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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)

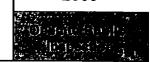
Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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



A F	or the	2009 calenda	ar year, (	or tax year beginning	08-01 , 2009, an	d ending		07-31	L , 20 10
<b>B</b> 0	heck if a	plicable		C Name of organization			D Emplo	yer ider	ntification number
	voldtress ch	nange	Please use IRS	THE WV FUND FOR LAW IN THE	PUBLIC INTEREST	-	55	-0680	592
$\square$	lame cha	nge	label or print or	Number and street (or P O box, if mail is not deliver	ed to street address)	Room/suite	E Teleph	one num	nber
Щr	nitial retur	n	type. See						
ַדַן	erminated	i	Specific	P.O. BOX 6130			<del></del>		6-8555 
୲୷	mended	return	instruc- tions.	City or town, state or country, and ZIP + 4			F Group		on
_	pplication	•		MORGANTOWN, WV 26506			Numbe		
	<ul><li>Sec</li></ul>	tion 501(c)(3	) organi:	zations and 4947(a)(1) nonexempt chari	table trusts must attach	G	Accounting Me	thod	X Cash Accrual
			a cor	npleted Schedule A (Form 990 or 990-E	<u>′).</u>		Other (specify	) <b>&gt;</b>	
						Н	Check ▶ 🗓	if the c	organization is not
I V	Vebsite	: <b>N/A</b>				[	required to atta	ach Sche	edule B (Form 990,
J T	ах-ехе	mpt status (	check on	ily one) - 🕱 501(c) ( 3 ) ◀ (insert no	) 4947(a)(1) or	527	990-EZ, or 99	0-PF)	
KC	heck		rganizatio	on is not a section 509(a)(3) supporting org	anization and its gross rec	ceipts are n	normally not more	e than \$2	25,000 A
F	orm 99	0-EZ or Form	990 retu	urn is not required, but if the organization ch	ooses to file a return, be s	sure to file	a complete returr	1	
LA	Add lines	5b, 6b, and	7b, to line	e 9 to determine gross receipts, if \$500,000	or more, file Form 990 in	stead of Fo	orm 990-EZ	▶\$	107,866
, , <u>, , , , , , , , , , , , , , , , , </u>		Revenu	e. Ext	penses, and Changes in Net As	sets or Fund Bala	nces (	See the instruction	ons for P	Part I)
	1			grants, and similar amounts received •		• • • • •		11	92,972
	2	Program ser	vice reve	enue including government fees and contrac	ats · · · · · · ·			2	<del></del>
	3	_		d assessments				3	
	4	Investment		• • • • • • • • • • • • • • • • • • • •				4	14,894
	5a			sale of assets other than inventory	5a	. 1		CKE	
				asis and sales expenses · · · · ·	5b	<del></del>	<del></del>		
_	ء ا			<del>ब्रोह <u>of</u> बुड़डड़ो<u>ड oth</u>er than</del> inventory (Subtract		<u>'                                      </u>		5c	
R	آءِ ا						▶ □	30	
٧	_ ا			es (complete applicable parts of Schedule G) If any ar		check here			
e n	а	Gross reven			contributions	1			
u		геропер оп	IINE MAI	R 1 6 2011 : 13	6a				
•	þ	Less direct	expenses	s other than fundralsing expenses	6b				
	_ c			from special events and activities (Subtract	· 1	1		6c	
	7a			dry less returns and allowances · · ·	7a	)		F-₹GS	
	b	Less cost o	_			) [			
	С			from sales of inventory (Subtract line 7b from	m line 7a) · · · · ·	• • • • •	• • • • • •	7c	
	8	Other reven	•				)	8	
	9	Total reven	ue. Add	lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		• • • • •	• • • • • •	9	107,866
	10	Grants and	sımılar ar	mounts paid (attach schedule)			STM122	10	170,485
F	11	Benefits paid	d to or fo	r members · · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • •			11	
X	12	Salaries, oth	er compe	ensation, and employee benefits				12	
P	13	Professional	l fees and	d other payments to independent contractor	s			13	3,150
n	14	Occupancy,	rent, utili	ities, and maintenance				14	
8	15	Printing, put	olications	, postage, and shipping				15	365
S	16	Other expen	ses (des	cribe ▶ STM130			)	16	3,236
	17			dd lines 10 through 16 · · · · · ·			<del> </del>	17	177,236
	18							18	(69,370
A Ns e e	19	•		alances at beginning of year (from line 27, c					(00)
N <sub>2</sub>	'*				• • • • • • • • • • • • •			19	594,796
A NS e e t s	20			assets or fund balances (attach explanation				20	
8	21			alances at end of year Combine lines 18 thi				21	525,426
-5				ets. If Total assets on line 25, column (B			_		
11-(	140111	Balance		(See the instructions for Part II )	are \$1,230,000 or more,			1	
22	Cook			ents · · · · · · · · · · · · · · · · · · ·			(A) Beginning of year		(B) End of year
22	casn	, savings, and	ı invesim	ents		∵	594,	796 22	525,426
23		_				·. ⊢		23	
24	Other	assets (desc	ribe >		·	_'  _		24	
25					• • • • • • • • • • • • • • • • • • • •	·;	594,	796 25	525,426
26		liabilities (d				_)	<del></del>	26	
27	Net a	ssets or fun	d balanc	es (line 27 of column (B) must agree with	ine 21)		594.1	796 27	525.426

Statement of Program		Expenses				
What is the organization's primary exempt purp	ose? LEGAL S	ERVICES TO THE LES	S FORTUNATE			uired for section
Describe what was achieved in carrying out the	organization's exer	npt purposes In a clear and	concise			c)(3) and 501(c)(4)
manner, describe the services provided, the nui	-					nizations and section (a)(1) trusts, optional
each program title	•					hers)
28 17 LAW STUDENTS WERE PLACED	AS FELLOWS W	ITH NON PROFIT			<b>†</b>	
PUBLIC INTEREST ORGANIZATION						
UNEMPLOYED, INDEGENT DEFENDE	ENTS THAT NEE	D LEGAL SERVICES.				
		unt includes foreign grants,	check here · · · ·		28a	
29	,	and mode and to be agree grante,				
	<del></del>		··· -··-·			
(Grants \$	\ If this amo	unt includes foreign grants,	check here · · · ·		29a	
<u>`</u>	/ II (III3 allio	unt includes foreign grants,	CHECK HEIGHT		23a	
30						
(Grants \$	) If this amo	unt includes foreign grants,		••••	30a	
31 Other program services (attach schedule)			• • • • • • • • • • •			
(Grants \$		unt includes foreign grants,			31a	
32 Total program service expenses (add lin	es 28a through 31a	<u>a)                                      </u>	• • • • • • • • • • •	• • • • • •	32	
List of Officers, Directors, Tru	ustees, and Key E	mployees. List each one ev	en if not compensated	(See the instructi	ons fo	Part IV)
(a) Name and address		(b) Title and average hours per week	(c) Compensation (if not paid.	(d) Contributions employee benefit pla		(e) Expense
(a) Paine and address		devoted to position	enter -0)	deferred compensa		account and other allowances
ALLAN KARLIN						
P.O. BOX 6130 MORGANTOWN WV, 2	6506	0		_	a	(
CHARLES DISALVO					-	
P.O. BOX 6130 MORGANTOWN WV, 2	6506	0	C		a	(
WENDY RADCLIF						
P.O. BOX 6130 MORGANTOWN WV, 2	6506	0	C		a	
JACLYN GONZALES				<del></del>		
P.O. BOX 6130 MORGANTOWN WV, 2	6506	0	d		d	į (
BRANDON STUMP	,					<del></del>
P.O. BOX 6130 MORGANTOWN WV, 2	6506	o	ď		o	
ADAM TAYLOR				<del></del>		
P.O. BOX 6130 MORGANTOWN WV, 2	6506	0	d		d	
CRYSTAL HARPER						
P.O. BOX 6130 MORGANTOWN WV, 2	6506	0	ď		٥	
JOE KINSER						
P.O. BOX 6130 MORGANTOWN WV, 2	6506	0			_	
MARY CATHERINE FUNK						<u> </u>
P.O. BOX 6130 MORGANTOWN WV, 2	6506	0	,	ļ	,	
P.O. BOX 0130 MORGANIONN WV, 2						<u> </u>
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						<u>.                                    </u>
						1
						1

<u>[i≓] L</u>	Other Information (Note the statement requirements in the instructions for Part V)		TV	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		Yes	No
••	description of each activity	33		x
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of	-	-	_
	the changes · · · · · · · · · · · · · · · · · · ·	34		х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			Ĥ
	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	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		х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		<del></del>
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		х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
	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		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			ختر
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities		,	
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶			1.
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		х
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on		1 10	
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·	Ĭ.		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
	reimbursed by the organization • • • • • • • • • • • • • • • • • • •			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of MEGAN ANNITTO Telephone no 304-29	93-8	555	
	Located at ▶ P.O. BOX 6130 MORGANTOWN, WV ZIP+4 ▶ 2650	6		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		<u>X</u>
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	Ll	_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			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		<u>X</u>
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		<u> </u>

Preparer's

signature

Firm's name (or yours if self-employed), address, and ZIP + 4

Paid

Preparer's

**Use Only** 

Kimberly A Gutta CPA

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

LAMBRIGHT AND GUTTA PLLC

1199 VAN VOORHIS RD

MORGANTOWN, WV 26505

orm	990-EZ (2009) . THE WV FUND FOR LA	W IN THE PUBLIC		55-0	680592	Page	4
4 7	Section 501(c)(3) organizations ar 501(c)(3) organizations and section 4947(a)(1)				. All section		
	and complete the tables for lines 50 and 51		-16 -6	12		_ F	_
6	Did the organization engage in direct or indirect political	, <del>-</del>	air of or in opposition	10	Ye		_
-	candidates for public office? If "Yes," complete Schedu Did the organization engage in lobbying activities? If "Y		Doet II		46	X	
<i>'</i>	Is the organization a school as described in section 170				. 48	X	_
8 ^ -	Did the organization make any transfers to an exempt n			• • • • • • • • • • •	-	X	_
	-	· ·	ization	• • • • • • • • • • • • • • • • • • • •	· · 49a	X	_
_	If "Yes," was the related organization a section 527 organization as ection 527 organization's five highest or		or than officers direct	tore trustose and kay	4901	X	_
0	employees) who each received more than \$100,000 of	• • •		•			
_	(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) Exper account a other allowa	and	_
	man \$100,000	devoted to position	<del>                                       </del>	deletted compensation	Other allowa	ilces	-
ONE	8						
		· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>	†	<del> </del>		_
				<del>                                     </del>	<del> </del>		-
			<del> </del>		+		_
					1		
				<del> </del>	<del> </del>		
f 1	Total number of other employees paid over \$100,000 Complete this table for the organization's five highest of \$100,000 of compensation from the organization.	· ·	ontractors who each re	eceived more than			
	(a) Name and address of each independent contractor paid m	ore than \$100,000	<b>(b)</b> Ty	pe of service	(c) Compensation	on	_
							_
ONE	<u> </u>						
							_
							_
							_
							_
d	Total number of other independent contractors each rec	ceiving over \$100,000	···•▶				_
		<del></del>		<del></del>			_
Sigi	1						
łer	Signature of officer  Muchum Hmn 'Ho Di'/  Type or pnnt.name and title	ector		Date ,			_

Date

SUITE 6

02-28-2011

Check if self-employed

Phone no

EIN

• • • • • • • • • • • • • • • • • •

Preparer's Identifying No (See inst.)

P00293407

304-599-3185

X Yes

Form 990-EZ (2009)

No

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No 1545-0047 2009

OLLIGICA COLLIG

Name of the organization Employer identification number THE WV FUND FOR LAW IN THE PUBLIC 55-0680592 Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 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, 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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) 8 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 ) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 that describes the type of supporting organization and complete lines 11e through 11h c Type III-Functionally integrated Type III-Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the a following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(m) Provide the following information about the supported organization(s) (i) Name of supported (E) EIN (iii) Type of organization (N) Is the organization (v) Did you notify (vi) Is the (Viii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions) support? Yes No Yes No Yes No

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)

	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") • • • • •	125,950	124,406	124,828	135,008	92,972	603,164
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 · · · · · ·	125,950	124,406	124,828	135,008	92,972	603,164
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 In 4						603,164
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4 · · · · · · · · · · · · · · · · · ·	125,950	124,406	124,828	135,008	92,972	603,164
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,761	26,667	33,754	12,939	14,894	104,015
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 IV)				<u> </u>		
11	Total support. Add lines 7 through 10 -						707,179
12	Gross receipts from related activities, etc. (se	e instructions)	• • • • • • • • •		• • • • • • • •	12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here	• • • • • • •	· · · · · · · · ·		a section 501(c)(3)		· · · · · ▶□
	tion C. Computation of Public Si						
14	Public support percentage for 2009 (line 6, co						85.29 %
15	Public support percentage from 2008 Schedu						88.43 %
16a	33 1/3% support test - 2009. If the organiza						. ( <del></del> )
	and stop here. The organization qualifies as		_			• • • • • • • • •	· · · · · • • X
b	33 1/3% support test - 2008. If the organiza						
	box and stop here. The organization qualifies		=				• • • • • • • • • • • • • • • • • • •
17a	10%-facts-and-circumstances test - 2009.	-					
	more, and if the organization meets the "facts			•	· · · · ·		
_	organization meets the "facts-and-circumstar	-	· ·		•		• • • • • ▶ 📋
b	10%-facts-and-circumstances test - 2008.	-					
	more, and if the organization meets the "facts			•	•		
18	organization meets the "facts-and-circumstar Private foundation. If the organization did no				-	uctions • •	· · · · · • []

Page 3

### Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only	f you checked the box on line 9 o	fPartI)	ļ

Sec	ction A. Public Support				•		· · · · ·
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf · · · · · · · · · · · · · · · · · · ·						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5 · · · · · ·						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	Telephone Telephone				San Care	
	ction B. Total Support				T		<del></del>
Cale 9	endar year (or fiscal year beginning in)  Amounts from line 6	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						:
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b · · · · · · · ·						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop here				section 501(c)(3)		· · · · · ▶ □
	ction C. Computation of Public St						
15 16	Public support percentage for 2009 (line 8, col Public support percentage from 2008 Schedul	•				15	<u>%</u>
16 Sa	ction D. Computation of Investme					16	%
<u>3e.</u> 17	Investment income percentage for 2009 (line			nn (f)) • • •		17	
18	Investment income percentage from 2008 Sch	=	•	• • • • • • • •		18	<del>%</del>
19a	33 1/3% support tests - 2009. If the organiza 17 is not more than 33 1/3%, check this box a					ine	· · · · ▶ □
b	33 1/3% support tests - 2008. If the organiza line 18 is not more than 33 1/3%, check this b						· · · · • □
20	Private Foundation: If the organization did no	ot check a box on lin	ne 14, 19a, or 19b,	check this box and	see instructions		• • • • • • • • • • • • • • • • • • •

Schedule A (Form	n 990 or 990-EZ) 2009	THE WV FUND FOR LAW IN THE PUBLIC	55-0680592	_ Page 4
[19] (17]	Supplemental I	<b>nformation.</b> Complete this part to provide the explanations required by Part II, line b, or Part III, line 12. Provide any other additional information. See instructions	10,	
	Faith, line 17a or 17t	o, or Part III, line 12 Provide any other additional mornation. See instructions		
Qualifi	es for Public	Charity Status Multiple Reasons		
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#### **Federal Supporting Statements** 2009 Name(s) as shown on return W. Fund For Law IN THE PUBLIC. INTEREST 55-0680592

FORM 990EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE STATEMENT #122

ACTIVITY

BOOK STIPENDS

AMOUNT

RELATIONSHIP

GRANTEE

2,931

ADDRESS

SEE LISTING ATTACHED

ACTIVITY

FELLOWSHIPS

167,554

GRANTEE

**ADDRESS** 

TOTAL

170,485

#### FORM 990EZ, PART I, LINE 16 OTHER EXPENSES SCHEDULE 2

DESCRIPTION	TRUOMA
SERVICE CHARGES & INVESTMENT	FEES 1,352
LICENSE	50
MEETINGS	90
OFFICE SUPPLIES	1,629
SUPPLIES	115
TOTAL	3,236

# 55-0680592

Form 990 EZ Part 1, Line 10 Grants + Similar Amounts Pard Schedule 2010 Summer PIA Fellowships

Natalie Atkinson 424 Oakland St. Apt. 1 Morgantown, WV 26505

Claire Brown 1810 Brunswick Ct. Morgantown, WV 26508

Kayde Cappellari 45 Crescent Hts. Morgantown, WV 26505

Kate Charonko 142 Hoffman Ave. Morgantown, WV 26505

Erin Clark 132 Delphia Lane Mount Hope, WV 25880

LG Corder 794 Grand St. Morgantown, WV 26501

David Ducatman 3907 Westlake Dr. Morgantown, WV 26508

Laura Full P.O. Box 305 Elizabeth, WV 26143

Savannah Hull 109 E. End Ave. Morgantown, WV 26505

Joshua Korbini 425 Inglewood Blvd. Apt. 15 Morgantown, WV 26505

# Form 990, EZ - Part 1 - Line 10 # 55-0080792

Sarah McDaniel 12399 Stonehouse Mountain Rd. Culpeper, VA 22701

Alison Nussear 449 ½ Pleasant Hill Ave. Morgantown, WV 26505

Travis Prince 129 Piper St. Beckley, WV 25801

Adam Taylor 142 Hoffman Ave. Morgantown, WV 26505

Chad Webb RR 1 Box 214C Williamson, WV 25661

Steve Conifer 1424 Kanawha Blvd. Apt. 4 Charleston, WV 25301

Jed Nolan 165 Scott Ave., Suite 209 Morgantown, WV 26508

## WVLAW THE WEST VIRGINIA FUND FOR LAW IN 55-0680592

FYE: 7/31/2010

# **Federal Statements**

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

#### Description

law students were placed as fellows with nonprofit public interest organizations in West Virginia serving the poor, the unemployed, indigent criminal defendants and others without access to legal services. Students assisted public interest attorneys in a variety of contexts from public benefits work to protection of women from domestic violence to representation of indigent criminal defendants. The organizations with which the students were placed are listed above in response to Part 1, item 13. law students received a book stipend to help defray the costs relating to law school and their pursuit of becoming a Public Interest Attorney. c. In addition, we have a loan repayment assistance program. The purpose of the program is to attract persons into legal services work for the poor. Many law graduates cannot afford to work for legal aid societies because their take home pay is insufficient to cover their monthly payments on education loans. Our program assists graduates who would otherwise find it difficult or impossible to work for the poor, to do so by helping them meet their loan obligations. In the current year we assisted 3 attorneys. They work as public defenders. Once they work for one full year, our loan to them is forgiven.