efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492038004187 Short Form OMB No 1545-1150 Form 990-EZ Return of Organization Exempt From Income Tax 2016 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. Open to Public ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Department of the Treasury Inspection Internal Revenue Service For the 2016 calendar year, or tax year beginning 01-01-2016 and ending 12-31-2016 B Check if applicable C Name of organization D Employer identification number DEFENSE TRIAL COUNSEL OF WV \square Address change 31-1065404 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return PO BOX 527 ☐ Final return/terminated (304) 344-1611 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return CHARLESTON, WV 25322 F Group Exemption ☐ Application pending Number Check ▶ ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ►www DTCWV ORG **J Tax-exempt status**(check only one) - ☐ 501(c)(3) ☑ 501(c)(6) ◀(insert no) ☐ 4947(a)(1) or ☐ 527 ☑ Corporation ☐ Trust ☐ Association ☐ Other 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, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 2 2 Program service revenue including government fees and contracts 76,193 3 Membership dues and assessments 3 85,095 4 4 61 5a Gross amount from sale of assets other than inventory 5b b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 6a 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) Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6dGross sales of inventory, less returns and allowances 7a b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . **7**c C 8 8 Other revenue (describe in Schedule O) **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 161.349 10 10 Grants and similar amounts paid (list in Schedule O) 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits . 12 13 69,540 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 7,895 15 15 Printing, publications, postage, and shipping 153 16 Other expenses (describe in Schedule O) 16 100,622 17 Total expenses. Add lines 10 through 16 17 178,210 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -16,861 Net Assets 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) 19 105,630 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 88,769 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2016) Cat No 10642I

Check if the organization used Schedule	O to respond to any o	question in this Pa	art II			🗹
			(A) Beg	ginning of year		(B) End of year
22 Cash, savings, and investments				104,764		88,553
23 Land and buildings				0.55	23	
24 Other assets (describe in Schedule O)				866		216
25 Total liabilities (december in Schedule O)		⊢		105,630	25 26	88,769
26 Total liabilities (describe in Schedule O) 27 Net assets or fund balances (line 27 of column		<u> </u>		105,630	-	88,769
Part III Statement of Program Service	· · ·		e for Dart		7/	Expenses
Check if the organization used Schedule What is the organization's primary exempt purpose?				Ø	(3)	equired for section 501(c) and 501(c)(4)
THE PURPOSES OF THE ASSOCIATION SHALL BE TO ATTORNEYS IN WEST VIRGINIA WHO DEVOTE A SUB DEFENSE OF LITIGATING CASES, TO PROVIDE FOR T TECHNIQUES AND COURT RULINGS REGARDING THE AND IMPROVE THE SKILLS OF CIVIL DEFENSE ATTOR SYSTEM OF JURISPRUDENCE, TO WORK FOR THE ELITIGATION, IN GENERAL TO PROMOTE THE IMPROVINCREASE THE QUALITY OF SERVICES WHICH THE LIVIRGINIA, AND TO WORK WITH AND COOPERATE WIFOREGOING PURPOSES	STANTIAL AMOUNT OF THE EXCHANGE OF INF HANDLING OF LITIGA RNEYS, TO ELEVATE TH IMINATION OF COURT EMENT OF THE ADMIN EGAL PROFESSION RE	F THEIR PROFESS ORMATION, IDEA STION, TO ENHAR HE IMPROVEMENT CONGESTION AN ISTRATION OF JUNCES TO THE CONGES TO T	SIONAL TAS, PROC NCE THE TOF THE ND DELA USTICE A	TIME TO THE CEDURAL KNOWLEDGE E ADVERSARY YS IN CIVIL AND TO OF WEST	oth	ganizations, optional for ners)
Describe the organization's program service accomplismeasured by expenses. In a clear and concise manne benefited, and other relevant information for each program 28	er, describe the service					Γ
See Additional Data Table						
(Grants \$) If this amoun	it includes foreign gran	nts, check here		▶ □	28a	
29		·			29a	
<u> </u>	t includes foreign grar	nts, check here		▶ □		
30					30a	
(Grants \$) If this amoun	t includes foreign gran	nts, check here		▶ □		
31 Other program services (describe in Schedule O)				<u>.</u> .		
(Grants \$) If this amoun	t includes foreign grar	nts, check here .		▶ □	31a	
32 Total program service expenses (add lines 288						'
Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule						
(a) Name and title	(b) Average hours per week devoted to position	MISC) (if not	on c .099- paid,	(d) Health bendontributions to er benefit plans, deferred compen	nploy and	
See Additional Data Table		enter -0-)			

Page **3**

01111	230 12 (1013)			rage 3
Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	• • •	🗆	
	Dubble and the the TDC2 To "Ver"		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 0	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		Na
36		350		No
	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			
	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
	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	1		
- 10a	section 4911 \(\bigsup_{\text{total gains action 4912}}\), section 4912 \(\bigsup_{\text{total gains action 4955}}\), section 4955 \(\bigsup_{\text{total gains action 4955}}\)			
h	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	40ь		
С	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	40e		No
41	transaction? If "Yes," complete Form 8886-T			
42a	The organization's books are in care of ▶ ERIK W LEGG Telephone no ▶	(304) 3	44-161:	1
	Located at ▶ PO BOX 6457 HUNTINGTON, WV ZIP + 4 ▶	2577	'2	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	[Yes	No
	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			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country	_		
	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			
	Delthe construction and december and find days at 100 and 100	\vdash	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
	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
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
	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

	Z (2016)							Page
							Yes	No
	ne organization engage, directly or indirec dates for public office? If "Yes," complete					4.5		
Part VI	Section 501(c)(3) organization					46		No
uic vi	All section 501(c)(3) organizations	must answer quest	ions 47-49b and 5	2, and o	complete the tabl	es for lı	nes 50	and 5
	Check if the organization used Schedule	O to respond to any q	juestion in this Part V	I			Yes	□ No
			04(1)					
	ne organization engage in lobbying activiti s," complete Schedule C, Part II		ort(n) election in effec	_	•	47		
8 Is the	organization a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes," complete Sc	hedule E		48		
19a Did th	ne organization make any transfers to an	exempt non-charitable	related organization?	,		49a		
b If "Yes	s," was the related organization a section	527 organization? .				49b		
	lete this table for the organization's five h					and key	employ	ees)
	each received more than \$100,000 of com Name and title of each employee	pensation from the org	ganization If there is (c) Reportable		nter "None ") Health benefits,	(e) Fo	stimated	amour
(-)	The same same of each employee	hours per week devoted to position	compensation (Forms W-2/1099-	contr	butions to employe enefit plans, and			
		devoted to position	MISC)		erred compensation			
		1						
		100.000						
	il number of other employees paid over \$ lete this table for the organization's five h	•				than #10	0.000 =	— :
	ensation from the organization. If there is		idependent contracto	rs who e	ach received more	triari \$10	10,000 0	
	(a) Name and business address of e	ach independent contr	actor	(b) T	ype of service (c) Comp	ensation	
								_
								_
								_ _ _
			±100,000					
d Tota	ıl number of other ındependent contractor	s each receiving over	\$100,000		• _			— — —
52 Did	the organization complete Schedule A? N	IOTE. All Section 501(c)(3) organizations m			▶ □v		
52 Did com	the organization complete Schedule A? Name of the organization completed Schedule A	IOTE. All Section 501(c)(3) organizations m			► Ye		
52 Did com nder penalt	the organization complete Schedule A? National Properties of Schedule A	IOTE. All Section 501(c)(3) organizations m	hedules	and statements, a	nd to the	best of	my
52 Did com	the organization complete Schedule A? National Properties of Schedule A	IOTE. All Section 501(c)(3) organizations m	hedules	and statements, a	nd to the	best of	my
nder penalt	the organization complete Schedule A? In pleted Schedule A	IOTE. All Section 501(c)(3) organizations m	hedules	and statements, a ed on all informatio	nd to the	best of	my
nder penalt nowledge a as any know	the organization complete Schedule A? In pleted Schedule A	IOTE. All Section 501(c)(3) organizations m	hedules	and statements, a	nd to the	best of	my
oder penalt nowledge a as any know	the organization complete Schedule A? In pleted Schedule A	IOTE. All Section 501(c)(3) organizations m	hedules	and statements, a ed on all informatio	nd to the	best of	my
nder penalt nowledge a as any know	the organization complete Schedule A? Note that I have examined belief, it is true, correct, and complete wheeling the signature of officer PEGGY SCHULTZ EXECUTIVE DIRECTOR	IOTE. All Section 501(c)(3) organizations m ding accompanying so rer (other than office	chedules	and statements, a ed on all information 2017-02-03 Date Check I if PTIN P003	nd to the n of whic	best of	my
nder penalt nowledge a as any know ign ere	the organization complete Schedule A? In pleted Schedule A	IOTE. All Section 501(c)(3) organizations m ding accompanying so rer (other than office	chedules	and statements, a ed on all information 2017-02-03 Date	nd to the n of which	best of	my
52 Did com nder penalt	the organization complete Schedule A? In pleted Schedule A	IOTE. All Section 501(i	c)(3) organizations m ding accompanying so rer (other than office	chedules	and statements, a ed on all information 2017-02-03 Date Check ☐ if PTIN P003 self-employed Firm's EIN ▶ 55-073	nd to the n of whice 366596	best of	my
nder penalt nowledge a as any know ign ere	the organization complete Schedule A? In pleted Schedule A	Preparer's signature AC	c)(3) organizations m ding accompanying so rer (other than office	chedules	and statements, a ed on all information 2017-02-03 Date Check	nd to the n of whice 366596	best of	my
nder penalt nowledge a as any know ign ere	the organization complete Schedule A? In pleted Schedule A	Preparer's signature AC	c)(3) organizations m ding accompanying so rer (other than office	chedules	and statements, a ed on all information 2017-02-03 Date Check ☐ if PTIN P003 self-employed Firm's EIN ▶ 55-073	nd to the n of whice 366596	best of	my

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 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.			Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
	CONTINUING LEGAL EDUCATION TO OUR MEMBERS AND OTHER ATTENDEES NAL CONTINUING LEGAL EDUCATION OUR NEWSLETTER PROVIDES SUBSCRIBERS ON LEGAL TOPICS	28a	178,210		
(Grants \$)	If this amount includes foreign grants, check here \ldots . \blacktriangleright				

Form 990EZ, Part III - Statement of Program Service Accomplishments Expenses (Required for section 501 Describe the organization's program service accomplishments for each of its three largest program (c)(3) and 501(c)(4) services, as measured by expenses. In a clear and concise manner, describe the services provided, the organizations; optional number of persons benefited, and other relevant information for each program title. for others.) 29a 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. If this amount includes foreign grants, check here . . . \blacktriangleright (Grants \$)

(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
TIMOTHY MILLER BOARD MEMBER	1 00	0		
PEGGY SCHULTZ EXECUTIVE DI	30 00	54,169		
CHARLES BAILEY BOARD MEMBER	1 00	0		
ERIC HULETT BOARD MEMBER	1 00	0		
LAURIE BARBE DRI STATE RE	1 00	0		
JEFFREY HOLMSTRAND IM PAST PRES	1 00	0		
ROBERT KENT BOARD MEMBER	1 00	0		
ERIK W LEGG TREASURER	1 00	0		
MONTE LEE WILLIAMS BOARD MEMBER	1 00	0		
JILL MCINTYRE VICE PRESIDE	1 00	0		
TERESA J DUMIRE BOARD MEMBER	1 00	0		
MARK H HAYES SECRETARY	1 00	0		
SUSAN R SNOWDEN BOARD MEMBER	1 00	0		
HEATHER M NOEL BOARD MEMBER	1 00	0		
LUKE A LAFFERRE BOARD MEMBER	1 00	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees Inst 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 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	
JOHN F MCCUSKEY BOARD MEMBER	1 00	0			
TODD A MOUNT BOARD MEMBER	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			
BERNARD S VALLEJOS BOARD MEMBER	1 00	0			
STEVEN K WELLMAN BOARD MEMBER	1 00	0			
JILL FRANCISCO PARALEGAL RE	1 00	0			
JILL CRANSTON RICE PRESIDENT	1 00	0			
RANDALL SAUNDERS BOARD MEMBER	1 00	0			
JILL MCINTYRE VICE PRESIDE	1 00	0			
BRIANA MARINO YOUNG LAWYER	1 00	0			
TRACEY ROHRBAUGH BOARD MEMBER	1 00	0			
ELISABETH H ROSE BOARD MEMBER	1 00	0			

efile GRAPHIC print - DO NOT PROCESS As Filed Data -				DLI	DLN: 93492038004187			
F7) Form 990 or 990-EZ or to pro		tal Information to	tion to Form 990 or 990-F7					
		ovide information for responses to specific questions on or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.		ions on	2016			
► Information about Schedule O (Form www.irs.no				Form 990 or 990-EZ) and its instructions is at Open to Public				
Internal Revenue Se Name of the org DEFENSE TRIAL CO		/			Employer ider 31-1065404	ntification number		
990 Schedule	e O, Suppl	emental Informatio		nation				
Reference			•					
FORM 990- EZ, PART I, LINE 16	SURANCE	1,768 SUBSTANTIVE G	ROMOTIONS 2,607 OFFICE ROUP 844 YOUNG LAWYEF MISCELLANEOUS 15,549 N	RS 1,908 DRI EXPENSE	S 4,403 TAXES	25 DUES &		

Return Explanation
Reference

FORM 990-EZ, PART II,

990 Schedule O, Supplemental Information

LINE 24

990 Schedule O, Supplemental Information

Return Reference	Explanation
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, PROCE DURAL 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 ORGANIZAT IONS TO ACCOMPLISH THE FOREGOING PURPOSES

Return Explanation Reference

990 Schedule O, Supplemental Information

FORM 990-OUR ANNUAL MEETING PROVIDES CONTINUING LEGAL EDUCATION TO OUR MEMBERS AND OTHER ATTENDEES.

EZ. PART III. OUR SEMINARS PROVIDE ADDITIONAL CONTINUING LEGAL EDUCATION OUR NEWSLETTER PROVIDES INFOR LINE 28 MATION TO MEMBERS AND SUBSCRIBERS ON LEGAL TOPICS

Return Explanation

990 Schedule O, Supplemental Information

Reference	
FORM 990-	OUR ANNUAL MEETING PROVIDES CONTINUING LEGAL EDUCATION TO OUR MEMBERS AND OTHER ATTENDEES
EZ, PART III,	OUR SEMINARS PROVIDE ADDITIONAL CONTINUING LEGAL EDUCATION OUR NEWSLETTER PROVIDES INFOR
LINE 31	MATION TO MEMBERS AND SUBSCRIBERS ON LEGAL TOPICS