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A For the 2011 calendar year, or tax year beginning 01-01-2011 , and ending 12-31-2011		D Employer identification number	
B Check if applicable	C Name of organization DEFENSE TRIAL COUNSEL OF WV		31-1065404
☐ Address change			E Telephone number
☐ Name change			(304) 344-1611
☐ Initial return			
☐ Terminated			
☐ Amended return			
☐ Application pending			
	F Group Exemption Number		

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

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

I Website: ☒ WWW.DTCWW.ORG

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

K Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 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. **\$ 121,551**

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	66,410
	3	Membership dues and assessments	3	54,780
	4	Investment income	4	361
	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 exceeds \$15,000)	6b	
	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	121,551	
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	
	13	Professional fees and other payments to independent contractors	13	50,658
	14	Occupancy, rent, utilities, and maintenance	14	2,319
	15	Printing, publications, postage, and shipping	15	345
	16	Other expenses (describe in Schedule O)	16	83,290
	17	Total expenses. Add lines 10 through 16	17	136,612
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-15,061
	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	84,773
	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	69,712

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	84,773	22	69,712
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	84,773	25	69,712
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	84,773	27	69,712

Part III

Statement of Program Service Accomplishments

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

☒

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		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
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	136,612
29	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 ☐	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	136,612

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 significant 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ☐ 37a		
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
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 PO BOX 527 Located at ☐ 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)? 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 .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ☐ _____	42c	No
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		
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 Form 990-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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	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		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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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
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	2012-06-05 Date			
	PEGGY SCHULTZ EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	ANTHONY D RAGER	Date 2012-06-05	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 AC 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					

2011

**Open to Public
Inspection**

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.

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 ADVERTISING AND PROMOTIONS 2,602 OFFICE EXPENSES 382 MEETING EXPENSES 51,175 INSURANCE 645 SUBSTANTIVE GROUP 160 YOUNG LAWYERS 880 DRI EXPENSES 1,531 DUES & FEES 160 CONTRIBUTIONS 5,500 MISCELLANEOUS 9,528 TAXES 55 WOMEN'S FORUM 7,422 NON-INVESTMENT DEPRECIATION 3,250 TOTAL 83,290
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	4,126 7,376 LESS ACCUMULATED DEPRECIATION 4,126 7,376 TOTAL 0 0
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
FIRST ACCOMPLISHMENT	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
ALL OTHER ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 31	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

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment
Sequence No 179

Department of the Treasury
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return DEFENSE TRIAL COUNSEL OF WV	Business or activity to which this form relates INDIRECT DEPRECIATION	Identifying number 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 instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	3,250
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	
WESBITE	3,250	3,250	
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	3,250	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	3,250	
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	4,126	
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 2012 Add lines 9 and 10, less line 12	13	7,376	

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 2011	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 2011 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 2011 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	
25Special 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

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
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												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
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 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

TY 2011 Compensation Explanation

Name: DEFENSE TRIAL COUNSEL OF WV
EIN: 31-1065404

Person Name	Explanation
STEVE NORD	
LEE MURRAY HALL	
GERARD STOWERS	
MIKE CIMINO	
PEGGY SCHULTZ	
CHARLES BAILEY	
ERIC HULETT	
LAURIE BARBE	
JILL BENTZ	
RITA M BISER	
MARY BETH SNEAD	
RANDALL TRAUTWEIN	
J VICTOR FLANAGAN	
STEPHEN F GANDEE	
JEFFREY HOLMSTRAND	
JANE HARKINS	
ROBERT KENT	
ERIK W LEGG	
MONTE LEE WILLIAMS	
ROBERT MASSIE	
JILL MCINTYRE	
CHARLES PRINTZ JR	
MARK ROBINSON	
CONSTANCE WEBER	
TERESA J DUMIRE	
MARK H HAYES	
CYNTHIA LOWTHER	
SUSAN R SNOWDEN	

Additional Data

Software ID:

Software Version:

EIN: 31-1065404

Name: DEFENSE TRIAL COUNSEL OF WV

Form 990-EZ, Special Condition Description:

Special Condition Description

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
STEVE NORD PO BOX 2868 PO BOX 2868 HUNTINGTON,WV 25728	BOARD MEMBER 000 00	0		
LEE MURRAY HALL PO BOX 2688 PO BOX 2688 HUNTINGTON,WV 25726	PAST PRESIDE 000 00	0		
GERARD STOWERS PO BOX 1386 PO BOX 1386 CHARLESTON,WV 25325	PRESIDENT 000 00	0		
MIKE CIMINO PO BOX 553 PO BOX 553 CHARLESTON,WV 25322	VICE PRESIDE 000 00	0		
PEGGY SCHULTZ PO BOX 527 PO BOX 527 CHARLESTON,WV 25322	EXEC DIRECT 40 00	49,583		
CHARLES BAILEY PO BOX 3710 PO BOX 3710 CHARLESTON,WV 25337	BOARD MEMBER 000 00	0		
ERIC HULETT PO BOX 2031 PO BOX 2031 MARTINSBURG,WV 25402	BOARD MEMBER 000 00	0		
LAURIE BARBE PO BOX 1616 PO BOX 1616 MORGANTOWN,WV 26507	TREASURER 000 00	0		
JILL BENTZ 900 LEE STREET E STE 600 900 LEE STREET E STE 600 CHARLESTON,WV 25321	BOARD MEMBER 000 00	0		
RITA M BISER 317 FIFTH AVENUE 317 FIFTH AVENUE SOUTH CHARLESTON,WV 25303	BOARD MEMBER 000 00	0		
MARY BETH SNEAD 1400 WEST MAIN STREET SUITE 300 1400 WEST MAIN STREET SUITE 300 CLARKSBURG,WV 26301	YL REP 000 00	0		
RANDALL TRAUTWEIN PO BOX 2488 PO BOX 2488 HUNTINGTON,WV 25725	BOARD MEMBER 000 00	0		
J VICTOR FLANAGAN 901 QUARRIER STREET 901 QUARRIER STREET CHARLESTON,WV 25301	BOARD MEMBER 000 00	0		
STEPHEN F GANDEE 140 WEST MAIN STREET SUITE 300 140 WEST MAIN STREET SUITE 300 CLARKSBURG,WV 26301	BOARD MEMBER 000 00	0		
JEFFREY HOLMSTRAND 53 WASHINGTON AVE 53 WASHINGTON AVE WHEELING,WV 26003	BOARD MEMBER 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
JANE HARKINS 600 NEVILLE STREET SUITE 201 600 NEVILLE STREET SUITE 201 BECKLEY,WV 25801	BOARD MEMBER 000 00	0		
ROBERT KENT PO BOX 49 PO BOX 49 PARKERSBURG,WV 26102	BOARD MEMBER 000 00	0		
ERIK W LEGG PO BOX 6457 PO BOX 6457 HUNTINGTON,WV 25772	BOARD MEMBER 000 00	0		
MONTE LEE WILLIAMS PO BOX 1616 PO BOX 1616 MORGANTOWN,WV 26508	BOARD MEMBER 000 00	0		
ROBERT MASSIE 1035 THIRD AVENUE SUITE 300 1035 THIRD AVENUE SUITE 300 HUNTINGTON,WV 25701	DRI REP 000 00	0		
JILL MCINTYRE PO BOX 553 PO BOX 553 CHARLESTON,WV 25322	BOARD MEMBER 000 00	0		
CHARLES PRINTZ JR PO DRAWER 1419 PO DRAWER 1419 MARTINSBURG,WV 25402	SECRETARY 000 00	0		
MARK ROBINSON 200 CAPITOL STREET 200 CAPITOL STREET CHARLESTON,WV 25301	BOARD MEMBER 000 00	0		
CONSTANCE WEBER PO BOX 2031 PO BOX 2031 CHARLESTON,WV 25327	BOARD MEMBER 000 00	0		
TERESA J DUMIRE 5000 HAMPTON CENTER SUITE 3 5000 HAMPTON CENTER SUITE 3 MORGANTOWN,WV 26505	BOARD MEMBER 000 00	0		
MARK H HAYES PO BOX 1791 PO BOX 1791 CHARLESTON,WV 25326	BOARD MEMBER 000 00	0		
CYNTHIA LOWTHER PO BOX 1588 PO BOX 1588 CHARLESTON,WV 25326	PARALEGAL RE 000 00	0		
SUSAN R SNOWDEN PO BOX 1286 PO BOX 1286 MARTINSBURG,WV 25402	BOARD MEMBER 000 00	0		