents during the year
	▶ \$ Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170/b)/4\/B\/	· A
8	and section 170(h)(4)(B)(ii)?	the requirements of section (70(f)(4)(b)(″ Yes ∏ No
0	In Part XIII, describe how the organization reports conservation easen	nents in its revenue and expense statemer	
9	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that of	describes the
	organization's accounting for conservation easements	o organization o microson enterno man	
Pa	art III Organizations Maintaining Collections of Art	Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under FASB ASC 958, not to	report in its revenue statement and balan-	ce sheet works
	of art, historical treasures, or other similar assets held for public exhib		
	service, provide in Part XIII the text of the footnote to its financial stat	ements that describes these items	
b	If the organization elected, as permitted under FASB ASC 958, to rep	ort in its revenue statement and balance s	sheet works of
	art, historical treasures, or other similar assets held for public exhibition		
	provide the following amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical treasures, or	or other similar assets for financial gain, pr	ovide the
	following amounts required to be reported under FASB ASC 958 relat		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
h	Assets included in Form 990. Part X		▶ \$

Schedule D (Form 990) 2019 Public I	<u>Defender Co</u>	rporation	55-	0/34/07	Page 2
Part III Organizations Maintainin	g Collections of	Art, Historical T	reasures, or Oth	ner Similar Asset	s (continued)
3 Using the organization's acquisition, acces collection items (check all that apply)	sion, and other record	s, check any of the fo	llowing that make sig	nificant use of its	
a Public exhibition	d \square	Loan or exchange pro	ogram		
b Scholarly research	е 🗍	Other			
c Preservation for future generations	`				
4 Provide a description of the organization's	collections and explain	n how they further the	organization's exemp	ot purpose in Part	
XIII		,	,		
5 During the year, did the organization solicit	or receive donations	of art, historical treasu	ires, or other similar		
assets to be sold to raise funds rather than		•	•		☐ Yes ☐ No
Part IV Escrow and Custodial A					
Complete if the organization 990, Part X, line 21	•	" on Form 990, Pa	art IV, line 9, or re	eported an amount	on Form
1a Is the organization an agent, trustee, custo	udian or other intermed	diany for contributions (or other accets not		
included on Form 990, Part X?	dian of other intermet	dary for contributions t	or other assets not		☐ Yes ☐ No
b If "Yes," explain the arrangement in Part X	III and complete the fo	t ollowing table			
b ii res, explain the anangement in rait X	in and complete the it	Silowing table			Amount
6 Paginging halango				10	7 11100111
c Beginning balance				1c 1d	
d Additions during the year					
e Distributions during the year				1e 1f	
f Ending balance	Farm 000 Dort V lin	e 24 for engrow or ou	otodial apparent lightly		Van Date
2a Did the organization include an amount on			•	y'	Yes No
b If "Yes," explain the arrangement in Part X Part V Endowment Funds.	ir Check here if the e	explanation has been p	ovided on Part Alli		
Complete if the organization	n answered "Ves	" on Form 990 Ps	art IV line 10		
Complete if the organization		(b) Prior year	(c) Two years back	(d) Three years back	(a) Four years book
4e. Decument of cost belongs	(a) Current year	(b) Filor year	(c) Two years back	(u) Three years back	(e) Four years back
1a Beginning of year balance		-		-	+
b Contributions			· -	 -	
c Net investment earnings, gains, and					
losses			_	 	
d Grants or scholarships			-	-	
e Other expenditures for facilities and		<u> </u>			
programs		 			
f Administrative expenses		_			
g End of year balance			 		
2 Provide the estimated percentage of the cu	•	e (line 1g, column (a))	held as		
a Board designated or quasi-endowment	%				
b Permanent endowment ▶ %)				
c Term endowment ▶ %					
The percentages on lines 2a, 2b, and 2c s	•				
3a Are there endowment funds not in the pos-	session of the organiz	ation that are held and	administered for the		<u> </u>
organization by					Yes No
(i) Unrelated organizations					3a(ı)
(ii) Related organizations					3a(ıi)
b If "Yes" on line 3a(ii), are the related organ	•				3b
4 Describe in Part XIII the intended uses of		owment funds			
Part VI Land, Buildings, and Eq				5 000 D 1	V 1 40
Complete if the organization					
Description of property	(a) Cost or other		,	c) Accumulated	(d) Book value
	(investment)	(oth	er)	depreciation	
1a Land					
b Buildings					
c Leasehold improvements	<u> </u>			4.00	
d Equipment		6	32,811	467,548	165,263
e Other			l		
Total. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Par	t X, column (B), line 1	0c)	▶	165,263

DAA

Schedule D (Form 990) 2019

	Complete if the organization answered "Yes" (a) Description of security or category	(b) Book value	(c) Method of va	
	(including name of security)	(4) 55511 1515	Cost or end-of-year	
(1) Financial	derivatives			
	eld equity interests			
(3) Other	• •			
(A)				
(B)			<u> </u>	
(C)				
(D)				
(E)			-	
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII	Investments - Program Related.		.	·.
	Complete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 11c See Form 990, Pa	t X, line 13
	(a) Description of investment	(b) Book value	(c) Method of va	luation
			Cost or end-of-year r	narket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum.	n (b) must equal Form 990, Part X, col (B) line 13)	>		
Part IX	Other Assets.			_
	Complete if the organization answered "Yes"	<mark>' on Form 990, Part IV, I</mark> ir	ne 11d See Form 990, Pa	t X, line 15
	(a) Description	n		(b) Book value
(1)				156,479
(2)			·	
_(3)				
_(4)				
(E)			l	
(5)				
(6)				
(6)				
(6) (7)				
(6) (7) (8) (9)	n (b) must equal Form 990, Part X, col (B) line 15)		•	156,479
(6) (7) (8) (9)	Other Liabilities.			
(6) (7) (8) (9) Total. (Column		' on Form 990, Part IV, lir		
(6) (7) (8) (9) Total. (Column	Other Liabilities.	' on Form 990, Part IV, lir		
(6) (7) (8) (9) Total. (Column	Other Liabilities. Complete if the organization answered "Yes"	' on Form 990, Part IV, lir		
(6) (7) (8) (9) Total. (Colum.	Other Liabilities. Complete if the organization answered "Yes' line 25	' on Form 990, Part IV, III		90, Part X,
(6) (7) (8) (9) Total. (Colum. Part X	Other Liabilities. Complete if the organization answered "Yes' line 25 (a) Description of liability	' on Form 990, Part IV, lir		90, Part X,
(6) (7) (8) (9) Total. (Column Part X 1. (1) Federal	Other Liabilities. Complete if the organization answered "Yes' line 25 (a) Description of liability	' on Form 990, Part IV, lir		90, Part X,
(6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2)	Other Liabilities. Complete if the organization answered "Yes' line 25 (a) Description of liability	' on Form 990, Part IV, lır		90, Part X,
(6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3)	Other Liabilities. Complete if the organization answered "Yes' line 25 (a) Description of liability	' on Form 990, Part IV, lir		90, Part X,
(6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4)	Other Liabilities. Complete if the organization answered "Yes' line 25 (a) Description of liability	' on Form 990, Part IV, III		90, Part X,
(6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered "Yes' line 25 (a) Description of liability	' on Form 990, Part IV, III		90, Part X,
(6) (7) (8) (9) Total. (Colum. Part X 1. (1) Federal (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes' line 25 (a) Description of liability	' on Form 990, Part IV, lir		90, Part X,
(6) (7) (8) (9) Total. (Colum. Part X (1) Federal (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Yes' line 25 (a) Description of liability	' on Form 990, Part IV, III		90, Part X,
(6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered "Yes' line 25 (a) Description of liability	' on Form 990, Part IV, III		

<u>4a</u> 4b

4c

5

1,588,867

Part XIII | Supplemental Information.

b Other (Describe in Part XIII)c Add lines 4a and 4b

4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Schedule D (Form 990) 2019 Public Defender Corporation
| Part XIII | Supplemental Information (continued)

55-0734707

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SCHEDULE O (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.

2019

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

Public Defender Corporation

55-0734707

Form 990, Part III, Line 4d - All Other Accomplishments

The organization provides high quality legal assistance to approx. 3,500 indigent persons who otherwise would have been unable to afford adequate legal representation.

Form 990, Part VI, Line 9 - Officers Who Cannot Be Reached Brent Walters

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The organizations Chief Director, Brent Walters reviews Form 990 and sumbits to Board of Directors for approval. The return is signed and sumbitted to Internal Revenue Service.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Key employees and directors are required to disclose and update conflict of interest statements annually. All conflicts are therein submitted to Board of Directors for review.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
Lipscomb
For review and inspection of public documents, please contact Susan Litp
for an appointment at 304-522-1267.