See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493178008541

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)

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
WELTY HOME FOR THE AGED INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 83 EDGINGTON LANE | Room/suite

City or town, state or country, and ZIP + 4
WHEELING, WV 260031541

D Employer identification number
55-0362615

E Telephone number
(304) 242-2300

G Gross receipts $ 18,399,502

F Name and address of principal officer
WILLIAM J YAEGER JR
83 EDGINGTON LANE
WHEELING, WV 260031541

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1950

M State of legal domicile WV

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE CHARITABLE PURPOSES OF THE WELTY HOME FOR THE AGED, INC IS TO OWN, OPERATE AND MAINTAIN WITHIN THE CITY OF WHEELING AND ELSEWHERE IN OHIO COUNTY, WEST VIRGINIA, FACILITIES HAVING THE CAPACITY TO PROVIDE A FULL RANGE OF SECONDARY HEALTHCARE SERVICES FOR THE AGED, INCLUDING THOSE ILL AND DISABLED SUCH SERVICES INCLUDE BUT ARE NOT LIMITED TO, SPECIALTY AND RESTORATIVE HEALTHCARE SERVICES, REHABILITATIVE HEALTHCARE SERVICES, CUSTODIAL CARE SERVICES, SKILLED NURSING SERVICES AND PROGRAMS AND OTHER HEALTH RELATED SERVICES ALL OF WHICH SHALL BE DESIGNED TO PROVIDE CARE FOR MEN AND WOMEN IN A CHRISTIAN, CHARITABLE AND BENEVOLENT MANNER THE OPERATIONS IN FURTHERANCE OF THE CORPORATION'S CHARITABLE PURPOSES ARE CARRIED OUT BY FOUR LIMITED LIABILITY COMPANIES 1) GOOD SHEPHERD NURSING HOME, LC, 2) THE WELTY HOME, LC, 3) WELTY RETIREMENT APARTMENTS, LC, AND 4) WELTY HOME REAL ESTATE, LC

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	6
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	408
6	Total number of volunteers (estimate if necessary)	**6**	39
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	29,986	430,713
9	Program service revenue (Part VIII, line 2g)	14,970,412	15,566,303
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	130,667	240,981
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	775,777	775,777
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,906,842	17,013,774

Expenses

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)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,260,344	9,911,978
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	5,613,624	5,594,611
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	14,873,968	15,506,589
19	Revenue less expenses Subtract line 18 from line 12	1,032,874	1,507,185

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	25,759,927	28,325,047
21	Total liabilities (Part X, line 26)	486,907	896,914
22	Net assets or fund balances Subtract line 21 from line 20	25,273,020	27,428,133

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2011-06-14
Signature of officer | Date

VERY REV KEVIN M QUIRK VICE PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name ROBERT J KRALL	Preparer's signature ROBERT J KRALL	Date	Check if self-employed ▶ ☑	PTIN
Firm's name ▶ HERNDON MORTON HERNDON & YAEGER				Firm's EIN ▶
Firm's address ▶ 83 EDGINGTON LANE WHEELING, WV 260031541				Phone no ▶ (304) 242-2300

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part 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

THE MISSION OF THE WELTY HOME FOR THE AGED, INC IS TO OWN, OPERATE AND MAINTAIN WITHIN THE CITY OF WHEELING AND ELSEWHERE IN OHIO COUNTY, WEST VIRGINIA, FACILITIES HAVING THE CAPACITY TO PROVIDE A FULL RANGE OF SECONDARY HEALTHCARE SERVICES FOR THE AGED, THE ILL AND THE DISABLED, INCLUDING BUT NOT LIMITED TO, SPECIALTY AND RESTORATIVE HEALTHCARE SERVICES, REHABILITATIVE HEALTHCARE SERVICES, CUSTODIAL CARE SERVICES, SKILLED NURSING SERVICES AND PROGRAMS AND OTHER HEALTH RELATED SERVICES ALL OF WHICH SHALL BE DESIGNED TO PROVIDE CARE FOR MEN AND WOMEN IN A CHRISTIAN, CHARITABLE AND BENEVOLENT MANNER THE OPERATIONS IN FURTHERANCE OF THE CORPORATION'S CHARITABLE PURPOSES ARE CARRIED OUT BY FOUR LIMITED LIABILITY COMPANIES 1) GOOD SHEPHERD NURSING HOME, LC, 2) THE WELTY HOME, LC, 3) WELTY RETIREMENT APARTMENTS, LC, AND 4) WELTY HOME REAL ESTATE, LC

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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 ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services 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 $ 12,112,457 including grants of $) (Revenue $ 12,923,136)

GOOD SHEPHERD NURSING HOME, LC (GSNH) IS A 192-BED SKILLED CARE NURSING FACILITY OPERATING AT 159 EDGINGTON LANE, WHEELING, WEST VIRGINIA GSNH IS THE LARGEST NON-PROFIT SKILLED CARE NURSING FACILITY IN THE STATE OF WEST VIRGINIA AND REMAINS A (RESTRAINT FREE) NURSING HOME GSNH HAS MAINTAINED ITS REPUTATION AS A QUALITY CARE FACILITY AND CONTINUES TO OPERATE AT THE LOWEST RATE STRUCTURE IN OHIO COUNTY APPROXIMATELY 59% OF ITS 192-BED CAPACITY CONSISTS OF DEPARTMENT OF WELFARE (MEDICAID) PATIENTS

4b (Code) (Expenses $ 1,629,300 including grants of $) (Revenue $ 1,703,408)

THE WELTY HOME, LC AT 52 WASHINGTON AVE, WHEELING, WEST VIRGINIA CONTINUED TO PROVIDE ASSISTED LIVING CARE AT ITS FACILITY FOR A MAXIMUM OF 52 RESIDENTS IN 52 INDIVIDUAL PRIVATE ROOMS RATES FOR PRIVATE ROOM, BOARD, LAUNDRY AND NURSING CARE SERVICES ARE PRESENTLY ESTABLISHED AT A PER DIEM RATE FOR THOSE RESIDENTS WITH SUFFICIENT FINANCIAL RESOURCES TO PAY SUCH CHARGES IF AN APPLICANT OR A RESIDENT IS UNABLE TO PAY THE FULL AMOUNT OF SUCH CHARGES, THE WELTY HOME, LC HAS ADOPTED A CHARITABLE SUBSIDY POLICY TO ASSIST SUCH APPLICANTS OR RESIDENTS IN 2010, THE WELTY HOME, LC PROVIDED APPROXIMATELY $30,000 OF FINANCIAL ASSISTANCE TO RESIDENTS WHO WERE UNABLE TO PAY THE FULL AMOUNT OF THE REGULAR OCCUPANCY FEES IN 2005, THE WELTY HOME, LC WAS GRANTED A LICENSE TO OPERATE A SPECIAL CARE PROGRAM FOR ALZHEIMER AND OTHER PATIENTS SUFFERING FROM OTHER TYPES OF DEMENTIA THE PROGRAM IS CALLED THE "MEMORY CARE" PROGRAM THE WELTY HOME, LC MAKES NO ADDITIONAL CHARGE TO ITS RESIDENTS FOR THE SPECIAL SERVICES PROVIDED BY THE PROGRAM IN 2010, THE WELTY HOME CARED FOR 4 PATIENTS IN THE MEMORY CARE PROGRAM

4c (Code) (Expenses $ 1,417,861 including grants of $) (Revenue $ 1,911,736)

THE WELTY RETIREMENT APARTMENTS CONTINUED TO PROVIDE A HOUSING ALTERNATIVE, WITH INCREASED SECURITY, COMFORT AND SPECIALIZED SERVICES, FOR THE ELDERLY WHO WISH TO BE RELIEVED OF THE BURDEN OF MAINTAINING A FREE STANDING RESIDENCE, BUT WHO DO NOT HAVE A DESIRE OR A NEED FOR CUSTODIAL TYPE OF CARE OFFERED AT THE WELTY HOME, ALLOWING THEM TO LIVE INDEPENDENTLY AND AGE (IN PLACE) TO AVOID THE COMMON SITUATION WHERE THE ELDERLY DECLINE IN PHYSICAL AND EMOTIONAL HEALTH BY BEING ISOLATED IN A SINGLE FAMILY HOME WHICH IS NOT PHYSICALLY SUITED TO THEIR NEEDS AND WHICH THEY ARE PHYSICALLY UNABLE TO MAINTAIN THE WELTY RETIREMENT APARTMENTS PROVIDE A PROPER RESIDENTIAL ENVIRONMENT FOR THE AGED WITH SPECIAL SUPPORT SERVICES SUCH AS A SECURE BUILDING EQUIPPED WITH FIRE ALARM, SMOKE DETECTION, SPRINKLER SYSTEM, ELEVATOR, CENTRAL CALL SYSTEM, GRAB BARS AND OTHER SPECIALIZED EQUIPMENT AND FACILITIES FOR THE AGED IN ADDITION, AT NO EXTRA COST, THE WELTY APARTMENTS PROVIDE A LIMITED LEVEL OF MEDICAL SUPERVISION BY A REGISTERED NURSE, 24 HOUR COVERAGE BY PERSONNEL AVAILABLE TO RESPOND TO THE CALL SYSTEM, ALL AT A LOCATION CONVENIENT TO TRANSPORTATION, SHOPPING, HOSPITALS AND CHURCHES SERVICES ALSO INCLUDE TRANSPORTATION SERVICES, CLEANING SERVICES AND MEAL SERVICES TO THE RESIDENTS OF THE APARTMENTS IF AN APPLICANT OR A RESIDENT IS UNABLE TO PAY THE FULL AMOUNT OF RENTAL CHARGES, WELTY RETIREMENT APARTMENTS, LC HAS ADOPTED A CHARITABLE SUBSIDY POLICY TO ASSIST SUCH APPLICANTS OR RESIDENTS THE WELTY RETIREMENT APARTMENTS, LC ALSO CONTINUED TO OPERATE 8 APARTMENTS (THE BRADDOCK APARTMENTS) FOR THE ELDERLY ON THE FIRST FLOOR OF THE GOOD SHEPHERD NURSING HOME BUILDING, ADJACENT TO THE CHAPEL THE BRADDOCK APARTMENTS CONTINUED TO PROVIDE COST EFFECTIVE HOUSING TO ITS RESIDENTS AS WELL AS EXPANDED SERVICES SUCH AS TRANSPORTATION SERVICES, HOUSECLEANING SERVICES, DIETARY SERVICES AND LIMITED NURSING SERVICES PRIORITY IN ADMISSION IS GIVEN TO APPLICANTS WHO HAVE A SPOUSE OR OTHER LOVED ONE RESIDING AT GOOD SHEPHERD NURSING HOME DUE TO THE SUPPORT OF THE DIOCESE OF WHEELING-CHARLESTON AND THE CAPITAL SUPPORT OF THE CLARA WELTY TRUST, THE WELTY HOME FOR THE AGED, INC HAS BEEN ABLE TO CONTINUE TO EXPAND ITS CHARITABLE MISSION FOR THE AGED OF OHIO COUNTY WEST VIRGINIA WITHOUT INCURRING SUBSTANTIAL DEBT OR OPERATING DEFICITS, WHILE PROVIDING ITS EMPLOYEES WITH GOOD WORKING CONDITIONS, COMPETITIVE WAGES AND ONE OF THE HIGHEST LEVEL OF HEALTH CARE AND OTHER EMPLOYEE BENEFITS IN THE GERIATRIC CARE INDUSTRY IN WEST VIRGINIA

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ -111,566 including grants of $) (Revenue $ -196,200)

4e **Total program service expenses** ▶ $ 15,048,052

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
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		No
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
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.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
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	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
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 (see instructions)*	17		No
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		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
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**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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 Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
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**		No
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**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	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**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**	Yes	
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**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	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* ☐ **Yes** ☑ **No**			
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**		No
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**		No
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**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	52		
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	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	408		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		No
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)?		4a		No
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? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
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 to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
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		
9	**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		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
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)	11b			
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? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2 Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .			3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .			5	No
6	Does the organization have members or stockholders?			6 Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?			7a Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .			7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			8a Yes	
b	Each committee with authority to act on behalf of the governing body?			8b Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9 Yes	

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

WILLIAM J YAEGER JR
83 EDGINGTON LANE
WHEELING, WV 260031541
(304) 242-2300

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, and **current** key employees 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MOST REVMICHAEL J BRANSFIELD PRESIDENT	1 00	X		X				0	0	0
(2) REV ANTHONY CINCINNATI SECRETARY	1 00	X		X				0	0	0
(3) WILLIAM J YAEGER JR TREASURER	6 00	X		X				71,784	65,914	0
(4) MR PENN KURTZ DIRECTOR	70	X						0	0	0
(5) MRS WILLIAM J YAEGER JR DIRECTOR	70	X						0	0	0
(6) MR LAWRENCE E BANDI DIRECTOR	20	X						0	0	0
(7) MRS ELIZABETH F GATES DIRECTOR	70	X						9,298	327	0
(8) MRS ANN KOEGLER DIRECTOR	20	X						0	0	0
(9) VERY REV KEVIN M QUIRK VICE PRESIDENT	1 00			X				0	0	0
(10) MR DONALD R KIRSCH ADMINISTRATOR	52 80				X			172,000	0	30,673
(11) DEBORAH A MELANA NURSE (RN)	53 30					X		141,746	0	16,084

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								394,828	66,241	46,757

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 2

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
HEALTH PLAN OF THE UPPER OHIO VALLEY BOX 71-171 COLUMBUS, OH 43271	INSURANCE	1,618,221
COLAIANI CONSTRUCTION 2141 STATE ROUTE 150 DILLONVALE, OH 43917	CONSTRUCTION	601,981
SYSCO FOOD SERVICES OF CENTRAL OHIO PO BOX 44466 COLUMBUS, OH 43204	FOOD PRODUCTS	582,024
ELM GROVE PHARMACY 102 EAST BETHLEHEM BLVD WHEELING, WV 26003	PHARMACY	280,085
QUAL MED SUPPLY INC SUITE E 7719 GRAPHICS WAY LEWIS CENTER, OH 43035	MEDICAL SUPPLIES	254,191

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 5

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . .	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations . . .	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	430,713			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		430,713			
Program Service Revenue		Business Code				
	2a GSNH, LC	623000	12,923,136	12,923,136		
	b THE WELTY HOME,LC	623000	1,629,408	1,629,408		
	c WELTY RET APT, LC	623000	1,013,759	1,013,759		
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		15,566,303			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		185,448			185,448
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	1,441,261				
	b Less cost or other basis and sales expenses	1,385,728				
	c Gain or (loss)	55,533				
	d Net gain or (loss) . . . . . ▶		55,533			55,533
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . . ▶					
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a IMPUTED INCOME- FREE F	623000	775,777	775,777		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		775,777			
	12 **Total revenue.** See Instructions . . . ▶		17,013,774	16,342,080	0	240,981

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 not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	283,755		283,755	
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	6,830,836	6,830,836		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	233,874	233,874		
9 Other employee benefits	1,770,434	1,770,434		
10 Payroll taxes	793,079	793,079		
a Fees for services (non-employees) Management				
b Legal				
c Accounting	122,062		122,062	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other				
12 Advertising and promotion	33,709	33,709		
13 Office expenses	1,466,294	1,419,932	46,362	
14 Information technology	3,000	3,000		
15 Royalties				
16 Occupancy	1,861,387	1,855,029	6,358	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	964,281	964,281		
23 Insurance	137,314	137,314		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a IMPUTED RENTAL EXPENSE	775,777	775,777		
b EQUIPMENT RENTAL AND MA	230,787	230,787		
c				
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	15,506,589	15,048,052	458,537	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		-1	1	-2
	2	Savings and temporary cash investments		3,392,524	2	3,598,740
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		870,186	4	928,812
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	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) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		135,890	8	136,398
	9	Prepaid expenses and deferred charges		127,370	9	129,773
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 24,191,597			
	b	Less accumulated depreciation	10b 10,057,280	13,562,848	10c	14,134,317
	11	Investments—publicly traded securities		7,603,216	11	9,291,466
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		67,894	15	105,543
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		25,759,927	16	28,325,047
Liabilities	17	Accounts payable and accrued expenses		486,907	17	896,914
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		486,907	26	896,914
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets		22,296,512	28	24,451,625
	29	Permanently restricted net assets		2,976,508	29	2,976,508
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		25,273,020	33	27,428,133
	34	Total liabilities and net assets/fund balances		25,759,927	34	28,325,047

Part XI Reconcilliation 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	17,013,774
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,506,589
3	Revenue less expenses Subtract line 2 from line 1	3	1,507,185
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	25,273,020
5	Other changes in net assets or fund balances (explain in Schedule O)	5	647,928
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	27,428,133

Part 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 ☑ 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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		No
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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493178008541

SCHEDULE A (Form 990 or 990EZ)

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

2010

Open to Public Inspection

Name of the organization
WELTY HOME FOR THE AGED INC

Employer identification number
55-0362615

Part I 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).**

4 ☐ 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)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ 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)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

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)

f 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 ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the 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)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	201,782	6,961	17,354	29,986	430,713	686,796
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	12,869,946	13,584,331	14,309,618	14,970,412	15,566,303	71,300,610
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	13,071,728	13,591,292	14,326,972	15,000,398	15,997,016	71,987,406
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	4,250	4,000	8,250	4,500	4,950	25,950
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	4,250	4,000	8,250	4,500	4,950	25,950
8 **Public Support** (Subtract line 7c from line 6)						71,961,456

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	13,071,728	13,591,292	14,326,972	15,000,398	15,997,016	71,987,406
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	300,595	319,492	470,088	14,533	240,982	1,345,690
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	300,595	319,492	470,088	14,533	240,982	1,345,690
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)	2,536			775,777	775,777	1,554,090
13 **Total support** (Add lines 9, 10c, 11 and 12)	13,374,859	13,910,784	14,797,060	15,790,708	17,013,775	74,887,186

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	96 090 %
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	96 930 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17	1 800 %
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	1 910 %

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 55-0362615
Name: WELTY HOME FOR THE AGED INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ -111,688 including grants of $) (Revenue $ -196,200)

WELTY HOME REAL ESTATE, LC IS A REAL ESTATE HOLDING COMPANY WHICH OWNS AN INTEREST IN THE BERTHA WELTY APARTMENTS AT 1315 AND 1325 NATIONAL ROAD, WHEELING, WEST VIRGINIA WELTY HOME REAL ESTATE, LC CONTINUED TO HOLD THESE PROPERTIES AND MAKE THEM AVAILABLE TO THE WELTY RETIREMENT APARTMENTS, LC, WITHOUT CHARGE, FOR RENTAL PURPOSES THE BERTHA WELTY APARTMENS IS A 38-UNIT APARTMENT COMPLEX FOR THE ELDERLY THE PROJECT WAS COMPLETED AND OPENED FOR OCCUPANCY IN SEPTEMBER OF 2008 AND THE OCCUPANCY RATE WAS IMMEDIATELY 100% THE TOTAL COST OF THE PROJECT WAS APPROXIMATELY $9,100,000

(Code) (Expenses $ 122 including grants of $) (Revenue $)

MISCELLANEOUS BANK CHARGES AND TAXES PAID RELATED TO SECURITIES HELD FOR INVESTMENT IN SUPPORT OF THE ACTIVITIES OF THE ORGANIZATION

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493178008541

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, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
WELTY HOME FOR THE AGED INC

Employer identification number
55-0362615

Part I 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
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 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 the year ▶ _____

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)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		456,447		456,447
b Buildings		2,717,338	157,730	2,559,608
c Leasehold improvements		18,237,196	8,075,502	10,161,694
d Equipment		2,780,616	1,824,048	956,568
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				14,134,317

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should 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	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should 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
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	17,013,774
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,506,589
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,507,185
4	Net unrealized gains (losses) on investments	4	669,884
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-21,956
9	Total adjustments (net) Add lines 4 - 8	9	647,928
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,155,113

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	16,341,879
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	16,341,879
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	671,895		
c	Add lines **4a** and **4b**			4c	671,895
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	17,013,774

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	15,500,522
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	15,500,522
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	6,067		
c	Add lines **4a** and **4b**			4c	6,067
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	15,506,589

Part XIV Supplemental Information

Complete 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, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
PART XI, LINE 8 - OTHER ADJUSTMENTS		NET RELATED ENTITY TRANSFERS -26,154 AUDITOR PASSED ADJUSTMENTS 4,198
PART XII, LINE 4B - OTHER ADJUSTMENTS		OTHER INVESTMENT INCOME, CONTRIBS, RENTAL INCOME & RECLASSIFIED AMOUNT 671,895
PART XIII, LINE 4B - OTHER ADJUSTMENTS		RECLASSIFICATION AMOUNT 6,067

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493178008541

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
WELTY HOME FOR THE AGED INC

Employer identification number
55-0362615

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MR DONALD R KIRSCH	(i)	172,000	0	0	0	30,673	202,673	0
	(ii)	0	0	0	0	0	0	0
(2) DEBORAH A MELANA	(i)	141,746	0	0	0	16,084	157,830	0
	(ii)	0	0	0	0	0	0	0
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493178008541

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
WELTY HOME FOR THE AGED INC

Employer identification number
55-0362615

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) No
(1) MRS ELIZABETH F GATES	DIRECTOR AND 50% OWNER OF INDEPENDENT CONTRACTOR	9,298	ELIZABETH F GATES OWNS A 50% INTEREST IN HGO TECHNOLOGY, INC , A COMPUTER TECHNOLOGY AND RELATED SERVICES FIRM WHICH PROVIDES SERVICES TO THE ORGANIZATION		No
(2) MOST REV MICHAEL J BRANSFIELD	DIRECTOR AND BISHOP OF ROMAN CATHOLIC DIOCESE OF WHEELING-CHARLESTON	0	THE BISHOP OF THE DIOCESE OF WHEELING-CHARLESTON IS THE EX-OFFICIO CHAIRMAN OF THE BOARD OF DIRECTORS, PRESIDENT AND ONE OF THE MEMBERS OF THE WELTY HOME FOR THE AGED, INC THE BISHOP OF THE DIOCESE IS ALSO THE EX-OFFICIO CHAIRMAN OF THE CLARA WELTY TRUST WHICH IS A PUBLIC SUPPORT TRUST FOR THE SOLE BENEFIT OF THE ORGANIZATION THE BISHOP SERVES IN THESE CAPACITIES WITHOUT PERSONAL COMPENSATION OR EMPLOYEE BENEFIT IN 1970 THE CATHOLIC DIOCESE OF WHEELING-CHARLESTON (THE "DIOCESE") DONATED THE USE OF THE LAND AND BUILDING SHELL AT 159 EDGINGTON LANE, WHEELING, OHIO COUNTY, WEST VIRGINIA FOR USE BY THE ORGANIZATION TO ESTABLISH A SKILLED NURSING FACILITY FOR THE AGED GOOD SHEPHERD NURSING HOME, LC ("GOOD SHEPHERD"), WHICH IS WHOLLY OWNED BY THE CORPORATION, PRESENTLY OPERATES A 192-BED SKILLED NURSING FACILITY WITHIN THE DONATED PREMISES OWNED BY THE DIOCESE		No
(3) MOST REV MICHAEL J BRANSFIELD	DIRECTOR AND BISHOP OF ROMAN CATHOLIC DIOCESE OF WHEELING-CHARLESTON	48,100	WELTY RETIREMENT APARTMENTS, LC (THE "APARTMENTS"), A WHOLLY OWNED SUBSIDIARY OF THE CORPORATION, OPERATES AN APARTMENT FACILITY FOR THE ELDERLY AT 1276 NATIONAL ROAD, WHEELING, OHIO COUNTY, WEST VIRGINIA THE DIOCESE RENTS FROM THE ORGANIZATION, AT FAIR MARKET VALUE, A BLOCK OF APARTMENTS, A CHAPEL AND OTHER SPECIAL USE FACILITIES WITHIN THE APARTMENTS FOR USE BY RETIRED DIOCESAN PRIESTS		No
(4) MOST REV MICHAEL J BRANSFIELD	DIRECTOR AND BISHOP OF ROMAN CATHOLIC DIOCESE OF WHEELING-CHARLESTON	62,077	THE BISHOP OF THE DIOCESE OF WHEELING-CHARLESTON IS THE SOLE MEMBER OF WHEELING HOSPITAL, INC WHICH PROVIDES LICENSED THERAPY SERVICES PER A CONTRACT WITH GOOD SHEPHERD NURSING HOME		No
(5) MRS MARY BETH YAEGER	DIRECTOR AND SPOUSE OF WILLIAM J YAEGER, JR	81,081	MRS MARY BETH YAEGER SERVES AS A DIRECTOR OF THE CORPORATION WITHOUT COMPENSATION OR EMPLOYEE BENEFIT MRS YAEGER IS THE SPOUSE OF MR WILLIAM J YAEGER, JR , ONE OF THE PARTNERS IN THE LAW FIRM OF HERNDON, MORTON, HERNDON & YAEGER WHICH PROVIDES MANAGEMENT AND LEGAL SERVICES TO THE ORGANIZATION		No
(6) WILLIAM J YAEGER JR	DIRECTOR AND PARTNER OF HERNDON, MORTON, HERNDON & YAEGER	81,081	WILLIAM J YAEGER, JR SERVES AS A DIRECTOR AND IS ONE OF THE PARTNERS IN THE LAW FIRM OF HERNDON, MORTON, HERNDON & YAEGER WHICH PROVIDES MANAGEMENT AND LEGAL SERVICES TO THE ORGANIZATION		No

Part V **Supplemental Information**
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493178008541

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
WELTY HOME FOR THE AGED INC

Employer identification number
55-0362615

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		MOST REV MICHAEL J BRANSFIELD, THE BISHOP OF THE DIOCESE OF WHEELING-CHARLESTON IS THE EX-OFFICIO CHAIRMAN OF THE BOARD OF DIRECTORS, PRESIDENT AND ONE OF THE MEMBERS OF THE WELTY HOME FOR THE AGED, INC VERY REV ANTHONY CINCINNATI AND VERY REV KEVIN M QUIRK SERVE THE BISHOP AND THE DIOCESE IN VARIOUS CAPACITIES THE BISHOP, VERY REV ANTHONY CINCINNATI AND VERY REV KEVIN M QUIRK SERVE IN THESE CAPACITIES WITHOUT PERSONAL COMPENSATION OR EMPLOYEE BENEFIT FROM THE WELTY HOME FOR THE AGED, INC WILLIAM J YAEGER, JR IS A PARTNER THE LAW FIRM OF HERNDON, MORTON, HERNDON & YAEGER, WHICH LAW FIRM PROVIDES MISCELLANEOUS LEGAL SERVICES TO THE DIOCESE OF WHEELING-CHARLESTON FROM TIME TO TIME WILLIAM J YAEGER, JR IS ALSO MARRIED TO MRS MARY BETH YAEGER

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE GOVERNING DOCUMENTS PROVIDE FOR MEMBERS WHICH HAVE AUTHORITY TO ELECT THE BOARD OF DIRECTORS BUT OTHERWISE DO NOT HAVE AUTHORITY TO APPROVE SIGNICANT OR OTHER DECISIONS OF THE DIRECTORS AND THE MEMBERS DO NOT AND CAN NOT RECEIVE ANY SHARE OF THE ORGANIZATION'S PROFITS OR ASSETS IN ANY MANNER WHATSOEVER THE MEMBERS OF THE ORGANIZATION ARE PRESENTLY MOST REV MICHAEL J BRANSFIELD, BISHOP OF THE DIOCESE OF WHEELING-CHARLESTON, VERY REV KEVIN M QUIRK, VERY REV ANTHONY CINCINNATI, AND WILLIAM J YAEGER, JR

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE MEMBERS ELECT THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 IS MADE AVAILABLE TO ALL OF THE MEMBERS OF THE CORPORATION PRIOR TO FILING IF THERE IS A REGULAR SCHEDULED MEETING BEFORE THE DUE DATE OTHERWISE IT IS AVAILABLE AT THE NEXT MEETING FOR REVIEW AND DISCUSSION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY AND THE DIRECTORS ANNUALLY ACKNOWLEDGE THEY HAVE READ AND UNDERSTAND THE POLICY AND AGREE TO COMPLY WITH IT ANY CONFLICTS OR POTENTIAL CONFLICTS ARE DISCUSSED AT MEETINGS OF THE DIRECTORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION FOR THE CEO IS APPROVED BY THE MEMBERS BASED UPON THEIR KNOWLEDGE OF PREVAILING RATES IN THE AREA FOR SIMILAR SERVICES AFTER REVIEW OF COMPARABILITY DATA AND RECOMMENDATION BY THE INDEPENDENT COMPENSATION COMMITTEE THE COMPENSATION FOR MANAGEMENT SERVICES AND LEGAL SERVICES IS APPROVED BY THE MEMBERS BASED UPON THEIR KNOWLEDGE OF PREVAILING RATES IN THE AREA FOR SIMILAR SERVICES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS AND ALL INFORMATION REQUIRED TO BE MADE AVAILABLE TO THE PUBLIC IS AVAILABLE UPON REQUEST DURING REGULAR BUSINESS HOURS AT THE OFFICE OF ONE OF THE DIRECTORS, WILLIAM J YAEGER, JR , 83 EDGINGTON LANE, WHEELING, WV 26003

Identifier	Return Reference	Explanation
CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC	FORM 990, PART VII	MOST REV MICHAEL J BRANSFIELD - 1300 BYRON STREET, WHEELING, WV 26003 REV ANTHONY CINCINNATI - 1300 BYRON STREET, WHEELING, WV 26003 WILLIAM J YAEGER, JR - 83 EDGINGTON LANE, WHEELING, WV 26003 VERY REV KEVIN M QUIRK - 1300 BYRON STREET, WHEELING, WV 26003

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 669,884 NET RELATED ENTITY TRANSFERS - 26,154 AUDITOR PASSED ADJUSTMENTS 4,198 TOTAL TO FORM 990, PART XI, LINE 5 647,928

Identifier	Return Reference	Explanation
COMPENSATION OF WILLIAM J YAEGER, JR	FORM 990, PART VII, SECTION A	WILLIAM J YAEGER, JR SERVES AS A MEMBER, DIRECTOR AND TREASURER OF THE CORPORATION AND AS ONE OF THREE TRUSTEES OF THE CLARA WELTY TRUST ("TRUST") WILLIAM J YAEGER, JR IS A PARTNER OF THE LAW FIRM OF HERNDON, MORTON, HERNDON & YAEGER WHICH PERFORMS SERVICES FOR THE TRUST AND THE CORPORATION THE SERVICES PROVIDED AND THE COMPENSATION FOR THE SERVICES RENDERED BY HERNDON, MORTON, HERNDON & YAEGER ("HMHY") ARE PURSUANT TO A WRITTEN AGREEMENT WHICH HAS BEEN REVIEWED AND APPROVED BY THE OTHER TRUSTEES OF THE TRUST AND BY THE CHAIRMAN OF THE BOARD OF DIRECTORS OF THE CORPORATION THE SERVICES PROVIDED TO THE TRUST/CORPORATION BY THE LAW FIRM OF HMHY ARE PROVIDED AT THE WILL OF THE TRUST/CORPORATION AND MAY BE TERMINATED AT ANY TIME WILLIAM J YAEGER, JR DOES NOT EXERCISE EXCLUSIVE CONTROL OVER THE ACTIONS OF THE TRUST OR THE CORPORATION ALL INVOICES FOR LEGAL SERVICES ARE REVIEWED AND APPROVED, IN ADVANCE OF PAYMENT, BY THE CHAIRMAN OF THE EXECUTIVE COMMITTEE OF THE CORPORATION OR ONE OR MORE OF THE OTHER TRUSTEES OF THE CLARA WELTY TRUST THE LAW FIRM OF HERNDON, RENDERS LEGAL SERVICES, ADMINISTERS THE ASSETS AND MANAGES OPERATIONS OF THE TRUST AND PROVIDES ACCOUNTING AND MISCELLANEOUS MANAGEMENT SERVICES TO THE CORPORATION THE CORPORATION CONDUCTS ITS CHARITABLE ACTIVITIES THROUGH SEVERAL SUBSIDIARY NON-PROFIT LIMITED LIABILITY COMPANIES THE WELTY HOME, LC , GOOD SHEPHERD NURSING HOME, LC , WELTY RETIREMENT APARTMENTS, LC AND WELTY HOME REAL ESTATE, LC THE TRUST OWNS TWO NON PROFIT SUBSIDIARIES WELTRUST INC IS THE TRUST'S NOMINEE TO HOLD INVESTMENTS AND WELTY TRUST REAL ESTATE, LC IS THE REAL ESTATE HOLDING COMPANY OF THE TRUST THE FOLLOWING IS A PARTIAL LISTING OF SERVICES PROVIDED BY HMHY CLARA WELTY TRUST A) ACCOUNT FOR ALL INCOME, STOCK SPLITS, MERGERS, BOND MATURITIES, PURCHASED INTEREST ON BONDS, CALLS, REDEMPTIONS, ETC , B) PAY ALL EXPENSES AND OTHER DAILY CASH MANAGEMENT, C) RECONCILE BROKERAGE AND BANK ACCOUNTS, INCLUDING SPECIAL CONSTRUCTION ACCOUNTS WHEN APPLICABLE, D) SUPERVISION AND DIRECTION OF THE INVESTMENT CUSTODIAN, E) MONITORING INVESTMENTS, INCLUDING REVIEWING ANNUAL REPORTS, PROXY STATEMENTS AND CAPITAL CHANGES, F) RECOMMEND CHANGES TO INVESTMENT OBJECTIVES, G) MAINTAIN ACCOUNTING JOURNALS INCLUDING TRIAL BALANCE AND CUMULATIVE GAINS AND LOSSES, H) CONFIRM RECEIPT OF ALL SCHEDULED DIVIDEND AND INTEREST PAYMENTS, I) MAKE DEPOSITS AND ISSUE CHECKS AS NEEDED, J) PREPARE AND FILE ALL REQUIRED TAX RETURNS AND OTHER REQUIRED FEDERAL AND STATE REPORTS, K) MAKE ALL DISBURSEMENTS TO THE WELTY HOME, LC, WELTY RETIREMENT APARTMENTS, LC, WELTY HOME REAL ESTATE, LC OR GOOD SHEPHERD NURSING HOME, LC AS DIRECTED BY TRUSTEES, L) REVIEW AND PREPARE ALL MISCELLANEOUS CORRESPONDENCE, M) PREPARE PERIODIC ACCOUNTINGS, REPORTS AND ANNUAL REPORTS REQUIRED, N) RECORD KEEPING, INCLUDING PREPARATION OF MINUTES, BOOKS AND RECORDS OF THE TRUST AND ITS PROPERTIES, O) HANDLE PUBLIC RELATIONS, P) ADVISE TRUSTEES ON THE ESTABLISHMENT OF VARIOUS POLICIES AND PROCEDURES, Q) ADMINISTRATION OF ALL FUNCTIONS OF WELTRUST, INC , A TAX-EXEMPT NOMINEE OWNED BY THE CLARA WELTY TRUST, R) SUPERVISE AND REVIEW PREPARATION OF THE MONTHLY FUND INVESTMENT PORTFOLIO REPORT, S) PREPARE MATERIALS FOR INVESTMENT MEETINGS, INCLUDING INVESTMENT CHANGES, AND MINUTES OF THE MEETINGS, T) COMPLETE AND CONFIRM ALL AUTHORIZED SALES AND PURCHASES, AND U) CARRY OUT OTHER MISCELLANEOUS SERVICES AS REQUIRED V) CARRY OUT NON RECURRING ENGAGEMENTS ON AN HOURLY BILLING ARRANGEMENT WITH PRIOR PAYMENT APPROVAL BY THE OTHER TRUSTEES W) WORK WITH AUDITORS IN 2010 HMHY RECEIVED MANAGEMENT FEES FOR THE ABOVE DESCRIBED SERVICES TO THE CLARA WELTY TRUST IN THE AMOUNT OF $65,913 90 NO EMPLOYEE BENEFITS WERE RECEIVED WELTY HOME FOR THE AGED, INC A) ACCOUNT FOR ALL INCOME INCLUDING INCOME FROM WELTY RETIREMENT APARTMENTS, LC AND THE WELTY HOME, LC, A LICENSED ASSISTED LIVING FACILITY, B) MANAGE PROPERTIES HELD FOR TEMPORARY INVESTMENT UNTIL ADOPTED FOR CHARITABLE PURPOSES, C) PAY ALL EXPENSES AND OTHER DAILY CASH MANAGEMENT, D) RECONCILE BROKERAGE AND BANK ACCOUNTS, INCLUDING SPECIAL CONSTRUCTION ACCOUNTS WHEN APPLICABLE, E) SUPERVISION AND DIRECTION OF INVESTMENT CUSTODIAN, F) MONITORING OF INVESTMENTS, INCLUDING REVIEWING ANNUAL REPORTS, PROXY STATEMENTS, CAPITAL CHANGES AND PERFORMANCE, G) RECOMMEND CHANGES TO INVESTMENT OBJECTIVES, H) CONFIRM RECEIPT OF ALL SCHEDULED DIVIDEND AND INTEREST PAYMENTS, I) RECONCILE STOCK SPLITS, MERGERS, CALLS, BOND MATURITIES, PURCHASED INTEREST ON BONDS, REDEMPTIONS, ETC , J) PREPARE INVOICES FOR MONTHLY RESIDENT CHARGES, COLLECT ALL REVENUE AND MAINTAIN ACCOUNTS RECEIVABLE JOURNALS, K) REVIEW AND PAY ALL EXPENSES OF THE CORPORATION, WELTY HOME REAL ESTATE, LC, WELTY RETIREMENT APARTMENTS, LC AND THE ASSISTED LIVING OPERATIONS OF THE WELTY HOME, LC , L) PREPARE ALL DEPOSITS AND ISSUE CHECKS AS NEEDED, M) PREPARE AND FILE ALL REQUIRED TAX RETURNS AND OTHER REQUIRED FEDERAL AND STATE REPORTS, INCLUDING PAYROLL REPORTS AND RETURNS, INCLUDING FORM 941, WV COMPENSATION, WV EXCESS WORKER'S COMPENSATION, WV UNEMPLOYMENT, AND STATE WITHHOLDING, FORMS 1099 AND ANNUAL FORM 990 AND PERIODIC REPORTS OF THE WELTY HOME, LC, WELTY RETIREMENT APARTMENTS, LC AND WELTY HOME REAL ESTATE, LC, N) REVIEW AND PREPARE ALL MISCELLANEOUS CORRESPONDENCE, O) PREPARE PERIODIC ACCOUNTINGS, REPORTS AND ANNUAL REPORTS REQUIRED, P) MAINTAIN ACCOUNTING JOURNALS, INCLUDING TRIAL BALANCE AND JOURNAL OF CUMULATIVE GAINS AND LOSSES, Q) RECORD KEEPING, INCLUDING PREPARATION OF MINUTES, BOOKS AND RECORDS OF THE CORPORATION, ITS OPERATIONS AND ITS PROPERTIES, R) ONGOING AND CONTINUOUS SERVICES AS GENERAL LEGAL COUNSEL FOR ROUTINE LEGAL MATTERS, S) HANDLE PUBLIC RELATIONS, T) PREPARATION OF MOTIONS, RESOLUTIONS, AGENDAS AND SUPPORTING MATERIALS FOR THE BOARD OF DIRECTORS MEETINGS, U) ADVISE THE BOARD OF DIRECTORS ON THE ESTABLISHMENT OF VARIOUS POLICIES AND PROCEDURES, V) ADMINISTRATION OF ALL OTHER CORPORATE FUNCTIONS OF THE WELTY HOME FOR THE AGED, INC , W) SUPERVISE AND REVIEW PREPARATION OF THE MONTHLY FUND INVESTMENT PORTFOLIO REPORT, X) PREPARE MATERIALS FOR INVESTMENT MEETINGS AND MINUTES OF THE MEETING, Y) COMPLETE AND CONFIRM ALL AUTHORIZED SALES AND PURCHASES, Z) PREPARE MONTHLY BALANCE SHEET AND INCOME STATEMENTS, INCLUDING DEPRECIATION SCHEDULE, AA) PERIODIC CONFERENCES, AS NECESSARY, WITH FACILITY MANAGERS CONCERNING ACCOUNTING MATTERS, COMPLIANCE MATTERS, RESULTS OF OPERATIONS, OPERATIONS PLANNING, AND CAPITAL IMPROVEMENT PLANNING, BB) INVESTIGATE AND RESOLVE OPERATIONAL PROBLEMS AND FINANCIAL DISPUTES WITH VENDORS AND RESIDENTS, CC) APPROVE ADJUSTMENTS TO RENTS AND CHARGES TO RESIDENTS, DD) CARRY OUT OTHER MISCELLANEOUS SERVICES AS REQUIRED, EE) CARRY OUT NON RECURRING ENGAGEMENTS ON AN HOURLY BILLING ARRANGEMENT WITH PRIOR PAYMENT APPROVAL BY THE SECRETARY OF THE CORPORATION, AND FF) WORK WITH AUDITORS WELTY RETIREMENT APARTMENTS, LC A) PREPARE MONTHLY RESIDENT INVOICES FOR RENT, CARPORT, FOOD SERVICES, CLEANING AND OTHER CHARGES, B) RECEIVE, DEPOSIT AND RECONCILE RESIDENT CHARGES AND PAYMENTS RECEIVED EACH MONTH AND MAINTAIN ACCOUNTS RECEIVABLE JOURNALS, C) COMPILE EXTRAORDINARY EXPENSES OF PRIESTS ON FOURTH FLOOR FOR QUARTERLY REIMBURSEMENT BILLING TO DIOCESE, D) REVIEW, APPROVE AND PAY ALL OPERATING AND CAPITAL EXPENSES, E) PERIODIC CONFERENCES, AS NECESSARY, WITH FACILITY MANAGERS CONCERNING ACCOUNTING MATTERS, COMPLIANCE MATTERS, RESULTS OF OPERATIONS, OPERATIONS PLANNING AND CAPITAL IMPROVEMENT PLANNING F) INVESTIGATE OPERATIONAL PROBLEMS AND FINANCIAL DISPUTES WITH VENDORS AND RESIDENTS, G) APPROVE ADJUSTMENTS TO RENTS AND CHARGES TO RESIDENTS, H) PROCESS ALL CONTRACTS AND ACCOUNT AGREEMENTS WITH VENDORS, AND I) PERIODIC CONFERENCES WITH FINANCIAL INSTITUTIONS CONCERNING ACCOUNT MAINTENANCE AND RECONCILIATION OF INCOME J) CARRY OUT NON RECURRING ENGAGEMENTS ON AN HOURLY BILLING ARRANGEMENT WITH PRIOR PAYMENT APPROVAL BY THE SECRETARY OF THE CORPORATION TOTAL COMPENSATION TO HMHY FROM WELTY HOME FOR THE AGED, INC FOR ITS SERVICES AS DESCRIBED ABOVE IN 2010 WAS $27,583 26 NO EMPLOYEE BENEFITS WERE RECEIVED TOTAL COMPENSATION TO HMHY IN 2010 FOR LEGAL SERVICES PERFORMED ON BEHALF OF THE VARIOUS ENTITIES WAS AS FOLLOWS WELTY HOME FOR THE AGED, INC ($0), GOOD SHEPHERD NURSING HOME, LC ($41,605 36), THE WELTY HOME, LC ($2,595 28), WELTY RETIREMENT APARTMENTS, LC ($0), WELTY HOME REAL ESTATE ($0), CLARA WELTY TRUST ($63,508 40) AND WELTY TRUST REAL ESTATE, LC ($2,405 50) BOARD OF DIRECTORS MATTERS WILLIAM J YAEGER, JR VOLUNTEERS, WITHOUT CHARGE, APPROXIMATELY 20 HOURS PER YEAR FOR PREPARATION AND ATTENDANCE AT THE WELTY HOME FOR THE AGED, INC BOARD OF DIRECTORS MEETINGS AND APPROXIMATELY 30 HOURS PER YEAR FOR PREPARATION AND ATTENDANCE AT THE GOOD SHEPHERD NURSING HOME EXECUTIVE COMMITTEE MEETINGS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493178008541

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
WELTY HOME FOR THE AGED INC

Employer identification number
55-0362615

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) GOOD SHEPHERD NURSING HOME LC 159 EDGINGTON LANE WHEELING, WV 26003 55-0521890	SKILLED CARE NURSING FACILITY (DESCRIPTION AT 990, PART III, 4A)	WV	12,963,915	12,124,172	N/A
(2) THE WELTY HOME LC 52 WASHINGTON AVE WHEELING, WV 26003 41-2260177	ASSISTED LIVING FACILITY (EXPANDED DESCRIPTION AT 990, PART III, 4B)	WV	1,706,320	2,398,736	N/A
(3) WELTY RETIREMENT APARTMENTS LC 159 EDGINGTON LANE WHEELING, WV 26003 20-3918563	HOUSING FOR ELDERLY (EXPANDED DESCRIPTION AT 990, PART III, 4C)	WV	1,919,521	1,349,076	N/A
(4) WELTY HOME REAL ESTATE LC 83 EDGINTON LANE WHEELING, WV 26003 55-0362615	REAL ESTATE HOLDING COMPANY (EXPANDED DESCRIPTION AT 990, PART III, 4D)	WV	-196,182	3,106,444	N/A

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) ROMAN CATHOLIC DIOCESE OF WHEELING-CHARLESTON 1300 BYRON STREET WHEELING, WV 26003 55-0357023	RELIGION	WV	501(C)(3)	LINE 1	N/A		No
(2) THE CLARA WELTY TRUST 83 EDGINGTON LANE WHEELING, WV 26003 55-6021397	SUPPORTING ORGANIZATION TO BENEFIT WELTY HOME FOR THE AGED, INC	WV	501(C)(3)	LINE 11	N/A		No
(3) WHEELING HOSPITAL INC MEDICAL PARK WHEELING, WV 26003 55-0357057	HOSPITAL	WV	501(C)(3)	LINE 3	N/A		No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**	**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**	**No**
e	Loans or loan guarantees by other organization(s)	**1e**	**No**
f	Sale of assets to other organization(s)	**1f**	**No**
g	Purchase of assets from other organization(s)	**1g**	**No**
h	Exchange of assets	**1h**	**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**Yes**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**No**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**Yes**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**No**
n	Sharing of paid employees	**1n**	**No**
o	Reimbursement paid to other organization for expenses	**1o**	**No**
p	Reimbursement paid by other organization for expenses	**1p**	**No**
q	Other transfer of cash or property to other organization(s)	**1q**	**No**
r	Other transfer of cash or property from other organization(s)	**1r**	**No**

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) THE CLARA WELTY TRUST	J	775,777	FMV (ARNETT & FOSTER APPRAISAL)
(2) ROMAN CATHOLIC DIOCESE OF WHEELING-CHARLESTON	J	48,100	NEGOTIATED AGREEMENT
(3) WHEELING HOSPITAL INC	L	62,077	FMV
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation