

Proposal to

West Virginia Purchasing Division

For

Administration of the State Use Program

RFP # GSD146425

Ву

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Aaron D. Jones, Executive Director

April 7, 2014

Date

04/07/14 03:04:24PM West Virginia Purchasing Division

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Attachment A

Firm and Staff Qualifications and Experience

The West Virginia Association of Rehabilitation Facilities, Inc. hereafter referred to as the "Corporation" or "WVARF", has received designation by the Internal Revenue Service as 501(c)3 status. The Corporation was founded in 1973 and currently operates throughout the State of West Virginia. The Corporation has provided services to the Governor's Committee and has provided all staffing services to the Central Non-Profit Agency (CNA) and the Community Rehabilitation Programs (CRPs) for more than twenty-five (25) years. The Corporation has the expertise and the capacity to fulfill the mandates listed in RFP# GSD146425.

In February 2014, the Corporation divested itself of members which served the corporation and a participating CRP. Additionally, the Corporation discontinued serving as the "Association" for the CRPs. Members of the CNA committee now fill the voting directorship and office holders of the Corporation. This has been completed in order to assure there is no conflict of interest of any and all members of the Corporation. Furthermore, the Corporation amended its Articles of Incorporation to reflect these actions and to guide the Corporation's future operations. The amended Articles of Incorporation were recorded by the Secretary of State of the State of West Virginia on March 21, 2014 (Appendix E). Consequently, the Corporation will change its name in FY 2018.

References

The Corporation proudly uses the following as references to the credibility and integrity of its services, sales, goods and most importantly its staff:

- West Virginia Department of Division of Highways: Jim Hash 304.558.9411
- West Virginia General Services Division: James Hawley 304.558.2335
- Fairmont State University: Raymond Tucker 304.367.4139
- Camp Dawson, U.S. Army National Guard: Sergeant Grimm 304.561.6300
- West Virginia Division of Natural Resources: Bret Preston 304.558.2771

Staff Qualifications, Certifications and Degrees

The Corporation's staff (See Attachment A 1.3 Staffing Plan, page 11) is thoroughly qualified and well-positioned to continue to provide statewide service delivery of all mandates of the RFP and all existing and future contracts for commodities and/or services. Corporate staff has administered the State Use Program (SUP) throughout West Virginia since 1989. The State Use Program has grown by 43.7% and is recognized as one of the highest per capita producers (7.59) in the United States.

Members of the Corporation's staff have received credentialed training on all aspects of administering the SUP, contract negotiations and administration, quality improvement strategies and financial accountability. Current leadership and staff have

more than one hundred twenty-eight (128) years of combined management experience, which includes thirty-nine (39) years of combined experiential knowledge specific to the State Use Program. The staff holds myriad degrees and credentials including: baccalaureate degrees, associate degrees and industry recognized certifications and licenses from ISSA, Janitorial University, OSHA, general contractor license, CIMS, Microsoft Office, QuickBooks, Peachtree, Lotus 123, HBOC and Open Systems.

Staffing Plan

The Corporation currently employs six full-time staff members who administer the State Use Program services:

Executive Director: Aaron Jones has forty (40) years of experience within the finance field and nearly two years of experience with WVARF. He holds degrees in accounting and finance and has been responsible for maintaining the financial records for the agency and performing the accounting functions required by the State of West Virginia, including preparing specific reports for the Committee for the Purchase of Commodities and Services from the Handicapped (Governor's Committee). Aaron was appointed to the position of Executive Director on March 20, 2014.

<u>Director of Finance</u>: Currently, this position is being filled by Aaron Jones as well, who is the current Executive Director. The Corporation is actively recruiting a highly qualified accountant to fill the position of Director of Finance.

Business Liaisons: Gary Wolfe and Mark Jackson have a combined thirty (30) years of management experience. They are responsible for developing new business, assessing buildings for accurate square footage calculation and scopes of work, assuring quality control, and developing standardized approaches for delivery of services. In addition, their roles include maintaining a database that allows for instant access to contract information requested by the CRPs, the Governor's Committee, the West Virginia Purchasing Division and others who need or are entitled to such information. Other duties include converting all of WVARF's nearly two hundred contracts to a new full-cost pricing system approved by the Governor's Committee and managing the daily business of the State Use Contracts, which includes the developing and maintaining new contracts, service standards, and quality assurance controls as well as providing technical assistance to CRPs.

<u>Finance Manager</u>: Joyce Wysong has more than twenty-three (23) years of experience with WVARF. She is responsible for invoicing and receiving payment for services and products provided under the State Use Contracts. Joyce processes more than 1,500 transactions per month with maximum efficiency. Other duties include accepting orders for products, preparing monthly payroll for WVARF staff and maintaining the agency's policies and procedures manuals.

Operations Assistant: Paula Koontz, who joined WVARF in 2013, has more than thirty-five (35) years of experience in supporting executive teams. She is responsible for receiving and directing all staff communication, tracking complaints and resolutions,

responding to agency inquiries, assisting with contract reviews, assisting with accounts receivable processing/collections, processing P-card and credit card transactions in addition to performing general office duties.

Administrative Assistant: Mary Jones has more than twenty-five (25) years of non-profit organization experience including ten (10) years of experience at WVARF. She is responsible for administering statewide contracts for temporary employees to state agencies through the WVARF Temps Program, maintaining corporate documents and records, arranging staff development seminars and preparing agendas and materials for agency meetings.

Past Projects Completed

WVARF, on behalf of the CRPs and the CNA, was able to rescue a major contract from default when a contractor filed bankruptcy. WVARF stepped forward and managed the mail pre-sort contract resulting in a seamless continuation of service, avoidance of job losses, and highly satisfied customers (Mail Presort Contract Shawnee Hills, Charleston, WV).

WVARF staff assumed contract management when Job Squad, Inc. gave up several contracts in the Eastern Panhandle, managing those contracts for two months. There was no loss of service for the state and no loss of jobs or revenue.

More importantly than the two successes above, WVARF has, since the inception of the State Use Program, negotiated the state use contracts, managed the accounts receivable and payable on behalf of the CRPs and has been successful in establishing the basis for fair market pricing of the commodities and services provided across the state. These activities have provided the environment in which the State Use Program has experienced phenomenal growth.

Approach and Methodology

WVARF will employ a project methodology which ensures effective decision making and problem solving in addition to ensuring stakeholder needs are defined, communications are appropriate and ongoing, cost and revenue estimates are credible, best practices are adopted and shared, goals and objectives are clear, customer value is maximized, and quality improvement is a way of life. From the planning stage and continuing through the evaluation stage, WVARF will utilize critical chain project management principles, guaranteeing the job will be done right, completed on time and performed within the budget guidelines. WVARF has proven its ability to be successful over the years by approaching its work with the very best outcomes as the overall objective. The planning and design, execution, control and validation of the goals and objectives are clearly stated on the following pages.

Goals and Objectives

(1) Administration:

WVARF has performed the duties of the Central Non-Profit Agency since the inception of the State Use Program. Under WVARF's administration, the State Use Program has achieved national recognition, and, subsequently, the CNA and the Governor's Committee have met all mandates and requirements with minimal interruptions or difficulties.

(1.1) Five Year Strategic Plan

The cycle for the Corporation's Strategic Plan will be July 1, 2014 through June 30, 2019. The development will be underway by May 2014 and will involve internal and external stakeholders including contractors, customers, CRPs, representatives of the disabled, CNA members, Division of Rehabilitation Services, the Governor's Committee members, political subdivisions, staff and outside consultants. This plan will be completed by October 31, 2014, and a copy will be available to all parties.

(1.2) Marketing Plan

The marketing plan will be strategic in nature and will be on a yearly cycle beginning January 1, 2015. The plan will be modified and amended as appropriate throughout the life of the plan. The marketing plan will be the primary instrument of the State Use Program. It will guide the activities which enhance the CRP's capacity and will enable growth in the employment of the handicapped.

The marketing plan will include a complete product and service analysis, market and channel analysis, competitive analysis, historical results as well as a macro-environment survey, a comprehensive SWOT analysis and action plan, WVARF's marketing objectives and goals, and its marketing strategy and tactical plans, all of which tie to the organization's budgeting and forecasting.

(1.3) Staffing Plan

The Corporation currently employs six staff members with over 128 combined years of management experience of which 39 are specific to the State Use Program. See page 6 for qualifications and current duties. When projecting growth of the State Use Program, it is anticipated that the Corporation will need additional staff for financial services and quality control activities.

(1.4) Evaluation of the CRPs

The Corporation's staff is uniquely equipped to evaluate the qualifications and capabilities of CRPs and currently utilizes various methods including site visits and periodic surveys in its evaluation process. Staff members have a personal knowledge of every CRP currently participating in the State Use Program gained from years of contracting with CRPs. This knowledge is the result of staff visits to each CRP and most contract locations. The Corporation will utilize staff to perform the following:

- Annual desk reviews to ensure compliance based on state statute
 186-4-3 and CNA/CRP annual agreement terms
- Field reviews at each CRP to ensure compliance based on statute, CNA/CRP annual contracts
- Communication with each participating CRP staff
- On-site inspections of janitorial contracts to ensure quality
- Random inspections of commodities
- Periodic surveys of individual CRP capabilities

Annual desk reviews and field reviews help identify areas in which training is needed. Data obtained from reviews is chronicled and used for comparison purposes as well as in determining where improvements are needed. Where possible, WVARF staff offers assistance or facilitates training in areas determined to need improvement.

The methods used are catalogued and analyzed to help determine which CRPs are awarded contracts. When a new contract becomes available, a Request for Interest (RFI) is sent to all CRPs, whether they currently have a State Use contract or not. Based on the response to the RFI, WVARF staff prepares a matrix of all interested CRPs outlining their capability based on established criteria. This matrix is then presented to the Governor's Committee in a blind format, i.e. no names or identifying information pertaining to the CRPs is given. The Governor's Committee then makes the contract assignment based upon the established criteria.

(1.5) Research and Assistance

The Corporation has a history of working with the CRPs in the development of new products and upgrading existing ones. We will continue to devote resources to these efforts. Examples of past activities include:

- Statewide laundry contract with state hospitals
- Statewide low-impact monitor contract
- Statewide stream access maintenance
- Statewide document imaging contracts
- Statewide soap contracts
- Statewide water delivery
- Statewide secure document handling

In all of the above examples, the Corporation staff discussed the scope of work with the state agencies, assessed agency needs, and then determined which of the interested CRPs had the capacity to fulfill the customer's needs. Staff members gather pertinent data from CRPs which measure capabilities and expertise. This data is entered into the database by WVARF for quick and easy access.

Additionally, the Corporation staff participates in SUPRA surveys about new products and services. These surveys assist state use programs across the country by sharing of success stories with other states. The Corporation staff has identified and developed new products and services through this participation. The Corporation fully expects to continue developing new programs with an increased emphasis on customer service as new opportunities evolve.

(1.6) CRP Training Schedule

The Corporation has proven its effectiveness in training the CRP leadership and staff during the past. Examples of trainings which have been provided include:

- State Use Utilization Training
- Affordable Care Act Informational Sessions
- Joint Sessions Training on CNA Procedures
- DRS/CRP Joint Training on Goals/Objectives
- DRS/CRP Joint Training on Problem Solving

The Corporation will offer a minimum of three (3) training opportunities for CRPs in the upcoming year and will deliver a minimum of one training per quarter in the following years. The anticipated CRP training opportunities for program year 2014 – 2015 include but are not limited to:

- Financial Sustainability
- Marketing for Impact
- Total Quality Management

(2) Contract Management:

The Corporation staff has negotiated and managed State Use contracts which number into the hundreds each program year. The Corporation has successfully negotiated a statewide contract for laundry services, statewide janitorial contracts, regional commodity contracts and local service contracts. The Corporation, WVARF, is considered the subject matter expert on State Use contract negotiation, implementation and management.

(2.1) Contract Negotiations

The Corporation approaches all contract negotiations on a win-win basis. That is, the customer is getting the goods or services it desires at fair market prices, and the CRP (contractor) is able to employ the maximum number of handicapped workers while maintaining a sufficient return on investment. The Corporation is considered the honest broker for all State Use contracts.

(2.2) Compliance with Contract Performance/Quality Standards

The Corporation has developed and implemented a quality assurance plan which details compliance requirements and adherence to quality standards. These compliance rules and quality standards are based upon existing statutes, industry standards and accepted quality criteria.

The Corporation staff will continue to:

- Conduct regular desk audits and field reviews
- Monitor contract performances for compliance to agreed upon terms
- Review records of CRPs including time sheets, payroll journals,
 wage data, invoices and other documents
- Require all CRPs to adhere to an annual agreement which defines the CRPs responsibilities relating to compliance and quality

(2.3) Survey of Private Industry

WVARF will continue to diligently investigate private party industry to garner data on pricing structures, state-of-the-art equipment deployment, sources for raw materials, use and procurement of supplies, transportation and delivery pricing and the industry standard controlling the cost of overhead. The marketing plan will require ongoing market research to be part of management's mandates.

(2.4) Fair Market Price Recommendation Process

WVARF, the Corporation, has created and fully implemented its process for establishing the fair market price of commodities and services within the State Use Program. Methodologies for determining fair market prices are based upon:

Source America (formerly NISH) pricing models

- International Sanitary Supply Associations ISSA standards
- Market surveys including price comparisons
- Industry sector pricing models
- Competitive environments

Once the fair market price has been formulated based upon hard data, the fair market price will be agreed upon by the Governor's Committee.

No adjustments to established pricing will be allowed prior to review by the Governor's Committee.

- (2.5) Account Billing/Receivables Monthly for Approximately 200 Contracts

 The Corporation has the capacity to timely perform billing and invoicing for all State Use contracts. State-of-the-arts computer hardware and the latest computer software are currently used by WVARF's accounting and financial staff on a daily basis. The Corporation has developed a billing procedures manual to aid the CRPs in their billing and invoicing processes. The manual supports consistency and rigor in the accountancy/bookkeeping process and enhances the flow of accurate billing, invoicing and payment procedures.
- (3) Reporting Demonstrating Capabilities to Provide Tracking and Reporting

 The Corporation's office is networked with a central file server that consists of
 a 260 gigabyte hard drive which operates on Windows 2007 with 2.80 GHz
 speed and 1.00 gigabyte RAM. Financial operations are conducted using

 Quickbooks. All administrative computers operate Windows XP Professional,

and all IT services and supports are contracted with Advanced Technical Services, which keeps the Corporation current on all technological advances including improvements to hardware and upgrades to software.

(3.1) Annual Reports

The Corporation publishes an annual report immediately after the annual audit is completed. The annual report focuses on the operations of the non-profit workshops and includes best practices, data relating to the employment and earnings of the handicapped employees, complete financial information and relevant materials and disclosures. The annual reports have been and will be distributed to the Director of Rehabilitation Services, the Governor's Committee, the Legislature and the Governor. Additionally, the annual report is provided to all CRPs, internal stakeholders, customers of the State Use Program and potential users of the State Use Program's goods and services. A copy of the 2013 Annual Report is included as "Appendix N".

(3.2) Monthly Income, P&L, Cash Flow Statements

The Corporation currently prepares monthly income statements, profit and loss statements, and balance sheets showing cash flows and other related financial data. These reports are presented to the Governor's Committee, members of the board of directors of the Corporation and other interested parties. The Corporation will continue to provide these documents in accordance with this RFP.

(3.3) Annual Budget

The Corporation will prepare a comprehensive annual budget and submit it through the proper channels for approval by the Governor's Committee.

(3.4) Monthly Sales and Accounts Receivables Reports

The Corporation will provide monthly reports to the Governor's Committee which details the prior month and year-to-date sales and accounts receivable. These reports will indicate sales by commodity or service, by CRP, and will include other data deemed helpful by the Governor's Committee.

(3.5) Quarterly Activity Report

The Corporation will provide a quarterly activity report to the Governor's Committee which contains:

- The number of disabled and non-disabled workers employed
- The types of disabilities the workers have
- The total number of direct labor hours broken out by disabled and non-disabled workers
- The direct labor hour ratio of people with disabilities working
- The number of people placed in competitive employment
- The number of people who were promoted to supervisory positions
- The total amount of wages paid to disabled and non-disabled workers

(3.6) Reporting and Data Information Requirement

The Corporation currently complies with and will continue to comply with all the reporting and data information requirements to meet the mandates of the statewide contract and the temporary service contract. This information includes but is not limited to sales by category, sales by CRP, sales by state agency, hours worked, ratio, wages paid and placements. Also included is tracking and reporting to the state the number of hours worked by each individual working under the temporary services contract to ensure compliance with WV Purchasing Division's 1,000 hour limit per a 12-month period for each individual. This information is tracked in Microsoft Access and Excel 2007.

(4) Quality Assurance:

The Corporation has always and will continue to have mechanisms in place which ensure superior quality of goods, services and customer requirements. The Corporation's continuous improvement plan is an integral part of the daily methodology and philosophy on how to conduct its business.

(4.1) Inspections and Sampling Methods/Procedures

The Corporation has inspected and will continue to inspect commodities utilizing nationally recognized methods and procedures for sampling and inspection. For example, the laundry contract is measured against standards adopted by:

- The Joint Commission (JCAHO)
- Centers for Disease Control (CDC)

- Association for Linen Management (ALM)
- Occupational Safety and Health Administration (OSHA)

Other commodities are measured against similar industry standards. The bottled water contract is licensed through the WV Department for Distribution and the WV State Weights and Measures for containers and volume of water. The National Sanitation Foundation (NSF) tests water regularly and attaches tags to water systems. The producing CRP follows the International Bottled Water Association (IBWA) standards and attends conferences of that association. The liquid soap contract is measured against standards set by the Food and Drug Administration (FDA), including contents, labeling and conformity with intended use.

Periodic site visits by WVARF staff includes the review of all processes.

(4.2) Nationally Recognized Evaluation Methods/Procedures:

"Inspect services in accordance with state and federal specifications and/or standards or in accordance with good commercial practices using nationally recognized methods of evaluation (ANSI, American National Standards Institute, etc.)."

The Corporation will continue to measure the quality of services using industry standards as part of its program monitoring system. An example of an industry standard for a service is the ISSA standards of quality measuring for janitorial contracts. Such instruments of quality measurement include periodic site visits to inspect the quality of work and the customer's satisfaction. Additionally, the Corporation will

continue to encourage the CRPs to adopt and use the same rigor when conducting their own inspections, thereby allowing for standardizing processes.

- (4.3) Implementation of a Continuous Quality Improvement Plan

 The Corporation has policies, procedures, processes and controls in place to ensure all work is completed properly. Those quality assurance policies, procedures, processes and controls are continuously reviewed and amended or updated in real time. The Corporation's quality improvement plan is designed to ensure that all customers receive the highest quality products and services. This plan includes:
 - Meeting regularly with customers to fully understand their needs and expectations including acceptable quality levels
 - Emphasizing best procurement value when developing specifications
 - Obtaining agreement from the CRPs to provide the product or service per the specifications for the agreed upon fair market price
 - Conducting a pre-performance review for service contracts to ensure needs and expectations are fully understood
 - Conducting first article approval for non-routine products
 - Providing written quality control checklists for each contract that are based on the specifications
 - Detailing CRP quality control responsibilities

- Providing technical assistance to customers and CRPs
- Monitoring the labor costs for each State Use service contract
- Conducting periodic on-site inspections of each contract Inspections are performed on a random, unannounced basis to obtain the most realistic appraisal of performance. A written report is prepared and distributed to the CRP and to the customer. The results are then shared with the Governor's Committee. The purpose of the continuous quality improvement plan is to enhance quality, customer satisfaction and customer loyalty. Continuous quality is an on-going process, and, therefore, our plan is a fluid document that is adapted to meet the current needs.

(5) Mandatory Requirements

The Corporation fully understands the mandatory requirements of the RFP and also understands that any and all specifications of the resultant contract are the Corporation's sole responsibilities.

(5.1) Conflict of Interest

"No officer, member or employee of the nonprofit shall have any financial or other interest, direct or indirect, which would conflict or compromise in any manner or degree with the performance of the services provided by the Central Nonprofit Agency. Please submit your organizational structure and list of board members, officers and employees."

The Corporation, WVARF, has performed the staffing duties of the Central Nonprofit Agency since the inception of the State Use Program.

having been the sole agency to perform these functions. In order to eliminate any perceived conflict of interest, the board of directors has removed all directors who were involved in a CRP which contracts with the State Use Program's customers or consumers. Therefore, no officer, member or employee of this corporation has any financial or other interest, direct or indirect, which would conflict or compromise in any manner or degree, with the performance of the State Use Program. The Corporation's primary responsibility is oversight and control of cash and other assets generated through the administration of the State Use Program for the continued growth and success of the program, and ultimately benefit persons with disabilities. The Corporation will ensure the requirements set forth in this RFP.

Organization Structure and Corporate Architecture:

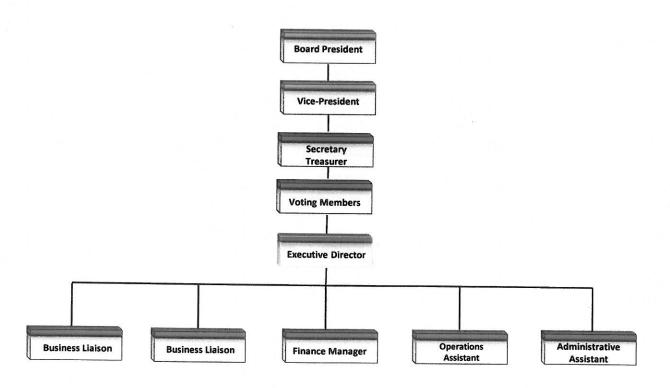
Title	
Executive Director	
Director of Finance	
Business Liaison	
Business Liaison	
Finance Manager	
Operations Assistant	
Administrative Assistant	

^{*}Interim

Board of Directors:

Name	Credentials	Position
John Empson	CPA	President
Jerry Carper	Retired DRS Manager	Vice-President
David Molgaard	Charleston City Manager	Secretary/Treasurer
John B. McCuskey	Esquire WV Delegate	Voting Board Member
Richard Smith	Executive Director Eastern WV Community Action Agency	Voting Board Member
Vacant	Vacant	Voting Board Member
Vacant	Vacant	Voting Board Member
Aaron Jones	WVARF Executive Director	Non-voting Member

ORGANIZATIONAL CHART



(5.2) Ability to Pay

"The CNA shall have the ability to pay community rehabilitation programs within 60 days after submission of invoice regardless if the state has submitted payment to the CNA. Provide documentation demonstrating how the CNA will meet this requirement having at least \$350,000 available to pay community rehabilitation programs.

Documentation could include the CNA's last two I-990 forms, the most recent income statement and/or a letter from a financial institution where the CNA has a line of credit from which it can draw."

The Corporation has a sizeable reserve account in excess of \$350,000 and a line of credit of \$1,000,000 with which it ensures timely payment of all invoices. (See Appendices G, O and Q) The Corporation ensures all CRPs prompt payment and will be paid within 60 days of invoice submission for goods or services.

(5.3) IRS Classification

"Provide documentation from the IRS indicating the CNA (Corporation) is classified as a non-profit organization."

The Corporation, WVARF, is a non-profit organization operating throughout the state of West Virginia. The IRS has determined the Corporation meets 501(c)3 requirements. (See Appendix H – IRS Letter.)

(6) Oral Presentation

If the Corporation is requested to provide an oral presentation, it understands that additions or alterations to its submitted written proposal are not allowed.

The Corporation will provide clarifications of information and will provide the following materials and information:

- A detailed proposal with documentation of how the Corporation will keep all State Use funds separate and apart from all other monies administered by the Corporation. Documentation will include prior and current examples of how this is accomplished.
- The Corporation is also prepared to orally demonstrate its capacity to provide services on a statewide basis.
- Additionally, the Corporation is prepared to discuss its budgeted spending.
- (7) Attachment B Mandatory Checklist Acknowledgement

 Please refer to Attachment B.
- (8) Attachment C Cost Sheet (Separate Cover)

Please refer to Attachment C which is submitted under separate cover as required by the RFP.

REQUEST FOR PROPOSAL RFP #GSD146425

Attachment B: Mandatory Specification Checklist

List mandatory specifications contained in Section 4, Subsection .5:

Section 4, Subsection 5.1: No officer, member, or employee of the nonprofit shall have any financial or other interest, direct or indirect, which would conflict or compromise in any manner or degree with the performance of the services provided by the Central Nonprofit Agency. Please submit your organizational structure and list of board members, officers, and employees. You may attach additional pages to this section if necessary.

Vendor Response:

Section 4, Subsection 5.2: The CNA shall have the ability to pay community rehabilitation programs within 60 days after submission of invoice regardless if the State has submitted payment to the CNA. Provide documentation demonstrating how the CNA will meet this requirement having at least \$350,000.00 available to pay community rehabilitation programs. Documentation could include the CNA's last two (2) I-990 forms, the most recent income statement and/or a letter from a financial institution where the CNA has a line of credit from which it can draw.

Vendor Response:

Section 4, Subsection 5.3: Provide documentation from the IRS indicating the CNA is classified as a non-profit organization.

Vendor Response:

By signing below, I certify that I have reviewed this Request for Proposal in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that, to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

West Virginia Association of Rehabilitation Facilities, Inc. (Company)	(WVARF)
(Company)	
Agran O. Jones, Executive Director	
(Representative Name, Title)	
304-205-7970 / 304-205-7915	
(Contact Phone/Fax Number)	
4/07/2014	
(Date)	
Revised 6/8/2012	

Appendices

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Form I-990 FY 2012	Q
Certification and Signature Page	В

DBS PS	VENDOR ENTRY SCREEN	ES .
NEXT FUNCTION: REQUEST: G	ACTION: 11/26/2013 1	0:32:05
PAY ENTITY : VENDOR NAME : SHORT NAME :	PUR VENDOR NO: *709052549 GROUP :STATUS WV ASSOC OF REHAB FACILITIES VENDOR TYPE WVASSOCOFREHABF RESPONSE: C FEIN/SSN : 550633886 F/S : 400 ALLEN DR STE 100	
	CHARLESTON WV POSTAL CODE : 25302 WILLIAM MONTEROSSO PHONE : 304-205	-7970
	: 1: GO 2: BLT 3: 4: 5:	
FAX NUMBER OPTIONAL ADDRES OPTIONAL ADDRES	TOTAL TROOPED TO BEIN	

RFQ No.	GSD146425
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Purchasing Affidavit (Revised 07/01/2012)

STATE OF WEST VIRGINIA Purchasing Division

PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (*W. Va. Code* §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

Witness the following signature: Vendor's Name: West Virginia Association of Rehabilitation facilities Inc. Authorized Signature: Date: 4/07/2014 State of West Virginia Association of Rehabilitation facilities Inc. Date: 4/07/2014 State of Managha , to-wit: Taken, subscribed, and sworn to before me this day of April , 2014. My Commission expires Vetober 5 , 2019. AFFIX SEAL HERE NOTARY PUBLIC Paula Hoonty

Official Seal
Notary Public, State of West Virginia
Paula Koontz
1051 Route 21
Kenna, WV 25248
My Commission Expires October 5, 2019

Rev. 07/12

State of West Virginia

VENDOR PREFERENCE CERTIFICATE

Certification and application* is hereby made for Preference in accordance with **West Virginia Code**, §5A-3-37. (Does not apply to construction contracts). **West Virginia Code**, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the **West Virginia Code**. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable.

	는 그는 사용하게 되었다면 되는 그 아무지 않는 사용을 하는 것이다. 그는 사용을 하는 사용을 하는 사용을 하는 사용을 하는 것이다. 그렇게
1	Application is made for 2.5% resident vendor preference for the reason checked: Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or, Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or, Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,
2./	Application is made for 2.5% resident vendor preference for the reason checked: Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
3.	Application is made for 2.5% resident vendor preference for the reason checked: Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
4.	Application is made for 5% resident vendor preference for the reason checked: Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,
5.	Application is made for 3.5% resident vendor preference who is a veteran for the reason checked: Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,
6.	Application is made for 3.5% resident vendor preference who is a veteran for the reason checked: Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.
7.	Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with West Virginia Code §5A-3-59 and West Virginia Code of State Rules. Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.
requiren against	understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the nents for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency cted from any unpaid balance on the contract or purchase order.
authorize the requ	nission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and es the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid ired business taxes, provided that such information does not contain the amounts of taxes paid nor any other information by the Tax Commissioner to be confidential.
and acc	penalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificate is true curate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate s during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.
Bidder:	
Date:	4/07/2014 Title: Executive Director

THE WEST VIRGINIA ASSOCIATION OF REHABILITATION FACILITIES, INC.

BY-LAWS

ARTICLE I

The West Virginia Association of Rehabilitation Facilities, Inc., a West Virginia non-profit corporation, is established to act as a trade organization for entities offering employment and rehabilitation services in the State of West Virginia.

Section 1. The purpose for which this organization is formed is to:

- A. Promote services and programs, which result in an effective network of strong members.
- B. Provide opportunities for continuing education for its members.
- C. Advocate for services and programs to enhance opportunities for persons with disabilities.
- D. Encourage high ethical standards among member organizations.
- E. Facilitate the development of innovative services and programs.
- F. Promote unity and common action among members.
- G. Provide primary support for issues affecting members individually or collectively.

WVARF's mission is statewide leadership and advocacy for its member organizations in their efforts to provide quality services to persons with disabilities and other special needs.

Section 2. The principal office shall be located within the immediate area of the city of Charleston, West Virginia.

ARTICLE II MEMBERSHIP

- Section 1. Any incorporated Community Rehabilitation Program (CRP) operating in West Virginia, those sections of larger incorporated organizations, government units, or individuals who adhere to the above-stated purposes may apply for membership.
- Section 1.a. Full membership shall include CRPs or like businesses that specialize in providing employment and rehabilitation opportunities to persons with disabilities. Each full member shall appoint one (1) representative to serve as a member of the Board of Directors. Only full members may have voting privileges.
- Section 1.b. Affiliate membership is open to any organization, person, or agency whose focus is serving persons with disabilities.

- Section 1.c. Sustaining membership is open to any business, organization, person, or agency.
- Section 1.d. A rehabilitation program, individual, or organization becomes eligible for dues and/or other fees agreed upon by the membership.
- Section 2. The application for membership as set forth in Article 11, Section 1, shall be submitted to the executive committee for approval.
- Section 3. The Annual Fees for membership shall be in the amount agreed upon by a majority of the membership and shall be payable at the time of billing.

ARTICLE III MEETINGS

- Section 1. Regular quarterly membership meetings shall be conducted at the date and place chosen by the Executive Committee. The annual business meeting will be concurrent with the spring quarterly meeting at which time the slate of officers are nominated and voted upon; the budget is presented and voted for; by-law changes are presented and voted upon as well as all other business the Executive Committee deems necessary for general membership approval. It shall be necessary that the membership be given written notice 10 calendar days before aforesaid regular meetings.
- Section 2. Regular quarterly meetings of the Board of Directors shall be conducted at the date and place chosen by the Executive Committee. It shall be necessary that the membership be given written notice ten (10) calendar days before aforesaid regular meetings.
- Section 3. Special meetings may be held on call of the Executive Committee. Each voting member shall receive notification of special meetings at least five (5) calendar days prior to the meeting. In extreme situations, emergency votes may be presented by written proxy to the Executive Committee.
- Section 4. Each member entitled to vote at any meeting may do so in person, by designated representative, or by proper written proxy.
- Section 5. Robert's Rules of Order (revised) shall be the parliamentary authority for all matters of procedure not specifically covered by the By-Laws or specific rules of procedure adopted by the Association.

ARTICLE IV QUORUM

One-third of members eligible to vote shall constitute a quorum and a majority of the quorum present at any meeting may decide any question that may come before the membership.

ARTICLE V OFFICERS

Section 1. The executive officers of the corporation shall be the President, Vice President, Secretary, and Treasurer, all of whom shall be elected by the membership at the annual meeting. Subject to such limitations as the members may from time to time prescribe, the officers of the corporation shall have powers, duties as generally pertain to the respective offices, and further powers and duties as from time to time may be conferred by the membership.

- Section 2. The President shall preside at all meetings of the membership and shall have general charge of the business of the corporation. The President shall be an ex-officio member of all committees chosen from the membership except the nominating committee. The President shall be an ex-officio member of the CNA Committee without vote. Any written correspondence (i.e. complaints, reviews, grievances, etc.) received by the President shall be maintained in a confidential file and reviewed periodically by the officers of the Association.
 - Section 3. The Vice President shall perform the duties of the President in his/her absence.
- Section 4. The Secretary-Treasurer shall be charged with oversight of the procedures for accounting for all monies, funds, securities, deeds, contracts, and other valuable papers of the corporation. The Secretary-Treasurer shall assure the Executive Committee, the Board of Directors and membership, that the fiscal procedures approved by the membership and Board of Directors are in effect and functioning properly, and that a full accounting is made annually of all financial records and inventory by a certified public accountant. The Secretary-Treasurer shall report to the Executive Committee quarterly on the condition of the Association's financial resources and the accounting therefore. The Secretary-Treasurer shall be charged with the responsibility to assure that complete and accurate minutes of all meetings are maintained, and to sign minutes for membership and Executive Committee meetings to certify the accuracy thereof. The Secretary-Treasurer shall serve as the Chairperson of the Finance Committee.
 - Section 5. All officers shall work voluntarily without payment for services rendered.

ARTICLE VI ELECTIONS

- Section 1. At least ninety (90) days prior to the annual meeting as set forth in Article III, Section 1, the Executive Committee shall appoint a nominating committee consisting of at least two (2) members who are not executive officers of the corporation. Said nominating committee shall select one (1) nominee for each open executive office; that is, President, Vice-President, Secretary-Treasurer. The Member-at-Large shall be nominated from the floor at the annual business meeting. At the annual meeting, the membership shall be entitled to cast one (1) vote for one (1) of the candidates for each office. The candidate receiving the largest number of votes cast by the membership, shall be considered elected, and shall take office on July 1 of that year.
- Section 2. No executive officer shall serve more than two (2) consecutive terms in the same office and shall be ineligible for re-election to said office for a period of one (1) year after the expiration of the second consecutive term.
- Section 3. In the event the President is unable or unwilling to carry out the responsibilities of the Presidency, the Vice President will automatically be appointed President. In the event the Vice President or Secretary-Treasurer cannot or will not carry out the responsibilities of those elected positions, the Executive Committee will appoint a member in good standing to fulfill the responsibility of the vacancy.

ARTICLE VII COMMITTEES

- Section 1. The Executive Committee will be comprised of the President, Vice President, Secretary, Treasurer, Past President, and the chairperson of each standing committee established under this article. The Executive Director shall be included in the Executive Committee as an ex-officio nonvoting member. The Executive Committee shall meet at least six (6) times a year at which time it will appoint vacancies, approve plans for quarterly meetings, engage in planning for the organization, and make recommendations to the Board of Directors and membership, review and monitor and perform other duties assigned by a majority vote of the Board of Directors. The Executive Committee shall be responsible for the development of a proposed budget, and present said budget to the Board of Directors for approval, monitor of expenditures and revenues, and conduct an annual review of the books. A report of the proceedings shall be sent to the general membership annually. A record of the Executive Committee minutes shall be maintained by the Secretary.
- Section 1.a. The Executive Committee may negotiate the terms, and lease Association staff to the CNA Committee for management services. The Executive Committee is authorized to take the necessary actions to provide the CNA Committee with access to the Association's line of credit, or to otherwise assist the CNA Committee in securing financing, all as may be necessary, to ensure that the CNA Committee performs in accord with its Agreements with the State of West Virginia.
- Section 2. Committees shall be comprised of members in good standing and with the exception of the Nominating Committee must meet quarterly, except that the CNA Committee will be comprised of members as set forth in Article VII. Section 4.g. and the CNA Committee will meet monthly. A record of Committee meetings shall be submitted to and maintained by the Secretary-Treasurer, and a report given to the Board of Directors. Committees shall elect their own chairperson with the exception of the Finance Committee of which the Secretary-Treasurer shall serve as the Chair, and the CNA Committee, which chair shall be appointed by the President from among the members of the CNA Committee.
- Section 3. Standing committees shall include the Nominating Committee, which shall perform activities as outlined in Article VI, Section 1.
- Section 4. In addition to the Executive and Nominating Committees, the following standing committees are established by the membership:
- Section 4.a. The Governmental Relations Committee shall establish legislative and governmental priorities, coordinate respective activities, and facilitate the coordination and linkage of interagency activities.
- Section 4.b. The Marketing Committee shall be responsible for engaging in public relations activities, reviewing and organizing current marketing efforts and administering the provisions of the State Use Law.
- Section 4.c. The Membership Services Committee shall be responsible for the development of standards and policies for the corporation, reviewing and re-evaluating appropriate policies and procedures, coordinating education and training programs, overseeing the Association's library and research functions, and engage in public relations activities such as advocacy.
- Section 4.d. The Finance Committee shall oversee the preparation of the annual budget, the monthly accounts receivables/ accounts payables, the investment portfolio and the financial position of the Association. They are also responsible for investigating other funding avenues for members.

- Section 4.e. The Planning Committee shall be responsible for short and long-term planning of the Association; looking at future threats and opportunities for the Association and its members; and up dating the strategic plan.
- Section 4.f. The Rehabilitation Committee shall be responsible for working with the Division of Rehabilitation Services on rehabilitation issues that affect CRPS, advise the Membership Services Committee and the Central Non-profit Agency (CNA) Committee about training opportunities on issues dealing with rehabilitation, and serve on DRS ad hoc committees dealing with CRP issues at the request of Division of Rehabilitation Services (DRS).
- Section 4.g. The CNA Committee shall be responsible for the oversight of the fiscal management of the state use program. The Committee membership will be appointed by the President of WVARF. Inc., and shall serve a two (2) year term. Committee members will not be paid for their participation; however, Committee members may be reimbursed for documented expenses related to the performance of their duties based on the West Virginia State travel guidelines, and as the Committee's budget allows. Members may serve not more than three (3) consecutive terms. Voting members may not be directors or employees of the West Virginia Association of Rehabilitation Facilities, Inc. (WVARF) or of a Community Rehabilitation Program (CRP). The Committee will operate in accordance with the Resolution of the Board of Directors, adopted December 7, 2007, and any amendments that may be made to the said Resolution, and will be maintained by the Secretary; and incorporated into these by-laws by reference. In the event of a conflict between the By-Laws and the Resolution, the By-Laws of the West Virginia Association of Rehabilitation Facilities, Inc. shall govern.
- Section 5. Ad Hoc Committees to study specific issues and undertake special projects may be formed by the President, Executive Committee, or majority vote of the general membership.
- Section 6. Only members of the Executive Committee, as defined in Article 7, Section 1, will have voting privileges in Executive Committee meetings. In addition, only members of a standing committee will have voting privileges of that committee.

ARTICLE VIII CENTRAL OFFICE

- Section 1. The Association may establish a Central Office for the purpose of performing such duties and responsibilities as are outlined herein.
- Section 2. The Association may employ an Executive Director who will serve as the chief executive officer of the organization and whose duties and responsibilities will be outlined in writing by the Executive Committee and approved by the general membership.
- Section 3. The selection, hiring, evaluation, and termination of the Executive Director shall be the responsibility of the Executive Committee, and shall in all cases be approved by the majority of the general membership at the next duly scheduled meeting, as defined in Article III, Sections 1 and/or 2. All other employees' selection, hiring, evaluation, and termination will be the responsibility of the Executive Director, and shall be conducted in accordance with policy set forth by the Executive Committee.
- Section 4. No individual or group shall be denied membership in the corporation or employment by the corporation, nor shall any individual be denied use of the facilities of said corporation because of race, creed, color, age, sex, handicapping condition or national origin.
- Section 5. Upon dissolution of the Central Office, all liabilities and assets will return to the exclusive responsibility of the corporation.

ARTICLE IX CONFLICT OF INTEREST AND DISCLOSURE

Section 1. Purpose: The purpose of the conflicts of interest policy is to protect the Association's interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or Director of the Association. This policy is intended to supplement but not replace any applicable state laws governing conflicts of interest applicable to non-profit and charitable corporations.

Section 2. Definitions:

- (a) Interested Person: Any Director, principal officer, or member of a committee with Board delegated powers, who has a direct or indirect financial interest, as defined below, is an interested person. If a person is an interested person with respect to any affiliate of the Corporation, he or she is an interested person with respect to the Corporation.
- (b) <u>Financial Interest:</u> A person has a financial interest if the person has directly or indirectly, through business, investment, or family --
 - an ownership or investment interest in any entity with which the Corporation has a transaction or arrangement, or
 - a compensation arrangement with the Corporation, or with any entity or individual with which the Corporation has a transaction or arrangement, or
 - iii. a potential ownership or investment interest, or compensation arrangement with any entity or individual with which the Corporation is negotiating a transaction or arrangement.
- (c) <u>Affiliation:</u> A person has an affiliation with an entity if the person does not have a financial interest in the entity, but has directly or indirectly through family, an interest in the entity by virtue of being a member or director of the entity, or having some other similar relationship.

Section 3. Procedures:

- (a) <u>Annual Disclosure</u>: Each Director, principal officer, and member of a committee with Board-delegated powers, shall annually sign a statement which affirms that such person -
 - i. has received a copy of the conflict of interest policy
 - ii. has read and understands the policy,
 - iii. has agreed to comply with the policy, and
 - iv. understands that the Corporation is a charitable organization, and that in order to maintain its federal tax exemption, it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

- (b) <u>Continual Duty to Disclose:</u> In connection with any actual or possible conflict of interest, an interest person must disclose the existence of his or her financial interest and all material facts to the Directors and members of committees with Board delegated powers considering a proposed transaction or arrangement.
- (c) <u>Determining Whether a Conflict of Interest Exists:</u> After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he or she shall leave the Board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining Board or committee members shall decide if a conflict of interest exists.

(d) <u>Procedures for Addressing the Conflict of Interest:</u>

- An interested person may make a presentation at the Board or committee meeting, but after such presentation, he or she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement that result in the conflict of interest.
- The chairperson of the Board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.
- iii. After exercising due diligence, the Board, or committee shall determine whether the Corporation can obtain a more advantageous transaction or arrangement with reasonable efforts from a person or entity that would not give rise to a conflict of interest.
- iv. If a more advantageous transaction or arrangement is not reasonably attainable under circumstances that would not give rise to a conflict of interest, the Board or committee, shall determine by a majority vote of the disinterested Directors, whether the transaction or arrangement is in the Corporation's best interest and for its own benefit, and whether the transaction is fair and reasonable to the Corporation, and shall make its decision as to whether to enter into the transaction or arrangement in conformity with such determination.

(e) <u>Violations of the Conflict of Interest Policy:</u>

- If the Board or committee has reasonable cause to believe that a member has failed
 to disclose actual or possible conflicts of interests, it shall inform the member of
 the basis for such belief, and afford the member an opportunity to explain the
 alleged failure to disclose
- ii. If, after hearing the response of the member and making such further investigation as may be warranted in the circumstances, the Board or committee determines that the member has in fact failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

ARTICLE X AMENDMENTS

Section 1. These By-Laws may be amended by a two-thirds majority vote of the membership at any called meeting. Proposed amendments shall be distributed to the membership at least thirty (30) days prior to the regular meeting.

ARTICLE XI DISSOLUTION

Section 1. In the event of the dissolution of this corporation, the Executive Committee shall, after paying or making provisions for the payment of all the liabilities of the corporation, dispose of all the assets of the corporation, in equal shares to its member Community Rehabilitation Programs who are in good standing with the corporation, and are providing services to persons with disabilities within the State of West Virginia.



I, Natalie E. Tennant, Secretary of State of the State of West Virginia, hereby certify that

Articles of Amendment to the Articles of Incorporation of

THE WEST VIRGINIA ASSOCIATION OF REHABILITATION FACILITIES, INC.

are filed in my office as required by the provisions of West Virginia Code are found to conform to law. Therefore, I issue this

CERTIFICATE OF AMENDMENT TO THE ARTICLES OF INCORPORATION



Given under my hand and the Great Seal of the State of West Virginia on this day of March 21, 2014

Secretary of State



WEST VIRGINIA

IN THE OFFICE OF SECRETARY OF STATE

ARTICLES OF INCORPORATION

NONPROFIT AMENDMENT

THE WEST VIRGINIA ASSOCIATION OF REHABILITATION FACILITIES INCORPORATED

Pursuant to the provisions of article 1, chapter 31E of the code of West Virginia, the undersigned corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: The name of the corporation shall remain unchanged.

SECOND: The following amendments to the articles of incorporation were adopted by the members of the Corporation on the <u>2/</u> day of March, 2014, pursuant to West Virginia Code Article 1, Chapter 31E.

- III. The objects for which this corporation is formed are as follows:
- A. The purposes for which this corporation is formed are as follows:
- 1. To aid the handicapped, disabled and disadvantaged in making their maximum contribution to society by introducing or overseeing production methods, procurement of subcontract work and sundry other services for business or industries (subcontractors).
- 2. To oversee production of subcontract work and sundry other services provided to community workshops by this Corporation. The Corporation's oversight may include redirection, hands-on supervision of training and the like.
- 3. To prepare and seek bids for, and oversee the fiscal management of, contracts, including but not limited to the state use contract, for, services, and products, the production or completion of which will pass to community workshops/subcontractors for production and/or completion upon selection by and direction of this Corporation.
- 4. To engage in any other lawful act for which corporations may be organized under the laws of the state of West Virginia.
- IV. (b) This corporation shall have no members.
 - A. This corporation having no members, the Board of Directors of this corporation shall be self perpetuating, with all powers to elect the directors of the corporation being vested in the board of directors. The bylaws of this corporation shall provide for a board of directors which may consist of any number of persons provided for in said

- bylaws, or such number of persons as may be determined from time to time by said board of directors.
- B. The terms of the directors of the corporation shall remain stagnant. The total number of directors is divided into three groups, each of which shall contain approximately 1/3 of the number of directors to be elected. Each director elected shall serve a term of three years and until such person's successor is elected.
- C. The initial directors of this corporation under these amended articles of incorporation are John Empson, Jerry Carper, John B. McCuskey, Richard Smith, and David Molgaard.

The remainder of the articles of incorporation remain as initially adopted and heretofor amended.

We, the undersigned, for the purposes of amending the corporation under the laws of the state of West Virginia, do make and file this amendment, and we have accordingly hereunto set our respective hands to this _______/ day of March, 2014.

Brenda B. Delling March 21, 2014

STATE OF WEST VIRGINIA,

COUNTY OF KANAWHA, TO WIT:

Taken, subscribed and sworn to before me this the Assac of March, 2014.

My commission expires:

[Notary Seal]

OFFICIAL SEAL
Notary Public, State Of West Virginia
JOYCE A WYSONG
WV Assoc of Rehabilitation Facilities
100 Allen Drive, Ste 100 Charleston, WV 25302
My Commission Expires June 08, 2020

Notary Public

Appendix F

WV Association of Rehabilitation Facilities, Inc. Board of Directors 2014

John Empson, President Certified Public Accountant 22 Capitol Street Charleston, WV 25301 (T) 304.343.5646 (F) 304.343.5644

(E) john@empsoncpa.net

David Molgaard, Secretary/Treasurer
City Manager – Charleston, WV
501 Virginia St. E., Room 101
Charleston, WV 25301
(O) 304.348.8014
(E) david.molgaard@cityofcharleston.org

Vacant Seat, Voting Member

Richard Smith, Voting Member
Eastern WV Community Action Agency
Executive Director
401 Maple Avenue
Moorefield, WV 26836
(T) 304.538.7711
(E) ewvca.frontier.net

Vacant Seat, Voting Member

Jerry Carper, Vice President
WV Division of Rehabilitation Services (Retired)
582 Vandale Fork
Spencer, WV 25276
(H) 304.927.5256
(E) jerry.carper@ymail.com

John B. McCuskey, Voting Member WV House of Delegates 1900 Kanawha Blvd E Bldg 1 Rom 150 R PO Box 11359 Charleston, WV 25305 (H) 304.282.4885

(O) 304.340.3183

(E) jb@mccuskeyforwv.com

WVARF Staff:

Aaron Jones, Non-voting Member WVARF Executive Director 400 Allen Drive Suite 100 Charleston, WV 25302 (T) 304.205.7970 x 202 (M) 304.521.3499 (F) 304.205.7915

(E) ajones@wvarf.org

CHASEO

December 6, 2013

WVARF Attn: Aaron Jones 400 Allen Dr. Suite 100 Charleston, WV 25302

Re: Request for Line of Credit Confirmation

Dear Aaron,

West Virginia Association of Rehabilitation Facilities, Inc. has a line of credit established with Chase Bank in the amount of \$1,000,000. This line of credit has been in place since 2006.

Please call me at (304) 348-5685 if you have any questions or are in need of additional information. Thank you.

Sincerely,

Beth M. Maley

Assistant Vice President

Internal Revenue Service
District Director

Department of the Treasury

Date:

MAR 1 1 1986

 West Virginia Association Of Rehabilitation Facilities, Inc.
 Nancy Moul
 P.O. Box 609
 New Martinsville, WV 26155 Employer Identification Number: 55-0633886 Accounting Period Ending: June 30 Form 990 Required: [3] Yes [7] 0

Portion to Contact: Citidy, Perry Contact Telephone Number (315) 684-3578

Dear Applicant:

Based on information supplied, and assiming year apprehiums will be as stated in your application for recognition of exemption, of any determined you are example from Federal income tax under section 501(c)(3) of the intermit Revenue Code.

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization jescribed in section 509(a)(2).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act(social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Cede. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift this purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

The box checked in the heading of this letter shows whether you must file Form 990, Return of Jrganization Exempt from Income Tax. If Yes is checked, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the firth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

(over)

P.O. Box 2508, Cincinnati, Ohio 45201

q: 10.00 shelps tolk the

Letter 947(DO) (Rev. 10-18)

You are not required to file Federal Income tax returns unless you are subject to the tax on unrelated business income under section pile of the case. If you are subject to this tax, you must file an income tax return on Form section flatest Corganization Fusiness Income Tax Return. In this letter, we are not obtaining whether any of your present or proposed activities are unrelated trade or pusiness as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact to person whose and telephone number are shown in the heading of this letter.

Sincerely your



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT Susan Kerns Ramsey Insurance Agency, Inc. 4301 MacCorkle Ave SE Charleston, WV 25304 PHONE (A/C, No, Ext): (304) 925-6789 E-MAIL ADDRESS: skerns@ramseyinsurance.com FAX (A/C, No): (304) 925-0149 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A : Philadelphia Ins Co INSURED 18058 INSURER B : Hartford Ins Co of Midwest 37478 West Virginia Association of Rehabilitation Facilities INSURER C: 400 Allen Drive, Suite 100 INSURER D : Charleston, WV 25302 INSURER E : INSURER F **COVERAGES** CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD **REVISION NUMBER:** INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR INSR WVD TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY LIMITS **EACH OCCURRENCE** 1,000,000 X COMMERCIAL GENERAL LIABILITY DAMAGE TO RENTED PREMISES (Ea occurrence) PHPK1034217 7/1/2013 7/1/2014 100,000 CLAIMS-MADE X OCCUR MED EXP (Any one person) 5,000 \$ PERSONAL & ADV INJURY 1,000,000 \$ GENERAL AGGREGATE 3,000,000 \$ GEN'L AGGREGATE LIMIT APPLIES PER PRODUCTS - COMP/OP AGG 3,000,000 \$ X POLICY 100 AUTOMOBILE LIABILITY \$ COMBINED SINGLE LIMIT (Ea accident) 1,000,000 X ANY AUTO PHPK1034217 7/1/2013 7/1/2014 BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED AUTOS ALL OWNED AUTOS \$ BODILY INJURY (Per accident) \$ HIRED AUTOS PROPERTY DAMAGE (Per accident) \$ \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE 1,000,000 \$ X **EXCESS LIAB** CLAIMS-MADE PHUB424096 7/1/2013 7/1/2014 AGGREGATE 1.000.000 S DED X RETENTIONS 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY \$ X WC STATU-TORY LIMITS OTH В ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? 40WECPX1511 12/30/2012 12/30/2013 N/A E.L. EACH ACCIDENT 100,000 S (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT 500,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) E/L Broad form is included under workers compensation policy Thirty Day Cancellation Applies other than 10 day notice for non-payment of premium CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. State of West Virginia

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AUTHORIZED REPRESENTATIVE

WEC

PX

INFORMATION PAGE

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INSURER: HARTFORD INSURANCE COMPANY OF THE MIDWEST

ONE HARTFORD PLAZA, HARTFORD, CONNECTICUT 06155

NCCI Company Number:

20605

Company Code: G



Suffix LARS RENEWAL 40 WEC PX1511 03

POLICY NUMBER:

Previous Policy Number:

HOUSING CODE: SA

Named Insured and Mailing Address: WV ASSOCIATION OF

(No., Street, Town, State, Zip Code)

REHABILITATION FACILITIES

FEIN Number: 550633886

400 ALLEN DR STE 100

CHARLESTON, WV 25302

State Identification Number(s):

UIN:

*3500240PX15110101

The Named Insured is: ASSOCIATION

Business of Named Insured: ASSOCIATION - BUSINESS NON PRO

Other workplaces not shown above: 209 VIRGINIA ST W

CHARLESTON

WV 25302

2. Policy Period:

From 12/30/13

12/30/14 To

40 WEC PX1511

12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: RAMSEY INSURANCE AGENCY INC.

PO BOX 4025

CHARLESTON, WV 25364

Producer's Code: 560054

Issuing Office:

THE HARTFORD

(877) 853-2582

8711 UNIVERSITY EAST DRIVE

CHARLOTTE

NC 28213

Total Estimated Annual Premium:

\$1,700

Deposit Premium:

Policy Minimum Premium:

\$659 WV

Audit Period: ANNUAL

Installment Term:

The policy is not binding unless countersigned by our authorized representative.

Countersigned by

Authorized Representative

Date

Form WC 00 00 01 A

(1) Printed in U.S.A.

Process Date: 10/12/13

ORIGINAL

Page 1 (Continued on next page) Policy Expiration Date: 12/30/14

INFORMATION PAGE (Continued)

3. A. Workers Compensation Insurance: Part one of the policy applies to the Workers Compensation Law of the states listed here: WV

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily injury by Accident Bodily injury by Disease

\$100,000 \$500,000

each accident policy limit

Policy Number: 40 WEC PX1511

Bodily injury by Disease

\$100,000

each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any , listed here:

ALL STATES EXCEPT ND, OH, WA, WY, AND STATES DESIGNATED IN ITEM 3.A. OF THE INFORMATION PAGE.

D. This policy includes these endorsements and schedule:

WC 99 00 05 WC 00 04 04 WC 00 04 12 WC 00 04 21C WC 00 04 22A SEE ENDT

 The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Ratir Plans. All information required below is subject to verification and change by audit.

Classifications Code Number and Description	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium	
(SEE ATTACHED SCHEDULES)				
TOTAL PREMIUM SUBJECT TO EXPERI WV - INTRA EXPERIENCE MODIFICAT PREMIUM ADJUSTED BY APPLICATION	ION 470251298 (CONTING	GENT)	1,278 .930	

LATE TAYED A THE TAYED		1,410
WV - INTRA EXPERIENCE MODIFICAT	CION 470251298 (CONTINGENT)	.930
PREMIUM ADJUSTED BY APPLICATION	OF EXPERIENCE MODIFICATION	
TOTAL ESTIMATED ANNUAL STANDARD	OF DEFENDENCE MODIFICATION	1,189
	PREMIUM	1,189
EXPENSE CONSTANT (0900)		240
TOTAL ESTIMATED STATE SURCHARGE	i e	
TERRORISM (9740)		209
	310,400 .010	31
CATASTROPHE (9741)	310,400 .010	
TOTAL ESTIMATED ANNUAL PREMIUM	2101.000	31
TOTTED EDITEMENT ANNOAU PREMIUM		1,700

Total Estimated Annual Premium:

\$1,700

Deposit Premium:

Policy Minimum Premium:

\$659 WV

Interstate/Intrastate Identification Number:

/ 470251298

Labor Contractors Policy Number:

NAICS: 813910 SIC: 8611

UIN:

NO. OF EMP:

000011

Form WC 00 00 01 A

(1) Printed in U.S.A.

Process Date: 10/12/13

Page 2

Policy Expiration Date: 12/30/14

SCHEDULE OF OPERATIONS



This Schedule of Operations forms a part of the policy effective on the inception date of the policy unless another date i indicated below:

INSURER: HARTFORD INSURANCE COMPANY OF THE MIDWEST

Company Code: G

Policy Number: 40 WEC PX1511 Schedule Number: 01-47-01

Effective Date: 12/30/13 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Location Address of operations covered by this schedule:

WV ASSOCIATION OF

REHABILITATION FACILITIES

209 VIRGINIA ST W

CHARLESTON

WV 25302

FEIN: 550633886

UIN:

NAICS: 813910

SIC: 8611

NO. OF EMPL: 000011

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Premium Basis		
Classifications	Total Estimated	Rates Per	Estimated
Code Number and	Annual	\$100 of	Annual
Description	Remuneration	Remuneration	Premium
8810	276,000	.22	607
CLERICAL OFFICE EMPLOYEES NOC	US 8 98 • MENES EN	•22	0,07
9014	34,400	1.95	671
JANITORIAL SERVICE BY CONTRACTOR	•	1.75	071
TOTAL CLASS PREMIUM (STATE)			1,278
TOTAL PREMIUM SUBJECT TO EXPERIENCE M	MODIFICATION (ST.	ATE)	1,278
WV - INTRA EXPERIENCE MODIFICATION 47	0251298 (CONTIN	CENTY)	.930
PREMIUM ADJUSTED BY APPLICATION OF EX	TP MODIFICATION	(STATE)	1,189
TOTAL ESTIMATED ANNUAL STANDARD PREMI	UM (STATE)	(/	1,189
EXPENSE CONSTANT (0900)			240
FOREIGN TERRORISM (9740)	310,400	.010	31
DTEC (9741)	310,400	.010	31
REGULATORY SURCHARGE (5.00)	Section Control Section Contro		75
DEBT REDUCTION SURCHARGE (9.00)			134
FIRE AND CASUALTY SURCHARGE (.55)			124
TOTAL ESTIMATED ANNUAL PREMIUM			1,700
			-1100

Countersigned by

Authorized Representative

Form WC 99 00 05

(1) Printed in U.S.A.

Process Date: 10/12/13

Policy Expiration Date: 12/30/14

WV ASSOCIATION OF REHABILITATION FACILITIES, INC.

CONFLICT OF INTEREST DISCLOSURE STATEMENT

Name: Aaron D. Jones Date: 4/07/2014
Affiliation to the Agency: (Please circle one) Board Member Employee Other
If other, please explain:
Please describe below any relationships, positions, or circumstances in which you are involved that you believe could constitute a Conflict of Interest , as defined by WV Association of Rehabilitation Facilities, Inc. Conflict of Interest Policy.
I hereby certify that the information set forth above is true and complete to the best of my knowledge. I have read and agree to abide by the WV Association of Rehabilitation Facilities, Inc. Conflict of Interest Policy
I further agree to report any possible conflicts as they might arise.
Signature: 2005 20. Joses Date: 4/07/2014

ANTI-LOBBYING CERTIFICATE

April 7, 2014

Ladies and Gentlemen:

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal loan, the entering into any cooperative agreement and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements), and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certificate is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000.00, and not more than \$100,000.00 for each such failure.

Aaron D. Jones, Executive Director

WV Association of Rehabilitation Facilities, Inc.

400 Allen Drive, Suite 100

Charleston WV 25302

Welcome to the

West Virginia State Use Program

Empowering Individuals through Employment

The Governor's Committee for the Purchase of Commodities and Services from the Handicappec

About Us

Catalog

Purchasing Assistance

Law & Rules







ABOUT US

State Use Program

In 1989, the West Virginia legislature passed the State Use Law, WV Code 5A 3-10 and 5A-3A (note the code sections following this paragraph), to assist in creating employment opportunities for individuals with disabilities. The law allows Community Rehabilitation Programs (CRPs) to provide quality products and services to the State without going through the competitive bidding process. This law specifies that products and services must be of comparative quality and be offered to the State at a fair market price. In addition, the law requires the CRP to have at least 75% of the direct labor performed by individuals with disabilities.

All West Virginians benefit when our citizens with disabilities are able to work for a wage. Their need to consume costly social services is drastically reduced when rehabilitation is mixed with business.

In 2002, 12 state government agencies entered into state use contracts with CRPs and <u>provided approximately 706,397 hours of employment to a total of 724 employees with disabilities.</u>

WVARF 400 Allen Drive, Suite 100 Charleston, WV 25302 Phone: (304) 205-7970

Fax: (304) 205-7915

Catalog

Products Item Category **Office Supplies Bottled Water** Note pads **Wood Products** Survey Stakes **Institutional** Condiment Kits **Supplies** Maintenance and Liquid Soap **Custodial Supplies** Liquid Absorbency Kits Wiping Cloths Other Non-Aprons mandatory Products Rubber Stamps Mops and Brooms and Services Mulch and Compost Screen Printing Signs Wood Furniture **Hunting Blinds** Picnic Tables/Lawn Furniture Seasonal Blooming Plants Landscape Fabric Wood Pallets Awards/Plaques Laser Engraving

Catalog

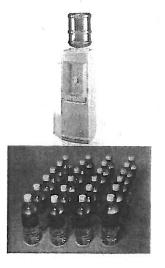
Services Item Category **Office Services Document Imaging** Microfilming Data Management First Class Mail Presort/Bulk Mail Preparation **Temporary** Accounting Clerk **Employment Data Entry** Services Casual Labor General Office Personnel Typist/word Processing - entry level Typist/word Processing - advanced level Janitorial/Grounds Janitorial **Maintenance Grounds Maintenance** Services **Document Shredding** Commercial Laundry Low Impact Monitoring Dispatch Packaging/Assembly

© WVARF

WVARF

400 Allen Drive, Suite 100 Charleston, WV 25302 Phone: (304) 205-7970 Fax: (304) 205-7915

Catalog



Bottled Water

The pure and safe bottled water is drawn from Wet Virginia's finest natural sources. The bottling works are state of the art facilities carefully monitored by state and federal regulatory agencies to assure its continued quality.

Attractive water coolers can be installed in offices for a monthly fee. There is a choice of patented Waterguard system coolers.

Water is also available in 20 ounce non returnable bottles

Item #	Description	Size	Sold By
1	Bottled water cooler, cold only	5 gallon	Monthly Rental
2	Bottled water cooler, hot and cold	5 gallon	Monthly Rental
3	Bottled water cooler, compartment	5 gallon	Monthly Rental
4	Bottled water cooler, Hot & Cold with Refrigera	tor 5 gallon	Monthly Rental
5	Returnable Bottled Water Returnable Bottled Water	5 gallon 3 gallon	
7	Bottle Deposit	Per 3/5 gallon bottle	One time fee which is refundable
8	Cleaning service (Coolers cleaned and disinfecte times per year	ed two	Per year
9	Bottled water – 20 ounces	20 ounces	Case of 20 bottles
10	Bottled water – 20 ounces	20 ounces	Delivered
Orde	er these items from:		
1-8	Green Acres Regional Center, Inc.	Lesage, WV	762-2522 Phone 762-2862 FAX
1-10	WVARF	Charleston, WV	205-7970 Phone 205-7915 FAX
1-10	WVARF	Charleston, WV	205-7970 Phone 205-7915 FAX



Condiment Kits

The customer can design a disposable condiment kit to meet their agency's specific needs. Items from which to select include fork, spoon, knife, straws, sugar, Equal, salt, salt substitute, pepper, and creamer. Standard color-coding is also available to indicate special dietary needs

To determine the price of your condiment kit per case of 500 kits, choose the items desired from Box A. Total the number of items and add the basic charge for the number of items from Box B. Add items from Boxes C and D if desired. Minimum order is one case (500 Kits). Shipping FOB Ronceverte, customer pays..

Item#	Description	Size	Sold By
200	Fork, light weight		500 per case
201	Spoon, light weight		500 per case
202	Knife, light weight		500 per case
203	Fork, medium weight		500 per case
204	Spoon, medium weight		500 per case
205	Knife, medium weight		500 per case
206	Fork, heavyweight		500 per case
207	Spoon, heavy weight		500 per case
208	Knife, heavy weight		500 per case
209	Sporks		500 per case
210	Straw, flex		500 per case
211	Straw, jumbo regular		500 per case
212	Straw, milk		500 per case
213	Sugar		500 per case
214	Sugar substitute		500 per case
215	Equal		500 per case
216	Salt		500 per case
217	Salt substitute		500 per case
218	Pepper		500 per case
219	Creamer		500 per case

Order these items from:

WVARF

Charleston, WV



Liquid Soap

The pure natural lotion soaps are formulated to clean gently and effectively. They are nontoxic, biodegradable and pH balanced yet effective in either hard or soft water.

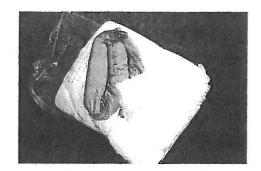
Go Jo soap dispensing system is a patented pouch that contains 800 ml of soap and empties completely. The Go Jo bag in a box dispenser is durable, dependable, and easy to maintain. The wall cabinet is made of high impact plastic with a high gloss finish. Cabinets are also available in chrome.

Bulk Quantities

Body and anti-bacterial soap is available by the gallon. These are color coded for inventory control and have a two year shelf life..

Item #	Description	Size	Sold By
1	Hand Soap, Antibacterial – skin cleanser, mild formula with light fragrance	12/case	800 ml pouch
2 3	Hand Soap, Antibacterial – see Item 1 Hand Soap, Lotion – concentrated,, scented lotion, suited for removing light soils and grease	4/case 12/case	Gallon 800 ml pouch
4	Hand Soap, Lotion – see Item 3	4/case	Gallon
5	Body shampoo with concentrated protein and glycerin. Cleans and conditions body and hair.	12/case	800 ml pouch
6	Body shampoo – see Item 5	4/case	Gallon
7	Orange Waterless Soap – provides heavy-duty cleaning strength to handle grease, grim, ink, tar, etc. without water	4/case	Gallon
8	Moisturizing Instant Sanitizer – waterless, antibacterial gel effective against wide range of microorganisms. Kills 99.99% germs without water or towels in as little as 15 seconds. Dermatologist tested. Non-toxic.	12/case	800 ml pouch
9	Moisturizing Instant Sanitizer -	24/case	4 oz. Bottle
10	see Item 8 GOJO Wipes in a Tub – Waterless, high strength, disposable hand cleaning towels. Good for grease, grime, ink, paint and other soils, without water.	4/case	130 count/tub
11	Dispenser – wall mounted unit to dispense the 800 ml. Pouches listed above		1
12	Gallon Bottle Pump – fits all the one- gallon bottles of Anti microbial Lotion soap and Body Shampoo listed above.		1
13	PressPak – Pink lotion soap with special moisturizers to leave skin feeling soft	12/case	800 ml pouch
14	PressPak Dispenser – Wall mounted unit to dispense 800 ml pouches from PressPak		1

Order these items from:



Liquid Absorbency Kits

Absorbent pads can effectively absorb petroleum-based liquids and non-water based liquids, including solvents, solvent based paints, vegetable oils and many non-water soluble chemicals. Light weight, user friendly, clean and dustless, spill kits can be stored easily behind seats of vehicles.

Applied uses:

- Leaking drums
- Large spills and leaks
- Vehicle garages to absorb oil and fluid leaks and drips
- Emergency vehicles at accident scenes to absorb leaking fluids
- Conservation personnel to absorb leaking fluids preventing contamination that could damage water sources, the ecology and wildlife
- Field repair crews absorbing fluids when repairing equipment
- · Refueling areas where fuel spills could occur
- Shops when rebuilding and repairing equipment
- Machinery leaks helping to limit clean up time

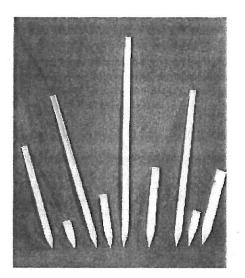
	Item#	Description	Size	Sold By
1		100 Pad Kit (AP100) 100 – 17" x 19" oz. Absorbent pads 4 – 10 mil. Disposal bags 1 – poly packing bag 20" x 20" x 41"		Each
2		Absorbent Blanket Kit (APO150) 1 – 38" x 144" 12 oz. Absorbent blanket 2 – bag ties 1 – poly wrap, 10 mil 48" x 24"		Each
3		Universal Spill Kit (AP153) 15 – extra tough universal plus absorb. pads 3 – 36" Cobra coil socks 1 – nitrile solvent resistant glove 1 – splash resistant goggles 3- 10 mil poly disposal bags 1 – zipper storage bag 1 – instruction sheet		Each

Item#	Description	Size	Sold By
4	Oil Only Spill Kit (AP200) 15 – 17: x 19" 12 oz. Absorb. Pads 3 – 36" Cobra coil socks 1 – splash resistant goggles 3- 10 mil poly disposal bags 1 – zipper storage bag 1 – bag tie 1 – instruction sheet		Each
5	Universal Drum top cover,	22" diameter	25/box
6	Universal drip pads with pillows		12/case
7	Pillows	9' x 15:	16/case
8	Absorbent booms - oil only (AP510)	5" x 10"	4/case
9	Absorbent booms - oil only (AP510)	8" x 10"	4/case
10	Absorbent Blanket - oil only (AP510)	38" x 144"	1/pack
11	Absorbent socks (AP604)	3" x 4"	12/case
12	Absorbent socks (AP608)	3" x 8"	6/case
13	Absorbent socks (AP612)	3" x 12 "	4/case

Order these items from:

WVARF

Charleston, WV



Survey Stakes

These survey stakes are made from West Virginia hardwood including poplar and oak with a wedge point. They are excellent for road grading, property demarcation, surveying, landscaping, tent stakes, and political sign and great for tomato stakes and other gardening needs. The stakes are tied securely into bundles of 25. Delivery is available at \$1.50 per mile.

Shipping on Marking Flags will be at actual cost.

205-7915 FAX

Item#	Description	Size	Sold By
1	Wood Survey Stake	³ / ₄ " x 1 ¹ / ₄ " x 12"	Bundle/25
2	Wood Survey Stake	3/4" x 1 3/4" x 12"	Bundle/25
3	Wood Survey Stake	3/4" x 1 1/4" x 18"	Bundle/25
4	Wood Survey Stake	3/4" x 1 3/4 " x 18"	Bundle/25
5	Wood Survey Stake	³ / ₄ " x 1 ¹ / ₄ " x 30"	Bundle/25
6	Wood Survey Stake	3/4" x 1 3/4 " x 30"	Bundle/25
7	Wood Survey Stake	3/4" x 1 1/4" x 36"	Bundle/25
8	Wood Survey Stake	³ / ₄ " x 1 ³ / ₄ " x 36"	Bundle/25
9	Wood Survey Stake	3/4" x 1 1/4" x 48"	Bundle/25
10	Wood Survey Stake	³ / ₄ " x 1 ³ / ₄ " x 48"	Bundle/25
11	Wood Survey Hub	1 ½" x 1 ½" x 12"	Bundle/25
12	Wood Survey Hub	2" x 2" x 12"	Bundle/25
13	Wood Survey Hub	2" x 2" x 18"	Bundle/25
14	Wood Survey Hub	1 ³ / ₄ " x 1 ³ / ₄ " x 16"	Bundle/25
15	Lathe Strips	1/4 " x 1 1/2" x 48"	Bundle/25
16	Wire Staff Marking Flag – 13 gauge wire, available in red, blue, or yellow	30" high/Flag 4"x 5"	Each
17	Wire Staff Marking Flag – 13 gauge wire, available in red, blue, or yellow	30" high/Flag 5"x 8"	Each
Order th	nese items from:		
WVARF	920	Charleston, WV	205-7970 Phor



Industrial Wipes

A variety of different types wiping cloths are available including fleece, polo (colored T-shirt cloth), French terry, natural (off-white polo) and white interlock (lint free). All wipers are 80 to 100% cotton and new material from mill ends. Wipers are cut approximately 18"x18".

Bulk wiping cloths are available in 10 pound or 25 pound boxes

Item#	Description	Size	Sold By
600	Near White (Polo). Non-absorbent cloth. Good general-purpose maintenance cloth		Price per pound
601	White French Terry. Washed cloth. Very soft and high in absorbency		Price per pound
603	Colored French Terry. Soft absorbent cloth. Cotton/polyester blend. Looped fabric on one side.		Price per pound
604	White. 100% cotton, washed, bleached, rewashed and lint free. Excellent wiper for woodworking, finishing and polishing jobs.		Price per pound
605	Washed Fleece. Soft and absorbent. Cotton/polyester blend. Fleeced fabric on one side		Price per pound
606	Econo Wiper. Washed, sanitized, absorbent cloth. Used tee-shirt material. May have some printing		Price per pound
607	Bar Rag. Lightweight terry toweling with finished edges. Absorbent cloth.		Price per pound

Order these items from:

Jackson County Developmental Center

Millwood, WV

273-3091 Phone 273-5131 FAX



Data Management

Data processing is accomplished by extracting information from a pre-determined source and entering the information into a computer using a specified format. The information is output on to media allowing the user to retrieve and manipulate the data. Support services are generally clerical in nature and include, but are not limited to, document preparation, sorting, batching, copying, mailing, provider contact, generating reports, document and media storage, and destroying source documents.

Item#	Description	Size	Sold By
1 2	Keystroke Pricing - completed on time Keystroke Pricing - Not completed on time		Per 1000 keystrokes Per 1000 keystrokes
3	Courier Per Unit Pricing	As needed	
4	Sort forms by type, county, numeric index, etc.	Hour	
5	Batch forms	Hour	
6	Remove attachments	Hour	
7	Screen forms for accuracy prior to entry	Hour	
8	Calculate fields to verify totals	Hour	
9	Recall submitted forms for sight verification	Hour	
10	Edit submitted reports	Hour	
11	Сору	Hour	
12	Open mail	Hour	
13	Send mail	Hour	
14	Generate reports	Hour	
15	Create and manage database	Hour	
16	Develop and maintain mailing lists	Hour	
17	Create data media (i.e., diskette, CD zip drive	Hour	
18	Research information sources to complete form	Hour	
19	Sort alphabetically for storage	Hour	
20	Store documents	Hour	
21	Shred documents	Hour	
22	Project Manager	Hour	
23	Production Manager	Hour	
24	Programming	Hour	
Orde	these items from:		

Jackson County Developmental Center

Millwood, WV

273-3091 Phone 273-5131 FAX



First Class Mail Presort Bulk Mail Preparation

Services offered include collating, folding, stapling and labeling. Sorting is by zip code, alphabetically, or whatever the job requires. Work centers are up to date with the current U.S. Postal Regulations.

Charges are for actual postage cost that is incurred by WVARF when the mail is sorted according to United States Postal Service's published three-digit rate and the actual cost when the mail does not meet the three-digit rate.

Item#	Description	Size	Sold By
1	FIRST CLASS LETTERS. Bar code, sort and deliver to USPS metered and /or permit mail. Metered rate is USPS published three-digit automated rate		Price per piece
2	STANDARD CLASS LETTERS. Sort and deliver to USPS. MLOCR compatible metered and/or permit mail.	8	Price per piece
3	STANDARD MAIL A. Hand sort and deliver to USPS metered and/or permit mail		Price per piece
4	STANDARD MAIL B. Hand sort and deliver to USPS metered and/or permit mail.		Price per piece
5	HOURLY LABOR. Pick-up and delivery of first class mail outside of normal hours, and pick-up of standard mail outside of the Capitol Complex.		Price per hour
6	HAND WORK, such as: label, stamp, fold, insert, seal, weigh, tab, staple, separate, and/or meter.		Price per piece
7	INSUFFICIENT POSTAGE		Price per piece

Order these items from:

WVARF

Charleston, WV



Document Imaging

WVARF assures you of a high quality record management service including microfilm, micro-fiche or data entry. We go beyond our industry standards with verification and checks for accuracy. Complete security and confidentiality of your records is guaranteed.

Using a high-speed optical scanner, your source documents in paper form will be converted into a digital format. During this process, the documents are scanned and checked for quality and accuracy, indexed by key words and sorted on a CD-Rom or DVD.

Item#	Description	Size	Sold By
			Per document
1	Scanned at 200/300 dpi up to 8.5" x 14"		Per document
2	Scanned at 200/300 dpi up to 11" x 17"		Per keystroke
3	Indexed		Per job
4	Set up fee		Per document
5	Master CD fee		Per CD
6	Duplication		Per CD
7	Preparation of documents		Per hour
8	Transportation of documents		Per mile
9	Fragile document scanning on flatbed		Per document
	scanner		
10	Doc. Scanning at 200/300 dpi up to 11: x		Per document
	17 w/flatbed		
11	OCR, no operator editing		Per document
12	OCR clean-up		Per hour
13	Off-site storage		Per CD/per year
14	Document shredding		Per 15: banker's
	_		box
15	Data Warehousing (via Internet) (Includes		Per image/per
	accessing up to 20% of images		year
it.	warehoused.)		
16	Accessing of warehoused data (above		Per image
	20%)		
17	Doc Scanning 18" x 24" Eng. C @ 200		Per document
	dpi – per document		
18	Doc Scanning 18" x 24" Eng. C @ 300		Per document
	dpi – per document		
19	Doc Scanning 24" x 36" Eng. C @ 200		Per document
	dpi – per document		
20	Doc Scanning 24" x 36" Eng. C @ 300		Per document
	dpi – per document		

21	Doc Scanning 36" x 48" Eng. C @ 200	Per document
22	dpi – per document Doc Scanning 36" x 48" Eng. C @3200	Per document
	dpi – per document	
23	Microfilm Scanning, 16 mm roll film,	Per image
	200/300 dpi -	
24	Microfilm Scanning, 35 mm roll film,	Per image
	200/300 dpi	
25	Microfiche Scanning, 200/300 dpi	Per image
26	Aperture scanning	Per card
27	Master DVD-R	Per DVD

Order these items from:

WVARF

Charleston, WV



Microfilming Services

Your source documents will be filmed on either a planetary or rotary camera. The documents are archived on either 16 or 35 mm microfilm. The steps of microfilming are picking up the documents; preparation for filming, which includes removing staple, paper clips, rubber bands, straightening corners, etc.; labeling jackets; labels for film rolls; filming the documents; processing the film; loading jackets; duplication of jackets; and quality control.

Item#	Description	Size	Sold By	
	Source documents 8 1/2" x 5" to 8 1/2" x 14:			
1	Placed in microfilm jackets (microfiche)			
2	Placed on 16 mm roll film with spool			
3	Placed on 16 mm roll film with cartridge			
1	Check or check sized documents			
4 5	Placed on 16 mm film with spool			
3	Placed on 16 mm film with cartridge			
	Drawings, Engineering: sizes A to E			
6	Placed on 35 mm film with spool			
7	Placed on 35 mm film in microfilm jacket			
	(Microfiche)			
8	Placed on 35 mm film in aperture card			
	a wood on so mm mm m aporture out			
	Jacket Duplication			
9	16mm jackets, per jacket			
10	35 mm film jackets, per jacket			
11	16mm rolls, per roll			
	VALUE (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
	Document Preparation			
12	Remove foreign objects and prepare		Per hour	
	documents for filming			
13	Indexing		Per hour	
14	Transportation of Documents		Per mile	
Order these items from:				
WVARF		Charlesto	n, WV	205-7970 Phone
				205-7915 FAX





Janitorial/Grounds Maintenance Services

WVARF currently provides all the services necessary to make an agency's public buildings clean and comfortable. WVARF currently services over 160 buildings owned or operated by the State, in addition to the Interstate Rest Areas. These services are available to any State agency, political sub-division, or state college or university. Work is performed from an agreed upon statement of work at the days and times that the customer needs.

Please provide WVARF with your cleaning specifications. A marketing representative will visit your location and review your statement of work. A proposal will then be presented to you to complete the work.

Order these services from:

WVARF

Charleston, WV



Temporary Employment Services

WVARF and its employment programs throughout the state can provide you workers to help during your seasonal peaks, special projects, and to fill in where a permanent vacancy exists. This service serves two purposes 1) allows you to get the help you need quickly with the completion of one form, and 2) allows you to fully evaluate a potential candidate when a permanent vacancy exist prior to making a hiring commitment.

For all your staffing needs, please call WVARF.

Item#	Description	Size	Sold By
	Job Classifications for Regions I, II, IV		8
1200	Accounting clerk		Hour
1201	Data entry		Hour
1202	Casual labor	59()	Hour
1203	General office personnel		Hour
1204	Typist/work processing – entry level		Hour
1205	Typist/work processing – entry level		Hour
	Job Classifications for Regions III		
1200	Accounting clerk		Hour
1201	Data entry		Hour
1202	Casual labor		Hour
1203	General office personnel		Hour
1204	Typist/work processing - entry level		Hour
1205	Typist/work processing – entry level		Hour

Order these services from:

WVARF Charleston, WV 205-797

OTHER NON-MANDATORY PRODUCTS AND SERVICES



Aprons

These vinyl food handler's aprons are an economical way to keep clean in the kitchen.

- 34" wide x 42" long
- frosty clear 8 mil vinyl
- four aluminum grommets reinforced by stitching at bib, top and sides with three pre-tied 30" nylon strings

(Customer pays freight)

These impermeable, rubber coated laboratory aprons are for use in laboratories to protect clothing of workers from chemical splashes.

- 35" wide x 45" long
- black
- rubber coated laboratory apron for use in laboratories to protect clothing of workers from chemical splashes
- reinforced with four patches stitched completely on all ties
- four aluminum grommets and three pre-tied 30" nylon strings

(Customer pays freight)

Order these items from:

WVARF

Charleston, WV









Traditional Rubber Stamps

Available in a variety of sizes and options, our stamps are made of the highest quality material so they won't wear out easily. For use with nearly any kind of stamp pad and specialty ink on most flat surfaces.

Self-inking Stamps

The self-inking stamp is a small machine that has both a rubber die (printing plate) and an inkpad, thus eliminating the need for a separate stamp pad. Pushing on the top of the stamp rotates the inked die to the surface, making an impression. Ink replacement cartridges sold separately.

Stock Stamps

Select from a wide range of economically priced stock stamps. Available in wood handle stamps or self-inking stamps

Date stamps

Available with space for a personal message. However, the area for the message may be dictated by the size of the stamp

When you are ordering remember to stock up on other essential items like stamp pads and refill ink bottles.

If you would like to add a custom graphic such as a logo, please Fax us a copy of the graphic along with your contact information so we can provide an accurate quote.

Order these services from:

WVARF

Charleston, WV

205-7970 Phone 205-7915 FAX





Brooms & Mops

These **brooms** made here in West Virginia carry a 100% guarantee. Made from 100% natural broomcorn, with nylon stitching our brooms come in two sizes, a standard kitchen broom and a heavy-duty warehouse style

Mops made from all cotton cord come in three sizes, regular, regular long and heavy-duty.

Order these items from:

WVARF

Charleston, WV

205-7970 Phone 205-7915 FAX



Mulch & Compost

Hardwood Mulch manufactured in West Virginia from West Virginia hardwood species

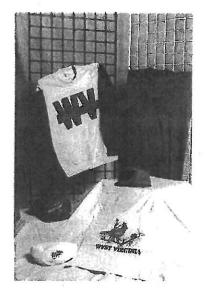
Compost is a value added product made from sawdust and chicken litter.

Order these items from:

WVARF

Charleston, WV

205-7970 Phone 205-7915 FAX



Screen Printing

WVARF offers a wide range of screen-printed items, from T-shirts to metal signs. We can print your design or create one for you. Some of the items we have to offer are listed. Let us know your special needs and we will see if we can meet them.

T-Shirts

We offer 50/50 cotton/polyester, heavy weight short sleeve T-shirts printed in the color and design of your choice. Prices are for 1-color imprint, one location (front or back). We also offer 100% cotton, heavy weight short sleeve T-shirts

- Adult sizes: S, M, L, XL
- XXL, and XXXL are available although they are limited in color selection
- Youth sizes: S, M, L

Baseball Caps

We offer both imported and domestic made hats, which are available in any solid color or with optional white front panel. All styles have adjustable back straps.

- Imported Summer Weight Mesh
- Poplin

- Nylon
- Domestic
- Summer Weight Mesh
- Winter Weight

Adult Crew Neck Sweatshirt

- This 50/50 cotton/polyester sweatshirt features raglan sleeves.
- · Adult sizes: S, M, L, XL
- XXL, and XXXL are available although they are limited in color selection

Hooded Sweatshirt

- This 50/50 cotton/polyester hooded pullover features raglan sleeves
- Adult sizes: S, M, L, XL
- XXL, and XXXL are available although they are limited in color selection

Golf Shirts

- Golf shirts are available in 50/50 cotton/polyester blend and in 100% cotton.
- · Adult sizes: S, M, L, XL
- XXL, and XXXL are available although they are limited in color selection

Windbreakers

Nylon, unlined jackets

- Adult sizes: S, M, L, XL
- XXL, and XXXL are available although they are limited in color selection

Nylon Flannel Lined

- · Adult sizes: S, M, L, XL
- XXL, and XXXL are available although they are limited in color selection

Items available upon request:

- · Baseball and other jacket styles
- Shorts
- Tote bags
- Gym bags
- Metal signs
- Notebooks
- Bibs
- Sweatpants
- Aprons
- Duffle bags
- License plates
- Magnetic signs
- Umbrellas

Ordering Information

A minimum of one dozen items must be ordered unless otherwise specified.
Whenever possible, we use name brand products. Delivery in 15-30 days after approval of artwork..

Order these items from:

WVARF

Charleston, WV

205-7970 Phone 205-7915 FAX

Signs

WVARF can meet all your signage needs and can provide you with consultation on ADA signage.

Wall and Door Signs

Custom signs for your walls and doors are available from WVARF in your choice of colors or on wood grain stock, in sizes up to 11" x 16". Engraved to your specifications with a maximum letter size of 2" and a maximum of 14 letters on 16" signs. Our signs are backed with double-stick tape or equipped with drilled holes and screws for quick or permanent mounting. Call for a price quote.

Name Tags

Available in wood grain-look or assorted colors and engraved with up to two lines. Choice of pin back or bull dog clip. A variety of nametags and badges can be produced to your specifications. Size 1" x 3".

Wooden Routed Signs

By using cedar and redwood on our routed signs we are insuring you get a properly routed sign that age beautifully. After routing we paint or stain to your specifications. Sandblasted signs are also available. Due to the individualized nature of sandblasting, our specialists are available to consult with you on your signage needs.

Name Plates

WVARF offers a line of customized nameplates that will fit all desk holders, t-brackets and aluminum wall mounts. Choose from three sizes and a variety of finishes, including satin, matte, textured, wood grain, and metalex plastic. Have them engraved in either white or black.

Triangular Base for Name Plates. The plate is affixed to the base with either double-stick



tape or brass screws. Please specify when ordering. Available in solid walnut, aluminum or acrylic.

Wall Mounts are available in aluminum, gold or silver.

Order these items from:

WVARF

Charleston, WV

205-7970 Phone 205-7915 FAX

Wood Products Outdoor Furniture

We offer a line of outdoor wooden furniture made to your specifications. Our furniture is made with treated wood to ensure it lasts for years to come.

Picnic Tables

Our picnic tables come in wooden frame and metal frame. We also have picnic tables with unattached benches. Each table is made with treated lumber, galvanized bolts and decking screws. They are available in a variety of sizes and styles, which are appropriate for commercial or residential use.

Park Benches

For an added classic look to any landscaping or park, we offer park benches, which can be made to order.

Lawn Furniture

We offer a variety of lawn furniture including gliders, tables, Adirondack chair, sun tanning benches, metal frame porch swings and wooden porch swings. All are available in a variety of sizes and styles.

Custom Office Furniture & Cabinets

WVARF is proud to offer a line of custom made computer desks, tables, desks and chairs and cabinets; all made from the highest quality West Virginia wood products. Our skilled workers create these handsome and durable pieces according to your needs and specifications. WVARF also offers a line of prefabricated furniture. Call us before looking anywhere else for new office furnishings.









Wooden Pallets

We can manufacture wooden pallets from poplar and West Virginia mixed hardwood and price according to the materials and dimensions of the pallets. We manufacture 2-way and 4-way pallets in a variety of sizes

Frames

WVARF can fulfill all of your framing needs. Our custom built frames are built to your specifications. You tell us the size, the wood, the color and we will give you a beautiful hand crafted frame.

Order these items from:

WVARF

Charleston, WV

205-7970 Phone 205-7915 FAX

Ordering Information for Products

Product Orders

To order a product(s), please complete the WVARF Order Form and fax or mail to:

FAX: 304-205-7915 OR

WVARF

400 Allen Drive, Suite 100 Charleston, WV 25302 Phone: (304) 205-7970

RFQ (Request for Quote)

To obtain a quote on items within this catalog, please fax or mail your RFQ to:

FAX: 304-205-7915 OR

WVARF

400 Allen Drive, Suite 100 Charleston, WV 25302 Phone: (304) 205-7970

Payment

WVARF will accept payment by check, VISA, MasterCard, or the state Purchasing Card used by government agencies. Please make payment to WVARF within 30 days of the date of the invoice.

Delivery

No Minimum order requirements, unless shown specifically in the item description. Upon receipt of your purchase order, all items in this catalog will be delivered within 30 days, unless the item description specifies otherwise. All prices include destination charges (net FOB destination), although some special orders may require a surcharge for shipping and handling.

Please check your items upon receipt. If the quantity or item you ordered is different from your specifications, call us immediately at **(304) 205-7070**. We will assist you in any way possible.

ORDER FORM

Fax or Mail Order to

WVARF Address

West Virginia Association of Rehabilitation Facilities

400 Allen Drive, Suite 100 Charleston, West Virginia 25302

Phone

(304) 205-7970

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(304) 205-7915

BILL TO ADDRESS:	BILLING INFORMATION
	Agency Purchase Order #
	* OR *
	P-CARD
	Credit Card Number:
Phone No:	
Fax No:	Expiration Date:
SHIP TO ADDRESS:	Conditional
SHIP TO ADDRESS.	Cardholder Name:
	Special Instructions
Attention:	
Phone #:	
QTY UNIT DESCRIPT	
QTY UNIT DESCRIPT	ON PRICE AMOUNT
	SUBTOTAL
Authorized by (2)	FREIGHT
Authorized by (Signature)	Date TAX RATE
Print Name	TAX
1 11116 14001110	TOTAL DUE

EMPOWERING INDIVIDUALS WITH DISABILITIES THROUGH EMPLOYMENT

STATE USE PROGRAM

WV ASSOCIATION OF REHABILITATION FACILITIES, INC.

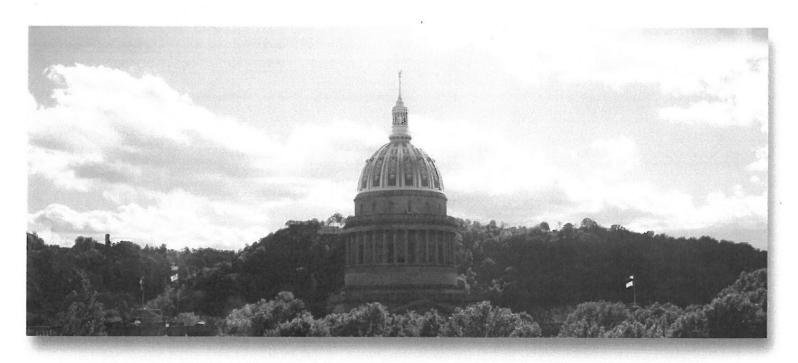
ANNUAL REPORT 2013

WWW.WVARF.ORG
Printed by SW Resources, Inc.

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REPORT SUMMARY



This report contains statistical, program, and financial information of the State Use Program for the fiscal years 2011-13.

The West Virginia State Use Program (SUP) was created in 1984 by the passage of the West Virginia State Use Law, which mandated that the State of West Virginia purchase products and printing produced by sheltered workshops if such goods were available at a comparable price, and were of comparable quality that was being offered by private businesses. The purpose of the program is to provide employment opportunities to individuals with disabilities, and to provide quality commodities and services to state government agencies and political subdivisions at a fair market price.

The State Use Program is administered through a statewide contract between the West Virginia Association of Rehabilitation Facilities, Inc. (WVARF), the Central Nonprofit Agency, and the State of West Virginia. The Governor appointed the Committee for the Purchase of Commodities and Services from the Handicapped as an oversight committee to provide oversight of the "Fair Market Price" for commodities and services provided to state agencies by the Community Rehabilitation Programs located throughout West Virginia.

The number of workers employed reflects the total number of all workers that worked on State Use Program projects during the reported fiscal years 2011-13, regardless of the duration of their assignment on the project, or the number of hours they worked. It does not reflect the number of "positions" created by the State Use Program. Community Rehabilitation Programs (CRPs) are free to utilize the best staffing paterns to meet the needs of both the customer and the individual worker's. Full time employment is not always available to the workers due to a large number of small projects. In addition, not all workers are able to work a 40-hour week due to their disability or financial limitations.

MESSAGE FROM THE EXECUTIVE DIRECTOR



Dear Supporters,

On behalf of the Governor's Committee, the Central Nonprofit Agency (CNA) Committee, the West Virginia Association of Rehabilitation Facilities (WVARF) Board of Directors and WVARF staff, I am pleased to present the 2013 Annual Report. (This report includes annual figures for fiscal year 2011, 2012, and 2013).

WVARF has faced many challenges during the 2012/13 fiscal year. Contract renewals have led to speeding up the learning curve of new staff while relying on the Purchasing Division and the Department of Administration. Many West Virginia rest areas were closed and/or renovated, leading to reduced hours and overall work. Legislative mandates of federal background checks delayed contract delivery and resulted in overall lost wages.

Change is never easy. New leadership combined with restructuring of staff has offered the opportunity to renew our vision, and maintain our mission of serving those with disabilities. Ensuring that those who are counting on us to have an improved quality of life, combined with assisting Community Rehabilitation Programs (CRPs) with viable and sustainable products and services, has presented continuous professional growth opportunities for the entire staff at WVARF. Despite these challenges, we have a lot to be thankful for.

I am thankful to have the dedicated staff that is always up for the challenge, a Board of Directors that has embraced the vision, and the support of the Govenor's and CNA Committee's members. Again, I want to acknowledge the assistance and patience given by the State Purchasing Division.

Sincerely,

Executive Director

HIGHLIGHTS OF THE YEAR

- 78% of individuals with a disability were employed by the State Use Program.
- CRPs achieved an 86% ratio of direct labor hours of those employed with a disability.
- Direct labor hours worked by those with a disability increased 16.6% since 2010.
- Sales by Services increased 5.66% since 2010.
- Sales by State Agency increased 4.54% since 2010.
- Overall sales by CRP increased 5.21% since 2010.

Economic Value of the State Use Program in the State of West Virginia:

The 2012 Economic Benefits Study conducted by State Use Program Association (SUPRA) shows an annual savings of \$2,366 per worker with a disability employed on a State Use contract. These savings all savings of approximately are realized through reduced need for government entitlements and increased tax payments to the government resulting from employment.

Community Rehabilitation Programs (CRPs) employed 969 individuals with a disability to work for State Use contracts. Based on the 2012 Economic Benefit Study, West Virginia benefited from an over-

\$2,292,654.00.

WVARF BOARD OF DIRECTORS

OFFICERS

BRENDA HELLWIG MIKE TURNER TERAH KLEIN JANNIECE SLEIGH PRESIDENT JOB SQUAD, INC. VICE-PRESIDENT RANDOLPH COUNTY SHELTERED WORKSHOP TREASURER SW RESOURCES, INC. SECRETARY EMPOWERMENT THROUGH EMPLOYMENT, INC.

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JOHN B. MCCUSKEY
JERRY CARPER
JOHN ELLEM
RICHARD SMITH
DAVID MOLGAARD
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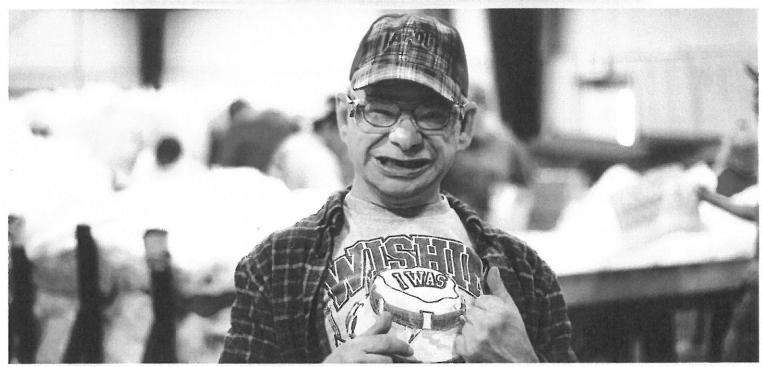
CERTIFIED PUBLIC ACCOUNTANT
WV HOUSE OF DELEGATES
WV DIVISION OF REHAB SERVICES
WV HOUSE OF DELEGATES
EASTERN WV COMMUNITY ACTION AGENCY
MANAGER OF THE CITY OF CHARLESTON
WVARF EXECUTIVE DIRECTOR
WVARF PRESIDENT/EXECUTIVE DIRECTOR OF JOB SQUAD, INC.

GOVERNOR'S COMMITTEE

CEDRIC GREENE, CHAIRMAN BRENDA BATES JAN SMITH EVERETTE SULLIVAN DON ARRICK

REPRESENTING WV DEPARTMENT OF ADMINISTRATION
REPRESENTING WV DIVISION OF REHABILITATION SERVICES
REPRESENTING NONPROFIT WORKSHOPS
REPRESENTING ORGANIZED LABOR
WV PURCHASING DIVISION

WV COUNTIES SERVED BY COMMUNITY REHABILITATION PROGRAMS



COMMUNITY REHABILITATION PROGRAM

FY2011-13

COMMONITI KENADILITATION PROG	KAM 112011 10
BRIGHT HORIZONS	FAYETTE, NICHOLAS, WEBSTER, KANAWHA, STATEWIDE SOAP
BUCKHANNON-UPSHUR WORK ADJUSTMENT CENTER	LEWIS, UPSHUR, BARBOUR
CLAY COUNTY SERVICES UNLIMITED	CLAY, ROANE, FAYETTE
DEVELOPMENTAL CENTER AND WORKSHOP	BERKELEY, GRANT, HAMPSHIRE, HARDY, MINERAL
EASTRIDGE HEALTH SYSTEMS	BERKELEY, MORGAN
EMPOWERMENT THROUGH EMPLOYMENT	HARRISON, PRESTON, TAYLOR
GATEWAY INDUSTRIES	GREENBRIER, MONROE, POCAHONTAS
GOODWILL INDUSTRIES OF KANAWHA VALLEY	KANAWHA, PUTNAM
GOODWILL INDUSTRIES OF KYOWVA	CABELL, LINCOLN, MASON, WAYNE
GOODWILL OF SW PA NC WV	MONONGALIA
GREEN ACRES REGIONAL CENTER	STATEWIDE WATER
HANCOCK COUNTY SHELTERED WORKSHOP	HANCOCK, STATEWIDE LAUNDRY/MATS
INTEGRATED RESOURCES BOONE, LOGAN	MCDOWELL, MINGO, SUMMERS, WYOMING, RALEIGH, BERKELEY
JACKSON COUNTY DEVELOPMENTAL CENTER	JACKSON-STATEWIDE DATA MANAGEMENT/CLOTHS
JOB SQUAD	KANAWHA
LILLIAN JAMES LEARNING CENTER	RALEIGH, LOGAN, MERCER
MERCER COUNTY OPPORTUNITY INDUSTRIES	MERCER, MONROE
MID-VALLEY HEALTHCARE	WETZEL
NORTHWOOD HEALTH SYSTEMS	MARSHALL
PACE TRAINING & EVALUATION CENTER	MONONGALIA, STATEWIDE DOCUMENT HANDLING
PRECISION SERVICES	BRAXTON, GILMER, LEWIS, KANAWHA
PRESTERA CENTER	KANAWHA, WAYNE, CABELL
PRESTON COUNTY SHELTERED WORKSHOP	PRESTON
RANDOLPH COUNTY SHELTERED WORKSHOP	RANDOLPH, BARBOUR, MONONGALIA
SW RESOURCES	PLEASANTS, WOOD
THE OP SHOP	MARION, HARRISON
W.A.T.C.H	OHIO

EMPLOYEES OF THE YEARS

COMMUNITY

JAMIE POE SW RESOURCES, INC.



ERICKA PRUITT
DEVELOPMENTAL CENTER & WORKSHOP, INC



DIANA CORBITT EMPOWERMENT THROUGH EMPLOYMENT, INC.

WVARF

NUMBER OF WORKERS EMPLOYED WITHIN THE STATE USE PROGRAM

FISCAL YEAR	NUMBER OF DISABLED WORKERS	NUMBER OF NON-DISABLED WORKERS	OF WORKERS EMPLOYED
2013	874	216	1090
2012	848	267	1115
2011	1050	205	1255



DIRECT LABOR HOURS WORKED BY DISABLED WORKERS

FOR THE STATE USE PROGRAM THROUGHOUT WEST VIRGINIA

FISCAL YEAR	TOTAL NUMBER OF DIRECT LABOR HOURS WORKED BY DISABLED WORKERS	TOTAL NUMBER OF DIRECT LABOR HOURS WORKED BY NON- DISABLED WORKERS	TOTAL HOURS WORKED	OVERALL STATE USE RATIO OF DISABLED WORKERS
2013	688,860	114,578	803,438	86%
2012	712,521	122,005	834,526	85%
2011	732,733	123,207	855,940	86%

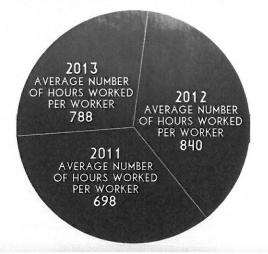
PERCENTAGES OF DIRECT LABOR HOURS **FY12 FY13 FY11** TOTAL NUMBER OF DIRECT LABOR TOTAL NUMBER OF DIRECT LABOR
HOURS WORKED
BY NON-DISABLED
WORKERS TOTAL NUMBER OF DIRECT LABOR HOURS WORKED HOURS WORKED BY NON-DISABLED WORKERS BY NON-DISABLED WORKERS 14% 15% 14% TOTAL NUMBER
OF DIRECT LABOR HOURS TOTAL NUMBER OF DIRECT LABOR HOURS TOTAL NUMBER OF DIRECT LABOR HOURS WORKED BY DISABLED WORKED BY DISABLED WORKED BY DISABLED WORKERS WORKERS WORKERS 86% 85% 86%

Christopher is employed with SW Resources as a welcome center attendent. He is an enthusiastic individual whose work ethic is inspirational. His job has given him a greater ability to care for his wife and young son.

AVERAGE NUMBER OF HOURS WORKED BY WORKERS WITH DISABILITIES

FISCAL YEAR	NUMBER OF WORKERS WITH DISABILITIES	NUMBER OF HOURS WORKED BY WORKERS WITH DISABILITIES	OF HOURS WORKED PER WORKER
2013	874	688,860	788
2012	848	712,521	840
2011	1050	732,733	698

AVERAGE HOURS WORKED



WAGES PAID TO WORKERS ON STATE USE PROJECTS

FISCAL YEAR	TOTAL WAGES PAID TO DISABLED WORKERS	TOTAL WAGES PAID TO NON-DISABLED WORKERS	TOTAL WAGES PAID
2013	\$5,615,417	\$948,108	\$6,563,525
2012	\$5,705,966	\$922,647	\$6,628,613
2011	\$5,792,272	\$1,049,372	\$6,841,644

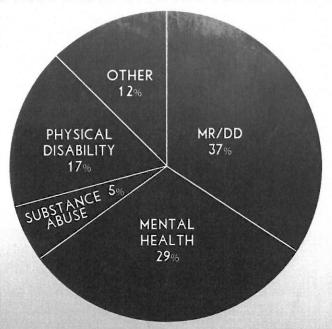
WAGES PAID FISCAL YEAR 2013
TOTAL WAGES PAID
\$6,563.525
FISCAL YEAR 2012
TOTAL WAGES PAID
\$6,628,613

FISCAL YEAR 2011
TOTAL WAGES PAID
\$6,841,644

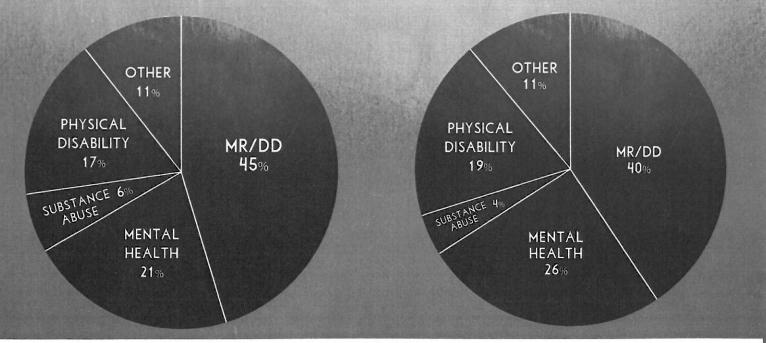
DISABILITY DEMOGRAPHIC STATISTICS FOR THE WV STATE USE PROGRAM

FISCAL YEAR	MR/DD	MENTAL HEALTH	SUBSTANCE ABUSÉ	PHYSICAL DISABILITY	OTHER	TOTAL
2013	323	253	42	148	108	874
2012	338	213	36	160	101	848
2011	491	213	65	170	111	1050

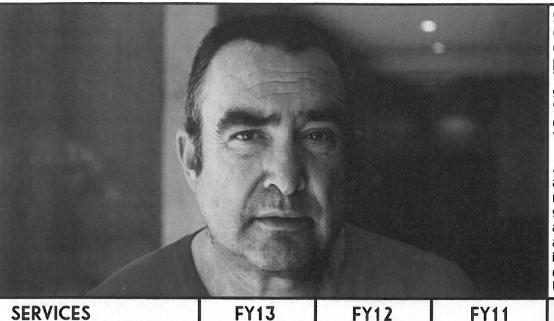
FY 2013 DEMOGRAPHIC PERCENTAGES



FY 2011 DEMOGRAPHIC PERCENTAGES FY 2012 DEMOGRAPHIC PERCENTAGES



SALES



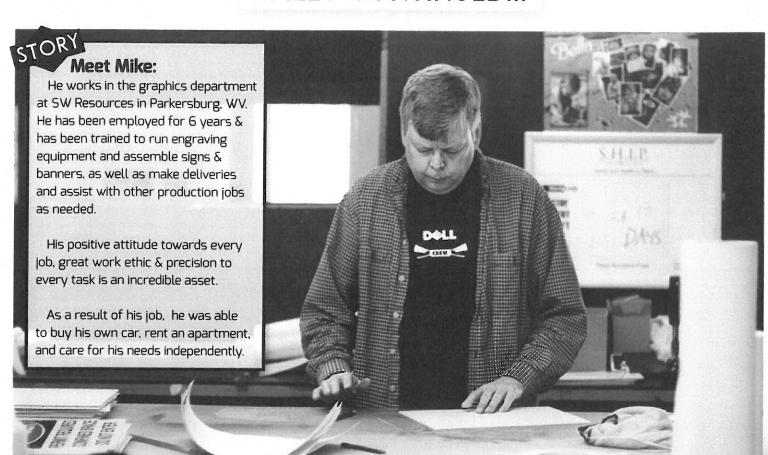
of Goodwill Industries
of the Kanawha Valley, and is a
part of the custodial crew at the
WV State Capital complex. Though
shy about his accomplishments,
Scott is a hard working and dedicated member of the Charleston,
West Virginia community.

After previously being homeless and without paid work, Scott has now been working at the Capital since December 2009. He rents an apartment in town, and is now able to care for his own needs. He is a perfect example of how effective and powerful the State Use Program can be.

SERVICES		FY13		FY12		FY11
COURIER	\$	6,851	\$	30,197	\$	29,753
DATA MANAGEMENT	\$	704,544	\$	315,168	\$	523,702
DATA IMAGING	\$	410,180	\$	755,876	\$	689,671
DOCUMENT DESTRUCTION	\$	17,562	\$	-	\$	
GROUNDS	\$	47,830	\$	193,345	\$	200,354
JANITORIAL	\$	9,333,916	\$	7,057,487	\$	6,511,829
LAUNDRY	\$	1,496,383	\$	1,480,961	\$	1,371,062
LOW IMPACT MONITORING	\$	409,090	\$	479,755	\$	403,750
MICROFILMING	\$	86,696	\$	38,937	\$	54,081
MISCELLANEOUS	\$	796	\$	10,003	\$	8,313
PRESORT	\$	668,680	\$	717,272	\$	698,462
REST AREAS	5	474,901	\$	2,152,243	\$	2,455,528
STREAM ACCESS SITES	\$	64.627	\$	67,381	\$	148,987
TEMPORARY SERVICES	\$	302,306	\$	498,091	\$	266,001
TOTAL	\$	14,024,362	5	13,796,718	5	13,361,494
COMMODITIES		FY13		FY12		FY11
BOTTLED WATER	5	220.095	5	85,491	\$	75,975
CLEANING CLOTHS	\$	140,696	\$	177.731	\$	186,617
CONDIMENT KITS	\$		5	816	\$	1,000
FISH NURSERY STRUCTURES	\$		5		\$	
LIQUID HAND SOAP	\$	104.465	5	120,032	\$	117,382
MISCELLANEOUS	\$	2,449	\$		\$	
OIL ABSORBENCY KITS	S	9,959	\$	12,891	\$	8,968
SURVEY STAKES	\$	13,124	5	15,851	\$	17,036
TOTAL	\$	490.788	\$	412,811	5	406,977



SALES CONTINUED...

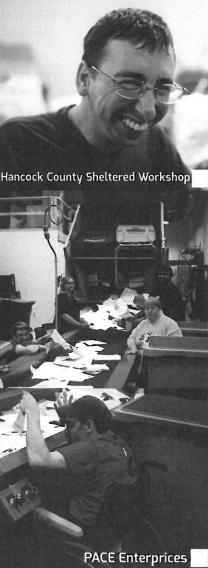


STATE AGENCY		FY13		FY12		FY11
ALCOHOL BEVERAGE COMMISSION	\$	13,268	\$	93,804	3	13,725
AUDITOR'S OFFICE	\$	7,603	\$	9,095	\$	
BUREAU OF COMMERCE	\$	358,486	\$	391,187	\$	474,492
COLLEGE AND UNIVERSITIES	5	1,155,396	\$	1,067,630	\$	1,037,726
DEPT OF ADMINISTRATION	\$	2,724,365	\$	2,926,273	3	2,401,623
DEPT OF EDUCATION AND THE ARTS	\$	197,983	\$	144,978	\$	542,765
DEPT OF ENVIRONMENTAL PROTECTION	\$	594,821	\$	600,606	3	554,957
DEPT OF HEALTH AND HUMAN RESOURCES	5	3,268,157	\$	3,371,746	\$	3,181,628
DEPT OF MILITARY AFFAIRS AND PUBLIC SAFETY	5	308,115	\$	111,676	\$	153,162
DEPT OF TAX AND REVENUE	\$	135,184	\$	148,671	\$	179,845
DEPT OF TRANSPORTATION	\$	5,083,267	\$	4,835,023	\$	4,841,703
DEPT OF VETERANS AFFAIRS	\$	269,598	\$	277,965	\$	202,298
LOTTERY COMMISSION	\$	250,893	\$	92,405	\$	19,637
MISCELLANEOUS AGENCIES	\$	136,183	\$	127,155	\$	154,525
SENIOR SERVICES BUREAU	\$	6.217	\$	4,938	3	4,296
STATE TREASURER'S OFFICE	\$	5,616	\$	6,378	\$	6,089
TOTAL	\$	14,515,150	3	14,209,529	\$	13,768,471

SALES CONTINUED...



COMMUNITY REHABILITATION			
PROGRAM	FY13	FY12	FY11
BRIGHT HORIZONS	\$ 302,554		
BUCKHANNON UPSHUR WORK ADJUSTMENT CENTER			
CLAY COUNTY SERVICES UNLIMITED	\$ 319,909		
DEVELOPMENTAL CENTER & WORKSHOP	\$ 709,909		
EASTRIDGE HEALTH SYSTEMS	\$ 5,297		
EMPOWERMENT THROUGH EMPLOYMENT	\$ 269,130		
GATEWAY INDUSTRIES	\$ 281.652		Control of the Contro
GOODWILL INDUSTRIES OF KANAWHA VALLEY		\$ 3,811,885	
GOODWILL INDUSTRIES OF KYOWVA	\$ 406.233		
GOODWILL OF SW PA NC WV	\$ 13.015	\$ 11,931	\$ -
GREEN ACRES REGIONAL CENTER	\$ 28,173		\$ -
HANCOCK COUNTY SHELTERED WORKSHOP		\$ 1,501,046	
INTEGRATED RESOURCES	\$ 540,356		
JACKSON COUNTY DEVELOPMENTAL CENTER	\$ 536,492		Ph. Albert Constitution Constit
JOB SQUAD	\$ 655.924	\$ 692.043	\$ 698,462
LILLIAN JAMES LEARNING CENTER	\$ 232,532	\$ 162,222	\$ 141.795
MERCER COUNTY OPPORTUNITY INDUSTRIES	\$ 264,158	\$ 259,505	\$ 274.635
MID-VALLEY HEALTHCARE	\$ 28.445	\$ 28.725	
NORTHWOOD HEALTH SYSTEMS	\$ 21.982	\$ 21.982	\$ 23.814
PACE TRAINING & EVALUATION CENTER	\$ 227.817	\$ 191.634	\$ 202,480
PRECISION SERVICES	\$ 1.190.093	\$ 1.198,971	\$ 1,182,638
PRESTERA CENTER	\$ 195,408	\$ 162,887	\$ 76,700
PRESTON COUNTY SHELTERED WORKSHOP	\$ 294.926	\$ 293,466	\$ 279,895
RANDOLPH COUNTY SHELTERED WORKSHOP	\$ 164.312	\$ 227.133	\$ 215,201
SEEING HAND ASSOCIATION	\$ -	\$ -	\$
SW RESOURCES	\$ 691,030	\$ 688,276	\$ 665,604
THE OP SHOP	\$ 1.358,735	\$ 1,160,022	\$ 1,426,619
WATCH	\$ 164,480	\$ 170.017	\$ 35.554
TOTAL	\$13,954,666	\$13,953,197	\$13,739,541



LIVES IMPACTED



Carol works with Hancock County Sheltered Workshop, cleaning and folding laundry for a number of State Use contracts, including the WV State Capital. She is a geniune and kind woman with a keen eye to precision in her work and is loved by all those she works with.

Aaron works cleaning up digital images for Precision Services, Inc. in Gassaway, WV. He has been employed for four months and loves his job. His level of intelligence is off the charts. Within the first couple weeks, he mastered photoshop and is now one of the highest performing workers in the lab.



Jennifer is a custodial worker at the WV State Capital complex, employed through Goodwill Industries of the Kanawha Valley. As she expressed, she grew up in the foster care system going from home to home. She has come a long ways since. Her joyous spirit & vibrant smile lights up a room & touches everyone she comes in contact with.



Rodney is an employee of Connor's Trucking, hired through Job Squad, Inc. He lives with his parents close to his work, so he is able to walk there. Each day he is precisely on time and his employer is extremely happy with his work ethic. He speaks fondly of everyone, and is a dedicated member of his community.

FACES



JACKSON COUNTY DEVELOPMENTAL CENTER, INC.

9948521

GREEN ACRES REGIONAL CENTER

GOODWILL OF THE KANAWHA VALLEY, INC.

JOB SQUAD, INC.

HANCOCK COUNTY SHELTERED WORKSHOP, INC.







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Parkersburg, WV





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WVARF

AUDITED FINANCIAL STATEMENTS

JUNE 30, 2013 AND 2012

JUNE 30, 2013 AND 2012

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FINANCIAL STATEMENTS:	
Statements of Financial Position	5
Statements of Activities and Changes in Net Assets	6
Statements of Functional Expenses	7-8
Statements of Cash Flows	9
NOTES TO FINANCIAL STATEMENTS	10-13



WILLIAM M. ELLIS, SR.
(1919-1990)

ROBERT V. ELLIS
(1925-2009)

WILLIAM M. ELLIS, JR.
MICHAEL C. ELLIS
MARK E. ELLIS
ALAN M. HEDGE
MICHELLE L. CLARK
BRIAN D. WADSWORTH

INDEPENDENT AUDITORS' REPORT

To the Board of Directors West Virginia Association of Rehabilitation Facilities, Inc. Charleston, West Virginia

We have audited the accompanying financial statements of West Virginia Association of Rehabilitation Facilities, Inc. (a nonprofit organization), which comprise the statements of financial position as of June 30, 2013 and 2012, and the related statements of activities and changes in net assets, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of West Virginia Association of Rehabilitation Facilities, Inc. as of June 30, 2013 and 2012, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Ellis & Ellis, PLLC

Charleston, West Virginia November 13, 2013

Ellis & Ellis, Puc

STATEMENTS OF FINANCIAL POSITION

ASSETS

		JUN	E 30,	
	-	2013		2012
Cash and Cash Equivalents	\$	579,604	\$	499,725
Reserve Fund		1,360,663		1,361,071
Accounts Receivable		2,168,509		1,478,441
Equipment, Less Accumulated				
Depreciation of \$53,858 and \$67,642, Respectively	Pig. 191 Sale	60,968		16,419
TOTAL ASSETS	\$	4,169,744	\$	3,355,656
TOTAL ASSETS	<u> </u>	4,109,744	<u> </u>	3,333,030
LIABILITIES AND NET ASS	SETS		W sage	
Accounts Payable	\$	2,169,444	\$	1,385,403
Accrued Expenses	Ψ	29,319	Ψ	19,913
•			3. 	
Total Liabilities	\$	2,198,763	\$	1,405,316
Unrestricted Net Assets	·	1,970,981		1,950,340
TOTAL LIABILITIES AND NET ASSETS	\$	4,169,744	\$	3,355,656

STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS

		FOR THE YEARS ENDED JUNE 30,			
		2013		2012	
UNRESTRICTED REVENUES:				;	
State Use Contract Sales Fees	\$	14,078,107	\$	13,740,014	
Department of Health and Human Resources		W 00000			
Contract Fees		61,706		55,678	
Membership Dues		21,625		22,275	
Reserve Fund Gains (Losses)		87,147		(5,323)	
Other Income		28,645	-	104,440	
Total Unrestricted Revenues	\$	14,277,230	\$	13,917,084	
EXPENSES:					
Program Services:					
Employment Contracts	\$	13,900,371	\$	13,660,950	
Membership Services		18,068		11,767	
	\$	13,918,439	\$	13,672,717	
Supporting Services:					
Management and General		338,150		142,759	
Total Expenses	\$	14,256,589	\$	13,815,476	
CHANGES IN NET ASSETS	\$	20,641	\$	101,608	
CALLET COME ALL LINE A LEGICAL D	¥	20,011	Ψ.	101,000	
NET ASSETS, JULY 1	_	1,950,340		1,848,732	
NET ASSETS, JUNE 30	<u>\$</u>	1,970,981	<u>\$</u>	1,950,340	

STATEMENT OF FUNCTIONAL EXPENSES

FOR THE YEAR ENDED JUNE 30, 2013

Program Services

		Employment Contracts		Membership Services		Total		Management and General		Total	
State Use Contracts	\$	13,501,961	\$	= 1.011001 =1	\$	13,501,961	\$	-	\$	13,501,961	
Personnel Cost		231,073				231,073		238,645		469,718	
Travel		32,565		-		32,565		12,198		44,763	
Dues and Subscriptions		1,805		-		1,805		849		2,654	
Meetings/Hospitality		12,220		18,068		30,288		3,178		33,466	
Maintenance		3,388		-		3,388		1,595		4,983	
Office Supplies		23,629		•		23,629		11,120		34,749	
Postage and Printing		1,990		-		1,990		936		2,926	
Telephone		8,370		-		8,370		3,939		12,309	
Professional Services		2,312		-		2,312		36,893		39,205	
Office Rent		24,360		•		24,360		11,463		35,823	
Miscellaneous		22,114		-		22,114		8,498		30,612	
Corporate Insurance		8,840		-		8,840		4,160		13,000	
Depreciation		9,937		-		9,937		4,676		14,613	
Credit Card Fees		15,807		-		15,807		-		15,807	
	-							30-010 - U. (
	<u>\$</u>	13,900,371	\$	18,068	\$	13,918,439	<u>\$</u>	338,150	<u>\$</u>	14,256,589	

STATEMENT OF FUNCTIONAL EXPENSES

FOR THE YEAR ENDED JUNE 30, 2012

Program Services

		mployment Contracts	bership vices		Total		nagement General		Total
State Use Contracts	\$	13,287,209	\$ -	\$	13,287,209	\$	-	\$	13,287,209
Personnel Cost		272,480	-		272,480		88,360		360,840
Travel		40,049	-		40,049		8,756		48,805
Dues and Subscriptions		1,254			1,254		590		1,844
Meetings/Hospitality		4,169	11,767		15,936		1,829		17,765
Maintenance		58	-		58		27		85
Office Supplies		8,281	-		8,281		3,239		11,520
Postage and Printing		3,308	-		3,308		1,557		4,865
Telephone		5,987	-		5,987		1,175		7,162
Professional Services		2,312	-		2,312		27,479		29,791
Office Rent		10,028	-3		10,028		4,719		14,747
Miscellaneous		2,034	-		2,034		(108)		1,926
Corporate Insurance		7,519	-		7,519		3,539		11,058
Depreciation		3,394	.=./		3,394		1,597		4,991
Credit Card Fees	-	12,868	 		12,868	1]	-	1)	12,868
	\$	13,660,949	\$ 11,767	<u>\$</u>	13,672,716	\$	142,759	<u>\$</u>	13,815,476

STATEMENTS OF CASH FLOWS

		FOR THE Y		ENDED
		2013	NE 30,	2012
CASH FLOWS FROM OPERATING ACTIVITIES:			_	
Change in Net Assets	\$	20,641	\$	101,608
Adjustments to Reconcile Change in Net		0.00000 3. 000 1000		and the second
Assets to Net Cash Provided by				
Operating Activities:				
Depreciation Expense		14,613		4,991
Net Unrealized and Realized (Gains) Losses		\$200 miles		25.2
on Reserve Fund		(65,437)		30,562
(Gain) on Disposal of Equipment		(1,497)		- 198.x5c
Change in Operating Assets and Liabilities:				
(Increase) Decrease In:				
Accounts Receivable		(690,068)		148,894
Increase (Decrease) In:				
Accounts Payable		784,041		(424,978)
Accrued Expenses		9,406		(10,864)
Net Cash Provided (Used) by Operating Activities	\$	71,699	\$	(149,787)
CASH FLOWS FROM INVESTING ACTIVITIES:				
Purchases of Reserve Fund Securities	\$	(299,000)	\$	(246,048)
Purchases of Fixed Assets and Equipment	177	(64,165)	•	(= , = , = , =)
Proceeds from Sale of Equipment		6,500		-
Proceeds from Sales of Reserve Fund Securities		329,019		210,428
(Increase) Decrease in Investment Cash		35,826		10,381
Net Cash Provided (Used) by Investing Activities	\$	8,180	\$	(25,239)
Increase (Decrease) in Cash and Cash Equivalents	\$	79,879	\$	(175,026)
	-	, , , , , ,		(1.0,010)
CASH AND CASH EQUIVALENTS, JULY 1		499,725		674,751
CASH AND CASH EQUIVALENTS, JUNE 30	\$	579,604	\$	499,725

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2013 AND 2012

NOTE 1 - ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Description of Organization:

West Virginia Association of Rehabilitation Facilities, Inc. (the Association) is a nonprofit, nonstock corporation organized under the laws of the State of West Virginia and exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. The primary purpose of the Association is to communicate and disseminate information among rehabilitation facilities to assist the disabled in making their maximum contributions to society. The Association's primary operations consist of obtaining employment contracts with agencies of the State of West Virginia for community rehabilitation programs.

Cash and Cash Equivalents:

Cash and cash equivalents consist of demand deposits and daily cash investment accounts.

Equipment:

Equipment is stated at cost. Depreciation is calculated on a straight-line basis over an estimated useful life of 5 years. The Association's policy is to capitalize property and equipment over \$1,000. Lesser amounts are expensed.

Reserve Fund:

Funds are carried at market values as determined by quoted prices in active markets.

Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from these estimates.

Functional Expenses:

Expenses are charged to program and supporting services based on a combination of specific identification and allocation by management.

Bad Debts:

Accounts receivable are written off in the period in which management determines that they are uncollectible.

Income Taxes:

The Association is exempt from federal income taxes under Internal Revenue Code Section 501(c)(3) and, therefore, has made no provision for federal income taxes. In addition, the Association has been determined by the Internal Revenue Service not to be a "private foundation" within the meaning of Section 509(a) of the Code. The Association had no excise or unrelated business income taxes for the years ended June 30, 2013 and 2012. The Organization's federal information returns, Form 990, are subject to examination by the IRS, generally for three years after they are filed.

Reclassifications:

Certain amounts for the year ended June 30, 2012 have ben reclassified in these comparative financial statements to conform to the 2013 classification. These reclassifications had no effect on the change in net assets.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2013 AND 2012

NOTE 2 - OPERATING LEASES:

The Association leases equipment and vehicles under noncancellable operating leases expiring in 2015. Additionally, the office space is leased under a cancellable operating lease which expires on June 30, 2017.

Rental expense for all operating leases including office space, vehicles and equipment was \$38,115 and \$18,193 for the years ended June 30, 2013 and 2012, respectfully.

Future minimum rental payments for the next five years and thereafter, required under leases with remaining terms in excess of one year, are as follows:

Year Ended June 30,		
2014	\$	46,598
2015		44,382
2016		39,121
2017		39,121
2018		-
	\$	169,222

NOTE 3 - RETIREMENT PLAN:

The Association has a defined contribution retirement plan in which all employees are eligible to participate. The Plan provides participants with several investment options. The Association contributes 9.5% of gross compensation for each participant. Retirement expense for the year ended June 30, 2013 and 2012 was \$28,443 and \$16,512, respectively.

NOTE 4 - CONCENTRATION OF CREDIT RISK:

Cash and Investments:

Financial instruments which potentially expose the Association to significant concentrations of credit risk consist principally of cash and cash equivalents, investments, and accounts receivable.

Cash and cash equivalents consist of demand deposits and a daily cash investment account with a high credit quality financial institution. Cash normally exceeds the federal depository insurance limit of \$250,000. Investments consist principally of money market funds and diversified mutual funds.

Accounts Receivable and Revenues:

Accounts receivable are primarily due from agencies of the State of West Virginia. During the years ended June 30, 2013 and 2012, approximately 99% of the contract fees recognized by the Association were related to state agencies.

Beginning June 1, 2008, the Association secured their role as the contract administrator for state use contracts for a one year term with a renewal option for each of the following five years. The current contract is in effect until June 30, 2014.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2013 AND 2012

NOTE 5 - RESERVE FUND:

Reserve funds are stated at fair value and are summarized as follows:

	June 3), 201	3
	Cost	I	Fair Value
Money Market Funds Mutual Funds	\$ 280,134 1,054,438	\$	280,134 1,080,529
	\$ 1,334,572	\$	1,360,663
	 June 30	,	
	 Cost	1	Fair Value
Money Market Funds Mutual Funds	\$ 276,164 1,123,448	\$	276,164 1,084,907
	\$ 1,399,612	\$	1,361,071

June 20, 2012

The following schedule summarizes reserve fund gains (losses) for the years ended June 30,

	2	013	2012
Unrealized Gains (Losses) Interest and Dividends Realized Gains (Losses)	\$	64,632 21,710 805	\$ (11,138) 25,239 (19,424)
	\$	87,147	\$ (5,323)

NOTE 6 - FAIR VALUE MEASUREMENT

Generally accepted accounting principles define fair value, establish a framework for measuring fair value, and establish a fair value hierarchy that prioritizes the inputs to valuation techniques. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. A fair value measurement assumes that the transaction to sell the asset or transfer the liability occurs in the principal market for the asset or liability or, in the absence of a principal market, the most advantageous market. Valuation techniques that are consistent with the market, income or cost approach are used to measure fair value.

The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value into three broad levels:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities the Organization has the ability to access.
- Level 2 inputs are inputs (other than quoted prices included with level 1) that are observable for the asset or liability, either directly or indirectly.
- Level 3 inputs are unobservable inputs for the asset or liability and rely on management's own assumptions about the assumptions that market participants would use in pricing the asset or liability.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2013 AND 2012

NOTE 6 - FAIR VALUE MEASUREMENT (Continued)

The following table presents the Organization's fair value hierarchy for those assets and liabilities measured at fair value on a recurring basis as of June 30, 2013.

	Level 1	Level 2		Level 3		Total	
Assets:							1903
Money Market Funds	\$ 280,134	\$	-	\$	-	\$	280,134
Mutual Funds	1,080,529	Nacional Control of	-		-		1,080,529
	\$1,360,663	\$	-	\$	-	\$	1,360,663

The following table presents the Organization's fair value hierarchy for those assets and liabilities measured at fair value on a recurring basis as of June 30, 2012.

	Level 1	Level 2		Level 3		Total	
Assets:							
Money Market Funds	\$ 276,164	\$	-	\$	-	\$	276,164
Mutual Funds	1,084,907		-		-		1,084,907
	\$1,361,071	\$		\$	-	\$	1,361,071

NOTE 7 - EQUIPMENT:

The following is a summary of equipment at June 30:

	 2013	 2012
Office Equipment	\$ 114,826	\$ 64,849
Vehicles	-	 19,212
	\$ 114,826	\$ 84,061
Less: Accumulated Depreciation	 (53,858)	 (67,642)
	\$ 60,968	\$ 16,419

NOTE 8 - BANK LINE OF CREDIT:

The Association has a line of credit with J.P. Morgan Chase. The amount of credit available under this line is \$1,000,000, none of which had been used at June 30, 2013 and 2012. The security for this line of credit is all accounts receivable of the Association, and interest is at LIBOR Rate plus 1.850 percentage points.

NOTE 9 - EVALUATION OF SUBSEQUENT EVENTS

The Organization has evaluated subsequent events through November 13, 2013, the date the financial statements were available to be issued.

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)

OMB No. 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service

Open to Public Inspection

_	P		00 000	
			g JUN 30, 201	
B	Check if applicable	C Name of organization	D Employer iden	tification number
		WEST VIRGINIA ASSOCIATION OF		
L	Addre	REHABILITATION FACILITIES, INC.		
	Name chang	e Doing Business As	5.5-	-0633886
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room		
F	Termin	400 ALLEN DRIVE, SUITE 100		-205-7970
Γ	Ameni	City or town, state or country, and ZIP + 4	G Gross receipts \$	14,140,208.
F	Application			
1	pendir	F Name and address of principal officer:WILLIAM MONTEROSSO	H(a) Is this a group	Yes X No
		SAME AS C ABOVE	for affiliates?	· · · · · · · · · · · · · · · · · · ·
_				included? Yes No
		empt status: X 501(c)(3)		a list. (see instructions)
WHIPPEND	_	e: WWW.WVARF.ORG	H(c) Group exemp	
-			Year of formation: 1973	M State of legal domicile: WV
		Summary	n.,	
ø	1	Briefly describe the organization's mission or most significant activities: TO COMM	UNICATE AND D	DISSEMINATE
and		INFORMATION AMONG REHABILITATION FACILITIES	TO ASSIST TH	E DISABLED
E	2	Check this box Fig. if the organization discontinued its operations or disposed of	more than 25% of its net	assets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3 24
9	4	Number of independent voting members of the governing body (Part VI, line 1b)		4 24
Se		Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5 12
Activities & Governance	6	Total number of volunteers (estimate if necessary)		6 0
E C	7a	Total unrelated business revenue from Part VIII, column (C), line 12		'a 0.
⋖	ь	Net unrelated business taxable income from Form 990-T, line 34		ъ О.
			Prior Year	Current Year
m.	8	Contributions and grants (Part VIII, line 1h)		. 0.
Revenue	1	Program service revenue (Part VIII, line 2g)	12 744 270	
ève		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
			13,753,168	
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		. 13,310,330.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.
**		Benefits paid to or for members (Part IX, column (A), line 4)	439,228	
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	439,220	
en		Professional fundraising fees (Part IX, column (A), line 11e)	te versicheren businks bakte ein etteren	OF UN ANALOGY VICTOR OF THE PROPERTY THE PROPERTY OF THE PROPE
ă		Total fundraising expenses (Part IX, column (D), line 25)	12 251 026	13 460 001
7.		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	13,351,036	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,790,264	
, 0	19 F	Revenue less expenses. Subtract line 18 from line 12	-37,096	
sets or alances			Beginning of Current Yea	
SSe		Total assets (Part X, line 16)	3,689,891	
₽₽		Total liabilities (Part X, line 26)	1,841,159	
Ź	22 1	Net assets or fund balances. Subtract line 21 from line 20	1,848,732	. 1,950,064.
		Signature Block		
		ties of perjury, I declare that I have examined this return, including accompanying schedules and st		my knowledge and belief, it is
true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.	
Sign	n	Signature of officer	Date	
Her	e	WILLIAM MONTEROSSO, EXECUTIVE DIRECTOR		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		HORACE W. EMERY, CPA	self-emp	P00050159
Prep		Firm's name SUTTLE & STALNAKER, PLLC	Firm's EIN	55-0538163
Use	Only	Firm's address 1411 VIRGINIA ST., E, STE 100		
		CHARLESTON, WV 25301	Phone no.	304-343-4126
May	the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No

WEST VIRGINIA ASSOCIATION OF 55-0633886 REHABILITATION FACILITIES, INC. Page 2 Form 990 (2011) Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III ... Briefly describe the organization's mission: TO COMMUNICATE AND DISSEMINATE INFORMATION AMONG REHABILITATION FACILITIES TO ASSISST THE DISABLED IN MAKING THEIR MAXIMUM CONTRIBUTIONS TO SOCIETY. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 13,912,679. 13,648,618. including grants of \$) (Revenue \$ ENTERING INTO CONTRACTS WITH THE STATE OF WEST VIRGINIA AND SUBCONTRACTING WITH MEMBERS TO PROVIDE TRAINING AND JOBS TO DISABLED WORKERS.) (Revenue \$ (Code:) (Expenses \$) (Revenue \$ ___ (Code:) (Expenses \$ including grants of \$

132002 02-09-12

4d Other program services (Describe in Schedule O.)

4e Total program service expenses ▶

) (Revenue \$

including grants of \$ 13,648,618.

		_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2	If "Yes," complete Schedule A	1.	X	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	-	<u> </u>
·	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
8000	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	.5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
2702	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	2077	47.6	
	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
¢	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		X
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			0.000
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X.
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			-
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	$\neg \dagger$	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		NATIONAL PROPERTY.	200 10	

Part IV Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified 26 X 26 person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? X If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of X 35b section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X 36 If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? X Note. All Form 990 filers are required to complete Schedule O ...

WEST VIRGINIA ASSOCIATION OF REHABILITATION FACILITIES, INC. 55-0633886 Form 990 (2011) Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 6 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 10 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return X 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country: See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. X 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year _________7d X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7a h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9b b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against

> 14b Form 990 (2011)

X

13a

14a

13b

amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

a Is the organization licensed to issue qualified health plans in more than one state?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

WEST VIRGINIA ASSOCIATION OF

Form 990 (2011) REHABILITATION FACILITIES, INC. 55-0633886 Page

[Part VI] Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1a Enter the number of voting members of the governing body at the end of the tax year 1 If the rare metal differences in voting rights among members of the governing body, or the governing body dislegated bread authority to an executive committee or similar committee, optain in Schedule 0, 1 Enter the number of voting members included in the 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other peacor? 2 Did any officer, director, trustees, or key employees to a management company or other peacor? 3 Did the organization only early explication and officers, directors, or trustees, or key employees to a management company or other peacor? 4 Did the organization on water of the properties of the governing of the properties of the organization of officers, directors, or trustees, or key employees to its governing documents short bet prior form 900 was filed? 4 Did the organization on water water of the properties of the organization and the properties of the organization and the properties of the organization of the organization on the organization of the organization of the organization of the organization or explored to the organization of the organization of the organization or the organization or explored to propert of the properties of the organization or the organization or explored to the organization or explored to the organization or explored or the organization or explored to the organization or the organization of the organization or the organization or explored to properties of the organization of the organization of the organization or the organization of the organization of the organization organization of the organization of the organization of the organization have written policies and procedures governin		Check if Schedule O contains a response to any question in this Part VI			X
1s Eiter the number of voling members of the governing body at the end of the tax year If there are material differences in voling rights among members of the governing body, or if the governing body, or if the governing body or in the governing body or index the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 2	Sec	tion A. Governing Body and Management			
If there are material differences in voting rights among members of the governing body or if the governing body designate tonal authority to an executive committee or similar committee, explain in Schedule 0. b Enter the number of voting members included in his 1a, above, who are independent 1. 2 Did any officer, director, trustee, or key employee? 3 Did the organization delegate control over management dutiles customarily performed by or under the direct supervision of officers, director, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was fled? 4 Did the organization have members or stockholders? 5 Did the organization have members, stockholders or other person? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization committee with sufficient of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 Did the organization committee with sufficiently to act on behalf of the governing body? 6 Did the organization committee with sufficiently to act on behalf of the governing body? 8 Did the organization have written policies and addresses in Schedule O. 9 Section B. Policies (This Section B. requests information about policies not required by the Internal Revenue Code.) 10 Did the organization have written policies and procedures governing the activities of such chapters, affiliates, affiliates, by 11 Yes, 10 Did the organization have written policies and procedures governing the organization to prove the such conflicts of the such conflicts o				Yes	No
body delegated broad authority to an executive committee or smills committee, opinin in Schedule 0. be Enter the number of voting members included in the 1s, above, who are independent 2 Did any officer, director, trustee, or key employee? 3 Did the organization delegated control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization become aware during the year of a significant diversion of the organization's assests? 5 Did the organization have members or stockholders? 75 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 76 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 78 Did the organization the governing body? 79 Did the organization there members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 80 Did the organization contemporaneously document the meetings hald or written actions undertaken during the year by the following: 81 The governing body? 82 Bid be organization contemporaneously document the meetings hald or written actions undertaken during the year by the following: 83 Bid X 84 Section B. Policles (This Section B. requests information about policies not required by the Internal Revenue Code.) 85 Section B. Policles (This Section B. requests information about policies not required by the Internal Revenue Code.) 86 Internal Revenue Code.) 87 Ves. No. 88 Internal Revenue Code.) 89 Internal Revenue Code. 90 Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization revenue that policy? 100 Did the organization have a written organization and dest	1a	Enter the number of voting members of the governing body at the end of the tax year		建譜	
b Enter the number of voting members included in line 1s, above, who are independent 1b 24 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship via the relationship of a business relationship via any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management dutiles customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 5 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization have members and sund fine year of a significant diversion of the organization sasests? 5 5		If there are material differences in voting rights among members of the governing body, or if the governing			
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors, rustee, or key employees to a management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			37
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in Schedule O how this was done 12c			12b		X
Did the organization have a written whistleblower policy? 13	C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			**
Did the organization have a written document retention and destruction policy? 14		in Schedule O how this was done	12c		
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State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶					
JOYCE WYSONG - 304-205-7970	20		ion:		
400 ALLEN DRIVE, SUITE 100, CHARLESTON, WV 25302		JOYCE WYSONG - 304-205-7970			
		400 ALLEN DRIVE, SUITE 100, CHARLESTON, WV 25302			

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Form 990 (2011)

REHABILITATION FACILITIES, INC. Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter 0 in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	box	, unle	Pos heck ss pe	rson	than is bol	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
9	(describe hours for related organizations in Schedule O)	Individual trustee or director	Individual trustee or director Institutional trustee Officer Käy employee		Individual trustee or directo Institutional trustee		Vey employee Highest compensaled employee		Former	the organization (W-2/1099-MISC)	organizations (W·2/1099·MISC)	compensation from the organization and related organizations
(1) ELIZABETH SAMPSON								•	6	•		
PAST PRESIDENT	2.00	X	_		_	-	-	0.	0.	0.		
(2) JANNIECE RYAN	2 00	37						Ó.	0.	_		
MEMBER (2)	2.00	X		-		-	_	U ·	ν.	0.		
(3) CRAIG GREENING MEMBER	2.00	v						0.	0.	0.		
(4) EARL SMITH	2.00	Х			-			U .	0.	<u> </u>		
MEMBER	2.00	X						0.	0.	0.		
(5) PHYLLIS CANTRELL	4.00	Δ		_	-	-		V •	υ.	0.		
MEMBER	2.00	х						0.	0.	0.		
(6) LEROY E. DIXON, JR.	2.00	Δ	-	-	-	-		0.	0.	0.		
MEMBER	2.00	x						0.	0.	0.		
(7) MIKE TURNER	2.00	21	-	-	-	-	-		· · ·			
MEMBER	2.00	x						0.	0.	0.		
(8) CHERI BEVER					-	\vdash						
MEMBER	2.00	X						0.	0.	0.		
(9) DEBBIE BIRTHISEL												
MEMBER	2.00	X						0.	0.	0.		
(10) BRENDA HELLWIG									· · · · · · · · · · · · · · · · · · ·			
MEMBER	2,00	X						0.	0.	0.		
(11) HARRY KEATON												
MEMBER	2.00	X						0.	0.	0.		
(12) JOHN HYRE	9											
MEMBER	2.00	X						0.	0.	0.		
(13) STEPHEN DICKERSON									N8054M	() () () () () () () () () ()		
MEMBER	2.00	X						0.	0.	0.		
(14) JIM GAMBLE		75										
MEMBER	2.00	X						0.	0.	0.		
(15) JAN SMITH									2			
MEMBER	2.00	X						0.	0.	0.		
(16) GREG MORRIS	0.00							_	•	•		
MEMBER	2.00	X						0.	0.	0.		
(17) JACK HOLCOMB	2 00	37						0.	0.	0		
MEMBER	2.00	X			L			U • I	0,	0 .		

Form 990 (2011) REHABIL	TATION	FA(CI	LI'	PI.	ES	,	INC.	55-0633	886	Р	age 8
Part VII Section A. Officers, Directors, T	rustees, Key E	mpl	oye	es, a	nd i	High	est	Compensated Employ	ees (continued)			
(A) Name and title	(B) Average hours per week	box	, unle	Pos check ess pe	more	than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	ar	(F) stimate nount other	of
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org an	pensa rom th janizat d relat anizat	ne tion ted
(18) KAREN HAUGHT			=	6	32	X 22	- E					
MEMBER	2.00	X						0.	0.			0.
(19) TERAH KLEIN MEMBER	2.00	x						0.	0.	12		0.
(20) LYNN WALLACE									0.			
MEMBER	2.00	X	_		_	-	_	0.	U. •			0.
(21) MICHAEL HAGG PRESIDENT	2.00			X				0.	0.			0.
(22) KIMBERLY LEWIS	 			T			T					
VICE PRESIDENT	2.00			X	L			0.	0.			0.
(23) ANNETTE FRANCIS	2.00			x				0.	0.			0.
TREASURER (24) ELAINE SWANEY	2.00	-	\vdash	^	-	-	├	0.				
SECRETARY	2.00			X				0.	0.			0.
(25) GREGORY RABER EXECUTIVE DIRECTOR-PART YEAR	40.00			X				44,986.	0.		8,4	92.
(26) MARSHA ALLMAN			T									
EXECUTIVE DIRECTOR-PART YEAR	40.00	1	L_	X		Ļ	<u></u>	20,769.	0.	_	8,4	0.
1b Sub-total				,	• • • • • •			05,755.	0.		0,4	0.
c Total from continuation sheets to Part d Total (add lines 1b and 1c)								65,755.	0.		8,4	
2 Total number of individuals (including but	not limited to th	nose	liste	ed al	bov	e) w	ho r	eceived more than \$100	,000 of reportable			0
compensation from the organization				-							Yes	No
3 Did the organization list any former office			e, ke	ey er	nplc	yee	, or	highest compensated er	mployee on			x
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the								her compensation from		3		^
and related organizations greater than \$1	50,000? If "Yes	, " co	mpl	ete S	Sch	edul	e Ji	for such individual		4		X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," co.							relat	ted organization or indivi	dual for services	5		х
Section B. Independent Contractors	npiete Gonedo		0, 0	0011	<i>p</i> <u> </u>	00.1				A		
1 Complete this table for your five highest of										sation	from	
the organization. Report compensation for	r the calendar	/ear	end	ing v	vith	or v	<u>vithir</u>		year.		71	
(A) Name and busines	s address	N	ON	E				(B) Description of s	ervices C	Compe	C) Insatic	n
management of the second secon												
2 Total number of independent contractors	(including but i	not li	imite	ed to			isted	d above) who received m	nore than			
\$100,000 of compensation from the organ	nization >					0				Form	990	(2011)

Page 9

				10 20 20 20 20 20 20 20 20 20 20 20 20 20	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 8	a Federated campaigns	1a			Section of the second		and the second
S DO		Membership dues	100			44.9		
A P	C	Fundraising events	1c			2000		
희랑	C		1d					
S.E	e	Government grants (contribu	tions) 1e					
E P	f	All other contributions, gifts, grain						
호		similar amounts not included abo	ove 1f					
9	9	Noncash contributions included in line	s 1a-1f: \$					
ğ	h	Total. Add lines 1a-1f						42.4
- 1			60 W C C C C C C C C C C C C C C C C C C	Business Code		TOWN BUSINESS OF		
8	2 a		ES/STAT	E 561000	13,745,252.	13,745,252.		A CONTRACTOR
Ž a	b	TO SERVICE THE PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PAR		900099	55,678.	55,678.		
2 2	C	MEMBERSHIP DUES	3	900099	22,300.	22,300.		
Program Service Revenue	d							
0 0	е							
2	f	All other program service reve	enue					
	g				13,823,230.	Water Telephone	ia 640 estat interior	
	3	Investment income (including						
		other similar amounts)			14,101.			14,101
- 1	4	Income from investment of ta	x-exempt bon	d proceeds				/
	5	Royalties						<u> </u>
			(i) Real	(ii) Personal	Constant Action	That they are had a second series		general appropriate
	6 a	Gross rents				1000 B		
	b							
1	c	c Rental income or (loss)						
	d	Net rental income or (loss)		D	ACC A GOOD AND GO AND COMPANY	Market State of the Atlanta State of the Sta		
		Gross amount from sales of	(i) Securitie		and the best of the book	and the second	ter yeron e ee	2010312 Table 1882
		assets other than inventory	210428		1			4 1
	b	Less: cost or other basis						
		and sales expenses	229852	2. 0.				
	¢	Gain or (loss)						
		Net gain or (loss)	-		-16,424.	SANTA SANTA WAS COME OF THE SANTA		-16,424.
	8 a	Gross income from fundraising	events (not	9		enstation in the contra		1000 9000 900 900
Revenue		including \$	of					
e e		contributions reported on line	1c). See	1				
. 1		Part IV, line 18		a				
Other	b	Less: direct expenses		h				
0	c	Net income or (loss) from fund	raising events	· · · · · · · · · · · · · · · · · · ·			Maria James - Life A	
		Gross income from gaming ac				Program Program Such a Section 1		Vision to Spring to
	or mak ad	Part IV, line 19		a				
1	b	Less: direct expenses		b				
	C	Net income or (loss) from gam	ing activities		er and more property and the	CHARLEST CONTRACTOR	STATE OF THE STATE	
110		Gross sales of inventory, less i			March Committee of the	er very service to any	STATE OF STREET	No. of Post Asia
		and allowances		a				
l	b	Less: cost of goods sold		b		en veres de la la		
		Net income or (loss) from sales				AND RESERVED AND R		
		Miscellaneous Revenue		Business Code				
1	1 a	BAD DEBTS RECOV		900099	89,449.	89,449.		The second second second second
	b							
1	c	And the second s						
I		All other revenue		·				
	e	Total. Add lines 11a-11d		·	89,449.			
12		Total revenue. See instructions.	***************************************		13,910,356.	13,912,679.	0.	-2,323.
2009					, , , , , , , , , , , , , , , , , ,	,,		Form 990 (2011)

Form 990 (2011) REHABILITATIO
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

com	olete columns (B), (C), and (D).				
	Check if Schedule O contains a respon		is Part IX	(6)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		Al .		
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				A commence of the second
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				14 9 1
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	55 005	60 044	4 042	
	trustees, and key employees	67,387.	63,344.	4,043.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			1	
	persons described in section 4958(c)(3)(B)	100 645	300 450	- F7 104	
7	Other salaries and wages	190,647.	133,453.	57,194.	
8	Pension plan accruals and contributions (include	45.005	10 504	F 370	
	section 401(k) and section 403(b) employer contributions)	17,906.	12,534.	5,372.	
9	Other employee benefits	42,207.	29,545.	12,662.	
10	Payroll taxes	20,896.	14,627.	6,269.	
11	Fees for services (non-employees):			1	
а	Management				
b	Legal				
C	Accounting			<u> </u>	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17		4		
f	Investment management fees			40.051	
g	Other	42,954.		42,954.	
12	Advertising and promotion	662.	662.	10 466	
13	Office expenses	34,887.	24,421.	10,466.	
14	Information technology				
15	Royalties		44 060	4 607	
16	Occupancy	16,090.	11,263.	4,827.	material and the second
17	Travel	40,655.	38,584.	2,071.	
18	Payments of travel or entertainment expenses	e0 +0			
	for any federal, state, or local public officials		2 242	2 000	
19	Conferences, conventions, and meetings	12,824.	8,842.	3,982.	
20	Interest	148.		148.	
21	Payments to affiliates	4 004	2 404	1 407	
22	Depreciation, depletion, and amortization	4,991.	3,494.	1,497. 3,932.	
23	Insurance	13,106.	9,174.	3,334.	STATE OF STA
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	STATE USE CONTRACTS	13,287,041.	13,287,041.		
b	EQUIPMENT MAINTENANCE	10,630.	7,440.	3,190.	
c	OTHER EXPENSES	5,993.	4,194.	1,799.	
d		7			
e	All other expenses		n n n		
25	Total functional expenses. Add lines 1 through 24e	13,809,024.	13,648,618.	160,406.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
		20 20 30			Form 990 (2011)

Form 990 (2011)

Part X | Balance Sheet (A) Beginning of year (B) End of year 674,751. 499,727. 1 Cash · non-interest-bearing Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 1,627,337. 1,478,441. 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 84,060. basis. Complete Part VI of Schedule D 10a 21,410. 1,366,393. 67,642. 16,418. b Less: accumulated depreciation 10b 10c 1,361,071. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 3,689,891. 3,355,657. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 1,841,159. 1,405,593. 17 17 Accounts payable and accrued expenses 18 18 Grants payable Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 1,841,159. 1,405,593. Total liabilities. Add lines 17 through 25 26 26 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,848,732. 1,950,064. Unrestricted net assets 27 Temporarily restricted net assets 28 28 29 Permanently restricted net assets

Organizations that do not follow SFAS 117, check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 1,950,064. 1,848,732. 33 Total net assets or fund balances 33 3,355,657. 3,689,891. 34 Total liabilities and net assets/fund balances

WEST VIRGINIA ASSOCIATION OF

	1990 (2011) REHABILITATION FACILITIES, INC.	22-06	033000	Pa	ge 12		
Pa	rt XI Reconciliation of Net Assets		2				
	Check if Schedule O contains a response to any question in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,91				
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,80				
3	Revenue less expenses. Subtract line 2 from line 1	3	10:	1,3	32.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,848	3,7	32.		
5	5 Other changes in net assets or fund balances (explain in Schedule O)5						
6	6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6						
Pa	rt XIII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		651641 5176				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
b	Were the organization's financial statements audited by an independent accountant?				X		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho		911				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a					
	separate basis, consolidated basis, or both:			749			
	Separate basis Consolidated basis Both consolidated and separate basis		37.00		100		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit					
	Act and OMB Circular A-133?		3a	l	X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit		\neg			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b				
			Form 9	90 (2	2011)		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

Nar	ne of	the organiza	tion WEST V	IRGINIA ASSO	CIATIO	ON OF				Employer id	dentificat	ion n	umber
			REHABI	LITATION FAC	ILITII	ES, IN	IC.			55	-0633	888	6
Pa	irt I	Reason	for Public Cha	arity Status (All organ	izations m	ust comple	te this pa	rt.) See ins	structions				
The	organ			n because it is: (For lines									
1				es, or association of chu	10.00 TO			10 (0)	i).				
2				170(b)(1)(A)(ii). (Attach S				1					
3				pital service organization			170(b)(1	(A)(iii).					
4				n operated in conjunction)(A)(1)(A)(iii). Enter th	e hospita	l's na	me,
		city, and sta	te:										
5		An organiza	tion operated for th	e benefit of a college or u	university o	wned or o	perated b	y a govern	mental ur	nit describe	d in		
		section 170	0(b)(1)(A)(iv). (Comp	olete Part II.)						200 900000000 10 10			
6		A federal, st	ate, or local govern	ment or governmental ur	it describe	ed in section	n 170(b)(1)(A)(v).					
7		An organizat	tion that normally re	eceives a substantial part	of its supp	port from a	governm	ental unit	or from th	e general p	ublic desc	ribed	in
	_	section 170	(b)(1)(A)(vi). (Comp	lete Part II.)									
8		A communit	y trust described in	section 170(b)(1)(A)(vi).	(Complete	e Part II.)							
9	X	An organizat	tion that normally re	ceives: (1) more than 33	1/3% of it	s support f	rom contr	ibutions, r	nembersh	ip fees, and	d gross re	ceipts	from
		activities rela	ated to its exempt f	unctions - subject to cert	ain except	ions, and (2) no more	e than 33	1/3% of it	s support fi	rom gross	inves	tment
		income and	unrelated business	taxable income (less sec	ction 511 to	ax) from bu	sinesses	acquired t	y the org	anization af	ter June 3	30, 19	75.
		See section	509(a)(2). (Comple	te Part III.)									
10	Ш	An organizat	tion organized and	operated exclusively to to	est for pub	lic safety. S	See section	on 509(a)(4).				
11		An organizat	ion organized and	operated exclusively for t	the benefit	of, to perfo	orm the fu	nctions of	, or to car	ry out the p	urposes o	of one	or
		more publicl	y supported organi	zations described in sect	ion 509(a)	(1) or section	on 509(a)(2). See se	ction 509	(a)(3). Chec	k the box	that	
		describes th	e type of supportin	g organization and comp	lete lines 1	11e through	11h.						
		а 🔲 Туре	ı bL	Type II	с 🔲 Тур	oe III - Fund	tionally in	tegrated		d L	Type III - 0	Other	
e	Ш	By checking	this box, I certify th	nat the organization is no	t controlle	d directly o	r indirecti	y by one o	r more dis	squalified p	ersons oth	ner th	an
		foundation n	nanagers and other	than one or more public	ly supporte	ed organiza	tions des	cribed in s	section 50	9(a)(1) or se	ection 509	a)(2)	•
f				ritten determination from		comments and the second second							
		supporting of	rganization, check	this box	***********	************	,,						لــا
9				organization accepted a									
				directly controls, either a								Yes	No
				supported organization?									<u> </u>
				on described in (i) above								<u> </u>	↓
				a person described in (i)				**********		,,	11g(iii)	L	<u> </u>
h		Provide the t	ollowing informatio	n about the supported or	rganization	n(s).							
				(III) Type of	Ti				1 6.131	. 45.			
(i)		of supported	(ii) EIN	organization		organization isted in your		u notify the tion in col.	organizati	s the ion in col.	(vii) An		of
	orga	nization		(described on lines 1-9		document?	(i) of you	r support?	(i) organi	zed in the	sup	port	
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
				(see manachona))	res	INO	1.05	IAD	res	140			
				<u> </u>	-	 			ļ	++			
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·							Ber Strike	7	257154				
more on the	2							1	1	1 1			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Name and Address of the Owner, where the Owner, which the	THE RESERVE OF THE PERSON NAMED IN			THE RESIDENCE AND ADDRESS OF THE PARTY OF TH			
Parill	Support	Schodule for (Propriestions	Docaribad in	Cantiana	170/h1/11/h1/h1/h1	and 170/6//4//4//4//
	oupport	Scriedule 101 (Ji yaniiza ii Ulis	Described in	Sections	I TU(U)(I)(A)(IV	and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support		***************************************	· · · · · · · · · · · · · · · · · · ·			
Cal	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and				1	1	197 : - 3.5.
	membership fees received. (Do not		1				
	include any "unusual grants.")						
2	Tax revenues levied for the organ-					†	
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities				 		
	furnished by a governmental unit to			S.			
	the organization without charge		İ				
4	Total. Add lines 1 through 3				†		
5	The portion of total contributions	\$5000 SACTOR 105	£1.74.75.75.250	art at subcreati	7/15/2007/4/97/19/53	35,577,1576,587,87	
	by each person (other than a			10 3.	28.32		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11.					19 114	
	column (f)		See See See	Best Library to			
6	Public support. Subtract line 5 from line 4.			por electronic articles	The second secon		
	ction B. Total Support	1. 19-4. 41 S. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	AND INC. AND INC.	A REPORT OF STATE ASSESSED.	THE STATE OF THE S	PERSONAL PROPERTY.	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4		12/2000	(2)2000	(0) 20 (0	(0) 2011	(i) Total
	Gross income from interest,						
	dividends, payments received on				in		
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
WF0-0	activities, whether or not the		ľ				
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	eraci chese set coscista	Maria Maria da Sala da Ar	ARTHUR PROPERTY.	ELIZATENNA DAN MAR	Sf (November)	
	Gross receipts from related activities,	etc /see instruction	one)	CR 27 CR 20 C R 27 R 27 R 27	WITE ATOM CONTROL	12	
	First five years. If the Form 990 is for			d fourth or fifth t			
	organization, check this box and stop		inner, second, tim			and the control of th	
Sec	tion C. Computation of Publi					***************************************	
14	Public support percentage for 2011 (li	ine 6, column (f) di	vided by line 11, o	olumn (f))		14	%
	Public support percentage from 2010					15	%
	33 1/3% support test - 2011. If the o			n line 13, and line	14 is 33 1/3% or r	nore, check this box	and
	stop here. The organization qualifies						
b	33 1/3% support test - 2010. If the o						
	and stop here. The organization quali	fies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						or more,
	and if the organization meets the "fact						
	meets the "facts-and-circumstances"						\triangleright
b	10% -facts-and-circumstances test						0% or
	more, and if the organization meets th						25 and 25
	organization meets the "facts-and-circ						▶□
	Private foundation. If the organization		(i) 			**********	▶□
						dule A (Form 990 c	# 990-E7) 2011

55-0633886 Page 3

Schedule A (Form 990 or 990-EZ) 2011 REHABILITATION FACILITIES, INC.

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	Programme and the second	pioto i die inj				
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(6) Total
	Gifts, grants, contributions, and	1=7=7=7=7=7	(2) 2000	(0) 2000	(6) 2010	(6) 2011	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")	24,800.	22,100.		22,100.	22,300.	91,300.
2	Gross receipts from admissions,	/0001	DE / E O O O		22,100	22,300	31,300.
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	11,685,995.	12,122,345.	13,267,138.	12 700 170	12 045 520	64 642 470
3	Gross receipts from activities that	11,005,555.	12,122,343.	13,207,130.	13,722,170.	13,845,530,	64,643,178.
•	are not an unrelated trade or bus-					,	
	iness under section 513						
	***********				·		10 10 10 10 10 10
4	Tax revenues levied for the organ-						ł
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities			90.000			
	fumished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5	11,710,795.	12,144,445.	13,267,138.	13,744,270.	13,867,830.	64,734,478,
7 z	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
C	Add lines 7a and 7b				(5.10)		0.
8	Public support (Subtract line 7c from line 6.)			Res Market No.			64,734,478.
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	11,710,795.	12,144,445.	13,267,138.	13,744,270.	13,867,830.	64,734,478.
10a	Gross income from interest,						~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources	130,797.	26,512.	16,826.	17,282.	-2,323.	189,094.
b	Unrelated business taxable income				•		
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	130,797.	26,512.	16,826.	17,282.	-2,323.	189,094.
11	Net income from unrelated business	1.00				- 70-01	200,002.
	activities not included in line 10b,	ĺ	1	1			
	whether or not the business is regularly carried on		1				
12	Other income. Do not include gain						
	or loss from the sale of capital				2,436.	89,449.	91,885.
13	assets (Explain in Part IV.)	11,841,592.	12,170,957.	13,283,964.	13,763,988.	13,954,956,	65,015,457.
	First five years. If the Form 990 is for						
	ation at attack to an area of a toront						ation,
	tion C. Computation of Publi	c Support Per			***************************************		<u>P</u>
	Public support percentage for 2011 (li			tumo (O)		i= 1	99.57 %
16	Public support percentage from 2010	Schodule A. Bert I	lice 15, co	numn (1))		15	OO EE
Sec	tion D. Computation of Inves	tment income	Percentage			16	99.55 %
				12 only (5)		<u> </u>	20
18	Investment income percentage for 20	11 (line IUC, colum	n (i) divided by line	13, column (f))		17	.29 %
100	Investment income percentage from 2	o to scriedule A, P	artin, ine 1/		L	18	.45 %
	33 1/3% support tests - 2011. If the						
h	more than 33 1/3%, check this box an	u stop nere. Ine (organization qualifi	es as a publicly su	pported organiza	tion	▶ [X]
	33 1/3% support tests - 2010. If the						
20	line 18 is not more than 33 1/3%, cher Private foundation. If the organization	and sto	p nere. The organ	ization qualifies as	a publicly suppo	ned organization	PH
	Titale tourisation. If the organization	Turu HOL CHECK a D	OX OH HITE 14, 192,	UI 190, Check this	DOX and see inst	ructions	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

2011 Open to Public Inspection

Name of the organization

WEST VIRGINIA ASSOCIATION OF

REHABILITATION FACILITIES, INC.

Employer identification number 55-0633886

Pa	art I Organizations Maintaining Donor Advised Funds or Other Sim	nilar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		to a distance dompleto ii the
	(a) Donor advised fu	nds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in	n donor advised fur	nds
	are the organization's property, subject to the organization's exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant f	funds can be used	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any of		
	impermissible private benefit?		
Pa	art II Conservation Easements. Complete if the organization answered "Yes" to	Form 990, Part IV	, line 7.
1			
		tion of an historical	lly important land area
		tion of a certified h	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	n in the form of a co	onservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
C			2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a hi	istoric structure	,
	listed in the National Register	***************************************	2d
3	Number of conservation easements modified, transferred, released, extinguished, or term	inated by the organ	nization during the tax
	year -		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection,	handling of	
627	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation e		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easen		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of		
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue a		
	include, if applicable, the text of the footnote to the organization's financial statements that	at describes the org	ganization's accounting for
Da	conservation easements. rt III Organizations Maintaining Collections of Art. Historical Treasu		N: 11 A
r car	organizations Maintaining Collections of Art, Historical Treasu Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	ires, or Other	Similar Assets.
10			
10	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its rev	venue statement ar	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research the text of the footnote to its financial statements that describes these items.	n in furtherance of	public service, provide, in Part XIV,
h			
~	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue treasures, or other similar assets hold for published exhibition, advection, as reasonable for the state of	Je statement and b	alance sneet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in further relating to these items:	erance of public ser	vice, provide the following amounts
	(1.1.) VALUE [M. 100] (1.0.) (1.0.) (1.0.) (1.0.)		b 0
	(ii) Revenues included in Form 990, Part VIII, line 1 (iii) Assets included in Form 990, Part X	***************************************	3
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets	for financial sais	provide.
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these		provide
	Revenues included in Form 990, Part VIII, line 1		*
b	Assets included in Form 990, Part X		S
	the state of the s	•	v 4

WEST VIRGINIA ASSOCIATION OF

		ITATION F			- 2.5- 3.5-		55	-063388	16 F	age 2
Pa	rt III Organizations Maintaining (
3	Using the organization's acquisition, access	ion, and other reco	rds, chec	k any of th	e following th	at are a s	ignificant use	of its collection	on iter	ns
	(check all that apply):									
а	Public exhibition		d 🔲	Loan or ex	change prog	rams				
b	Scholarly research			Other						
C	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	ain how th	nev further	the organizat	ion's exe	mpt purpose	in Part XIV.		
5	During the year, did the organization solicit	or receive donations	of art, hi	storical tre	asures, or oth	ner similar	assets			
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's o	collection?			Yes		No
Pa	nt IV Escrow and Custodial Arran	gements. Comp	lete if the	organizati	on answered	"Yes" to	Form 990. Pa	rt IV. line 9. o	r	
4007.2 95	reported an amount on Form 990, Pa							,,,,,,	10	
1a	Is the organization an agent, trustee, custod	lian or other interme	diary for	contributio	ns or other a	ssets not	included			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the f	ollowing	able:	17	***********	**********		8-116	,,,
			,					Amoun	ıt.	
C	Beginning balance						1c	Zinoan		
d	Additions during the year			*** - * - * * * * * * * * * * * * *	**************	.,.,,,,	1d			
е	Distributions during the year	*************************			***************		1e			
f	Ending balance				************		1f			
2a	Did the organization include an amount on F	orm 990 Part X line	e 212				· <u> </u>	Yes	7	No
	If "Yes," explain the arrangement in Part XIV.		· · · · · · · · · · · · · · · · · · ·		***************	************			×	J 140
	t V Endowment Funds. Complete i		nswered	"Yes" to Fo	orm 990. Part	IV. line 1	0.			
		(a) Current year	Art Acceptance	rior year	(c) Two yea			back (e) Four	r vears	hack
1a	Beginning of year balance	(a) contain you	1	nor your	107 110 900	, o such	aj impo juaro	1000520	Care S	3192
	Contributions							\$76,7657.0	The state of	
	Net investment earnings, gains, and losses		<u> </u>	***************************************	 			2,500,000	55199	Toye C
d	Grants or scholarships		i					200 BY 180	7224	100000
	Other expenditures for facilities							10,000,000	1000	
	and programs									
f	Administrative expenses		<u> </u>					77/2016/00		
g	End of year balance		-		 			7.37.1407		
2	Provide the estimated percentage of the curr	rent year end haland	ce (line 1	column (a)) held ac-					
	Board designated or quasi-endowment		% %	, coluini (ajj rielu as.					
	Permanent endowment	%							15	- 60
	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posse		ation tha	t are held a	and administs	red for th	e organization	n		
	by:	colon of the organiz	.attor tria	t are more	aria administr	ica ioi ai	e organization	· r	Yes	No
	(i) unrelated organizations							3a(i)	163	140
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	on Sched	ule R?				3b	\dashv	
	Describe in Part XIV the intended uses of the									
Par										
	Description of property	(a) Cost or o			or other	(c) Ac	cumulated	(d) Bool	k value	
		basis (investr			(other)	March 2011	reciation	(4, 500)	· value	ſ
1a	Land		-			11.		1		-
	Buildings						A STANKE STANKE	†		
c	Leasehold improvements	"				***************************************	*	 		
	Equipment			6	4,849.	**********	48,431.	. 1	6,41	18.
	Other				9,211.		19,211.			0.
	Add lines 1a through 1e (Column (d) must en		Y colium	AND DESCRIPTION OF THE PERSON	NAME OF TAXABLE PARTY.	Company of the last of the las		1 17	5 4.	18

WEST VIRGINIA ASSOCIATION OF REHABILITATION FACILITIES, INC. 55-0633886 Page 3 Schedule D (Form 990) 2011 Part VII Investments - Other Securities. See Form 990, Part X, line 12. (a) Description of security or category (c) Method of valuation: (b) Book value (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (B) (C) (D) (E) (F) (G) (H) (1) Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation: (a) Description of investment type (b) Book value Cost or end-of-year market value (1) (2)(3) (4) (5) (6) (7) (8) (9) (10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)

Part X Other Liabilities. See Form 990, Part X line 3.

1.	(a) Description of liability	(b) Book value	
(1) Federa	I income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column	(b) must equal Form 990, Part X, col (B) line 25.)		
2. FIN 48 (ASC 74	U) FOOLITOIC: III PBM XIV. DIOVIGE ME (EXTO) (IE (O) III) (E (O) I	tion's financial statements that reports the organi	zation's liability for uncertain tax positions under

WEST VIRGINIA ASSOCIATION OF

Schedule D (Form 990) 2011 REHABILITATION FACILIT		and the second state of the second	55-06338	306 Page
Part XI Reconciliation of Change in Net Assets from Form	n 990 to Audited Fi	nancial Sta	tements	
1 Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2 Total expenses (Form 990, Part IX, column (A), line 25)				
3 Excess or (deficit) for the year. Subtract line 2 from line 1		3		
Net unrealized gains (losses) on investments		4		
5 Donated services and use of facilities	***************************************	. 5		
6 Investment expenses		6		
7 Prior period adjustments		7		
8 Other (Describe In Part XIV.)		8		
9 Total adjustments (net). Add lines 4 through 8		9		
10 Excess or (deficit) for the year per audited financial statements. Combine	lines 3 and 0	10	-	
Part XII Reconciliation of Revenue per Audited Financial S	Statements With Re	venue ner	Return	
1 Total revenue, gains, and other support per audited financial statements				
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	***************************************	****************	CENSAL	
	اما			
***************************************	2a		- 124	
b Donated services and use of facilities	2b			¥
c Recoveries of prior year grants				
d Other (Describe in Part XIV.)			6883	
e Add lines 2a through 2d				
3 Subtract line 2e from line 1			. 3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
a Investment expenses not included on Form 990, Part VIII, line 7b			4.7	
b Other (Describe in Part XIV.)	4b			
c Add lines 4a and 4b				
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		. 5	
Part XIII Reconciliation of Expenses per Audited Financial	Statements With E	xpenses p	er Return	
Total expenses and losses per audited financial statements			11	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a			
b Prior year adjustments				
c Other losses	2c		基层	
d Other (Describe in Part XIV.)				
e Add lines 2a through 2d			2e	
3 Subtract line 2e from line 1			3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			ASC24	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIV.)			- 144	
F 11 P		***************************************	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line				
Part XIV Supplemental Information	10./	*****************	131	
complete this part to provide the descriptions required for Part II, lines 3, 5, and , line 2; Part XI, line 8; Part XII, lines 2d and 4b, A				
				
			-, -, -, -, -, -, -, -, -, -, -, -, -, -	
			***************************************	P. 1
	and the second s			

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 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

WEST VIRGINIA ASSOCIATION OF REHABILITATION FACILITIES. INC.

Employer identification number 55-0633886

REHABILITATION FACILITIES, INC.	55-0633886
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
IN MAKING THEIR MAXIMUM CONTRIBUTIONS TO SOCIETY.	
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HA	S 24 MEMBERS
WHICH ARE THE MANAGEMENT OF MEMBER AGENCIES.	2
FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF THE	ORGANIZATION ARE
THE GOVERNING BOARD.	
FORM 990, PART VI, SECTION A, LINE 7B: THE MEMBERS OF THE	ORGANIZATION
MAKE UP THE GOVERNING BOARD.	
FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE DIREC	TOR REVIEWS THE
990 FOR ACCURACY, AND THE BOARD OF DIRECTORS ARE NOTIFIED	THAT THE 990 IS
AVAILABLE IN THE OFFICE FOR THEIR REVIEW IF THEY WISH.	
FORM 990, PART VI, SECTION B, LINE 15: THE GOVERNING BODY	ANNUALLY REVIEWS
THE SALARIES OF THE ORGANIZATION'S TOP MANAGEMENT ANF KEY	EMPLOYEES.
FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAIL	ABLE UPON
REQUEST.	

Department of the Treasury

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)

The organization may have to use a copy of this return to selicity state reporting requirements

OMB No. 1545-0047
2012
Open to Public

inter	nai Revenue Service		ve to use a copy of this return to satisfy		irements.	Inspection
<u>A</u>		alendar year, or tax year beginning 07		0/13		
В	Check if applicable:		nia Association of		D Emplo	yer identification number
	Address change		tion Facilities, Inc.		1	
	Name change	Doing Business As				-0633886
	Initial return	Number and street (or P.O. box if mail is not delivere 400 Allen Drive, Suite		Room/suite		ione number
	Terminated		304	1-205-7970		
		City, town or post office, state, and ZIP code				
	Amended return	CHARLESTON F Name and address of principal officer:	WV 25302		G Gross rec	eipts\$ 14,610,447
	Application pending			H(a) Is this a	group return for	affiliates? Yes X No
		William Monterosso	÷ - 400			7. 7.
		400 Allen Drive, Su CHARLESTON		H(b) Are all a		. (see instructions)
-			WV 25302		o, attach a hat	, (see man actions)
<u>.</u>	Tax-exempt status: Website: ▶ ₩	X 501(c)(3)	insert no.) 4947(a)(1) or 527			
к 	Form of organization:	X Corporation Trust Association	Other	H(c) Group ex		
	***************************************	mmary	Other	L Tear or formation.	. 5 7 5	M State of legal domicile: WV
	~^^~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	scribe the organization's mission or most s	ignificant activities:			
•		ommunicate and disseminat		abilitation	facil	
ĕ						
ш		ssist the disabled in mak	ing their maximum contr	ibution to	society	Y.•
Ver		· · · · · · · · · · · · · · · · · · ·				
တိ	TOTAL TOTAL ST.	s box ▶ if the organization discontinue		an 25% of its net as	sets.	
•ಕ		of voting members of the governing body (F			3	23
tje	4 Number	of independent voting members of the gove	rning body (Part VI, line 1b)		4	23
Activities & Governance		nber of individuals employed in calendar ye	ar 2012 (Part V, line 2a)			12
Ac	and the same of th	ber of volunteers (estimate if necessary)			6	0
		elated business revenue from Part VIII, colo				0
	b Net unrel	ated business taxable income from Form 9	90-T, line 34		7b	0
	9 Contribut	one and grants (Part VIII line 1h)		Prior Ye	ar O	Current Year
ne	O Program	ons and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g)		1 12 02		14 161 430
Revenue		nt income (Part VIII, column (A), lines 3, 4,		2,323	14,161,438 88,644	
æ	11 Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c,	0	9,449	27,148	
		enue – add lines 8 through 11 (must equal l		13,91		14,277,230
-		d similar amounts paid (Part IX, column (A			0,330	14,211,250
		paid to or for members (Part IX, column (A)		0	ň	
w	STATE OF THE PARTY	other compensation, employee benefits (Pa	33	9,043	469,447	
Expenses		nal fundraising fees (Part IX, column (A), lii			0	0
ber		raising expenses (Part IX, column (D), line				
ŭ		enses (Part IX, column (A), lines 11a-11d,		13,46	9,981	13,787,142
		enses. Add lines 13-17 (must equal Part IX				14,256,589
	19 Revenue	less expenses. Subtract line 18 from line 1.			1,332	20,641
Net Assets or Fund Balances				Beginning of Cur	rent Year	End of Year
sets	20 Total ass		*******************		5,656	4,169,744
d A	21 Total liabi	lities (Part X, line 26)			5,316	2,198,763
		s or fund balances. Subtract line 21 from lin	ne 20	1,95	0,340	1,970,981
		nature Block				
Ur	der penalties of p	erjury, I declare that I have examined this return	, including accompanying schedules and sta	tements, and to the be	est of my kno	owledge and belief, it is
	e, correct, and co	mplete. Declaration of preparer (other than office	er) is based on all information of which prepa	arer has any knowledg	e.	
٠.	_	AIV W				
Sig	•	gnature of officer			Date	
Her	1 1112	William Montero	50 Exective Dicetur	<u> </u>	12/3/	13
		pe or print name and title		1		
Paid			Preparer's signature	Date	Check	if PTIN
	DITAIL .). Wadsworth	73-3W		/13 self-emp	
	Only Firm's nan			F	irm's EIN	55-0771644
J36		500 Virginia St				204 240 4755
NA	Firm's add		25301	P	hone no.	304-342-4169
		this return with the preparer shown above				X Yes No
DAA	aperwork Redu	ction Act Notice, see the separate instruction	15.			Form 990 (2012)

MARKET CONTACTOR	990 (2012) West Virginia Association of	55-0633886	Page 2
Par	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any ques	tion in this Part III	<u>U</u>
1_	Briefly describe the organization's mission:		
T	communicate and disseminate informat	ion among rehabilitati	on facilities
to	assist the disabled in making their	maximum contribution t	o society.
2			
	Did the organization undertake any significant program services during the ye	ear which were not listed on the	
- 1	prior Form 990 or 990-EZ?		Yes X No
	f "Yes," describe these new services on Schedule O.		
	Did the organization cease conducting, or make significant changes in how it		
:	services?		Yes X No
	Tayes, describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to repo	rt the amount of grants and allocations to other	rs,
1	he total expenses, and revenue, if any, for each program service reported.		
4a (Code:)(Expenses \$ 13,913,381 including grants attering into contracts witht the State	of \$) (Revenue \$	14,188,586)
Er	tering into contracts witht the State	of West Virginia and	subcontracting
wi	th members to provide training and jo	bs to disabled workers	•

4b (Code:) (Expenses \$ including grants	of \$ (Revenue \$)
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

	,		

		***************************************	***************************************
		,	

4c (Code:) (Expenses \$ including grants	of \$) (Revenue \$	1
(/ (Exponedo w moldaling granto) (Nevende \$	
•			

	•••••••••••••••••••••••••••••••••••••••		
	.,		
		**************************************	***********

7			
d C	ther program services. (Describe in Schedule O.)		
	expenses \$ including grants of \$) (Revenue \$)
	otal program service expenses ▶ 13.913.381	/ / / / / / / / / / / / / / / / / / / /	

***	art IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	1.00
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		1	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			x
4	candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		X
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	115		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
b	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12a		X
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	1 4 4	+	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	52200 No.		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			v
17	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			Х
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	. 17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
20a	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		$\frac{x}{x}$
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
	in 165 to line 20a, did the organization attach a copy of its addition infancial statements to this return?	200	990	

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		İ	
	employees? If "Yes," complete Schedule J	23		X
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		_
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
6	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or	1		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
В	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
ia	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
В	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	

	Check if Schedule O contains a response to any question in this Par	t V		r	L
4-	Enter the number reported in Day 2 of Farm 4000 False O. Knot and Late	1.16		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 6			
C	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors a				
C	reportable gaming (gambling) winnings to prize winners?	ano	4-	PROPERTY.	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1c		1000000
20	Statements, filed for the calendar year ending with or within the year covered by this return	2a 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment ta	· · · · ·	2b	X	100000
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instru	**************		5333	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	\$100000	x
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	*************************	3b		
4a	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 ot				
	account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶		202222222		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fin.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax ye		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter to				X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		F-		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such conf		· · · · · · · · · · · · · · · · · · ·		
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and part	ly for goods			
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	h it was			
	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal ber				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization to		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, a		? 7h	SE CANCELLE	6000000
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) support	•			
	organizations. Did the supporting organization, or a donor advised fund maintained by a spons	soring			
0			8		100000
9 a	Sponsoring organizations maintaining donor advised funds.		-		
b	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?		9a		
10	Section 501(c)(7) organizations. Enter:		9b	200000	Assessed
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	[100]			
а	Cross income from members or should be	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11b			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a	1	32700000
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule C),			
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans	13b			
C	Enter the amount of reserves on hand	13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sch		14b		

P	Governance, Management, and Disclosure For each "Yes" response to lines 2 throu	gh 7b	below, and	for a	"No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in					ns.
	Check if Schedule O contains a response to any question in this Part VI					X
Sec	ction A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	23			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			7		
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed.	•		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-	nal R	evenue Co	ode.)		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the for	m?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cor	nflicts?	12b		X
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c		X
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
a	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		<u> </u>
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
200	organization's exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17 18	List the states with which a copy of this Form 990 is required to be filed None					
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50°	(c)(3)	s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.					
19	Own website Another's website X Upon request Other (explain in Schedule O)		200			
. 5	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interested financial statements available to the public during the towards.	st poli	cy,			
on.	and financial statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books and records of torganization: Aaron Jones 400 Allen Drive, Su		400			
CF	organization: ► Aaron Jones 400 Allen Drive, Su IARLESTON WV 2530			_201	5.74	970
	WV 2550		304	-20!	J-1:	<i>> 1</i> U

Form 990 (20	12) West Virginia Association of	55-0633886	Page
Part VII	Compensation of Officers, Directors, Trustee	es, Key Employees, Highest Compensated	Employees, and
	Independent Contractors		_
	Check if Schedule O contains a response to any	question in this Part VII	U
Section A.	Officers, Directors, Trustees, Key Employees, and High	est Compensated Employees	

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
 List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			is both an r/trustee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	(W-2/1099-MISC)	(W-2/1099-MIGC)	organization and related organizations	
(1) William Monteros										
	40.00									
Executive Director	0.00	X					80,858	0	12,607	
(2) Terah Klein					1					
	2.00		3							
Director	0.00	X					0	0	0	
(3) Janniece Sleigh										
	2.00									
Director	0.00	X		\vdash			0	0	0	
(4) Mike Turner	0.00					1 1				
	2.00					1 1				
Director	0.00	X				\vdash	0	0	0	
(5) Craig Greening	2 00									
51	2.00						0	,		
Director (6) Earl Smith	0.00	X					U	0	0	
(6) Earl Smith	2.00									
							,		•	
Director	0.00	Х		\vdash			0	0	0	
(7) Phyllis Cantrell	2.00									
<u> </u>		x							•	
Director (8) LeRoy E. Dixon,	0.00 Jr.	A					0	0	. 0	
(8) Leroy E. Dixon,	2.00					1 1				
Director	0.00	x					0	0	0	
(9) Cheri Bever	0.00	A	_	-				<u>U</u>		
(a) CHELL BEVEL	2.00									
Director	0.00	x					0	0	0	
(10) Debbie Birthisel		Λ						- 0		
(10)Debbie Bilchise	2.00									
Director	0.00	x					0	0	0	
(11) Harry Keaton	0.00									
(,	2.00									
Director	0.00	x					0	o	0	
DAA			_						Form 990 (2012)	

Part VII Section A. Officers	s, Directors, Tru	ustee	s, K	ey E	mp	loyee	s, a	ind Highest Compensated	Employees (continued)			
(A) Name and title	(B) Average hours per week (list any	bo	x, unl	Pos check ess pe	erson	than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations		
(12) John Hyre	2.00											
Director	0.00	x						0	0		0	
(13) Stephen Dickers	Annual Company of the											
Director	0.00	x						0	0		0	
(14)Brenda Hellwig	0.00	Α.	-		-			0	U			
	2.00											
Director	0.00	X		_				0	0		0	
(15) Jan Smith	2.00											
Director	0.00	x						o	o		0	
(16) Greg Morris												
	2.00											
Director (17) Jack Holcomb	0.00	X	-		-			0	0		0	
(II) DUCK HOLCOMD	2.00											
Director	0.00	X						0	0		0	
(18) Karen Haught												
Director	2.00 0.00	x						اه	o		0	
(19) Lynn Wallace	0.00	1	\vdash			\vdash		Ŏ	U			
	2.00											
Director 1b Sub-total	0.00	X						80,858	0	12,6	0	
c Total from continuation shee	ets to Part VII, S		on A				D	00,838		12,0	107	
d Total (add lines 1b and 1c)			,,,,,				D	80,858		12,6	07	
2 Total number of individuals (in reportable compensation from				thos	e lis	ted al	bove	e) who received more than	\$100,000 in			
3 Did the organization list any fo	rmar officer dire	ector	ort	ruet	00 1	(A) (A)	mple	ovee or highest componen	tod	Yes	No	
employee on line 1a? If "Yes,"	complete Sched	lule .	J for	such	n ind	ividu	al	*************		3	X	
4 For any individual listed on line organization and related organ												
individual										4	X	
5 Did any person listed on line 1st for services rendered to the org									individual	5	x	
Section B. Independent Contractor												
 Complete this table for your five compensation from the organization 	e highest compe	ensat	ted in	ndep	end	ent c	ontra	actors that received more to	han \$100,000 of			
	(A) business address	mpe	iisat	10111	OI LI	ie ca	ieilu		(B) on of services	(C) Compensatio		
Truling gally	oddinood address							Descripti	on or services	Compensatio	<u>"" </u>	
						_			Mildely American			
						\dashv	_					
						-						
2 Total number of independent or								e listed above) who				
received more than \$100,000 c	compensation	irom	the	orga	aniza	tion			0	Form 990 ((2012)	

Part VII Section A. Officers	, Directors, Tru	ustee	es, K	ey E	mpl	oyee	s, a	nd Highest Compensated	d Employees (continued)	
(A) Name and title	(B) (C) Average Position hours per (do not check more that box, unless person is bo officer and a director/tru						an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12) Jim Gamble	2.00									
Director	0.00	x						0	0	0
(13) Michael Hagg	2.00			x				0	0	0
(14) Kimberely Lewis				22				Ü		0
Vice President	2.00			x				0	0	0
(15) Annette Francis	0.00	\vdash		Α				U	U	0
	2.00									
Treasurer (16) Elaine Swaney	0.00	\vdash	_	X	-		_	0	0	0
Secretary	2.00			x				0	0	0
(17) Elizabeth Sampso	n 2.00									
Past President	0.00			x				0	0	0
(18)										
								·		
(19)										
1b Sub-total		L				L	D			
c Total from continuation shee	ets to Part VII,	Secti	on A	١			•			
d Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from		imite				ted a	bove	e) who received more than	\$100,000 in	
3 Did the organization list any fo employee on line 1a? If "Yes,"								oyee, or highest compensa	ted	Yes No
4 For any individual listed on line organization and related organ individual	1a, is the sum	of re	porta	able	com	pens	ation			4
5 Did any person listed on line 1 for services rendered to the or										5
Section B. Independent Contractor	rs									
 Complete this table for your five compensation from the organization. 	e highest compe zation. Report co	ensa	ted i	nder	ende for th	ent c ne ca	ontra lend	actors that received more t ar year ending with or with	han \$100,000 of in the organization's tax ye	ar.
Name and I	(A) business address							Descript	(B) ion of services	(C) Compensation
								· · · · · · · · · · · · · · · · · · ·		
								(v)		

2 Total number of independent c								e listed above) who		
received more than \$100,000 c	or compensation	tron	the	orga	anıza	uon	P			

-	7.13 mag 2	Check if Schedule	O contains	a response to				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns	1a					
Program Service Revenue Contributions, Gifts, Grants	t	Membership dues	1b					
Am Am	c	Fundraising events	1c					
E E	c	Related organizations	1d					
S,E	е	Government grants (contributions)	1e					
it i	1	F All other contributions, gifts, grants,						
聲		and similar amounts not included above	1f					
d d	9	Noncash contributions included in lines 1a	a-1f: \$					
<u>۲۵</u>	h	Total. Add lines 1a-1f						
Pie	100-504			Busn. Code				
eve	2a	* ***********************	Sales Fee		14,078,107	14,078,107		~~~
9	b	DHHR Revenue			61,706	61,706		
Ž.	C	Membership Dues		900099	21,625	21,625		
Se	d							
ran	е							
õ	f	All other program service reve						
	_ 3	Total. Add lines 2a-2f			14,161,438		·	
	3	Investment income (including			25.540			
		and other similar amounts) Income from investment of tax-exempt bond p Royalties			86,342			86,342
	5			No.				
	6-	(i) Real		(ii) Personal				
	6a							
	b	Less: rental exps.						
	ى ب	Rental inc. or (loss)						
	d 7a	Net rental income or (loss) Gross amount from (i) Securities		(ii) Other				
		sales of assets	,019	6,500				
	h	other than inventory 329 / Less: cost or other	, 019	6,500				
	b	basis & sales exps. 328	214	5,003				
	С		805	1,497				
	d	Net gain or (loss)			2,302			2,302
		Gross income from fundraising eve			2,502			2,302
venue	•	(not including \$						
Ve		of contributions reported on line 1c						
Other Re		See Part IV, line 18						
hei	b	Less: direct expenses	. b					
ō		Net income or (loss) from fund	raising event	s Þ				
		Gross income from gaming activitie						
		See Part IV, line 19						
	b	Less: direct expenses	b					
		Net income or (loss) from gam		▶	*		ľ	Z.
1		Gross sales of inventory, less						
		returns and allowances	а					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sale	s of inventory					
		Miscellaneous Revenue		Busn. Code				
	11a	Bad Debt Recoveries		900099	27,148	27,148		
	b	*			4			
	C	***************************************						
	d	All other revenue						
	e	Total. Add lines 11a-11d		▶ _	27,148			
	12	Total revenue. See instruction			14,277,230	14,188,586	0	88,644

Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, (D) Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 80,858 80,858 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 266,567 192,214 74,353 Pension plan accruals and contributions (include 28,443 8,647 19,796 section 401(k) and 403(b) employer contributions) Other employee benefits 60,452 19,870 40,582 Payroll taxes 33,127 10,071 10 23,056 11 Fees for services (non-employees): a Management b Legal Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 39,205 2,312 36,893 (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 12 37,675 25,619 12,056 Office expenses 13 Information technology 14 15 Royalties Occupancy 35,823 24,360 11,463 16 44,763 12,198 Travel 32,565 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 33,466 30,288 3,178 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 14,613 9,937 4,676 22 Insurance 13,000 8,840 4,160 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 13,501,961 13,501,961 State Use Contracts Other Expenses 30,883 22,385 b 8,498 Equipment Maintenance 20,790 14,137 6,653 C 12,309 8,370 Telephone 3,939 2,654 1,805 e All other expenses 849 14,256,589 13,913,381 343,208 0 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ | if following SOP 98-2 (ASC 958-720)

P	art	X Balance Sheet				1	
		Check if Schedule O contains a response to any	question in	this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			499,725	1	579,604
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,478,441	4	2,168,509
	5	Loans and other receivables from current and former of			2,200,00		
		trustees, key employees, and highest compensated em					
	1	Complete Bort II of Cahadula I		5			
	6	Loans and other receivables from other disqualified per					
		4958(f)(1)), persons described in section 4958(c)(3)(B),					
		sponsoring organizations of section 501(c)(9) voluntary			ep ⁱ		
w	1	organizations (see instructions). Complete Part II of Sch				6	ALLEGO AL
Assets	7					7	
As	8	Notes and loans receivable, net Inventories for sale or use					
	9					8	
		Prepaid expenses and deferred charges Land, buildings, and equipment: cost or	T			9	
	Iva		40-	114 026			
	1 .	other basis. Complete Part VI of Schedule D	10a	114,826 53,858	16 410		CO 0C0
	11	Less: accumulated depreciation	100		16,419		60,968
	11	Investments—publicly traded securities			1,361,071	11	1,360,663
	12	Investments—other securities. See Part IV, line 11	• • • • • • • • • • • • • • • • • • • •			12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2 255 656	15	4 150 544
	16	Total assets. Add lines 1 through 15 (must equal line 3			3,355,656	16	4,169,744
	17	Accounts payable and accrued expenses			1,405,316	17	2,198,763
	18	Grants payable	• • • • • • • • • • • • •			18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV o		D		21	
Liabilities	22	Loans and other payables to current and former officers					
Ħ		trustees, key employees, highest compensated employe					
iat		disqualified persons. Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrelated third	parties			23	
	24	Unsecured notes and loans payable to unrelated third pa	arties			24	
	25	Other liabilities (including federal income tax, payables t					
		parties, and other liabilities not included on lines 17-24).	Complete F	Part X			
	28290	of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,405,316	26	2,198,763
		Organizations that follow SFAS 117 (ASC 958), check	k here ▶	X and			
Ö	-0.00	complete lines 27 through 29, and lines 33 and 34.					
lan	27	Unrestricted net assets			1,950,340	27	1,970,981
8	28	Temporarily restricted net assets				28	
Ĕ	29	Permanently restricted net assets				29	
巴		Organizations that do not follow SFAS 117 (ASC 958), check he	re ▶ _ and			
Net Assets or Fund Balances	100000	complete lines 30 through 34.					
set	30					30	
As	31	Paid-in or capital surplus, or land, building, or equipment				31	***
ğ	32	Retained earnings, endowment, accumulated income, or	other funds	s		32	
-	33	Total net assets or fund balances			1,950,340	33	1,970,981
	34	Total liabilities and net assets/fund balances			3,355,656	34	4,169,744

orm	1990 (2012) West Virginia Association of 55-0633886			Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,2	77,	230
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,2	56,	589
3	Revenue less expenses. Subtract line 2 from line 1	3		20,	641
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,9	50,	340
5	Net unrealized gains (losses) on investments	5	1882		
6	Donated services and use of facilities	6	March 450		
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,9	70,	981
Pa	rt XII Financial Statements and Reporting				W-120000
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		1		
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			*********	Manne
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			For	m 990	0 (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

West Virginia Association of Rehabilitation Facilities, Inc.

Employer identification number 55 - 0633886

P	art I	Reas	son for Public Charity	y Status (All organization	ns must d	complete	this p	art.) S	ee ins	truction	ns.		
The	orga	nization is no	t a private foundation becau	use it is: (For lines 1 through 1	1, check or	ly one bo	x.)						
1				ssociation of churches describe									
2	П)(A)(ii). (Attach Schedule E.)									
3	П			vice organization described in s	section 17	0(b)(1)(A)	(iii).						
4	H			ed in conjunction with a hospita				h)(1)(Δ)	(iii) En	ter the ho	nenital'e nar	me	
	لسما	city, and sta		and an obligation of the another		u III 0000	J. 110(~,(-,(~,	(,. =	ter the me	ospitai s riai	iic,	
5				t of a college or university owner	ed or oper	tod by a c	overnm	ontol un	it doco	ribad in			
Ü	لــا		(b)(1)(A)(iv). (Complete Pa		ed of opera	ited by a c	jovernin	ieritai ui	iii uesc	nbea in			
6	П			15.		70/1-1/41/							
215-2				governmental unit described in									
7	Ш			a substantial part of its support	from a go	vernmenta	il unit or	from th	e gener	ral public			
•			section 170(b)(1)(A)(vi). (
8	X		nunity trust described in section 170(b)(1)(A)(vi). (Complete Part II.) anization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross										
9	A										SS		
				empt functions—subject to certain									
				and unrelated business taxable				x) from	busines	sses			
40	\Box			30, 1975. See section 509(a)(
10	H			exclusively to test for public s									
11	Ш			d exclusively for the benefit of, t									
				rted organizations described in						section			
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.												
		a Type		c Type III-Function			d				onally integ	rated	
е				ganization is not controlled dire									
		or section 50		ier than one or more publicly si	upported o	iganizatio	is desc	iibea iii	section	509(a)(1)		
f			1 / 1	termination from the IRS that it	io o Tuno	Time II	ar T. ma	III auam					
•			, check this box	termination from the INS that it	is a Type	i, Type II,	or Type	iii supp	orung				
~				ation accepted any gift or contr	ibution from	of th							Ц
g		following pe		ation accepted any gift of conti	ibulion noi	ii ariy or u	ie						
		Waster Company		controls, either alone or togethe			: d :-	/::\ d					1
			A		10.58						44-0	Yes	s No
			member of a person descr	e supported organization?									+
				deposited in (i) as (ii) about									
h				the supported organization(s).							11g(i	11)	
(1)	Name	of supported	(ii) EIN	(iii) Type of organization	(incl to the	organization	AN Did	unu natit.	6.0	la tha	7 m 4		
٧٠,		anization	(ii) Ein	(described on lines 1–9		organization listed in your		you notify nization in		Is the tion in col.	(vii) Amoun	it of moi pport	netary
				above or IRC section	governing	document?		of your		ized in the .S.?			
				(see instructions))	Yes	No	Yes	port?	Yes	No No			
A)					163	140	165	NO	162	NO			
~,				1		1							
B)				 		-		 	+	 			
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C)								1	 	+-+			
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D)	-				+				+	+-+	***		
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

P	art II Support Schedule for O	rganizations [Described in S	Sections 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)	
	(Complete only if you che	cked the box o	n line 5, 7, or 8	of Part I or if t	he organization	n failed to	qualify	under
	Part III. If the organization	n fails to qualify	under the test	s listed below,	please comple	te Part III.)	
	ction A. Public Support				,			
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 201	12	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.							
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 201	2	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		-					
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10				,			
12	Gross receipts from related activities, etc.	(see instructions)					12	
13	First five years. If the Form 990 is for the	organization's first	, second, third, fo	urth, or fifth tax yea	ar as a section 50	I(c)(3)		
	organization, check this box and stop her					******		▶ □
Sec	tion C. Computation of Public Su	pport Percent	age					
14	Public support percentage for 2012 (line 6						14	%
15	Public support percentage from 2011 School	edule A, Part II, line	e 14				15	%
16a	33 1/3% support test-2012. If the organi	ization did not ched	ck the box on line	13, and line 14 is 3	33 1/3% or more, o	check this	V 1000-000-000	
	box and stop here. The organization quali	fies as a publicly s	upported organiza	ation				D
b	33 1/3% support test-2011. If the organi			3 or 16a, and line 1	5 is 33 1/3% or m	ore,		
	check this box and stop here. The organize	zation qualifies as a	a publicly supporte	ed organization				▶ □
17a	10%-facts-and-circumstances test—201							
	10% or more, and if the organization meet							
	Part IV how the organization meets the "fa	cts-and-circumstar	nces" test. The org	ganization qualifies	as a publicly supp	orted		
	organization							▶ □
b	10%-facts-and-circumstances test—201	1. If the organization	on did not check a	box on line 13, 16	a, 16b, or 17a, an	d line		
	$15\ \text{is}\ 10\%$ or more, and if the organization	meets the "facts-a	nd-circumstances	" test, check this b	ox and stop here.	ģ.		
	Explain in Part IV how the organization me	ets the "facts-and-	circumstances" te	est. The organization	n qualifies as a pu	ublicly		د الله الله
	supported organization							▶ [
18	Private foundation. If the organization did	I not check a box o	n line 13, 16a, 16	b, 17a, or 17b, che	ck this box and se	е		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support	,					
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22,100		22,100	22,300	21,625	88,125
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	12,122,345	13,267,138	13,722,170	13,845,530	14,188,586	67,145,769
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge			×			
6	Total. Add lines 1 through 5	12,144,445	13,267,138	13,744,270	13,867,830	14,210,211	67,233,894
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				-		
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						67,233,894
Sec	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·	*	•	3	01/200/001
	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	12,144,445	13,267,138	13,744,270	13,867,830	14,210,211	67,233,894
10a		26,512	16,826	17,282	-2,323	86,342	144,639
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		-				And the second second
С	Add lines 10a and 10b	26,512	16,826	17,282	-2,323	86,342	144,639
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			2,436	89,449		91,885
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	12,170,957	13,283,964	13,763,988	13,954,956	14,296,553	67,470,418
14	First five years. If the Form 990 is for the		second, third, four	th, or fifth tax year	as a section 501(c)(3)	
-	organization, check this box and stop here					<u></u>	
Carrier St.	tion C. Computation of Public Su						
15	Public support percentage for 2012 (line 8,	column (f) divided	by line 13, column	(f))		15	99.65%
16 Sac	Public support percentage from 2011 Sche			,		.,	99.57 %
17	tion D. Computation of Investmen			l (O)		147	0/
18	Investment income percentage for 2012 (lin Investment income percentage from 2011)		line 17			40	<u>%</u>
19a	33 1/3% support tests—2012. If the organ			14 and line 15 is n			%
	17 is not more than 33 1/3%, check this bo						▶ X
b	33 1/3% support tests—2011. If the organ						
	line 18 is not more than 33 1/3%, check this						▶ []
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	9b, check this box	and see instructio	ns	

Part IV	Suppleme	ental Inform e 17a or 17t	mation. Cor o; and Part	nplete this	part to pro	ovide the	explanation	s required	– 0 6 3 3 8 8 by Part II, lir information.	ne 10:	Page 4
Part I	II, Lin	e 12 -	Other I	ncome 1	Detail						
					\$	g	1,885				
							.,,				

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									• • • • • • • • • • • • • • • • • • • •		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

lame of the organization	Employer identification number
West Virginia Association of	FF 0633306
Rehabilitation Facilities, Inc. Part Organizations Maintaining Donor Advised Funds or Other Similar Fund	55-0633886
Part I Organizations Maintaining Donor Advised Funds or Other Similar Fund organization answered "Yes" to Form 990, Part IV, line 6.	is or Accounts. Complete if the
(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	
2 Aggregate contributions to (during year)	
3 Aggregate grants from (during year)	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be use	
only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
conferring impermissible private benefit?	Yes No
Part II Conservation Easements. Complete if the organization answered "Yes" to I	Form 990, Part IV, line 7.
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (e.g., recreation or education)	
Protection of natural habitat Preservation of a certified	historic structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a easement on the last day of the tax year.	a conservation
easement on the last day of the tax year.	
a Tableson for a second Paris of the second Pa	Held at the End of the Tax Yea
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the or	ganization during the
tax year •	
 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring inspection, handling of 	
5 Francisco Menter of	
violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	Yes No
Count and volunteer nouns devoted to monitoring, inspecting, and emorting conservation easements during	g trie year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the	
	e year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)((A)(D)
(i) and section 170(h)(4)(B)(ii)?	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense sta	atement and
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements	
organization's accounting for conservation easements.	o that deportings the
Part III Organizations Maintaining Collections of Art, Historical Treasures, or O	ther Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statemen	nt and balance sheet
works of art, historical treasures, or other similar assets held for public exhibition, education, or research in	
public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement an	
works of art, historical treasures, or other similar assets held for public exhibition, education, or research in	n furtherance of
public service, provide the following amounts relating to these items:	
(i) Revenues included in Form 990, Part VIII, line 1	b \$
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial ga	ain, provide the
following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenues included in Form 990, Part VIII, line 1	> \$
b Assets included in Form 990, Part X	> \$

Sch	edule D (Form 990) 2012 West Virg				55-0633886	Page 2
P	art III Organizations Maintaining	Collections of	of Art, Historical	Treasures, o	r Other Similar As	sets (continued)
3	Using the organization's acquisition, accessi collection items (check all that apply):	on, and other recor	ds, check any of the	following that are	a significant use of its	
а	Public exhibition	d	Loan or exchange p	rograms		
b	Scholarly research	e			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
c	T _					
4	Provide a description of the organization's co	llections and expla	in how they further th	e organization's	exempt purpose in Part	
	XIII.	to est o sectorità a recent caracteristic de la companie de la companie de la companie de la companie de la comp				
5	During the year, did the organization solicit o	r receive donations	of art, historical treas	sures, or other si	milar	
	assets to be sold to raise funds rather than to					Yes No
P	art IV Escrow and Custodial Arra	angements. Co	omplete if the ora	anization ans	wered "Yes" to Forn	n 990 Part IV
10002100	line 9, or reported an amour					, , , , , , , , , , , , , , , , , , , ,
1a	Is the organization an agent, trustee, custodia			or other assets	not	
	included on Form 990, Part X?					Yes No
h	If "Yes," explain the arrangement in Part XIII	and complete the f	ollowing table:		• • • • • • • • • • • • • • • • • • • •	[165 [140
~	Tes, explain the analigement in Fall All	and complete the i	ollowing table.		ГТ	Amount
_	Reginning balance				14-	7 anount
٦	Beginning balance				1c	
	Additions during the year				1d	
e	Distributions during the year				1e	
7	Ending balance				1f	
za.	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?			Yes No
	If "Yes," explain the arrangement in Part XIII.					
F	art V Endowment Funds. Compl					····
	<u> </u>	(a) Current year	(b) Prior year	(c) Two years	back (d) Three years b	pack (e) Four years back
1a	Beginning of year balance	was decided as a second				
b		1				
C	Net investment earnings, gains, and					
	losses					
d	Grants or scholarships					
	Other expenditures for facilities and					
	programs					
f	Administrative expenses					
g						
2	Provide the estimated percentage of the curre	ent year end baland	ce (line 1g, column (a)) held as:		
а	Board designated or quasi-endowment ▶	%				
b	Permanent endowment ▶ %					
С	Temporarily restricted endowment ▶	%				
	The percentages in lines 2a, 2b, and 2c shou	d equal 100%.				
3a	Are there endowment funds not in the posses		ation that are held an	d administered fo	or the	
	organization by:				.	Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					
b	(ii) related organizations If "Yes" to 3a(ii), are the related organizations	listed as required	on Schedule R2			3b
4						[30]
-	art VI Land, Buildings, and Equip			10		
*** ******	Description of property	(a) Cost or other		other basis	(c) Accumulated	(d) Book value
	postingion of property	(investment)		her)	depreciation	(d) Book value
1-	Land	(III) Courient,	, (0		ucprediation	
ıa	Land					
D	Buildings			27 570	2 5 5 5	22 252
	Leasehold improvements			37,570	3,757	33,813
	Equipment			77,256	50,101	27,155
	Other	L				
ota	I. Add lines 1a through 1e. (Column (d) must ed	ual Form 990, Par	t X, column (B), line	IO(c).)	▶	60,968

	orm 990) 2012 West Virginia Associa		55-0633886	Page
Part VII	Investments—Other Securities. See Form 990	1		
	(a) Description of security or category(including name of security)	(b) Book value	(c) Method of	
			Cost or end-of-yea	ar market value
(1) Financial (derivatives			
(0) 0.1	eld equity interests			
(B)				
(c)				
				alama il a managara di managar
(E)				
(F)				
(G)				
(I)	(h) must sevel Ferm 000 Best V and (B) line 400			
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related. See Form 990	Dort V line 13		
1 4131 3/11	(a) Description of investment type	(b) Book value	(c) Method of	valuation:
	(a) besomption of investment type	(b) book value	Cost or end-of-year	
(1)				
(2)				
(3)	· · · · · · · · · · · · · · · · · · ·			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Contraction of the Contraction o	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, line 15.	<u> </u>		A Complexity of the complexity
	(a) Description			(b) Book value
(1)				
(2)				
(3)				***************************************
(4)				
(5)				
(6)				
(7)				
(8)				M
(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities. See Form 990, Part X, line 25.			
1.	(a) Description of liability	(b) Book value		
(1) Federal i	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	(b) must equal Form 990, Part X, col. (B) line 25.)			
2. FIN 48 (ASC	C 740) Footnote. In Part XIII, provide the text of the footnote to	the organization's finan	cial statements that reports the	organization's

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	edule D (Form 990) 2012 West Virginia Association of	55-063388	86 Page 4
F-12/2000	art XI Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue per Re	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	,	
а	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	7 1
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1
	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	Reconciliation of Expenses per Audited Financial Statement		Return
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	1 1
c	Other lesses	2c	1
d	Other (Describe in Bort XIII.)		
	Other (Describe in Part XIII.)		2e
-	Add lines 2a through 2d		3
3	Subtract line 2e from line 1	T	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	-
b	Other (Describe in Part XIII.)	40]	1. 1
	Add lines 4a and 4b		4c 5
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)] 5]
	IT XIII Supplemental Information	and A. Dant N. Para Alban	- 1 Ob .
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 4, Part XI, lines 3, Part XII, lines 3, Part XII, lines 3, Part XIII, lines 3, Part X		
	V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also comp	piete this part to provide any add	ontional
Intori	nation.		

Schedule D (Form 990) 2012	West V	/irginia	Associa	tion of		55-063388	5	Page 5
Part XIII	Supplem	ental Informa	ation (contin	Associa nued)					
						A100511 PROM			
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				**************	• • • • • • • • • • • • • • • • • • • •		*		
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* **********									*******

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2012

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization West Virginia Association of Rehabilitation Facilities, Inc.

Employer identification number 55 - 0633886

Form 990, Part VI, Line 6 - Classes of Members or Stockholders The Organization has 23 members which are the management of member agencies.
Form 990, Part VI, Line 7a - Election of Members and Their Rights The members of the Organization are the governing board.
Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members The members of the Organization make up the governing board.
Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The Executive Director reviews the Form 990 for accuracy, and the Board of Directors are notified that the Form 990 is available in the office for their review.
Form 990, Part VI, Line 15a - Compensation Process for Top Official The Governing body reviews the salaries of the Organization's top management and key employees.
Form 990, Part VI, Line 15b - Compensation Process for Officers The Governing body reviews the salaries of the Organization's top management and key employees.
Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Documents are available upon request.

CERTIFICATION AND SIGNATURE PAGE

By signing below, I certify that I have reviewed this Solicitation in its entirety, understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid or proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

West Virginia Ass (Company)	ociation of Rehabilitation Facilities	5, Inc.	(WVARF)
Garos 15. Jon			
(Authorized Signature)			
Aaron D. Jones (Representative Name, Title)	Executive Director	5.	
304-205-7970/3	04-205-79/5		
(Phone Number)	(Fax Number)		
4/07/2014			
(Date)			