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A For the 2012 calendar year, or tax year beginning 01-01-2012

DLN: 93492067003103

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

**B** Check if applicable

## **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

, and ending 12-31-2012

**Open to Public** Inspection

		f applicable	C Name of organization DEFENSE TRIAL COUNSEL OF WV		D Employ	yer ide	ntification number				
		change			31-106	5404					
Name change Initial return			L releption								
	Terminated						344-1611				
_	Amended return  City or town, state or country, and ZIP + 4 CHARLESTON, WV 25322  F Group Ex Number										
Δ	Application pending  CHARLESTON, WV 25322  Number										
<b>G</b> A	ccoun	iting Method	▼ Cash	required	If the to attach	Sched					
ΙW	ebsite	e: 🕨 www.dtcw	V ORG								
J Tax	k-exen	npt status(check	only one)— 501(c)(3) 501(c)(6) ◀(insert no ) 4947(a)(1) or 527								
norr inst <b>L</b> A c	nally i ructio dd line	not more than ins) But if the es 5b, 6c, and (B) below) are	inization is not a section 509(a)(3) supporting organization or a section \$50,000 A Form 990-EZ or Form 990 return is not required though Foorganization chooses to file a return, be sure to file a complete return 7b, to line 9 to determine gross receipts If gross receipts are \$200,00 \$500,000 or more, file Form 990 instead of Form 990-EZ  , Expenses, and Changes in Net Assets or Fund Balance	rm 990-N (e- 0 or more, or	postcard) if total as: ►\$ 1	may b sets (1 76,28	Part II, line 25,				
	11 C I		e organization used Schedule O to respond to any question in this Part 1								
	1	Contributions	, gifts, grants, and similar amounts received			1					
	2	Program serv	ice revenue including government fees and contracts			2	105,434				
ule	3	Membership	nbership dues and assessments								
	4	Investment income					234				
	5a	Gross amoun	t from sale of assets other than inventory	5a							
	b	Less cost or									
Revenue	c	Gain or (loss)	) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c					
ŭ	6	Gaming and f	undraising events								
	а	Gross income	e from gaming (attach Schedule G if greater than \$15,000)	6a							
	ь		e from fundraising events (not including \$of contribution ing events reported on line 1) (attach Schedule G if the	s							
		sum of such o	gross income and contributions exceeds \$15,000)	6b							
	c	Less direct e	expenses from gaming and fundraising events	6с							
	d	Net income o	r (loss) from gaming and fundraising events (add lines 6a and 6b and su	btract line 6 c	)	6d					
	7a	Gross sales o	of inventory, less returns and allowances	7a							
	b	Less cost of	goods sold	7b							
	c	Gross profit o	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c					
	8	O ther revenu	e (describe in Schedule O)			8					
	9	Total revenue	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		<u> </u>	9	176,288				
	10	Grants and si	milar amounts paid (list in Schedule O)			10					
	11	Benefits paid	to or for members			11					
	12	Salaries, other compensation, and employee benefits									
Expenses	13	Professional		13	51,879						
	14	Occupancy, rent, utilities, and maintenance					1,948				
Ë	15	Printing, publ	ications, postage, and shipping			15	261				
	16		es (describe in Schedule O)			16	133,710				
	17	Total expense	es. Add lines 10 through 16		<u> </u>	17	187,798				
Sets	18	•	eficit) for the year (Subtract line 17 from line 9)			18	-11,510				
1556	19		fund balances at beginning of year (from line 27, column (A)) (must agi	ree with							
NetAs			igure reported on prior year's return)			19	69,712				
Z	20	O ther change		20							
	21	Net assets or	fund balances at end of year Combine lines 18 through 20		•	21	58,202				

Check if the organization used	Schedule O to respond to	any question in this P	art II	<u></u>	
		(A)	<b>)</b> Beginning of year		(B) End of year
22 Cash, savings, and investments			69,712	22	55,385
23 Land and buildings				23	
24 Other assets (describe in Schedule O				24	2,817
25 Total assets			69,712	25	58,202
26 Total liabilities (describe in Schedule 0	)			26	
27 Net assets or fund balances (line 27 of	column (B) <b>must</b> agree wit	th line 21)	69,712	27	58,202
Part III Statement of Program S	Sarvica Accomplish	ants (as the metaletic	no for Doub III)	Т	Evnence
Check if the organization used	•	•	·	(Re	<b>Expenses</b> quired for section 501
What is the organization's primary exempt	•	, ,	·	1 ' '	(3) and 501(c)(4)
THE PURPOSES OF THE ASSOCIATION					anızatıons and section 47(a)(1) trusts,
COMMUNICATION ATTORNEYS IN WES PROFESSIONAL TIME TO THE DEFENSE					ional for others )
INFORMATION, IDEAS, PROCEDURAL T					
OF LITIGATION, TO ENHANCE THE KNO					
ATTORNEYS, TO ELEVATE THE IMPROV WORK FOR THE ELIMINATION OF COUR					
GENERAL TO PROMOTE THE IMPROVEM			•		
INCREASE THE QUALITY OF SERVICES					
OF WEST VIRGINIA, AND TO WORK WIT ORGANIZATIONS TO ACCOMPLISH THE			ND		
Describe the organization's program service			program services, as		
measured by expenses In a clear and cond	ise manner, describe the s				
benefited, and other relevant information fo					Τ
<b>28</b> OUR ANNUAL MEETING PROVIDES C ATTENDEES OUR SEMINARS PROVIDE					
NEWSLETTER PROVIDES INFORMATION					
(Grants \$ ) If this	s amount includes foreign ç	grants, check here .	• • ► ┌	28a	187,798
29 OUR ANNUAL MEETING PROVIDES C					
ATTENDEES OUR SEMINARS PROVIDE NEWSLETTER PROVIDES INFORMATION					
	s amount includes foreign g			29a	
30					
(Grants \$ ) If this	s amount includes foreign ç	grants, check here .	▶┌	30a	
31 Other program services (describe in Sch	nedule O )		<u> </u>	1	
(Grants \$ ) If this	s amount includes foreign o	grants, check here .	▶┌	31a	
32 Total program service expenses (add line				32	187,798
Part IV List of Officers, Directors, Trus Check if the organization used	stees, and Key Employees I Schedule O to respond to	List each one even if not co any question in this P	ompensated (see the instri art IV	uctions	for Part IV)
					· · · · · · ·
(a) Name and title	(b) A verage	(c)Reportable	(d) Health benef	its,	(e) Estimated amount
	hours per week	compensation	contributions t	-	of other compensation
	devoted to position	(Forms W-2/1099- MISC) (if not paid,	employee benefit p	nans,	
		enter -0-)	compensation	1	
See Additional Data Table					

	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part	v		<u>୮</u>
			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
35a	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 C	35b		
С	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 🕨			
ь	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 <b>or</b> 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
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
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 39b			
	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	<u>(30</u>	4)344	-1611
	Located at ► PO BOX 527 CHARLESTON, WV ZIP + 4	2	5322	
h	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	Yes	No 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 the U S $^{\circ}$	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 <b>Form 1041—</b> Check here and enter the amount of tax-exempt interest received or accrued during the tax year <b>\(\big  43\)</b>			<b>▶</b> Γ
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? 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
_	Did the organization receive any payments for indoor tanning services during the year?	44c		No
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an</i>			1110
a	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$ ?	45a		No
	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		No

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition candidates for public office? If "Test," complete Schedule C, Part I  Section SOI.(c)(3) organizations only All section SOI.(c)(3) organizations must answer questions 47-49b and 52, and complete and 51 Check if the organization used Schedule O to respond to any question in this Part VI  Did the organization engage in liobbying activities or have a section SOI.(h) election in effect during the tax ye if "Yes," complete Schedule C, Part II  Is the organization as chool as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E  Did the organization make any transfers to an exempt non-chantable related organization?  If "Yes," was the related organization is section 527 organization?  Complete this table for the organization is five highest compensated employees (other than officers, directors employees) who each received more than \$100,000 of compensation from the organization. If there is none, (a) Name and title of each employee paid how see week for the organization is five highest compensated independent contractors who each received of compensation from the organization of the product of the product of compensation of the organization of the product of compensation of the product of co			Page 4
PRITY Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete and 51 Check if the organization used Schedule 0 to respond to any question in this Part VI  17 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax ye if "Yes," complete Schedule C, Part II  18 Is the organization a school as described in section 170(b)(1)(A)(ii)* If "Yes," complete Schedule E  19 Did the organization make any transfers to an exempt non-charitable related organization?  1 If "Yes," was the related organization a section 527 organization?  2 Organization that stable for the organization is nection 170(b)(1)(A)(ii)* If "Yes," complete Schedule E  10 Complete this stable for the organization is five highest compensation from the organization if If there is none, and the second of the properties of the second of the properties of the properties of compensation from the organization of the organization of the organization of the organization of the properties of perpury. I declare that I have examined this return, including accompanying schedules and statements, and organization of prepare (other than officer) is based on all information ordering or properties of the propert		Yes	No
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete and 51 Check if the organization used Schedule O to respond to any question in this Part VI Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax yet if "Yes," complete Schedule C, Part II B Is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E Did the organization as school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charatible related organization?  10 Complete this table for the organization's five highest compensated employees (other than officers, directors employees) who each received more than \$100,000 of compensation from the organization of If there is none, (a) Name and title of each employee paid devoted to position  11 Complete this table for the organization's five highest compensated independent contractors who each receive of compensation from the organization of If there is none, enter "None"  12 Complete this table for the organization's five highest compensated independent contractors who each receive of compensation from the organization of If there is none, enter "None"  13 Complete this table for the organization if there is none, enter "None"  14 Total number of other independent contractors each receiving over \$100,000 (b) Type of service of compensation from the organization complete Schedule A? NOTE: All Section \$501(c)(3) organizations and 4947(a)(1) nonexempt charitable trust must attach a completed Schedule A nonexempt charitable trust must attach a completed Schedule A nonexempt charitable trust must attach a completed Schedule A nonexempt charitable trust must attach a completed Schedule A nonexempt charitable trust must attach a completed Schedule A nonexempt charitable trust must attach a complete Schedule A nonexempt charitable trust must attach a complete Schedule A nonexempt charitable trust must attach a	L.		No
Check if the organization used Schedule O to respond to any question in this Part VI  7 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax yet in "Pres," complete Schedule C, Part II  8 Is the organization a school as described in section 170(b)(1)(A)(n)? If "Yes," complete Schedule E  9a Did the organization make any transfers to an exempt non-chantable related organization?  b If "Yes," was the related organization a section 527 organization?  c Complete this table for the organization's five highest compensated employees (other than officers, directors employees) who each received more than \$100,000 of compensation from the organization (if there is none, a) Name and title of each employee paid where the hours per week devoted to position  forms W-2/1099- MISC)  6 Total number of other employees paid over \$100,000  61 Complete this table for the organization's five highest compensated independent contractors who each receive of compensation from the organization If there is none, enter "None"  (a) Name and address of each independent contractor paid more than \$100,000  d Total number of other independent contractor paid more than \$100,000  (b) Type of service  d Total number of other independent contractors each receiving over \$100,000.  (b) Type of service of the organization complete Schedule A 'NOTE All Section \$010(X)3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a complete. Declaration of preparer (other then officer) is based on all information loveledge.  PLOW SCHOLUZ EXECUTIVE DIRECTOR  Technology by a print tame and table.	e the table	es for lı	nes 50
Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax yet if "Yes," complete Schedule C, Part II  Is Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization aske any transfers to an exempt non-chantable related organization?  If "Yes," was the related organization a section 527 organization?  Of Complete this table for the organization's five highest compensated amployees (other than officers, directors employees) who each received more than \$100,000 of compensation from the organization in (there is none, a little of each employee paid (b) Average (burst per week devoted to position)  If Total number of other employees paid over \$100,000  Officers W-2/1999-MISC)  Total number of other employees paid over \$100,000  Officers W-2/1999-MISC)  Total number of other independent contractors each receiving over \$100,000  Officers W-2/1999-MISC)  Total number of other independent contractors each receiving over \$100,000  Officers W-2/1999-MISC)  Total number of other independent contractors each receiving over \$100,000  Officers W-2/1999-MISC)  Total number of other independent contractors each receiving over \$100,000  Officers W-2/1999-MISC)  Total number of other independent contractors each receiving over \$100,000  Officers W-2/1999-MISC)  Total number of other independent contractors each receiving over \$100,000  Officers W-2/1999-MISC)  Total number of other independent contractors each receiving over \$100,000  Officers W-2/1999-MISC)  Total number of other independent contractors each receiving over \$100,000  Officers School Received the All Sections 501(c)(3) organizations and 4947(a)(1) nenexempt chantable trusts must attach a completed School MISC officers and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information involvedge.  Officers School MISC officers that I have examined this return, including accompanying schedules and stat			
If "Yes," complete Schedule C, Part II  Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization make any transfers to an exempt non-chantable related organization?  If "Yes," was the related organization a section 527 organization?  Of Complete this table for the organization's five highest compensated employees (other than officers, directors employees) who each received more than \$100,000 of compensation from the organization. If there is none, if the property of the p		Yes	No
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b If "Yes," was the related organization a section 527 organization?  Complete this table for the organization is five highest compensated employees (other than officers, directors employees) who each received more than \$100,000 of compensation from the organization If there is none, and Name and title of each employee paid bours per week devoted to position (Forms W-2/1099-MISC)  f Total number of other employees paid over \$100,000  Complete this table for the organization if there is none, enter "None"  (a) Name and address of each independent contractors paid more than \$100,000  (b) Type of service  d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? NOTE: All Section \$01(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A  organization complete Schedule A? NOTE: All Section \$01(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A  organization complete Schedule A? NOTE: All Section \$01(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A  organization of officer  Deace Pecal Schedules and statements, a convoleting of officer of officer  Deace Pecal Schedules and statements, a convoleting organization of officer  Deace Pecal Schedules and statements, a convoleting organization of officer  Deace Pecal Schedules and statements, a convoleting organization of officer  Deace Pecal Schedules and statements, a convoleting organization of officer  Deace Pecal Schedules and statements, a convoleting organization of officer  Deace Pecal Schedules and statements, and convoleting organization of officer  Deace Pecal Schedules and statements, and convoleting organization of officer  Deace Pecal Schedules and statements, and convoleting organization of officer  Deace Pecal Schedules and statements, and convoleting organization of officer  Deace Pecal Schedules and statements, and convoleting organization of officer  Deace Pe	48		
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d Total number of other independent contractors each receiving over \$100,000  Cap 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  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  Did the organization of preparer (other than officer) is based on all information overledge and belief, it is true, correct, and complete. Peclaration of preparer (other than officer) is based on all informatic preparer (other than officer) is based on all informatic preparer (other than officer) is based on all informatic preparer (other than officer) is based on all informatic preparer (other than officer) is based on all informatic preparer (other than officer) is based on all informatic preparer (other than officer) is based on all informatic preparer (other than officer) and the preparer officer preparer (other than officer) and the preparer officer preparer (other than officer) and the preparer officer preparer officer preparer officer preparer officer preparer officer preparer officer preparer of other than officer) and the preparer officer preparer of officer preparer of other than officer preparer of officer preparer of officer preparer of other than officer prepa			1
Complete this table for the organization's five highest compensated independent contractors who each receive 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.  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	of oth	stimated ner comp	
1 Complete this table for the organization's five highest compensated independent contractors who each receive 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.  d Total number of other independent contractors each receiving over \$100,000.  2 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			
Complete this table for the organization's five highest compensated independent contractors who each receive 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.  d Total number of other independent contractors each receiving over \$100,000			
Complete this table for the organization's five highest compensated independent contractors who each receive 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.  d Total number of other independent contractors each receiving over \$100,000			
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d Total number of other independent contractors each receiving over \$100,000			•
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	e (c)	Comper	ISALION
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			
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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			
ign ere    ******   Signature of officer   Date	• <u> </u>		es 「No
Signature of officer PEGGY SCHULTZ EXECUTIVE DIRECTOR Type or print name and title			
PEGGY SCHULTZ EXECUTIVE DIRECTOR Type or print name and title			
Print/Type preparer's name   Preparer's signature   Date   Check   if   P	PTIN		
Paid  Firm's name GIBBONS & KAWASH AC  Firm's name GIBBONS & KAWASH AC  Firm's name Firm's EIN Firm	-		
Preparer  Jse Only  Firm's address > 707 VIRGINIA ST E STE 300  Phone no (304) 3	345-8400		

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

(a) Name and title	<b>(b)</b> A verage hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CONSTANCE WEBER  BOARD MEMBER	000 00	0		
TERESA J DUMIRE  BO ARD MEMBER	000 00	0		
MARK H HAYES  BOARD MEMBER	000 00	0		
CYNTHIA LOWTHER  PARALEGAL RE	000 00	0		
SUSAN R SNOWDEN  BOARD MEMBER	000 00	0		
MELISSA FOSTER BIRD <b>2</b> BOARD MEMBER	000 00	0		
PATRICK S CASEY <b>2</b> BOARD MEMBER	000 00	0		
LUKE A LAFFERRE BOARD MEMBER	000 00	0		
JOHN F MCCUSKEY  BOARD MEMBER	000 00	0		
LAURIE K MILLER 🕏 BOARD MEMBER	000 00	0		
TODD A MOUNT <b>5</b> BOARD MEMBER	000 00	0		
HEATHER M NOEL® BOARD MEMBER	000 00	0		
JILL CRANSTON RICE  BOARD MEMBER	000 00	0		
JOHN R TEARE JR <sup>®</sup> BOARD MEMBER	000 00	0		

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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.

2012

Open to Public Inspection

Name of the organization DEFENSE TRIAL COUNSEL OF WV **Employer identification number** 

31-1065404

ldentifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990- EZ, PART I, LINE 16	EXPENSES ADVERTISING AND PROMOTIONS 1,975 OFFICE EXPENSES 91 MEETING EXPENSES 108,078 INSURANCE 1,866 SUBSTANTIVE GROUP 200 YOUNG LAWY ERS 1,373 DRI EXPENSES 5,099 TAXES 25 DUES & FEES 64 CONTRIBUTIONS 3,000 MISCELLANEOUS 8,255 NON-INVESTMENT DEPRECIATION 3,684 TOTAL 133,710
OTHER ASSETS	FORM 990- EZ, PART II, LINE 24	7,376 13,876 LESS ACCUMULATED DEPRECIATION 7,376 11,059 TOTAL 0 2,817
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
Department of the Treasury
Internal Revenue Service (99)

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Department - DO NOT PROCESS As Fi

Name(s) shown on return

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

Business or activity to which this form relates

Identifying number

Attachment Sequence No **179** 

INDIRECT DEPRECIATION DEFENSE TRIAL COUNSEL OF WV 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. 500,000 1 Total cost of section 179 property placed in service (see instructions) · · · · · · 2 6,500 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 500,000 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 . . . . . 10 7,376 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2013 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. Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) Special depreciation allowance for qualified property (other than listed property) placed in service during . . . . . . . . . . . . . . . . the tax year (see instructions) 14 3,250 Property subject to section 168(f)(1) election 15 434 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2012 · · · · · · If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction period property service only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MM S/L h Residential rental property 27 5 yrs ММ S/L ΜМ i Nonresidential real 39 yrs property ΜМ Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year MMS/L 40 yrs **Summary** (see instructions) Part IV 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 3,684 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

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—Depre								nstru	<u>ctior</u>	ns for li	imits .	for pa	isseng	<u>er au</u>	<u>tomoi</u>	biles.
<b>24a</b> Do you have evider	nce to support	the business/inv	estment u	ise claimed	? Yes	Гио			24b ∣	f "Yes," ⊫	s the e	v idence	written?	Гүе	s F N	0
(a) Type of property (list vehicles first)	<b>(b)</b> Date placed in service	(c) Business/ investment use percentage		l) r other sıs	Basıs for (busınes use			(f) Recove period	'	<b>(g)</b> Method/ Conventio	n	<b>(h</b> Depred dedu	iation/		(i) Electe section cost	ed 179
<b>5</b> Special depreciation allo	•		ty placed	ın service d	luring the	tax year	and ι	ised mo	re tha							
50% in a qualified busii	•	•								25						
<b>6</b> Property used more	e than 50% I	in a qualified b	usiness	use	ı											
		%												+		
		%														
<b>7</b> Property used 50%	orless in a		ness us	e				1	lo (i							
		%							S/L S/L		+			-		
		%							S/L					┨		
<b>28</b> Add amounts in co	olumn (h), lır	nes 25 through	127 En	ter here a	and on Iır	ne 21,	page	1	28							
<b>29</b> Add amounts in co	olumn (ı), lın	e 26 Enterhe	re and o	n line 7,	page 1					· .			29			
		Sec	tion B	-Infor	mation	on U	se d	of Ve	hicl	es						
complete this section															.1	
f you provided vehicles to	your employee	es, first answer th	e questio	ns in Sectio			neet a <b>b)</b>	in excer	cion (c			d)		e)		(f)
<b>30</b> Total business/inv year ( <b>do not</b> includ			ng the •	Vehi		Vehi		_ \ v	ehic		•	cle 4		cle 5		icle 6
<b>31</b> Total commuting r	miles driven	during the yea	ır .													
<b>32</b> Total other persor		- ,														
<b>33</b> Total miles driven through 32	•															
<b>34</b> Was the vehicle a	vailable for n	ersonal use	•	Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No
during off-duty ho						1.05	"	+ • •				110	1.05		1.05	+
35 Was the vehicle us owner or related p	sed primarily	by a more tha	an 5%													1
<b>36</b> Is another vehicle		r personal use	? .													
Section	on C—Oue	stions for E	Employ	vers W	ho Pro	vide \	Vehi	cles	for	Use b	v The	eir Er	nplov	ees	1	
nswer these question % owners or related	ns to determ	ine if you mee	t an exc												not mo	re tha
37 Do you maintain a employees?	written police	y statement t	hat prof	nibits all i	personal • • •	use of	vehi •	cles, II	nclud	ding con	nmutir	ng, by	your	Y	'es	No
<b>30</b> Da							h l							<u> </u>	-+	
38 Do you maintain a employees? See tl																
						,									-+	
<b>40</b> Do you provide mo						rmatio	n froi	m valu	om,	lovees	ahout	+ho 116	o of			
vehicles, and retai				• • •												
<b>41</b> Do you meet the re	eauırements	concernina ai	ualified a	automobi	le demor	nstratio	n us	e? (Se	e ins	truction	ns).					
Note: If your answ	•							•			•	S				
	rtization	, 3 5 , 1 6 , 61 1 1	- 13 10.	3, do 110	Compie			7 101 (11		vereu v	CIIICIC					
Allio	I CIZACIOII	(b)			_					(e	)					
<b>(a)</b> Description of c	osts	Date amortization begins		A mort a mo	ızable			(d) Code ection		A morti: perio percer	zatıon d or			( <b>f)</b> rtızatı hıs ye:		
<b>42</b> A mortization of co	sts that beg	ııns durıng you	r 2012	tax year	(see inst	tructio	ns)									
	Ī				-											
<b>43</b> Amortization of co	sts that bec	an before vou	r 2012 t	ax year						`	43					
44 Total Add amount	_	•					-	- •			44					

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## **TY 2012 Compensation Explanation**

Name: DEFENSE TRIAL COUNSEL OF WV

**EIN:** 31-1065404

Person Name	Explanation
STEVENORD	
GERARD STOWERS	
MIKECIMINO	
PEGGY SCHULTZ	
CHARLES BAILEY	
ERIC HULETT	
LAURIE BARBE	
MARY BETH SNEAD	
RANDALL TRAUTWEIN	
JEFFREY HOLMSTRAND	
ERIK W LEGG	
MONTE LEE WILLIAMS	
ROBERT MASSIE	
JILL MCINTYRE	
CHARLES PRINTZ JR	
CONSTANCE WEBER	
TERESA J DUMIRE	
MARK H HAYES	
CYNTHIA LOWTHER	
SUSAN R SNOWDEN	
MELISSA FOSTER BIRD	
PATRICK S CASEY	
LUKE A LAFFERRE	
JOHN F MCCUSKEY	
LAURIE K MILLER	
TODD A MOUNT	
HEATHER M NOEL	
JILL CRANSTON RICE	
JOHN R TEARE JR	

# 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 title	(b) A verage hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount  of other compensation
STEVE NORD SO BOARD MEMBER	000 00	0		
GERARD STOWERS  PAST PRESIDE	000 00	0		
MIKE CIMINO 🕏 PRESIDENT	000 00	0		
PEGGY SCHULTZ® EXEC DIRECT	40 00	50,842		
CHARLES BAILEY BOARD MEMBER	000 00	0		
ERIC HULETT <b>2</b> BOARD MEMBER	000 00	0		
LAURIE BARBE   VICE PRESIDE	000 00	0		
MARY BETH SNEAD 🕏 YL REP	000 00	0		
RANDALL TRAUTWEIN 🕏 BOARD MEMBER	000 00	0		
JEFFREY HOLMSTRAND	000 00	0		
ERIK W LEGG  BOARD MEMBER	000 00	0		
MONTE LEE WILLIAMS BOARD MEMBER	000 00	0		
ROBERT MASSIE	000 00	0		
JILL MCINTYRE  BOARD MEMBER	000 00	0		
CHARLES PRINTZ JR 🕏 TREASURER	000 00	0		