Form **990**

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A	FOR U	ne 2011 calendar year, or tax year beginning UUL I, 2011 and endi	ing J	UN 30, 2	OTS				
В	Check applica	I WEST VIRGINIA ASSOCIATION OF		D Employer id	entifi	cation number			
	Add	REHABILITATION FACILITIES, INC.	1						
E	Nam	e 9e Doing Business As		5	5-0	633886			
Ē	Initiz retur Tern	Number and street (or P.O. box if mail is not delivered to street address) AOO ALLEN DRIVE GULTINA 100	m/suite	E Telephone n	Telephone number 304-205-7970				
౼	lated	400 MIDEN DRIVE, SOUTE 100		The second secon	SECURIOR SE				
E	retur Appl tion	City or town, state or country, and ZIP + 4	ļ	G Gross receipts \$		14,140,208.			
<u> </u>	tion pend			H(a) Is this a gre	oup re				
		F Name and address of principal officer:WILLIAM MONTEROSSO	I	for affiliate:	700	Yes X No			
-		SAME AS C ABOVE		H(b) Are all affilia	tes inc	luded? Yes No			
		xempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or L	527	If "No," att	ach a	list. (see instructions)			
-		ite: ▶ WWW. WVARF. ORG		H(c) Group exe					
	Form o		L Year o	f formation: 19	73 N	State of legal domicile: WV			
6)	1	Briefly describe the organization's mission or most significant activities: TO COMM	MUNI	CATE AND	DI	SSEMINATE			
ĕ		INFORMATION AMONG REHABILITATION FACILITIES	TO E	ASSIST S	THE	DISABLED			
E	2	Check this box if the organization discontinued its operations or disposed of							
Sve	3	Number of voting members of the governing body (Part VI, line 1a)				24			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)				24			
S	5	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			
흝	0.0000	Total unrelated business revenue from Part VIII, column (C), line 12		***************************************	7a	0.			
Ā	6	Net unrelated business taxable income from Form 990-T, line 34		***************************************	7b	0.			
	╁	140t directated business taxable income nonit Form 950-1, life 54		Prior Year	1/0				
Revenue	8	Contributions and grants (Bott \((III \) line 1h)		Prior rear	0.	Current Year 0.			
	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		13,744,27	100	13,823,230.			
	0.000		**	6,46		-2,323.			
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,43		89,449.			
	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,753,16					
	12	Total revenue - add fines 8 through 11 (must equal Part VIII, column (A), line 12)	-	13,733,10		13,910,356.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		420.20		0.			
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		439,22		339,043.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.			
X		Total fundraising expenses (Part IX, column (D), line 25)		0.054.05		40 460 004			
-		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		13,351,03		13,469,981.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		L3,790,26		13,809,024.			
, 0	19	Revenue less expenses. Subtract line 18 from line 12		-37,09		101,332.			
Assets or Balances			Beg	inning of Current		End of Year			
Sset	20	Total assets (Part X, line 16)		3,689,89		3,355,657.			
P P	21	Total liabilities (Part X, line 26)		1,841,15	9.	1,405,593.			
캳	22	Net assets or fund balances. Subtract line 21 from line 20		1,848,73	12.	1,950,064.			
1	1,6211	- Cignature Block							
		lities of perjury, I declare that I have examined this return, including accompanying schedules and				knowledge and belief, it is			
true,	corre	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr	reparer h	as any knowledge.					
			· · · · · · · · · · · · · · · · · · ·						
Sign		Signature of officer		Date		*)			
Her	е	WILLIAM MONTEROSSO, EXECUTIVE DIRECTOR							
		Type or print name and title							
_		Print/Type preparer's name Preparer's signature	Da	ite Che	ck _	PTIN			
Paid		HORACE W. EMERY, CPA	L_	self-	-employed				
Ргер		Firm's name SUTTLE & STALNAKER, PLLC		Firm's Elf	V	55-0538163			
Use	Only	Firm's address 1411 VIRGINIA ST., E, STE 100			1000				
		CHARLESTON, WV 25301		Phone no	<u>. 3</u> 0	04-343-4126			
May	the II	RS discuss this return with the preparer shown above? (see instructions)				X Yes No			

WEST VIRGINIA ASSOCIATION OF

Forn	n 990 (2011) REHABILITATION FACILITIES, INC. 55-0633886 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	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.
2	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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
Ÿ	and the second s
	If "Yes," describe these changes on Schedule O.
4	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.
4a	(Code:) (Expenses \$ 13,648,618. including grants of \$) (Revenue \$ 13,912,679.)
	ENTERING INTO CONTRACTS WITH THE STATE OF WEST VIRGINIA AND
	SUBCONTRACTING WITH MEMBERS TO PROVIDE TRAINING AND JOBS TO DISABLED
	WORKERS.
	WORKHING.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses \(\) 13,648,618.

275			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	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
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 98-197 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			
	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	200		
	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	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
Ç	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	110	$\neg \neg$	
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	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		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		I	
	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
	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 or more? If "Yes," complete Schedule F, Parts I and IV	14b	- 1	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140	-	
	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,"	40		х
20=	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a	-	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	-1	
	100 10 mile organization account a copy of ite addition interioral statements to this fetum:	C WATER STREET, STREET	200 /	

55-0633886 Page 4 Part IV Checklist of Required Schedules (continued)

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	Yes	No 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		х
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 employees? If "Yes," complete			
		23		X
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
,	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		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
•	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	270		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Ophodula I Book I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	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
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	10.00	1,828	Pint.
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
	If "Yes," complete Schedule N, Part I	31		X
32	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
33	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
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		- 1	200	

REHABILITATION FACILITIES, INC. Form 990 (2011) 55-0633886 Page 5 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 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 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 ______2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b 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 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 other financial account)? X 4a b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? X 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). 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? X 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 it was required X to file Form 8282? 7c e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f 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? **7**g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 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? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 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 11a b Gross income from other sources (Do not net amounts due or paid to other sources against 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? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 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 13h c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a

14b

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

WEST VIRGINIA ASSOCIATION OF

REHABILITATION FACILITIES, INC. 55-0633886 Form 990 (2011) 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. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management

			100		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24	75		1000
	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.					40
b	Enter the number of voting members included in line 1a, above, who are independent	1b	24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh		er			
	officer, director, trustee, or key employee?		1	2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person?		1	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 as	ssets?		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 a					
	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, o	r [
	persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following	ig:		10.80	195
а	The governing body?			8a	Х	
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 re	ached 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 Internal F	Revenue Code.)				
					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 of	chapters, affiliat	ės,			
	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 boo	dy before filing	the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		1			
				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b		X
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					••
	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 approve		ent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			19.58	37	
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	2000
12	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		I			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a		No.	200	x
	taxable entity during the year?			16a	SAME.	Δ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		tion			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's		401		
<u> </u>	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE					
17		T (Cootion FO1)	(a)(2)a aalu) a	voilab	.lo	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	-1 (Section 501)	c)(3)s only) a	vanac	ie	
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request					
40	Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	onflict of inter-	et policy e	l fina-	neiel	
19		connict of intere	st policy, and	mar	icidi	
00	statements available to the public during the tax year.	and records of	ho orossis-t	on: Þ		
20	State the name, physical address, and telephone number of the person who possesses the books a JOYCE WYSONG - 304-205-7970 400 ALLEN DRIVE SILTE 100 CHARLESTON WV 25302	and records of	ne organizati	IOH:		

132006 01-23-12

Page 7

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.

Check this box if neither the organi (A)	(B)	1	(C)					(D)	(E)	(F)	
Name and Title	Average	Position						Reportable	Reportable	Estimated	
	hours per	box	Position (do not check more than one box, unless person is both an				one h an	compensation	compensation	amount of	
	week	offi	officer and a director/trustee)				tee)	from	from related	other	
	(describe	Individual trustee or director	8					the	organizations	compensation	
	hours for related	10 to a	88			saled		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the	
	organizations	rruste	Institutional trustee		age	mpen		(44-27 1093-141100)		organization and related	
	in Schedule	idual	ution	ا ا	Key employee	est co oyee	18		l l	organizations	
	O)	Indiv	Instit	Officer	Keye	Highest compensaled employee	Former				
(1) ELIZABETH SAMPSON											
PAST PRESIDENT	2.00	X						0.	0.	0	
(2) JANNIECE RYAN											
MEMBER	2.00	X						0.	0.	0 .	
(3) CRAIG GREENING										_	
MEMBER	2.00	Х		\perp	_			0.	0.	0.	
(4) EARL SMITH	2 00							_		•	
MEMBER	2.00	X			_			0.	0.	0.	
(5) PHYLLIS CANTRELL MEMBER	1 2 00	7,7						0		•	
	2.00	X		\dashv	\dashv			0.	0.	0.	
(6) LEROY E. DIXON, JR. MEMBER	2.00	х						0.	0.	0	
(7) MIKE TURNER	2.00	Δ	-	\dashv	-			U •	U •	0.	
MEMBER	2.00	х						0.	0.	0.	
(8) CHERI BEVER	2.00	Λ		\dashv		-		V •	0.		
MEMBER	2.00	x		1		- 1		0.	0.	0.	
(9) DEBBIE BIRTHISEL				\dashv	\dashv	\dashv					
MEMBER	2.00	х	.			1		0.	0.	0.	
(10) BRENDA HELLWIG				\dashv	\dashv	一十					
MEMBER	2.00	Х				- 1		0.	0.	0.	
(11) HARRY KEATON				\neg	\neg	\neg					
MEMBER	2.00	X						0.	0.	0.	
(12) JOHN HYRE											
MEMBER	2.00	Х						0.	0.	0.	
(13) STEPHEN DICKERSON				T							
MEMBER	2.00	X						0.	0.	0.	
(14) JIM GAMBLE											
MEMBER	2.00	X			\perp			0.	0.	0.	
(15) JAN SMITH										20.50	
MEMBER	2.00	X	\perp	_		_		0.	0.	0.	
(16) GREG MORRIS	0.00							_			
MEMBER	2.00	X		\dashv	_	_		0.	0.	0.	
(17) JACK HOLCOMB MEMBER	2.00	v								0	
NEMBER 132007 01.23.12	2.00	X		丄				0.	0.	0 .	

132007 01-23-12

Part VII Section A. Officers, Directors, Tri	ustees, Key E	lam	ove	es. a	and	High	est	Compensated Employ	rees (continued)			
(A) Name and title	(B) Average hours per	(de	not o	Pos heck	C) sition more erson	n than is bo	one th an	(D) Reportable	(E) Reportable compensation	200	(F) stimat	
	week (describe hours for related organizations in Schedule O)	tee or director	onal trustee		Π	Highest compensated start	Ť	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	or	other mpens from th ganiza nd rela ganizat	ation he ation ated
(18) KAREN HAUGHT MEMBER	2.00	x						0.	0.			0.
(19) TERAH KLEIN MEMBER	2.00	x						0.	0.			0.
(20) LYNN WALLACE			T									
MEMBER (21) MICHAEL HAGG	2.00	X			_	_	_	0.	0.			0.
PRESIDENT	2.00			X				0.	0.			0.
(22) KIMBERLY LEWIS												
VICE PRESIDENT	2.00			X				0.	0.			0.
(23) ANNETTE FRANCIS	2 00			77					0			0
TREASURER (24) ELAINE SWANEY	2.00		\vdash	X	_	-	_	0.	0.	├		0.
SECRETARY	2.00			Х				0.	0.			0.
(25) GREGORY RABER												
EXECUTIVE DIRECTOR-PART YEAR	40.00			X				44,986.	0.		8,4	92.
(26) MARSHA ALLMAN	40 00			**				00.760	•			^
EXECUTIVE DIRECTOR-PART YEAR	40.00		<u> </u>	X		Ļ	L	20,769. 65,755.	0.		8,4	0.
1b Sub-total c Total from continuation sheets to Part VI	I Section A		.,					05,755.	0.	-	0,4	0.
d Total (add lines 1b and 1c)								65,755.	Ö.	 	8,4	
2 Total number of individuals (including but n							no re		,000 of reportable	<u> </u>		
compensation from the organization												0
									processes amongs, segme		Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si										1	BARR	x
4 For any individual listed on line 1a, is the su										3	A 255 2	1000
and related organizations greater than \$150										4	Part November	X
5 Did any person listed on line 1a receive or a											100	
rendered to the organization? If "Yes," com	plete Scheduk	Jf	or st	ich j	pers	son		************		5		X
Section B. Independent Contractors												
Complete this table for your five highest conthe organization. Report compensation for the organization.										ation	irom	
(A)	inc calcindar y	Ca; C	oi idii	ig vi	vitri	01 11	T	(B)	rear.	((C)	
Name and business	address	NO	ONE	G				Description of s	ervices (nsatio	n
							+					
							\dashv					
	erangkan de sekan da kan de sekan dijelak	19 1900		n Warrison		ndiderak a hid	T			rate Resident		me-tale services
			_				+					
									Warran Andrews			
2 Total number of independent contractors (in	ncludina but n	ot lir	nite	d to	tho	se lis	sted	above) who received m	ore than			
\$100,000 of compensation from the organiz					(
										Form	990 (2011)

art VI	II Statement of Reve	nue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 513, or 514
	Federated campaigns		4				
b	Membership dues						
C	Fundraising events						
d	Related organizations	1d					
e	Government grants (contribut						
f	All other contributions, gifts, gran						
	similar amounts not included abo	ve 1f					
9	Noncash contributions included in lines						100 600
h	Total. Add lines 1a-1f	***************	>				
			Business Code		The state of the s		
2 a	REVENUE SERVICE	S/STATE	561000	13,745,252.	13,745,252.		
b	DHHR REVENUE		900099	55,678.	55,678.		- 1
С	MEMBERSHIP DUES	3	900099	22,300.	22,300.		
d							
2 a b c d							
1	All other program service reve						
9	Total. Add lines 2a-2f			13,823,230.	是"我们是的主义之间"。		2.000000
3	Investment income (including	dividends, inter	est, and				100 100 100 100
	other similar amounts)			14,101.			14,103
4	Income from investment of ta	x-exempt bond	proceeds >				
5	Royalties		▶				
		(i) Real	(ii) Personal				
6 a	Gross rents						
b	C THE RESERVE THE PROPERTY OF						
С							
d			▶				
7 a	Gross amount from sales of	(i) Securities	(ii) Other				A LEST BETT
	assets other than inventory	210428	3,000.				
ь	Less: cost or other basis						
	and sales expenses	229852.	0.		AL PRINCE		
c	Gain or (loss)						
d				-16,424.	\$\$460.00 \$1.00 (80, 100, 100, 100, 100, 100, 100, 100, 1		-16,424
	Gross income from fundraising			STREET WAS A STREET	Printer Commence of the		SEASONS AND STREET
""	including \$	of	1		L. Charles		
	contributions reported on line	1c) See	- ,				
h	Less: direct expenses	a					
	Net income or (loss) from func		D				
	Gross income from gaming ac			reaching temperature.	CELLAND STATE OF THE STATE OF T	5503 63 63 63 63 6	
9 4							
L	Part IV, line 19	a	1				
	Less: direct expenses				的 1987年 新年1985年 1985年		ACCOUNT OF THE PARTY OF THE PAR
	Net income or (loss) from gam		<u>P</u>	W 202 1-030373 03 2010	SELECT CANCES AND A SELECT AND	ngilani katang aga na asah	1.00
iva	Gross sales of inventory, less						
	and allowances						
	Less: cost of goods sold				Account that were think if		
<u>c</u>	Net income or (loss) from sale		D	10.00 (10			
	Miscellaneous Revenu		Business Code	89,449.	89,449.		
11 a	BAD DEBTS RECOV	ロイエロジ	900099	07,447.	03,449.		
b							
C							
q	All other revenue						
	Total. Add lines 11a-11d		>	89,449.			
e 12	Total revenue. See instructions.		Sec. 11.0	13,910,356.	13,912,679.	0.	-2,323

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).

Do	Check if Schedule O contains a response include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	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				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				S.A. AND ST. LEWIS
4	Benefits paid to or for members				7. 1 to 1 to 1 to 1 to 1
5	Compensation of current officers, directors,	CF 20F	62 244	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				
	persons described in section 4958(c)(3)(B)	400 645	- 455 455	- FR 104	
7	Other salaries and wages	190,647.	133,453.	57,194.	
8	Pension plan accruals and contributions (include	45 005	40 501	F 252	
	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.	- And June 1981
10	Payroll taxes	20,896.	14,627.	6,269.	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		42,954.		42,954.	
12	Advertising and promotion	662.	662.		
13	Office expenses	34,887.	24,421.	10,466.	
14	Information technology				
15	Royalties				
16	Occupancy	16,090.	11,263.	4,827.	
17	Travel	40,655.	38,584.	2,071.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,824.	8,842.	3,982.	
20	Interest	148.		148.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,991.	3,494.	1,497.	
23	Insurance	13,106.	9,174.	3,932.	
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.)				
a	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					
	All other expenses				
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)				

WEST VIRGINIA ASSOCIATION OF REHABILITATION FACILITIES, INC.

Form 990 (2011)

Part X | Balance Sheet Beginning of year End of year 674,751. 499,727. 1 1 Cash · non-interest-bearing 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 1,478,441. 1,627,337. Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 84,060. basis. Complete Part VI of Schedule D 10a 67,642. b Less: accumulated depreciation 10b 21,410. 16,418. 1,366,393. 1,361,071. 11 11 Investments - publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 Investments · program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 15 Other assets. See Part IV, line 11 3,689,891. 3,355,657. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,841,159. 1,405,593. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 1,841,159. 1,405,593. 26 Total liabilities. Add lines 17 through 25 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. 27 Unrestricted net assets 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here
and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 1,950,064. 1,848,732. 33 Total net assets or fund balances 33 3,689,891. 3,355,657. Total liabilities and net assets/fund balances

WEST VIRGINIA ASSOCIATION OF REHABILITATION FACILITIES, INC.

	1990 (2011) REHABILITATION FACILITIES, INC.	55-06	33886	Pag	ge 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	13,910),3	56.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,809	0,6	24.		
3	Revenue less expenses. Subtract line 2 from line 1	3	101	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	Other changes in net assets or fund balances (explain in Schedule O)	5			0.		
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 1, 950, Part XII Financial Statements and Reporting		0,0	64.				
Pa	rt XII 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			MARK.			
	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					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	- 1			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		54816	30.7			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	on a					
	separate basis, consolidated basis, or both:		1000				
	Separate basis Consolidated basis Both consolidated and separate basis						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
Act and OMB Circular A-133?							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit					
	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)

Department of the Treasury Internal Revenue Service

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

Name of the organization WEST VIRGINIA ASSOCIATION OF Employer identification number 55-0633886 REHABILITATION FACILITIES, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I c Type III - Functionally integrated d Type III - Other b Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (III) Type of (iv) Is the organization (v) Did you notify the (vi) Is the organization in col. (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) listed in your organization in col. organization (i) organized in the support (described on lines 1-9 governing document? (i) of your support? U.S.? above or IRC section (see instructions)) Yes Yes No Yes No No

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

Schedule A (Form 990 or 990-EZ) 2011

Total

Schedule A (Form 990 or 990-EZ) 2011 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(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
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-			İ			
	ization's benefit and either paid to						
	or expended on its behalf					10	-
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3				T		
5		500000000000000000000000000000000000000	69-7, 2-35-5-2-3-1-30-2-	WEST STATES	Maria de la compansión de	Sexements.	
	by each person (other than a			AT 12.05	14.44		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,					79 11	E1
	column (f)			the little in			
6	Public support. Subtract line 5 from line 4.		AND STATE OF				
-	ction B. Total Support					1	
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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			V			
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			entry by	SALES OF SECURITY		
	Gross receipts from related activities,	etc. (see instruction	ons)	<u> </u>		12	
	First five years. If the Form 990 is for	i i i i i i i i i i i i i i i i i i i					
	organization, check this box and stop	200					
Sec	ction C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2011 (I					14	%
15	Public support percentage from 2010	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2011. If the o						x and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2010. If the o						
	and stop here. The organization quali	fies as a publicly s	supported organization	ation		*******************	▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac-						ALEBOARDANIA
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supporte	d organization		▶□
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	e "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explai	n in Part IV how the	
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see instruction	s
					Sch	edule A (Form 990	or 990-EZ) 2011

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 fine 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	qualify under the tests listed b	pelow, please comp	olete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and	(a) 2001	(D) 2008	(0) 2009	(4) 2010	(e) 2011	(i) rotal
•	membership fees received. (Do not						
	include any "unusual grants.")	24,800.	22,100.		22,100.	22,300.	91,300.
2	Gross receipts from admissions.	24,000.	22,100.		22,100.	22,300.	51,500.
2	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.	13,722,170.	13,845,530.	64,643,178,
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						1 2 2 2 2 2
4	Tax revenues levied for the organ- ization'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						10
6	Total. Add lines 1 through 5	11,710,795.	12,144,445.	13,267,138.	13,744,270.	13,867,830.	64,734,478.
7a	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						0.
7.2	amount on line 13 for the year						0.
	Add lines 7a and 7b	Andreas and Andreas	Name / Company of	COLUMN TO THE WAY TO THE	(2000) 12 (2000) 2000 (2000)	1000	64,734,478.
Sec	Public support (Subtract line 7c from line 6.)		ACCOUNT FOR STATE	E COLE VALUE NA COLU			04,/34,4/0.
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	11,710,795.	12,144,445.	13,267,138.	13,744,270.	13,867,830.	64,734,478.
	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		1				
	acquired after June 30, 1975						
Ċ	Add lines 10a and 10b	130,797.	26,512.	16,826.	17,282.	-2,323.	189,094.
	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				0 406	00 440	04 005
	assets (Explain in Part IV.)				2,436.	89,449.	91,885.
13	Total support (Add lines 9, 10c, 11, and 12.)	11,841,592.	12,170,957.	13,283,964.	13,763,988.	13,954,956.	65,015,457.
14	First five years. If the Form 990 is for						ation,
Sec	check this box and stop here ction C. Computation of Publ		rcentage				PLJ
				-1· (D)		15	99.57 %
	Public support percentage for 2011 (I					16	~ ~ = =
-	Public support percentage from 2010 tion D. Computation of Investigation		THE RESIDENCE OF THE PERSON NAMED IN COLUMN TWO			16	99.55 %
	Investment income percentage for 20			e 13, column (f))		17	.29 %
	Investment income percentage from 2	to the telegraphic contribution of the second co	A STATE OF THE PARTY OF THE PAR	to the control in the control of the	eliku arate matatatatata arata a	18	.45 %
	33 1/3% support tests - 2011. If the					3 1/3%, and line 1	
1 357	more than 33 1/3%, check this box as						. TT
b	33 1/3% support tests - 2010. If the				A 50		
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organizatio						
	3 01-24-12	Old flot officer a f	22 311 10 14, 100	.,, опоски		edule A (Form 99	

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

Name of the organization

WEST VIRGINIA ASSOCIATION OF REHABILITATION FACILITIES

Employer identification number 55-0633886

Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	• • • • • • • • • • • • • • • • • • • •
		(b) Funds and other accounts
1	Total number at end of year	And the same of th
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 fur	nds
-	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
•	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	
	Impermissible private benefit?	
Pai	til Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV,	
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) Preservation of an historical	lly important land area
	Protection of natural habitat	10
	Preservation of open space	Storie Stracture
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onceniation escement on the last
~	day of the tax year.	onservation cusement on the last
	day of the tax year.	Held at the End of the Tax Year
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	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	
	year ▶	3
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	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during t	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's	ganization's accounting for
	conservation easements.	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	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 statement a	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	rvice, provide the following amounts
	relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	
	(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 gain,	provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	. ▶ \$

WEST VIRGINIA ASSOCIATION OF

		TTATION FA			041		U633886 Page 2
	rt III Organizations Maintaining						
3	Using the organization's acquisition, access	ion, and other recor	ds, check any	of the following th	at are a	significant use o	its collection items
	(check all that apply):						
a				or exchange prog			
b			Othe	r			
С							
4	Provide a description of the organization's of						Part XIV.
5	During the year, did the organization solicit						
-	to be sold to raise funds rather than to be m						Yes No
Pa	rt IV Escrow and Custodial Arrar reported an amount on Form 990, Pa		ete if the orga	inization answered	"Yes" to	o Form 990, Part	IV, line 9, or
1a	Is the organization an agent, trustee, custoo		diary for contr	ributions or other a	ssets no	ot included	
	on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIV					*************	
3.55	in voo, oxplain all astalligothoric in tall XIV	und complete the K	Showing table				Amount
c	Beginning balance					1c	ranount
	Additions during the year						
	Distributions during the year						
	Ending balance						
2a	Did the organization include an amount on F	orm 990 Part X line	217			···· L11	Yes No
	If "Yes," explain the arrangement in Part XIV		, = 1 ,				
-	rt V Endowment Funds. Complete		swered "Yes	" to Form 990 Par	t IV line	10	
L	Company of the Compan	(a) Current year	(b) Prior y			(d) Three years b	ack (e) Four years back
1a	Beginning of year balance	(a) Current year	(b) i noi y	cai (c) ino ju	a o buon	(a) times years s	The second second second
	Net investment earnings, gains, and losses	***************************************				 	CONTRACTOR OF THE CONTRACTOR
	Grants or scholarships						ELECTRIC PART PRODUCTION
	Other expenditures for facilities						
e							
	and programs						
	Administrative expenses						-2.45 start/(E161/2/10/10/10/10/10/10/10/10/10/10/10/10/10/
2	End of year balance					İ.	
	Provide the estimated percentage of the cur	rent year eno balant		lumin (a)) nelo as:			
	Board designated or quasi-endowment	%	%				
C	Temporarily restricted endowment	% 					
2-	The percentages in lines 2a, 2b, and 2c should be a sh		_4* 41 4			*!!*!	
Ja	Are there endowment funds not in the posse	ession of the organiz	ation that are	nelo ano aominist	erea for	the organization	Van Na
	by:						Yes No
	(i) unrelated organizations						3a(i) 3a(ii)
h	(ii) related organizations If "Yes" to 3a(ii), are the related organizations	listed as required a	n Cabadula E	·····			3b
4	Describe in Part XIV the intended uses of the						30
1	t VI Land, Buildings, and Equipm						
	Description of property	(a) Cost or o) Cost or other	(0) (Accumulated	(d) Book value
	Description of property	basis (investr		basis (other)		preciation	(d) DOOK Value
19	Land				10/5/12/12	9-19-19-19-19-19-19-19-19-19-19-19-19-19	
	Buildings				1955 (ASSESS)		
	Leasehold improvements	•••					
	Equipment			64,849.		48,431.	16,418.
	Other			19,211.		19,211.	
	l. Add lines 1a through 1e. (Column (d) must e		X column (B)	No. of Concession, Name of Street, or other Designation, Name of Street, or other Designation, Name of Street,		D	16,418.

(1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (B) (C) (D) (D) (D) (D) (E) (F) (G) (F) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	od of valuation: f-year market value
(A)	
(A) (B) (C) (C) (D) (D) (E) (F) (G) (G) (H) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	
(B)	
(C) (D) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	
(D) (E) (F) (G) (F) (G) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	
(E) (F) (G) (G) (H) (G) (G) (H) (G) (G) (H) (H) (D) (H) (D) (H) (D) (H) (D) (H) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	
(F) (G) (G) (H) (D) (D) (D) (D) (D) (D) (D) (D) (D) (A) (Col (b) must equal Form 990, Part X, col (B) line 12.) (E) (B) (B) (COL) (
(G)	
(G)	
(H)	
(0) tal. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (Cost or end-ofy) (1)	
Column Investments - Program Related. See Form 990, Part X, line 13. Column (b) Book value Cost or end-of-years (c) Method Cost or end-of-years (d) (e)	SACRETOR STATE OF EACH OF THE SACRETOR OF
(a) Description of investment type (b) Book value (c) Method Cost or end-of-y (d) (d) (d) (d) (f) (g) (g) (g) (g) (g) (g) (g	
Cost or end-of-y (1)	d of valuations
(1)	
(2) (3) (4) (5) (6) (7) (8) (9) (10) tal. (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 (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) tal. (Column (b) must equal Form 990, Part X, col (B) line 15.) art X Other Liabilities. See Form 990, Part X, col (B) line 15.) art X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	your market value
(3) (4) (5) (6) (7) (8) (9) (10) tal. (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 (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) tal. (Column (b) must equal Form 990, Part X, col (B) line 15.) art X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	
(4) (5) (6) (7) (8) (9) (10) tal. (Col (b) must equal Form 990, Part X, col (B) line 13.) (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) tal. (Column (b) must equal Form 990, Part X, col (B) line 15.) art X Other Liabilities. See Form 990, Part X, col (B) line 15.) art X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	
(6) (6) (7) (8) (9) (10) tal. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ art IX Other Assets. See Form 990, Part X, line 15. (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) tal. (Column (b) must equal Form 990, Part X, col (B) line 15.) art X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	
(6) (7) (8) (9) (10) tal. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶	
(7) (8) (9) (10) tal. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ art IX Other Assets. See Form 990, Part X, line 15. (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) tal. (Column (b) must equal Form 990, Part X, col (B) line 15.) art X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	
(8) (9) (10) tal. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) tal. (Column (b) must equal Form 990, Part X, col (B) line 15.) art X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	
(9) tal. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ tart IX Other Assets. See Form 990, Part X, line 15. (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) tal. (Column (b) must equal Form 990, Part X, col (B) line 15.) art X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	
(10) tal. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ art IX Other Assets. See Form 990, Part X, line 15. (a) Description	
tal. (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	
Other Assets. See Form 990, Part X, line 15. (a) Description	
(a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Mal. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Stal. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Part X Other Liabilities. See Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	(b) Book value
(3) (4) (5) (6) (7) (8) (9) (10) Patal. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	
(3) (4) (5) (6) (7) (8) (9) (10) Part X Other Liabilities. See Form 990, Part X, col (B) line 15.) (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	
(4) (5) (6) (7) (8) (9) (10) tal. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	
(5) (6) (7) (8) (9) (10) tal. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	
(6) (7) (8) (9) (10) tal. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	
(7) (8) (9) (10) tal. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	
(8) (9) (10) tal. (Column (b) must equal Form 990, Part X, col (B) line 15.) art X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	
(9) tal. (Column (b) must equal Form 990, Part X, col (B) line 15.) art X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	
10 tal. (Column (b) must equal Form 990, Part X, col (B) line 15.) art X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (8) (9) (9) (1) (
tal. (Column (b) must equal Form 990, Part X, col (B) line 15.) art X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	
Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value	
(a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	>
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	
(2) (3) (4) (5) (6) (7) (8)	
(3) (4) (5) (6) (7) (8)	
(4) (5) (6) (7) (8)	
(5) (6) (7) (8)	
(6) (7) (8)	
(6) (7) (8)	
(7) (8)	
(8)	
10)	
tal. (Column (b) must equal Form 990, Part X, col (B) line 25.) FIN 48 (ASC 740): FORM THE PRINCE OF THE PRINCE OF THE TOURS OF THE TO	

WEST VIRGINIA ASSOCIATION OF

-	edule D (Form 990) 2011 REHABILITATION FACILITI				3886 Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 9			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				
4	Net unrealized gains (losses) on investments				
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments				
8	Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine line				
Charles and Company	t XII Reconciliation of Revenue per Audited Financial Sta			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:		······································	27.024	
a	Net unrealized gains on investments	2a		42.5%	
h	Donated services and use of facilities			7.5	
	Recoveries of prior year grants			6473	
4	Other (Describe in Part XIV.)			-	
				2e	
	Add lines 2a through 2d				
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			· September	
4		1 4-1			
	Investment expenses not included on Form 990, Part VIII, line 7b			4500	
	Other (Describe in Part XIV.)			3P10175	
	Add lines 4a and 4b				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12., t XIII Reconciliation of Expenses per Audited Financial St.				
1	Total expenses and losses per audited financial statements	151 (*154. 11. 14. 14. 14. 14. 14. 14. 14. 14. 1		. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
	Donated services and use of facilities			5,002	
	Prior year adjustments			- 5716	
	Other losses				
	Other (Describe in Part XIV.)			450.30	
e	Add lines 2a through 2d				
3	Subtract line 2e from line 1			. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		77	
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIV.)	4b		200	
¢	Add lines 4a and 4b				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)		. 5	
Pai	t XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9;	Part III, lines 1a and	4; Part IV, lines	1b and 2b; Pa	art V, line 4; Part
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also	complete this part to	provide any a	additional infor	mation.
dir ka seri					
100					
				A STATE OF THE STA	
					(8)

SCHEDULE O (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service Name of the organization

WEST VIRGINIA ASSOCIATION OF REHABILITATION FACILITIES, INC.

Employer identification number

REHABILITATION FACILITIES, INC.	55-0633886
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION	N MISSION:
IN MAKING THEIR MAXIMUM CONTRIBUTIONS TO SOCIETY.	
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION	ON HAS 24 MEMBERS
WHICH ARE THE MANAGEMENT OF MEMBER AGENCIES.	
FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF	F 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	DIRECTOR REVIEWS THE
990 FOR ACCURACY, AND THE BOARD OF DIRECTORS ARE NOTI	FIED THAT THE 990 IS
AVAILABLE IN THE OFFICE FOR THEIR REVIEW IF THEY WISH	I.
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	AVAILABLE UPON
REQUEST.	· · · · · · · · · · · · · · · · · · ·

Department of the Treasury Internal Revenue Service

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 satisfy state reporting requirements.

OMB No. 1545-0047
2012

Open to Public

	THE THOUSAND CO. THE	The digenization may have to use a copy of this return to satisfy state reporting	J Togon Ci	nemo.	inspection		
A	For the 2012 c	alendar year, or tax year beginning $07/01/12$, and ending $06/30/13$					
В	Check if applicable:	C Name of organization West Virginia Association of	D	Emplo	yer identification number		
	Address change	Rehabilitation Facilities, Inc.					
	Name change	Doing Business As			0633886		
П	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 400 Allen Drive, Suite 400	> E	000.000	one number		
H	Terminaled		304	1-205-7970			
		City, town or post office, state, and ZIP code	- 1				
	Amended return	CHARLESTON WV 25302 F Name and address of principal officer:	G	Gross rece	eipts\$ 14,610,447		
	Application pending	Laura y	this a group	return for	affiliates? Yes X No		
		WIIIIam Monterosso					
			re all affiliate		· — · — —		
		CHARLESTON WV 25302	11 140, 31	itach a list	(see instructions)		
1	Tax-exempt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527					
<u>J</u>			roup exemp				
Val. (1992)	Form of organization:	X Corporation Trust Association Other ▶ L Year of format	ion: 19	13	M State of legal domicile: WV		
-	T	mmary					
_		scribe the organization's mission or most significant activities: ommunicate and disseminate information among rehabilitat	£				
uce.		ssist the disabled in making their maximum contribution					
rua		said the disabled in making their maximum contribution	LO SO	crecy	(:		
Ve	2 Check thi	s box I if the organization discontinued its operations or disposed of more than 25% of its n		.,,,,,,,			
ŏ		f voting members of the governing body (Part VI, line 1a)		3	23		
80	4 Number of	f independent voting members of the governing body (Part VI, line 1b)		4	23		
itie	5 Total num	ber of individuals employed in calendar year 2012 (Part V, line 2a)		5	12		
Activities & Governance	6 Total num	has after hondered fauthered Manager and		6	0		
⋖		elated business revenue from Part VIII, column (C), line 12		7a	0		
	b Net unrela		7b	0			
-		rior Year	1	Current Year			
ø	8 Contributi	ons and grants (Part VIII, line 1h)		0	0		
Revenue	9 Program	service revenue (Part VIII, line 2g)	823,	230	14,161,438		
eve	10 Investmen	nt income (Part VIII, column (A), lines 3, 4, and 7d)	-2,	323	88,644		
œ	11 Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		449	27,148		
			910,	356	14,277,230		
		d similar amounts paid (Part IX, column (A), lines 1–3)		0	0		
		aid to or for members (Part IX, column (A), line 4)		0	0		
es	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	339,		469,447		
ens	16a Profession	nal fundraising fees (Part IX, column (A), line 11e)		0	0		
Expenses	b Total fund	raising expenses (Part IX, column (D), line 25) ▶ U					
ш	17 Other exp		469,				
	and the second s		809,		14,256,589		
- 0	19 Revenue	ess expenses. Subtract line 18 from line 12	101, of Current		20,641 End of Year		
ance	20 Total acc	4- (P-+ V E 40)	355,		4,169,744		
Net Assets or Fund Balances	21 Total liabi	Histor (Post V. Res 26)	405,		2,198,763		
Net	22 Net asset		950,		1,970,981		
		nature Block					
U		erjury, I declare that I have examined this return, including accompanying schedules and statements, and to	the best o	of my kno	owledge and belief, it is		
tri	ue, correct, and co	mplete. Deplaration of preparer (other than officer) is based on all information of which preparer has any kno	owledge.	,			
Sig	jn Si	gnature of officer		Pate			
He	re	William Monterosso Executive Dicetur	(7	23	13		
	i	pe or print name and title		, (
			ate	Check	it PTIN		
Paid	DLIGH		2/03/13	self-emp			
Service N	parer Firm's nam		Firm's	EIN P	55-0771644		
Use	Only	500 Virginia St E Ste 1000					
	Firm's add		Phone	e no.	304-342-4169		
_		this return with the preparer shown above? (see instructions)			X Yes No		
For DAA		ction Act Notice, see the separate instructions.			Form 990 (2012)		

	m 990 (2012) west virginia		55-0633886	Page :
P	art III Statement of Program	Service Accomplishments		
_	Check if Schedule O co	ntains a response to any question	n in this Part III	<u></u>
1	Briefly describe the organization's miss	ion:		
	To communicate and di	isseminate information	on among rehabilitation	n facilities
	to assist the disable	ed in making their ma	aximum contribution to	society.
				(,
2	Did the organization undertake any sign	ificant program services during the year	which were not listed on the	
	prior Form 000 or 000 E72	,		Yes X No
	If "Yes," describe these new services of			188 21 100
3		or make significant changes in how it con	adviete any program	
_	continue?	· ·		□ v ▼ N.
	If "Yes," describe these changes on Sci	andula O		Yes X No
4			- ()	
-	overses Section 504(a)(3) and 504(a)	vice accomplishments for each of its three	ee largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)	(4) organizations are required to report th	e amount of grants and allocations to others,	
	the total expenses, and revenue, if any,	for each program service reported.		
			· ·	
1	(Code:)(Expenses \$ 1 Entering into contract with members to provi	ts witht the State of) (Revenue \$ of West Virginia and so s to disabled workers.	14,188,586 ubcontracting
	* 11.11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	· · · · · · · · · · · · · · · · · · ·		************************
			•••••••••••••••••••••••••••••••	

			,	
	***************************************	• • • • • • • • • • • • • • • • • • • •		
	*			
	F			

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

	¥			

			************************	***********

			,.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

40	(Codo:) (European C	1-1-1-1	1/0	
4C	(Code:) (Expenses \$	including grants of \$) (Revenue \$.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		****************		• • • • • • • • • • • • • • • • • • • •

	2.0		***************************************	
	***************************************	; 	***************************************	
		*****************	***************************************	
	* **********************************			***********
	* *************************************			
	*			
	***************************************	**************************************		***********************

	***************************************	***************************************		
4d	Other program services. (Describe in Sci	nedule O.)		
	F 3 11 1000. (D 000 00 III 00			
	(Expenses \$	including grants of \$) (Revenue \$	T.

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 4 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. X 5 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 X 6 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 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 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 X 9 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D, Part VI X 11a 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 X 11b c 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 X 11c 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 X 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e 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 X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X 12a 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 and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a 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 or more? If "Yes," complete Schedule F, Parts I and IV X 14b 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 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 X 16 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 (see instructions) 17 X 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 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 X 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	art IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
21	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			- V
22		21		X
44	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	1		37
22	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	1		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	g 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		
25a	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
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	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
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		13.000	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	(1208)	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)	200		21
-	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
00	conservation contributions? If "Yes," complete Schedule M			v
31	***************************************	30		X
J 1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			37
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		- 1	**
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
2	or IV, and Part V, line 1	34		X
35a	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		1	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	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
37	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
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	WASHING OF THE STREET		C 100007-0
38	19? Note. All Form 990 filers are required to complete Schedule O	1 1		

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c		
2a	- Transmittal of trage and tax					
	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 tax returns	rns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s) .				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		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		ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial				
4	account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial		nts.	.000		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5b		X
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	е				
	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 contribution	ns or				
_	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			400		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g			9.00	(A. 1967)	
L	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		
·	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?					
d	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d		7c	##X.023	150/00/
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		<u> </u>	70	(3)/p1/65.	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7e		
g	If the organization received a contribution of qualified intellectual property, did the organization file For		9 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		4.0 1000 0.	6.00	17202	300,00
	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	**********	
9	Sponsoring organizations maintaining donor advised funds.				1000	
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
0	Section 501(c)(7) organizations. Enter:					
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				
1	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
þ	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 Form			12a		
b	THE SECTION OF THE PROPERTY OF	12b				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			10.400	1992	
а				13a		
L	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	40. 1				
_	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13b				
	Did the organization receive any payments for indoor tanning services during the tax year?	13c		145	0.614/951	7
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	<u> </u>		14a	-+	X
	- 120, 130 it mod 0 / 5tm / 20 to report these payments: it into, provide all explanation it ochequie	U	************	,,,,, 14D		

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. Check if Schedule O contains a response to any question in this Part VI X Section 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 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. Enter the number of voting members included in line 1a, above, who are independent 23 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? X 2 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? X 6 6 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? X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X b Each committee with authority to act on behalf of the governing body? 86 X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 X 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 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 13 Did the organization have a written whistleblower policy? X Did the organization have a written document retention and destruction policy? 14 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 X X Other officers or key employees of the organization 15b 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 X b 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 organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization: > Aaron Jones 400 Allen Drive, Suite 400 WV 25302 304-205-7970 CHARLESTON

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.

___ 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 hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/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
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	(W-2/1099-MISC)	(1. <u>2.</u> 1000 milos)	organization and related organizations
(1) William Monteros									
The desired in the second	40.00	v					00.050		10 607
Executive Director (2) Terah Klein	0.00	X				$\vdash\vdash$	80,858	0	12,607
(2) Teran Krein	2.00								
Director	0.00	x					0	0	0
(3) Janniece Sleigh									
Director	2.00	x					0	0	0
(4) Mike Turner									
Director	2.00	х					0	0	0
(5) Craig Greening									
Director	2.00	х					0	0	0
(6) Earl Smith									
Director	2.00	х					0	0	0
(7) Phyllis Cantrell									
Director	2.00 0.00	х					0	0	0
(8) LeRoy E. Dixon,	Jr.								
Director	2.00 0.00	х					0	0	0
(9) Cheri Bever									ı
Director	2.00 0.00	x					0	0	0
(10) Debbie Birthise									
Director	2.00	х					0	0	0
(11) Harry Keaton									
Director	2.00	x					0	0	0

Part VII Section A. Officers	s, Directors, Tru	ustee	s, K	ey E	mp	oyee	s, a	nd Highest Compensated	d Employees (continued)	
(A) Name and title	(B) Average hours per week (list any hours for	bo	x, uni	Pos check ess pa nd a c	erson	than o	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(w-2r1099-MI3C)	from the organization and related organizations
(12) John Hyre	2.00									
Director	0.00	X						0	0	0
(13) Stephen Dickers	1 (2000 1000)									
Director	2.00	x	٠					0	o	0
(14) Brenda Hellwig	0.00	A						0	U	0
Director	2.00	x						0	0	0
(15) Jan Smith										<u></u>
	2.00									
Director	0.00	X			_			0	0	0
(16) Greg Morris	2.00							13		
Director	0.00	x						0	o	0
(17) Jack Holcomb										
	2.00	3.5								
Director (18) Karen Haught	0.00	Х			-			0	0	0
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.00				88					
Director	0.00	Х						0	Ó	0
(19)Lynn Wallace	2.00					-		*		
Director	2.00 0.00	х						o	0	n
1b Sub-total							>	80,858		12,607
c Total from continuation shee	ts to Part VII, S	Section	on A	٠,,			▶			
d Total (add lines 1b and 1c) Total number of individuals (inc	duding but pat i			<u> </u>				80,858	\$400,000 i-	12,607
reportable compensation from				inos	e iisi	ed a	oove	e) who received more than	\$100,000 in	
2 Did the association list and fa	· · · · · · · · · · · · · · · · · · ·							1.4.		Yes No
3 Did the organization list any for employee on line 1a? If "Yes,"								yee, or nignest compensa		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	a receive or acci	rue c	omp	ensa	ation	from	any	unrelated organization or		5 X
Section B. Independent Contractor		CS, (COIII	Jiete	300	iedu	0 0 1	or such person,		5 X
1 Complete this table for your five	e highest compe	ensat	ed ir	ndep	end	ent co	ontra	actors that received more t	han \$100,000 of	
compensation from the organiz	(A) business address	mpe	nsat	ion f	or th	e cal	end			
Name and t	oùsiness address					\dashv		Descripti	(B) ion of services	(C) Compensation
 						\neg				
2 Total number of independent of	ontractors (inclu	dina	but r	not li	mite	d to	hos	e listed above) who		
received more than \$100,000 o	f compensation	from	the	orga	niza	tion	>		0	

Part VII Section A. Officers	, Directors, Tru	ustee	s, K	ey E	mp	loyee	s, a	and Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any hours for	of	x, uni ficer a	Pos check ess po and a c	erson	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	co	(F) Estimated amount of other compensation from the		
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		or a	rganiza and rela ganizat	tion ted	
(12) Jim Gamble	2.00												
Director	0.00	x						0	0				0
(13) Michael Hagg							10						
President	2.00			x				0	0				0
(14) Kimberely Lewis											-		
Vice President	2.00 0.00			x				0	o				0
(15) Annette Francis	0.00	\vdash				\vdash			<u> </u>				
	2.00			<u> </u>									_
Treasurer (16) Elaine Swaney	0.00	-	-	X	-	-		0	0				0
(10) Draine Dwaney	2.00												
Secretary	0.00	-		X				0.	0				0
(17) Elizabeth Sampso	2.00	ŀ											
Past President	0.00			X				0	0				0
(18)													
,										2			
(19)													
										-			
1b Sub-total		10000000	ni por estado			5.505	>						
 Total from continuation sheet Total (add lines 1b and 1c) 													
2 Total number of individuals (in		imite				ted a	bov	e) who received more than	\$100,000 in	<u> </u>			
reportable compensation from	the organization	1 >									T	Yes	No
3 Did the organization list any fo								oyee, or highest compensa	ted	120	3	538.334	
employee on line 1a? If "Yes," For any individual listed on line	1a, is the sum	of re	port	able	com	pens	atio	n and other compensation	from the	100	-		
organization and related organization										18	4	08.164	
5 Did any person listed on line 1	a receive or acc	rue (comp	ens	atior	1 fron	n an	y unrelated organization or	individual	1			
for services rendered to the or Section B. Independent Contracto		es,	com	piete	SC	neau	e J	tor such person			5		
1 Complete this table for your five	e highest comp												
compensation from the organiz	(A) business address	ompe	ensa	tion	tor ti	ne ca	lenc	par year enoing with or with	(B) tion of services	ar.	Com	(C) pensal	ion
Haile ald	odsiliess addiess							Descrip	3011003		COM	periodi	011
							_						
Total number of independent of	contractors (inclu	ıding	but	not	imite	ed to	thos	se listed above) who					
received more than \$100,000											Form	990	(2012)
Dr.v.i											· Orm	~~~	10012

	Check if Schedule			(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
1a	Federated campaigns	1a					
b	Membership dues	1b					
1a b c d	Fundraising events	1c					
d	Related organizations	1d					
	Government grants (contributions)	1e					
1	All other contributions, gifts, grants, and similar amounts not included above	45					
	Noncash contributions included in lines 1a-						
<u>h</u>	Total. Add lines 1a-1f		463	1		on more remarkable	
2-			Busn. Code	14 070 107	14 070 107		
2a b	State Use Contract	Sales Fees	561000 900099	14,078,107	14,078,107		ļ
C	DHHR Revenue		· ·	61,706 21,625	61,706 21,625		
d	Membership Dues			21,025	21,625		
u	· · · · · · · · · · · · · · · · · · ·		1				<u> </u>
f	All other program service reve						-
	Total. Add lines 2a-2f			14,161,438			
	Investment income (including						
	and other similar amounts)		•	86,342			86,342
4	Income from investment of tax	exempt bond	proceeds >				
	Royalties						
	(i) Real	(ii) Personal				
6a	Gross rents						
b	Less: rental exps.						
	Rental inc. or (loss)						
d	d Net rental income or (loss)						
	sales of assets (1) Securities		(ii) Other				
	other than inventory 329,	019	6,500				
Þ	Less: cost or other	274	E 003				
-	basis & sales exps. 328,	805	5,003 1,497				
	Gain or (loss)			2,302			2 202
	Gross income from fundraising ever		········· E	2,302			2,302
	(not including \$						
	of contributions reported on line 1c)						
	See Part IV, line 18						
b	Less: direct expenses	b					
	Net income or (loss) from fund		s Þ				CONTRACTOR AND AND AND AND AND AND AND AND AND AND
	Gross income from gaming activities						
	See Part IV, line 19	a					
	Less: direct expenses						
С	Net income or (loss) from gami	ing activities					
	Gross sales of inventory, less						
	returns and allowances						
	Less: cost of goods sold						
С	Net income or (loss) from sales	s of inventory					<u> </u>
	Miscellaneous Revenue		Busn. Code	07 146	05 - 10		
2	Bad Debt Recoveries	,	900099	27,148	27,148		
b	· · · · · · · · · · · · · · · · · · ·						<u> </u>
ç	All other revenue						
	All other revenue			27,148			
	Total. Add lines 11a-11d Total revenue. See instruction			14,277,230	14,188,586	0	88,644

Sec	tion 501(c)(3) and 501(c)(4) organizations must co			plete column (A).	П
	o not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
Upon a significant	o, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	and the second s				
	organizations in the U.S. See Part IV, line 21				
2	The state of the s				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,	İ			
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	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)				
7	Other salaries and wages	266,567	192,214	74,353	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	28,443	8,647	19,796	
9	Other employee benefits	60,452	19,870	40,582	7
10	Payroll taxes	33,127	10,071	23,056	
11	Fees for services (non-employees):	***************************************			
а					
b					
С					
d					
е					
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
a	(A) amount, list line 11g expenses on Schedule O.)	39,205	2,312	36,893	
12			-/	20,000	
13	Office expenses	37,675	25,619	12,056	
14	Information technology			==/	
15	Royalties				CONTROL OF CHILDREN CONTROL OF CO
16	Occupancy	35,823	24,360	11,463	
17		44,763	32,565	12,198	
18	Payments of travel or entertainment expenses	,,,,,,	22/303		
,,,	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	33,466	30,288	3,178	
20	1.1. /	33,300	30,200	3,170	
21	D				
22	Depreciation, depletion, and amortization	14,613	9,937	4,676	
23		13,000	8,840	4,160	
24	Other expenses. Itemize expenses not covered	13,000	0,010	7,100	
44	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.)				
а	State Use Contracts	13,501,961	13,501,961		
b	Other Expenses	30,883	22,385	8,498	
C	Equipment Maintenance	20,790	14,137	6,653	
d	Telephone	12,309	8,370	3,939	
	- > * * * * * * * * * * * * * * * * * *	2,654		849	
	All other expenses	14,256,589	1,805		
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	14,430,589	13,913,381	343,208	0
2 0	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
DAA	300,000,000,000,000,000,000,000,000,000				Eart 000 (2010)

	Check if Schedule O contains a response to a	ily question in ti	iis rait A	 	, , , , , , , , , , , , , , , , , , , 	التعسيسيسيال
				(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing			499,725	1	579,60
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net	Γ		3		
4	Accounts receivable, net			1,478,441	4	2,168,50
5	Loans and other receivables from current and forme				27 8	
1	trustees, key employees, and highest compensated	employees.				
	Complete Dart II of Cabardula I		<u>[</u>		5	
6	Loans and other receivables from other disqualified					
	4958(f)(1)), persons described in section 4958(c)(3)(
	sponsoring organizations of section 501(c)(9) volunt					
2	organizations (see instructions). Complete Part II of				6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges				9	
10a	Land, buildings, and equipment: cost or	·			¥ 3.35	
	other basis. Complete Part VI of Schedule D	10a	114,826			
b	Less: accumulated depreciation	10h	53,858	16,419	100	60,968
11	Investments—publicly traded securities			1,361,071	11	1,360,663
12	Investments—other securities. See Part IV, line 11			2/002/0/2	12	2/300/000
13	Investments—program-related. See Part IV, line 11				13	
14				14		
15	Other assets. See Part IV, line 11			15		
16	Total assets. Add lines 1 through 15 (must equal lin	34)		3,355,656	16	4,169,744
17	Accounts payable and accrued expenses			1,405,316	17	2,198,763
18	Grants navable			1,103,310	18	2,130,103
19	Grants payable				19	
20	Deferred revenue Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Part I	V of Schodula F			21	
4 -	Loans and other payables to current and former office		,		21	entral entral Arman de Medicale de
	trustees, key employees, highest compensated emp					
22	disqualified persons. Complete Part II of Schedule L				00	
23					22	
24	Unsecured notes and loans payable to unrelated thin	ino parties			23	
25	Other liabilities (including federal income tax, payable				24	
23						
	parties, and other liabilities not included on lines 17-2	The state of the s			25	
26	of Schedule D Total liabilities. Add lines 17 through 25			1,405,316	25	2 100 763
120	Organizations that follow SFAS 117 (ASC 958), ch		X and	1,403,310	26	2,198,763
			A and			
27 28 29 30 31 32	complete lines 27 through 29, and lines 33 and 34		18	1,950,340		1 070 001
27	Unrestricted net assets		and the second s	1,930,340	27	1,970,981
29	Temporarily restricted net assets				28	
29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 9)				29	
		e ▶ and				
20	complete lines 30 through 34.		\$50000 back			
30	Capital stock or trust principal, or current funds		30			
31	Paid-in or capital surplus, or land, building, or equipm	ent fund			31	
32	Retained earnings, endowment, accumulated income			1 050 340	32	1 070 001
92.700	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

TOIT	1990 (2012) West VIIgIIIIa Association of 55-0633886			Pa	ige 12
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				\prod_{i}
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			
6	Donated services and use of facilities	6			
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				1
	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:		1.00(0.0		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				200
	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				
	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				was a re-ea
	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		
				m 990	(2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

2012

Open to Public Inspection

Name o	of the organization	West Virgin Rehabilitat	ia Association ion Facilities,	of Inc.						ification number	•	
Pa	rt I Rea		Status (All organization		omnlete	this n	art) S					
			se it is: (For lines 1 through 1				art.) S	ee 1115	uctio	115.		
1			sociation of churches describe									
2			(A)(ii). (Attach Schedule E.)	o in Secuc	ונטוטיזו ווי	1)(A)(I).						
3					O/L-V/AV/AV							
4			rice organization described in					=				
4			ed in conjunction with a hospit	al describe	d in section	on 170(I	b)(1)(A)	(III). Ent	er the h	ospital's nam	e,	
5	city, and sta											
5 [of a college or university own	ed or opera	ted by a g	jovernm	ental ur	it descr	ibed in			
6	W-14000079	(b)(1)(A)(iv). (Complete Par	•			200						
6			governmental unit described in				2					
, [An organization that normally receives a substantial part of its support from a governmental unit or from the general public											
•		section 170(b)(1)(A)(vi). (0		128 2290								
8			170(b)(1)(A)(vi). (Complete P		S0000 00							
9			1) more than 33 1/3% of its su							SS		
			mpt functions—subject to cert									
			nd unrelated business taxable				x) from	busines	ses			
			30, 1975. See section 509(a)(
10			exclusively to test for public s									
11			exclusively for the benefit of,									
			ted organizations described in						section			
			the type of supporting organization			nes 11e	-					
ī	a Type		c Type III-Function			d				ionally integra	ated	
e			ganization is not controlled dire									
			er than one or more publicly s	upported or	ganizatio	ns desci	ribed in	section	509(a)(1	1)		
0.00	or section 50											
f			ermination from the IRS that it	is a Type I	, Type II,	or Type	III supp	orting				_
		, check this box										. Ш
g	62 NOT 750		tion accepted any gift or contr	ibution fron	n any of the	ne						
	following pe											
			ontrols, either alone or togethe								Yes	No
			supported organization?							11g(i)		
		member of a person descri								11g(ii)		
			described in (i) or (ii) above?			· · · · · · · · · · · · · · · · · · ·				11g(iii		
<u>h</u>		following information about t	he supported organization(s).									
	ame of supported	(ii) EIN	(iii) Type of organization		organization		you notify		s the	(vii) Amount		tary
	organization		(described on lines 1–9 above or IRC section		isted in your document?		nization in of your	organizat (i) organi	zed in the	supp	ort.	
			(see instructions))	90.0	1	sup	port?	U.	S.?			
	~···			Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)		A STANCE CONTROL OF THE PROPERTY OF THE PROPER										
	~~~											
(D)												
-		27										
(E)			The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon									

Support Schedule for Organizations Described in Sections 170(b)(1)(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	ii raiis to quaiiry	under the test	s listed below,	please comple	te Part III.)	
-	endar 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.")	(4) 2000	(8) 2003	(0) 2010	(4) 2011	(e) 2012	(i) Total
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						
5	Total. Add lines 1 through 3  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)						
<u>6</u>	Public support. Subtract line 5 from line 4.						
	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(6) Total
7	Amounts from line 4	(4) 2000	(6) 2009	(0) 2010	(4) 2011	(e) 2012	(f) Total
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					Accessed to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contr	
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						ii i
12	Gross receipts from related activities, etc.	(see instructions)	,				2
13	First five years. If the Form 990 is for the	organization's first	t, second, third, for	orth, or fifth tax yea	ar as a section 501	(c)(3)	
	organization, check this box and stop her						<b>Þ</b> j
100	tion C. Computation of Public Si						<del></del>
14	Public support percentage for 2012 (line 6	i, column (f) divided	by line 11, colum	n (f))			
15	Public support percentage from 2011 Sch						%
16a	33 1/3% support test—2012. If the organ				3 1/3% or more, o	check this	кп
b	box and stop here. The organization qual				E:- 22 4/20/		▶ □
D	33 1/3% support test—2011. If the organicheck this box and stop here. The organi	zation qualifies as	ck a box on line to	d organization	3 IS 33 1/3% OF M	ore,	<b>N</b> (1)
17a	10%-facts-and-circumstances test—20°						
	10% or more, and if the organization mee						
b	Part IV how the organization meets the "fa organization 10%-facts-and-circumstances test—20° 15 is 10% or more, and if the organization Explain in Part IV how the organization me	acts-and-circumstal  11. If the organization  meets the "facts-and- eets the "facts-and-	nces" test. The org on did not check a ind-circumstances' circumstances" te	anization qualifies box on line 13, 16 test, check this b st. The organizatio	as a publicly supp a, 16b, or 17a, an ox and stop here. n qualifies as a pu	oorted d line ublicly	
8	supported organization  Private foundation. If the organization did instructions	d not check a box o	on line 13, 16a, 16l	o, 17a, or 17b, che	ck this box and se	ee	
-							

Schedule A (Form 990 or 990-EZ) 2012 West Virginia Association of 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			0			
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		I				
8	Public support (Subtract line 7c from line 6.)						67,233,894
	tion B. Total Support						
	ndar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</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	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	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						
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	organization's first,					
800	organization, check this box and stop here					*************	<u></u> ▶ ∐
	Bublic support percentage for 2012 (line 8)			/f))	***************************************	145	
15 16	Public support percentage for 2012 (line 8, Public support percentage from 2011 Sche	column (1) divided	by line 13, column	(1))		15	99.65%
	tion D. Computation of Investmen			********		<u> 1 10 1 </u>	99.57%
17	Investment income percentage for 2012 (lin			column (f))		17	%
18	Investment income percentage from 2011	Schedule A, Part III	, line 17			18	<u>/\^</u>
19a	33 1/3% support tests—2012. If the organ	nization did not ched	ck the box on line	14, and line 15 is n	nore than 33 1/3%	, and line	
	17 is not more than 33 1/3%, check this bo	x and stop here. T	he organization qu	alifies as a publicl	y supported organ	ization	<b></b> ▶ X
b	33 1/3% support tests—2011. If the organ						<b>N</b> [
20	line 18 is not more than 33 1/3%, check this <b>Private foundation</b> . If the organization did						
20	Frivate foundation. If the organization did	HOT CHECK S DOX OU	1 mile 14, 19a, of 1	ou, check this box	and see instructio	119	

Part IV	Supplem Part II, lin	ental info e 17a or 1	rmation. C	omplete this	s part to prov	ation of ride the expla ete this part f	nations requ	55-06338 lired by Part II, onal informatio	lìne 10;	Page 4
	instruction					THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PE				
Part :	III, Lin	ie 12 -	Other	Income	Detail	*************				
					\$	91,8	85			
	· · · · · · · · · · · · · · · · · · ·	**********	• • • • • • • • • • • • • • • • • • • •	*********	,		. 7 . 7	* . * . * . * *		
			*********	************	*******					
					*************	* - 5 * 4 * 7 * 4 5 - 7 5 * * 4 + 7 .		*****************	*************	
•		• • • • • • • • • • • • • • • • • • • •								
		**********				• . • • • • • • • • • • • • • • • • •	**********			
					*****			***********	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					*************		********	C+1;1;++1;1;;;;;t;;;v;	*******	
									***********	
******			**********							******
*************		• • • • • • • • • • • • • • •	************						********	
**********										
	**************			*************	• • • • • • • • • • • • • • • • • • • •					
		**********	***********						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			* , . * * * * * * * * * * * * *							
15/7/5										
		**********	**********				*		****************	
		*******	••••••					**************		
						**********	**********	*****		
14414411141111						18.04 - 80 - 10 - 10				
						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		******************	*************	
************					,					*****
***********		,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1		
*****		*********								

### 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
2012
Open to Public

Inspection Name of the organization Employer identification number West Virginia Association of Rehabilitation Facilities, Inc. 55-0633886 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a 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 organization during the 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 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other 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 statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (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 gain, 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 Assets included in Form 990, Part X

Sch	edule D (Form 990) 2012 West Virg	inia Asso	ciation of		55-0633886	Page
	art III Organizations Maintaining	Collections o	f Art, Historical 1	reasures, or	Other Similar Asse	ets (continued)
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other record	ds, check any of the fo	ollowing that are a	a significant use of its	
а	Public exhibition	d	Loan or exchange pro	ograms		
b	Scholarly research	e	Other	- <del>-</del>		
C	Preservation for future generations	Vincental V				
4	Provide a description of the organization's co	llections and explai	n how they further the	organization's ex	xempt purpose in Part	
	XIII.					
5	During the year, did the organization solicit or	receive donations	of art, historical treasu	ures, or other sim	ilar	
	assets to be sold to raise funds rather than to	be maintained as	part of the organizatio	n's collection?		Yes N
Pa	Ine 9, or reported an amoun	angements. Co	mplete if the orga	nization answ	ered "Yes" to Form 9	990, Part IV,
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?	n or other intermed	liary for contributions	or other assets n	ot	Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:			
		•				Amount
C	Beginning balance				1c	
d	Additions during the year				1d	
e	Distributions during the year				1e	1
f	Ending balance				1f	
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?	*********	· · · · · · · · · · · · · · · · · · ·	Yes No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanation has been p	rovided in Part X	ÍU	···· 🗀 , 🕶 🗏 .``
Pa	rt V Endowment Funds. Comple	ete if the organi	zation answered "	Yes" to Form	990, Part IV, line 10	
		(a) Current year	(b) Prior year	(c) Two years ba		
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and losses					
d	Grants or scholarships					
	Other expenditures for facilities and programs					
f	Administrative expenses		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			
g	End of year balance	# <del>#</del>				
2	Provide the estimated percentage of the curre	nt vear end balance	(line 1g. column (a))	held as:		
а	Board designated or quasi-endowment ▶		s (mile 19, coloimi (a))	noid as.		
b	Permanent endowment ▶ %	******				
С	Temporarily restricted endowment ▶	%				
	The percentages in lines 2a, 2b, and 2c should	d equal 100%				
3a	Are there endowment funds not in the possess		tion that are held and	administered for	the	
	organization by:	non or the organiza	non that are noid and	administered for	uic	Yes No
	unrelated organizations     related organizations		, , , , , , , , , , , , , , , , , , , ,	************	• • • • • • • • • • • • • • • • • • • •	3a(i)
	If "Yes" to 3a(ii), are the related organizations	listed as required a	n Schodulo D2			3a(ii)
4	Describe in Part XIII the intended uses of the	raanization's endo	wment funds	**************		3b
	t VI Land, Buildings, and Equip	ment. See For	n 990 Part X line	2.10		
	Description of property	(a) Cost or other b.		other basis	(c) Accumulated depreciation	(d) Book value
1a	Land					
b	Buildings					
C	Leasehold improvements			37,570	3,757	33,813
	Equipment			77,256	50,101	27,155
e	Other			, 250	20,101	41,133
	Add lines 1a through 1e. (Column (d) must eq	Lal Carre 000 David	V 1 (D) (' 40	<u></u>	<b>D</b>	60,968

Schedule D (Form 990) 2012 West Virginia Associat		55-0633886	Page 3
Part VII Investments—Other Securities. See Form 990,	Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation.	
(including name of security)		Cost or end-of-year market v	alue
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			***
(B)			
(B) (C)			
(D) (E)	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		
(F)			
(G)			
(H)			
(1)			UNITED ACTUAL ON
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	B		
Part VIII Investments—Program Related. See Form 990,			
(a) Description of investment type	(b) Book value	(c) Method of valuation:	
		Cost or end-of-year market v	alue
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		-	
(10)	<del></del>		
Total. (Column (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)	Western Company		7) DOSK 18180
(2)			
(3)			
(4) (6)			<del></del>
(5)	<del></del>		
(6)			
(7)			
(8)		·	
(9)			
(10)	<del>,</del>	<del> </del>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<u> </u>	<u>&gt;</u> 1	
Part X Other Liabilities. See Form 990, Part X, line 25.			<del></del>
1. (a) Description of liability	(b) Book value	_	
(1) Federal income taxes			
(2)			
(3)			
(4)	New York		
(5)			
(6)			
(7)			
(8)			
(9)	A COMMENT		
(10)			
(11)	<del></del>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the	ne organization's financ	rial statements that reports the organize	etion'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

	dule D (Form 990) 2012 West Virginia Association of	55-063388		age 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme		turn	
. 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		
e	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:	T		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
c	Add lines 4a and 4h	L-12 1	4c	
5	Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
20 1 - Val. Val.	rt XII Reconciliation of Expenses per Audited Financial Statem			
	Total expenses and losses per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	************************	ROM:	
		Laul		
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
ď	Other (Describe in Part XIII.)	2d		
е	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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
inform	ation.		********************	
	,			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		******************************	***************************************	
				1.7.7.4
		3111117774447474747474747474747474747474		
				.,
	•••••••••••••••••••••••••••••••••••••••	***************************************		
	•••••••••••••••••••••••••••••••••••••••			
	··y·····ii			
	· · · · · · · · · · · · · · · · · · ·		.,	
	·		• • • • • • • • • • • • • • • • • • • •	
		*******************************		

Schedule D	(Form 990) 2012	West V	irginia	Associatio ued)	n of	55-0633886	Page 5
Part XIII	Suppleme	ental Informa	ation (continu	ıed)			
				.,,			
		**************	• • • • • • • • • • • • • • • • • • • •		**************	******************************	
					****************	*/*************************	*********
	· · · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •				• • • • • • • • • • • • • • • • • • • •	
			• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •	
	N. C. C. C. C. C. C. C. C. C. C. C. C. C.						
					*******************	······································	*************
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
					**********		
				,			
		***************	****************				****************
						*********************************	**********
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		**************			********************	***************
						*************************	discreption recognition
*********		,		***************			
					*****************	********************************	
							*******************
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		*******************		* ; * ; * * * * * * * * * * * * * * * *	
			************			***************************************	
			**********				
						*************	
	· · · · · · · · · · · · · · · · · · ·						
				***************************************		,	

### SCHEDULE O (Form 990 or 990-EZ)

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.

2012
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

TOTAL TOTAL TACTILITY THE.
Form 990, Part VI, Line 6 - Classes of Members or Stockholders
The Organization has 23 members which are the management of member
agencies.
· <del></del>
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.