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DLN: 93492042008006

OMB No 1545-1150

Form 990-EZ

**Short Form Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

**Open to Public** Inspection

Α	For th	e 2015 calenda	r year, or tax year beginning 01-01-2015 , and ending 12-31-2015			
	Check i	f applicable hange	C Name of organization DEFENSE TRIAL COUNSEL OF WV	D Employer identification number		
∏Na	ime change		31			
Fı		rn/terminated	Number and street (or P O box, if mail is not delivered to street address) Room/suite  FTeleph PO BOX 527  FTeleph		hone number	
☐Amended return  ☐Application pending				(	(304) 3	344-1611
			City or town, state or province, country, and ZIP or foreign postal code CHARLESTON, WV 25322	FGroup Ex		n
			CHARLESTON, WV 25522	Number		
			H Check ►		rganı	zation is <b>not</b>
<b>G</b> A	ccour	ntıng Method <b>j</b>	⊽Cash	o attach s	Sched	lule B
T 34	/ obeit/	e: 🕨 WWW DTCW	(Form 99	0,990-E	Z, or 9	990-PF)
			only one) - 「501(c)(3) 「 501(c)(6) ◀(Insert no ) 「 4947(a)(1) or 「 527			
			FCorporation Trust TAssociation Tother			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if	total ass	ets (P	art II, column
(B)	below	) are \$500,000	or more, file Form 990 instead of Form 990-EZ	<b>►</b> \$18	38,82	4
P	art I		, Expenses, and Changes in Net Assets or Fund Balances (see the ins			
			e organization used Schedule O to respond to any question in this Part I		<u></u>	
	1	,			-+	105 420
	2		ce revenue including government fees and contracts	F	2	105,429
	3	•	ues and assessments		3	83,140
Revenue	4	Investment in			4	255
	5a		from sale of assets other than inventory			
	Ь		other basis and sales expenses		_	
	C		from sale of assets other than inventory (Subtract line 5b from line 5a)	• •	5c	
	6	_	indraising events			
	а	Gross income	from gaming (attach Schedule G if greater than \$15,000) - 6a			
	b		from fundraising events (not including \$of contributions ng events reported on line 1) (attach Schedule G if the			
			ross income and contributions exceeds \$15,000)			
	c	_	xpenses from gaming and fundraising events 6c			
	d		· (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a		finventory, less returns and allowances		ou	
	'а   ь	Less cost of	<b>———</b>			
	c		r (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8		e (describe in Schedule O)	:	8	
	9		Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	` <b>.</b> `	9	188,824
			milar amounts paid (list in Schedule O)	+	-	100,024
	10 11		to or for members	}	10	
		·	r compensation, and employee benefits	· · ·	-	
un.	12	-	ees and other payments to independent contractors	· · ·	12	64,831
75e	13				13	
Expenses	14		ent, utilities, and maintenance		14	3,783
ω̂	15		cations, postage, and shipping	• •	15	
	16		es (describe in Schedule O)	· <u>·</u>	16	90,771
	17		ss. Add lines 10 through 16		17	159,503
SSets	18		ficit) for the year (Subtract line 17 from line 9)		18	29,321
4 55	19		fund balances at beginning of year (from line 27, column (A)) (must agree with			7
NetA		,	gure reported on prior year's return)		19	76,309
ž	20	_	s in net assets or fund balances (explain in Schedule O)	· <u>:</u>	20	
	21	Net assets or	fund balances at end of year Combine lines 18 through 20	. 🕶	21	105,630

Form 990-1							Page 2
Part II	<b>Balance Sheets</b> (see the instruct Check if the organization used Sched		ny question in t	this Par	tII		
				(A)	Beginning of year		(B) End of year
<b>22</b> Cash,	savings, and investments				74,793	22	104,764
	nd buildings					23	
	assets (describe in Schedule O )				1,516	$\vdash$	866
25 Total a	iassets				76,309	26	105,630
	sets or fund balances (line 27 of colum	in (B) <b>must</b> agree with	n line 21)		76,309	$\vdash$	105,630
Part III	Statement of Program Servi	ce Accomplishm	ents (see the in	structions	for Part III)	1	Expenses
	Check if the organization used Scheoorganization's primary exempt purpos	fule O to respond to a				(c)(	quired for section 501 3) and 501(c)(4)
	OSES OF THE ASSOCIATION SHALL CATION ATTORNEYS IN WEST VIRO						anızatıons, optıonal for ers )
	ONAL TIME TO THE DEFENSE OF LITTON, IDEAS, PROCEDURAL TECHNI						
OFLITIGA	TION, TO ENHANCE THE KNOWLED	GE AND IMPROVE T	HE SKILLS OF	CIVIL	DEFENSE		
WORKFOR	YS, TO ELEVATE THE IMPROVEMEN THE ELIMINATION OF COURT CON	IGESTION AND DEL	AYS IN CIVIL	LITIGA	TION, IN		
	TO PROMOTE THE IMPROVEMENT OF THE QUALITY OF SERVICES WHICH						
	/IRGINIA, AND TO WORK WITH AND ATIONS TO ACCOMPLISH THE FORE		OTHER GROU	PSANI	O .		
	ne organization's program service acco						
	by expenses In a clear and concise ma and other relevant information for each		ervices provided	u, the h	umber of persons		
<b>28</b> See Additio	onal Data Table						
(Grants \$	) If this amou	ınt ıncludes foreıgn gı	rants, check he	re .	▶┌	28a	
29							
(Grants \$	) If this amou	ınt ıncludes foreıgn gı	rants chack ha	ro	▶ ┌	20-	
30	, IT this amou	inc includes loreigh gi	ants, check he		1	29a	
(Grants \$		ınt ıncludes foreıgn gı	rants, check he	re .	▶┌	30a	
<b>31</b> Other pi (Grants \$	rogram services (describe in Schedule )	O) ınt ıncludes foreıgn gı	rants, check he	re .	▶┌	31a	
	ogram service expenses (add lines 28a					32	159,503
Part IV	List of Officers, Directors, Trustees, Check if the organization used Sched						
	(a) Name and title	(b) Average	(c)Reporta	ble	(d) Health bene	fits,	(e) Estimated amount
		hours per week devoted to position	compensat		contributions employee benefit		
		devoted to position	MISC) (if not	t paid,	and deferred		compensation
			enter -0-	<del>-)</del>	compensatio	n	
See Additio	onal Data Table						

Form	990-EZ (2015)			Page
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirement)	nents i	ın the	
	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part	<u>v                                  </u>		<u> </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
	If "Yes," to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule C	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 F			
b	Did the organization file Form 1120-POL for this year?	37b		Νo
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		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
Ь	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
Ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed 🕨 WV			
42a	The organization's books are in care of Feggy SCHULTZ Telephone no			-1611
	Located at PO BOX 527 CHARLESTON, WV ZIP + 4	<u>25</u>	322	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	No
	If "Yes," enter the name of the foreign country 🛌	720		110
	Thes, enter the name of the foreign country F			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
_	Financial Accounts (FBAR)	42-		NI -
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		Νo
	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			
			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		Νo
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
_	Instead of Form 990-EZ	44c		No
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an</i>	TTC		110
u	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Νo
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		Νo

Form	990-EZ	(2015)							Page <b>4</b>
								Yes	No
46	Did the	organization engage, directly or ind	irectly, in political can	npaign activities on be	ehalf of	or in opposition	to		
		tes for public office? If "Yes," comp							No
Par	t VI	Section 501(c)(3) organiza	tions only						
		All section 501(c)(3) organizati	ons must answer qı	uestions 47-49b an	d 52,	and complete	the tables	s for lir	nes 50
		<mark>and 51</mark> Check if the organization used Sche	edule O to respond to a	any question in this P	art V I				_
				, 4				Yes	No
									_
47		organization engage in lobbying act " complete Schedule C, Part II		on 501(h) election in	effect	luring the tax ye	ar?   47		
					•		48		
48	Is the o	rganization a school as described in	n section 170(b)(1)(A	)(11)? If "Yes," comple	te Sch	edule E	· ·		
49a	Dıd the	organization make any transfers to	an exempt non-charita	able related organızat	on?		49a		
ь	If"Yes,	" was the related organization a sec	tion 527 organization	,			49b		
50	Comple	te this table for the organization's fi	ve highest compensat	ed employees (other	than of	ficers directors	trustaes	and kay	
30		ees) who each received more than \$							
	<b>(a)</b> Na	me and title of each employee	(b) A verage	(c) Reportable		Health benefits	, <b>(e)</b> Es		amount
			hours per week devoted to position	compensation (Forms W-2/1099-	contributions to employee benefit plans,		ns, co	of othe	•
			· ·	MISC)		and deferred		,	
						compensation			
					+		-		
			<u> </u>		+				
					_				
f	Total	number of other employees paid ove	er\$100,000 .				. <b>•</b>		
51		te this table for the organization's fi ensation from the organization  If th			actors	who each receiv	ed more th	an \$10	0,000
	or comp	(a) Name and business address of	· · · · · · · · · · · · · · · · · · ·		<b>(b)</b> T	ype of service	(c) Com	pensati	
					(-, -	7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	(-,		
					-				
					<u> </u>				
d	Total	number of other independent contra-	ctors each receiving o	ver\$100,000			<b>-</b>		
52		ne organization complete Schedule A leted Schedule A	A? <b>NOTE.</b> All Section 5	501(c)(3) organization	is mus	t attach a		⊏v.	s 「No
	Comp	leteu Schedule A						, 16	:S   140
Unde	r penaltie	s of perjury, I declare that I have exam	ined this return, includ	ing accompanying sche	dules a	nd statements, ar	nd to the be	est of my	,
know		belief, it is true, correct, and complet							
	ieuge.								
_		*****				2016-02-08			
Sign		Signature of officer				Date			
Here	e	PEGGY SCHULTZ EXEC DIRECT							
	<u>                                      </u>	Type or print name and title	Dronorodo signatura	Ln.			TTN		
Do:	1	Print/Type preparer's name ANTHONY D RAGER	Preparer's signature	Date 2016	5-02-08	CHECK	TIN 00366596		
Paid		Firm's name FGIBBONS & KAWASH	I AC	•		Firm's EIN 🕨 55-0	738985		
	parer	Firm's address ► 707 VIRGINIA ST E S	TE 300			Phone no (304) 3	45-8400		
use	Only	CHARLESTON, WV 2					_ 0.00		
May	the IRS o	discuss this return with the preparer		structions			⊽ <b>Yes</b>	┌No	
1					-		,	,	

#### **Additional Data**

Software ID: Software Version:

**EIN:** 31-1065404

Name: DEFENSE TRIAL COUNSEL OF WV

#### Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	501(	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)		
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	159,503		
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			

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

(a) Name and title	(b) Average 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
JEFFREY VAN VOLKENBURG YOUNG LAWYER	1 00	0		
TIMOTHY MILLER BOARD MEMBER	1 00	0		
PEGGY SCHULTZ EXEC DIRECT	30 00	53,417		
CHARLES BAILEY BOARD MEMBER	1 00	0		
ERIC HULETT BOARD MEMBER	1 00	0		
LAURIE BARBE DRI STATE RE	1 00	0		
JEFFREY HOLMSTRAND PRESIDENT	1 00	0		
ROBERT KENT BOARD MEMBER	1 00	0		
ERIK W LEGG SECRETARY	1 00	0		
MONTE LEE WILLIAMS BOARD MEMBER	1 00	0		
JILL MCINTYRE TREASURER	1 00	0		
CHARLES PRINTZ JR IM PAST PRES	1 00	0		
TERESA J DUMIRE BOARD MEMBER	1 00	0		
MARK H HAYES BOARD MEMBER	1 00	0		
SUSAN R SNOWDEN BOARD MEMBER	1 00	0		

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

(a) Name and title	(b) Average 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
HEATHER M NOEL BOARD MEMBER	1 00	0		
LUKE A LAFFERRE BOARD MEMBER	1 00	0		
JOHN F MCCUSKEY BOARD MEMBER	1 00	0		
LAURIE K MILLER BOARD MEMBER	1 00	0		
TODD A MOUNT BOARD MEMBER	1 00	0		
JILL CRANSTON RICE VICE PRESIDE	1 00	0		
JOHN R TEARE JR BOARD MEMBER	1 00	0		
LAWRENCE MORHOUS BOARD MEMBER	1 00	0		
WILLIAM E GALEOTA BOARD MEMBER	1 00	0		
ROBERTA GREEN BOARD MEMBER	1 00	0		
BERNARD S VALLEJOS BOARD MEMBER	1 00	0		
STEVEN K WELLMAN BOARD MEMBER	1 00	0		
JILL FRANCISCO BOARD MEMBER	1 00	0		
RANDALL SAUNDERS BOARD MEMBER	1 00	0		

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**SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

DLN: 93492042008006

OMB No 1545-0047

2015

Open to Public Inspection

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** DEFENSE TRIAL COUNSEL OF WV 31-1065404

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING AND PROMOTIONS 2,281 OFFICE EXPENSES 267 MEETING EXPENSES 51,744 INSURANCE 1,769 SUBSTANTIVE GROUP 309 YOUNG LAWYERS 5,823 DRI EXPENSES 5,468 TAXES 25 DUES & FEES 47 CONTRIBUTIONS 5,500 MISCELLANEOUS 16,888 NON-INVESTMENT DEPRECIATION 650 TOTAL 90,771
FORM 990-EZ, PART II, LINE 24	13,876 13,876 LESS ACCUMULATED DEPRECIATION 12,360 13,010 TOTAL 1,516 866
FORM 990-EZ, PART III	THE PURPOSES OF THE ASSOCIATION SHALL BE TO BRING TOGETHER BY ASSOCIATION AND COMMUNICATIO N 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, PROCE DURAL TECHNIQUES AND COURT RULINGS REGARDING THE HANDLING OF LITIGATION, TO ENHANCE THE KN OWLEDGE 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 ORGANIZAT IONS TO ACCOMPLISH THE FOREGOING PURPOSES
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 INFOR MATION TO MEMBERS AND SUBSCRIBERS ON LEGAL TOPICS
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 INFOR MATION TO MEMBERS AND SUBSCRIBERS ON LEGAL TOPICS