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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 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

**2010**

**Open to Public Inspection**

**A For the 2010 calendar year, or tax year beginning 01-01-2010 , and ending 12-31-2010**

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

**C** Name of organization
DEFENSE TRIAL COUNSEL OF WV

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO BOX 527

City or town, state or country, and ZIP + 4
CHARLESTON, WV 25322

**D Employer identification number**
31-1065404

**E** Telephone number
(304) 344-1611

**F** Group Exemption Number ▶

**G** Accounting method ☑ Cash ☐ Accrual Other (specify) ▶

**I Website:** ▶ N/A

**J Tax-Exempt status** (check only one) — ☐ 501(c)(3) ☑ 501(c)( 6) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

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

**K** Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 139,480

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

Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

| | | | | |
|---|---|---|---|---|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | 1 | |
| | 2 | Program service revenue including government fees and contracts | 2 | 79,620 |
| | 3 | Membership dues and assessments | 3 | 59,635 |
| | 4 | Investment income | 4 | 225 |
| | 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 | Gaming and fundraising events | | |
| | a | Gross income from gaming (attach Schedule G if greater than $15,000) — 6a | | |
| | b | Gross income from fundraising events (not including $ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed $15,000) | | |
| | c | Less direct expenses from gaming and fundraising events — 6c | | |
| | d | Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c) | 6d | |
| | 7a | Gross sales of inventory, less returns and allowances — 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 in Schedule O) | 8 | |
| | 9 | **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 139,480 |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | 10 | |
| | 11 | Benefits paid to or for members | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | 46,394 |
| | 13 | Professional fees and other payments to independent contractors | 13 | 800 |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | 6,940 |
| | 15 | Printing, publications, postage, and shipping | 15 | 842 |
| | 16 | Other expenses (describe in Schedule O) | 16 | 71,010 |
| | 17 | **Total expenses.** Add lines 10 through 16 | 17 | 125,986 |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 13,494 |
| | 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 | 71,279 |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | |
| | 21 | Net assets or fund balances at end of year Combine lines 18 through 20 ▶ | 21 | 84,773 |

## Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☑

| (See the instructions for Part II ) | (A) Beginning of year | | (B) End of year |
|---|---|---|---|
| 22 Cash, savings, and investments | 71,279 | 22 | 84,773 |
| 23 Land and buildings | | 23 | |
| 24 Other assets (describe in Schedule O) | | 24 | |
| 25 **Total assets** | 71,279 | 25 | 84,773 |
| 26 **Total liabilities** (describe in Schedule O) | | 26 | |
| 27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) | 71,279 | 27 | 84,773 |

## Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III . ☑

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

What is the organization's primary exempt purpose?

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

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, and other relevant information for each program title

**28** 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

(Grants $ ) If this amount includes foreign grants, check here . . . ▶ ☐ **28a** 125,986

**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 (describe in Schedule O) . . . . . .

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

**32 Total program service expenses** (add lines 28a through 31a) . . . . . ▶ **32** 125,986

## Part IV List of Officers, Directors, Trustees, and Key Employees.

List each one even if not compensated (See the instructions for Part IV )

Check if the organization used Schedule O to respond to any question in this 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 Additional Data Table | | | | |
| | | | | |
| | | | | |
| | | | | |

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

Check if the organization used Schedule O to respond to any question in this Part V . . . . ☐

| | | | Yes | No |
|---|---|---|---|---|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . . | 33 | | No |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions) . . . . . | 34 | | No |
| 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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? | 35a | | No |
| b | If "Yes," has it filed a tax return on **Form 990-T** for this year? (see instructions) . . . . . | 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 | | No |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a | | | |
| b | Did the organization file **Form 1120-POL** for this year? . . . . . | 37b | | No |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | No |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b | | | |
| 39 | *Section 501(c)(7) organizations.* Enter | | | |
| 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . | 40b | | |
| 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 | | No |

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

| | | | Yes | No |
|---|---|---|---|---|
| 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 | | No |
| | 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 | | No |
| | 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 |
|---|---|---|---|---|
| 44a | Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.* | 44a | | No |
| b | Did the organization operate one or more hospital facilities during the year? *If 'Yes,' Form 990 must be completed instead of Form990-EZ* | 44b | | No |
| c | Did the organization receive any payments for indoor tanning services during the year? | 44c | | No |
| d | If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O* | 44d | | |

| | | Yes | No |
|---|---|---|---|
| **45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? *If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ* | **45** | | No |
| **45a** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ* | **45a** | | No |
| **46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | **46** | | No |

**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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

| | | Yes | No |
|---|---|---|---|
| **47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | **47** | | |
| **48** Is the organization a school 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 |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**50(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 |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**51(d)** Total number of other independent contractors each receiving over $100,000 . . . . . ▶ _____

**52** Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ☐ **Yes** ☐ **No**

**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.**

**Sign Here**

| | |
|---|---|
| ****** Signature of officer | 2011-05-01 Date |
| PEGGY SCHULTZ EXECUTIVE DIRECTOR Type or print name and title | |

**Paid Preparer's Use Only**

| | | | |
|---|---|---|---|
| Preparer's signature ANTHONY D RAGER | Date 2011-04-28 | Check if self-employed ▶ ☐ | Preparer's taxpayer identification number (See instructions) |
| Firm's name (or yours if self-employed), address, and ZIP + 4: GIBBONS & KAWASH CPA'S, 707 VIRGINIA ST E STE 300, CHARLESTON, WV 253012724 | | | EIN ▶ Phone no ▶ (304) 345-8400 |

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☑ **Yes** ☐ **No**

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 31-1065404
**Name:** DEFENSE TRIAL COUNSEL OF WV

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

| (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 |
|---|---|---|---|---|
| DAVID WYANT<br>1219 CHAPLINE STREET<br>1219 CHAPLINE STREET<br>WHEELING,WV 26003 | PAST PRESIDE 000 00 | 0 | | |
| LEE MURRAY HALL<br>PO BOX 2688<br>PO BOX 2688<br>HUNTINGTON,WV 25726 | PRESIDENT 000 00 | 0 | | |
| GERARD STOWERS<br>PO BOX 1386<br>PO BOX 1386<br>CHARLESTON,WV 25325 | VICE PRESIDE 000 00 | 0 | | |
| MIKE CIMINO<br>PO BOX 553<br>PO BOX 553<br>CHARLESTON,WV 25322 | TREASURER 000 00 | 0 | | |
| PEGGY SCHULTZ<br>PO BOX 527<br>PO BOX 527<br>CHARLESTON,WV 25322 | EXEC DIRECT 40 00 | 46,394 | | |
| LAURIE BARBE<br>PO BOX 1616<br>PO BOX 1616<br>MORGANTOWN,WV 26507 | SECRETARY 000 00 | 0 | | |
| JILL BENTZ<br>900 LEE STREET E STE 600<br>900 LEE STREET E STE 600<br>CHARLESTON,WV 25321 | LEGISLATIVE 000 00 | 0 | | |
| RITA M BISER<br>317 FIFTH AVENUE<br>317 FIFTH AVENUE<br>SOUTH CHARLESTON,WV 25303 | BOARD MEMBER<br>000 00 | 0 | | |
| TAMARA DEFAZIO<br>1445 STEWARTSTOWN ROAD SUITE 200<br>1445 STEWARTSTOWN ROAD SUITE 200<br>MORGANTOWN,WV 26505 | BOARD MEMBER<br>000 00 | 0 | | |
| J VICTOR FLANAGAN<br>901 QUARRIER STREET<br>901 QUARRIER STREET<br>CHARLESTON,WV 25301 | BOARD MEMBER<br>000 00 | 0 | | |
| STEPHEN F GANDEE<br>140 WEST MAIN STREET SUITE 300<br>140 WEST MAIN STREET SUITE 300<br>CLARKSBURG,WV 26301 | BOARD MEMBER<br>000 00 | 0 | | |
| JEFFREY HOLMSTRAND<br>53 WASHINGTON AVE<br>53 WASHINGTON AVE<br>WHEELING,WV 26003 | BOARD MEMBER<br>000 00 | 0 | | |
| JANE HARKINS<br>600 NEVILLE STREET SUITE 201<br>600 NEVILLE STREET SUITE 201<br>BECKLEY,WV 25801 | BOARD MEMBER<br>000 00 | 0 | | |
| ROBERT KENT<br>PO BOX 49<br>PO BOX 49<br>PARKERSBURG,WV 26102 | BOARD MEMBER<br>000 00 | 0 | | |
| ERIK W LEGG<br>PO BOX 6457<br>PO BOX 6457<br>HUNTINGTON,WV 25772 | BOARD MEMBER<br>000 00 | 0 | | |

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

| (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 |
|---|---|---|---|---|
| HEATHER NOEL<br>2004 WHITE WILLOW WAY<br>2004 WHITE WILLOW WAY<br>MORGANTOWN,WV 26505 | STUDENT CHAI<br>000 00 | 0 | | |
| STEVE NORD<br>PO BOX 2868<br>PO BOX 2868<br>HUNTINGTON,WV 25728 | BOARD MEMBER<br>000 00 | 0 | | |
| ROBERT MASSIE<br>1035 THIRD AVENUE SUITE 300<br>1035 THIRD AVENUE SUITE 300<br>HUNTINGTON,WV 25701 | NEWSLETTER C<br>000 00 | 0 | | |
| JILL MCINTYRE<br>PO BOX 553<br>PO BOX 553<br>CHARLESTON,WV 25322 | BOARD MEMBER<br>000 00 | 0 | | |
| CHARLES PRINTZ JR<br>PO DRAWER 1419<br>PO DRAWER 1419<br>MARTINSBURG,WV 25402 | BOARD MEMBER<br>000 00 | 0 | | |
| MARK ROBINSON<br>200 CAPITOL STREET<br>200 CAPITOL STREET<br>CHARLESTON,WV 25301 | BOARD MEMBER<br>000 00 | 0 | | |
| RANDALL TRAUTWEIN<br>PO BOX 2488<br>PO BOX 2488<br>HUNTINGTON,WV 25725 | BOARD MEMBER<br>000 00 | 0 | | |
| CONSTANCE WEBER<br>PO BOX 2031<br>PO BOX 2031<br>CHARLESTON,WV 25327 | BOARD MEMBER<br>000 00 | 0 | | |
| TERESA J DUMIRE<br>5000 HAMPTON CENTER SUITE 3<br>5000 HAMPTON CENTER SUITE 3<br>MORGANTOWN,WV 26505 | BOARD MEMBER<br>000 00 | 0 | | |
| STEVE CRISLIP<br>PO BOX 553<br>PO BOX 553<br>CHARLESTON,WV 25322 | DRI REP 000 00 | 0 | | |
| MARK H HAYES<br>PO BOX 1791<br>PO BOX 1791<br>CHARLESTON,WV 25326 | BOARD MEMBER<br>000 00 | 0 | | |
| CYNTHIA LOWTHER<br>PO BOX 1588<br>PO BOX 1588<br>CHARLESTON,WV 25326 | PARALEGAL RE<br>000 00 | 0 | | |
| SUSAN R SNOWDEN<br>PO BOX 1286<br>PO BOX 1286<br>MARTINSBURG,WV 25402 | BOARD MEMBER<br>000 00 | 0 | | |
| ERIN STANKEWICZ<br>PO BOX 553<br>PO BOX 553<br>CHARLESTON,WV 25322 | YL REP 000 00 | 0 | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492136012401 |
|---|---|---|

**SCHEDULE O**
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.**
**▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

**Name of the organization**
DEFENSE TRIAL COUNSEL OF WV

**Employer identification number**
31-1065404

| Identifier | Return Reference | Explanation |
|---|---|---|
| OTHER EXPENSES | FORM 990-EZ, PART I, LINE 16 | EXPENSES 1,641 OFFICE EXPENSES 157 MEETING EXPENSES 40,844 INSURANCE 3,051 SUBSTANTIVE GROUP 343 YOUNG LAWYERS 2,369 DRI EXPENSES 5,982 DUES & FEES 120 CONTRIBUTIONS 5,500 MISCELLANEOUS 11,003 TOTAL 71,010 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| OTHER ASSETS | FORM 990-EZ, PART II, LINE 24 | WEBSITE 0 2,063 LESS ACCUMULATED DEPRECIATION 0 2,063 WEBSITE 0 2,063 LESS ACCUMULATED DEPRECIATION 0 2,063 TOTAL 0 0 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| PRIMARY EXEMPT PURPOSE | FORM 990-EZ, PART III | 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 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| FIRST ACHIEVEMENT | FORM 990-EZ, PART III, LINE 28 | 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 |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492136012401

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

# Depreciation and Amortization
## (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

**2010**

Attachment Sequence No **67**

| Name(s) shown on return | Business or activity to which this form relates | Identifying number |
|---|---|---|
| DEFENSE TRIAL COUNSEL OF WV | INDIRECT DEPRECIATION | 31-1065404 |

**Part I** **Election To Expense Certain Property Under Section 179**

***Note:*** *If you have any listed property, complete Part V before you complete Part I.*

| | | |
|---|---|---|
| 1 Maximum amount See the instructions for a higher limit for certain businesses | 1 | 500,000 |
| 2 Total cost of section 179 property placed in service (see instructions) | 2 | 4,126 |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 2,000,000 |
| 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- | 4 | |
| 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions | 5 | 500,000 |

| 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|---|---|---|
| WEBSITE | 2,063 | 2,063 |
| WEBSITE | 2,063 | 2,063 |

| | | |
|---|---|---|
| 7 Listed property Enter the amount from line 29 | 7 | |
| 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 | 8 | 4,126 |
| 9 Tentative deduction Enter the **smaller** of line 5 or line 8 | 9 | 4,126 |
| 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 | 10 | |
| 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | |
| 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 ▶ | 13 | 4,126 |

**Note:** *Do not use Part II or Part III below for listed property. Instead, use Part V.*

**Part II** **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions )

| | | |
|---|---|---|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 Property subject to section 168(f)(1) election | 15 | |
| 16 Other depreciation (including ACRS) | 16 | |

**Part III** **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

**Section A**

| | | |
|---|---|---|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2010 | 17 | |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐ | | |

**Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---|---|---|---|---|---|---|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental property | | | 27 5 yrs | MM | S/L | |
| | | | 27 5 yrs | MM | S/L | |
| i Nonresidential real property | | | 39 yrs | MM | S/L | |
| | | | | MM | S/L | |

**Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System**

| | | | | | | |
|---|---|---|---|---|---|---|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs | | S/L | |
| c 40-year | | | 40 yrs | MM | S/L | |

**Part IV** **Summary** (see instructions)

| | | |
|---|---|---|
| 21 Listed property Enter amount from line 28 | 21 | |
| 22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions | 22 | |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

**Part V** **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

***Note:*** *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

**Section A—Depreciation and Other Information (Caution:** *See the instructions for limits for passenger automobiles.***)**

**24a** Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation/ deduction | (i) Elected section 179 cost |
|---|---|---|---|---|---|---|---|---|
| **25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) | | | | | | **25** | | |
| **26** Property used more than 50% in a qualified business use | | | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| **27** Property used 50% or less in a qualified business use | | | | | | | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| **28** Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 | | | | | | **28** | | |
| **29** Add amounts in column (i), line 26 Enter here and on line 7, page 1 | | | | | | **29** | | |

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

| | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **30** Total business/investment miles driven during the year (**do not** include commuting miles) | | | | | | | | | | | | |
| **31** Total commuting miles driven during the year | | | | | | | | | | | | |
| **32** Total other personal(noncommuting) miles driven | | | | | | | | | | | | |
| **33** Total miles driven during the year Add lines 30 through 32 | | | | | | | | | | | | |
| | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
| **34** Was the vehicle available for personal use during off-duty hours? | | | | | | | | | | | | |
| **35** Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| **36** Is another vehicle available for personal use? | | | | | | | | | | | | |

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

| | **Yes** | **No** |
|---|---|---|
| **37** Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | | |
| **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| **39** Do you treat all use of vehicles by employees as personal use? | | |
| **40** Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| **41** Do you meet the requirements concerning qualified automobile demonstration use? (See instructions ) | | |
| **Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles | | |

**Part VI** **Amortization**

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|---|---|---|---|---|---|
| **42** Amortization of costs that begins during your 2010 tax year (see instructions) | | | | | |
| | | | | | |
| | | | | | |
| **43** Amortization of costs that began before your 2010 tax year | | | | **43** | |
| **44 Total.** Add amounts in column (f) See the instructions for where to report | | | | **44** | |

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|---|---|---|

# TY 2010 Compensation Explanation

**Name:** DEFENSE TRIAL COUNSEL OF WV

**EIN:** 31-1065404

| Person Name | Explanation |
|---|---|
| DAVID WYANT | |
| LEE MURRAY HALL | |
| GERARD STOWERS | |
| MIKE CIMINO | |
| PEGGY SCHULTZ | |
| LAURIE BARBE | |
| JILL BENTZ | |
| RITA M BISER | |
| TAMARA DEFAZIO | |
| J VICTOR FLANAGAN | |
| STEPHEN F GANDEE | |
| JEFFREY HOLMSTRAND | |
| JANE HARKINS | |
| ROBERT KENT | |
| ERIK W LEGG | |
| HEATHER NOEL | |
| STEVE NORD | |
| ROBERT MASSIE | |
| JILL MCINTYRE | |
| CHARLES PRINTZ JR | |
| MARK ROBINSON | |
| RANDALL TRAUTWEIN | |
| CONSTANCE WEBER | |
| TERESA J DUMIRE | |
| STEVE CRISLIP | |
| MARK H HAYES | |
| CYNTHIA LOWTHER | |
| SUSAN R SNOWDEN | |
| ERIN STANKEWICZ | |