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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , and ending

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization: Defense Trial Counsel of WV

Number and street (or P O box, if mail is not delivered to street address): P.O. Box 527 — Room/suite:

City or town, state or country, and ZIP + 4: Charleston WV 25322-0527

D Employer identification number: 31-1065404

E Telephone number: 304-344-1611

F Group Exemption Number ▶

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method ☒ Cash ☐ Accrual Other (specify) ▶

I **Website:** ▶ N/A

H Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J **Tax-exempt status** (check only one) — ☒ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 127,489

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	60,658
	3	Membership dues and assessments — See Statement 1	3	66,595
	4	Investment income	4	236
	5a	Gross amount from sale of assets other than inventory — 5a		
	b	Less cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) — 6a		
	b	Less direct expenses other than fundraising expenses — 6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances — 7a		
	b	Less cost of goods sold — 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	127,489
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	44,003
	13	Professional fees and other payments to independent contractors	13	798
	14	Occupancy, rent, utilities, and maintenance	14	2,572
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ See Statement 2)	16	72,402
	17	**Total expenses.** Add lines 10 through 16 ▶	17	119,775
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,714
	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	63,565
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶	21	71,279

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	63,565	22	71,279
23	Land and buildings		23	
24	Other assets (describe ▶)		24	
25	**Total assets**	63,565	25	71,279
26	**Total liabilities** (describe ▶)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	63,565	27	71,279

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?

See Statement 3

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 See Statement 4

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **28a** 119,775

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **30a**

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) ▶ **32** 119,775

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 address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Statement 5				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter.			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	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		X
41	List the states with which a copy of this return is filed ▶ WV			
42a	The organization's books are in care of ▶ Peggy Schultz Telephone no ▶ 304-344-1611			
	Located at ▶ PO BOX 527 Charleston, WV ZIP + 4 ▶ 25322			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country ▶ _____			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country ▶ _____			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

▶ Peggy L. Schultz 9-26-2011
Signature of officer Date

▶ Peggy Schultz Executive Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Arthur D. Nagy ESQ Date 9/21/11 Check if self-employed ▶ ☐ Preparer's Identifying Number (See instr) P00366596

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Gibbons & Kawash, A.C.
707 Virginia St E Ste 300
Charleston, WV 25301-2724

EIN ▶ 55-0738985

Phone no ▶ 304-345-8400

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes ☐ No

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
Membership Dues	$ 66,595
Total	$ 66,595

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	$
	1,925
ANNUAL LUNCHEON EXP	1,683
ANNUAL MEETING EXP	52,034
DRI ANNUAL MEETING EXP	1,422
DRI REGIONAL MEETING EXP	289
DRI SLDO MEETING	11
FEES AND REGISTRATIONS	70
MEETING EXPENSES	1,579
REGIONAL LUNCHEON AND CLE	154
RETREAT	973
SUBSTANTIVE GROUP	400
YOUNG LAWYERS	55
CONTRIBUTIONS TO OTHER OR	5,724
OFFICE EXPENSE	10
Licenses and Permits	25
INSURANCE	1,830
STUDENT CHAPTER	1,221
DUES & SUBSCRIPTIONS	130
PRINTING AND POSTAGE	670
CLERICAL	1,450
Miscellaneous	747
Total	$ 72,402

Statement 3 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

THE PURPOSES OF THE ASSOCIATION SHALL BE TO BRING TOGETHER BY ASSOCIATION AND COMMUNICATION ATTORNEYS IN WEST VIRGINIA WHO DEVOTE A SUBSTANTIAL AMOUNT OF THEIR PROFESSIONAL TIME TO THE DEFENSE OF LITIGATING CASES; TO PROVIDE FOR THE EXCHANGE OF INFORMATION, IDEAS, PROCEDURAL TECHNIQUES AND COURT RULINGS REGARDING THE HANDLING OF LITIGATION; TO ENHANCE THE KNOWLEDGE AND IMPROVE THE SKILLS OF CIVIL DEFENSE ATTORNEYS; TO ELEVATE THE IMPROVEMENT OF THE ADVERSARY SYSTEM OF JURISPRUDENCE; TO WORK FOR THE ELIMINATION OF COURT CONGESTION AND DELAYS IN CIVIL LITIGATION; IN GENERAL TO PROMOTE THE IMPROVEMENT OF THE ADMINISTRATION OF JUSTICE AND TO INCREASE THE QUALITY OF SERVICES WHICH THE LEGAL PROFESSION RENDERS TO THE CITIZENS OF WEST VIRGINIA; AND TO WORK WITH AND COOPERATE WITH OTHER GROUPS AND ORGANIZATIONS TO ACCOMPLISH THE FOREGOING PURPOSES.

Federal Statements

Statement 4 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description
OUR ANNUAL MEETING PROVIDES CONTINUING LEGAL EDUCATION TO OUR MEMBERS AND OTHER ATTENDEES. OUR SEMINARS PROVIDE ADDITIONAL CONTINUING LEGAL EDUCATION. OUR NEWSLETTER PROVIDES INFORMATION TO MEMBERS AND SUBSCRIBERS ON LEGAL TOPICS.

Federal Statements

Statement 5 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
DAVID WYANT 1219 CHAPLINE STREET WHEELING, WV 26003	PRESIDENT		0	0	0
LEE MURRAY HALL PO BOX 2688 HUNTINGTON, WV 25726	VICE PRESIDE		0	0	0
GERARD STOWERS PO BOX 1386 CHARLESTON, WV 25325	TREASURER		0	0	0
MIKE CIMINO PO BOX 553 CHARLESTON, WV 25322	SECRETARY		0	0	0
PEGGY SCHULTZ PO BOX 527 CHARLESTON, WV 25322	EXEC. DIRECT	40.00	44,003	0	0
THOMAS HURNEY PO BOX 553 CHARLESTON, WV 25322	PAST PRESIDE		0	0	0
NEVA LUSK PO BOX 273 CHARLESTON, WV 25321	DRI REP		0	0	0
LAURIE BARBE PO BOX 1616 MORGANTOWN, WV 26507	BOARD MEMBER		0	0	0
JILL BENTZ 900 LEE STREET E, STE 600 CHARLESTON, WV 25321	LEGISLATIVE		0	0	0

Federal Statements

Statement 5 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
RITA M. BISER 317 FIFTH AVENUE SOUTH CHARLESTON, WV 25303	BOARD MEMBER		0	0	0
JACKLYN BRYK PO BOX 3843 CHARLESTON, WV 25338	BOARD MEMBER		0	0	0
TAMARA DEFAZIO 1445 STEWARTSTOWN ROAD, SUITE 200 MORGANTOWN, WV 26505	BOARD MEMBER		0	0	0
J. VICTOR FLANAGAN 901 QUARRIER STREET CHARLESTON, WV 25302	BOARD MEMBER		0	0	0
STEPHEN F. GANDEE PO BOX 1791 CHARLESTON, WV 25326	BOARD MEMBER		0	0	0
JEFFREY HOLMSTRAND 53 WASHINGTON AVE WHEELING, WV 26003	BOARD MEMBER		0	0	0
JANE HARKINS PO BOX 5039 BECKLEY, WV 25802	BOARD MEMBER		0	0	0
ROBERT KENT PO BOX 49 PARKERSBURG, WV 26102	BOARD MEMBER		0	0	0
ERIK W. LEGG PO BOX 6457 CHARLESTON, WV 25772	BOARD MEMBER		0	0	0

Federal Statements

Statement 5 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
LUCIEN LEWIN PO BOX 2629 MARTINSBURG, WV 25401	BOARD MEMBER		0	0	0
TERESA MCNEELY PO BOX 553 CHARLESTON, WV 25322	LA CHAIR		0	0	0
HEATHER NOEL 2004 WHITE WILLOW WAY MORGANTOWN, WV 26505	STUDENT CHAI		0	0	0
STEVE NORD PO BOX 2868 HUNTINGTON, WV 25728	BOARD MEMBER		0	0	0
ROBERT MASSIE 1035 THIRD AVENUE, SUITE 300 HUNTINGTON, WV 25701	NEWSLETTER C		0	0	0
JILL MCINTYRE PO BOX 553 CHARLESTON, WV 25322	BOARD MEMBER		0	0	0
DON PARKER PO BOX 273 CHARLESTON, WV 25321	BOARD MEMBER		0	0	0
CHARLES PRINTZ JR PO BOX 1386 CHARLESTON, WV 25325	BOARD MEMBER		0	0	0
MARK ROBINSON 200 CAPITAL STREET CHARLESTON, WV 25338	BOARD MEMBER		0	0	0

Federal Statements

Statement 5 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
RANDALL TRAUTWEIN PO BOX 2488 HUNTINGTON, WV 25725	BOARD MEMBER		0	0	0
CONSTANCE WEBER PO BOX 2031 CHARLESTON, WV 25327	BOARD MEMBER		0	0	0