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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 (CONTINUED AT SCHEDULE O) (CONTINUED) 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 organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 13,316,747 including grants of \$) (Revenue \$ 13,987,491)

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 62% OF ITS 192-BED CAPACITY CONSISTS OF DEPARTMENT OF WELFARE (MEDICAID) PATIENTS

4b

(Code) (Expenses \$ 1,622,325 including grants of \$) (Revenue \$ 1,675,446)

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 2012, THE WELTY HOME, LC PROVIDED APPROXIMATELY \$57,000 OF FINANCIAL ASSISTANCE TO RESIDENTS WHO WERE UNABLE TO PAY THE FULL AMOUNT OF THE REGULAR OCCUPANCY FEES

4c

(Code) (Expenses \$ 1,474,868 including grants of \$) (Revenue \$ 1,023,436)

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, (CONTINUED AT SCHEDULE O) (CONTINUED) 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 LEVELS OF HEALTH CARE AND OTHER EMPLOYEE BENEFITS IN THE GERIATRIC CARE INDUSTRY IN WEST VIRGINIA

(Code) (Expenses \$ -109,165 including grants of \$) (Revenue \$ 775,777)

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 \$ 93 including grants of \$) (Revenue \$)

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

4d

Other program services (Describe in Schedule O)

(Expenses \$ -109,072 including grants of \$) (Revenue \$ 775,777)

4e

Total program service expenses

16,304,868

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 instructions)?	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	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	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, line 10? 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 Yes	
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 and XII 	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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	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 United States? 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 United States? 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 hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	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.	46	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
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	447
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
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 as charitable contributions?	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	9	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	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	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	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	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
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 (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 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, or 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (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 MSGR ANTHONY CINCINNATI SECRETARY	1 00	X		X				0	0	0
(3) WILLIAM J YAEGER JR TREASURER	6 00	X		X				114,428	69,655	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						0	0	0
(8) MRS ANN KOEGLER DIRECTOR	20	X						0	0	0
(9) MRS LOUISE COULLING DIRECTOR	20	X						0	0	0
(10) REV MSGR KEVIN M QUIRK VICE PRESIDENT	1 00			X				0	0	0
(11) MR DONALD R KIRSCH ADMINISTRATOR	52 80				X			193,862	0	22,878

Part VIII

Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	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	28,200				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f			28,200			
Program Service Revenue	2a	GSNH, LC	Business Code 623000	13,987,491	13,987,491			
	b	THE WELTY HOME,LC	623000	1,675,446	1,675,446			
	c	WELTY RET APT, LC	623000	1,023,436	1,023,436			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		16,686,373				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		214,947			214,947
4		Income from investment of tax-exempt bond proceeds						
5		Royalties						
6a		Gross rents	(i) Real	(ii) Personal				
		b	Less rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)					
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
b		Less direct expenses	b					
c		Net income or (loss) from fundraising events						
9a		Gross income from gaming activities See Part IV, line 19						
b		Less direct expenses	b					
c		Net income or (loss) from gaming activities						
10a		Gross sales of inventory, less returns and allowances						
b		Less cost of goods sold	b					
c		Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code						
11a	IMPUTED INCOME- FREE FACILITIES	623000	775,777	775,777				
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		775,777					
12	Total revenue. See Instructions		17,732,187	17,462,150	0	241,837		

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).

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

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 United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	331,168		331,168	
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.	7,058,647	7,058,647		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	332,540	332,540		
9	Other employee benefits.	1,978,140	1,978,140		
10	Payroll taxes.	882,159	882,159		
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.	182,402		182,402	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12	Advertising and promotion.	30,589	30,589		
13	Office expenses.	1,734,426	1,680,789	53,637	
14	Information technology.	5,816	5,816		
15	Royalties.				
16	Occupancy.	2,079,714	2,057,097	22,617	
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.	1,155,574	1,155,574		
23	Insurance.	140,733	140,733		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	IMPUTED RENTAL EXPENSE	775,777	775,777		
b	EQUIPMENT RENTAL AND MA	238,029	186,525	51,504	
c	BAD DEBT EXPENSE	20,482	20,482		
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	16,946,196	16,304,868	641,328	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1	623,365
	2	Savings and temporary cash investments		2,342,899	2	2,274,750
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,835,403	4	1,315,404
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other 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) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		147,497	8	148,376
	9	Prepaid expenses and deferred charges		132,862	9	179,168
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	28,114,930		
	b	Less accumulated depreciation	10b	11,632,587	15,876,031	10c16,482,343
	11	Investments—publicly traded securities		8,936,850	11	9,779,986
	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		40,862	15	15,053
	16	Total assets. Add lines 1 through 15 (must equal line 34)		29,312,404	16	30,818,445
Liabilities	17	Accounts payable and accrued expenses		1,057,770	17	752,523
	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	Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		6,105	25	262,794
	26	Total liabilities. Add lines 17 through 25		1,063,875	26	1,015,317
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		25,272,021	27	26,826,620
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets		2,976,508	29	2,976,508
	Organizations that do not follow SFAS 117 (ASC 958), 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		28,248,529	33	29,803,128
	34	Total liabilities and net assets/fund balances		29,312,404	34	30,818,445

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,732,187
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,946,196
3	Revenue less expenses Subtract line 2 from line 1	3	785,991
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28,248,529
5	Net unrealized gains (losses) on investments	5	768,608
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	29,803,128

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		No
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?		No
3b	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		

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

2012

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 33¹/₃% 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 33¹/₃% 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 - Non-functionally integrated
- 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?

(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 supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2011 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2012. 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—2011. If the organization did not check a 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—2012. 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—2011. 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 IIISupport 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	17,354	29,986	430,713	17,894	28,200	524,147
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	14,309,618	14,970,412	15,566,303	16,172,843	16,888,448	77,907,624
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	14,326,972	15,000,398	15,997,016	16,190,737	16,916,648	78,431,771
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	8,250	4,500	4,950	2,500	3,000	23,200
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	8,250	4,500	4,950	2,500	3,000	23,200
8 Public support (Subtract line 7c from line 6.)						78,408,571

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	14,326,972	15,000,398	15,997,016	16,190,737	16,916,648	78,431,771
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	470,088	14,533	240,982	205,793	211,561	1,142,957
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	470,088	14,533	240,982	205,793	211,561	1,142,957
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.)		775,777	775,777	775,777	775,777	3,103,108
13 Total support. (Add lines 9, 10c, 11, and 12.)	14,797,060	15,790,708	17,013,775	17,172,307	17,903,986	82,677,836
14 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			
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	94.840%	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	95.420%	

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	1.380%	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	1.590%	
19a 33 1/3% support tests—2012. 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—2011. 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.** 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

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ 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 education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 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 section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2012

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

3

Using the organization's acquisition, 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 XIII

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 XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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 XIII. Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

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

Description of property	(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	2,717,339	293,597	2,423,742
c	Leasehold improvements	20,688,111	9,118,243	11,569,868
d	Equipment	4,028,994	2,046,609	1,982,385
e	Other	224,039	174,138	49,901
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				16,482,343

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

1	Total revenue, gains, and other support per audited financial statements	1	17,455,955
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 XIII)	2d	98
e	Add lines 2a through 2d	2e	98
3	Subtract line 2e from line 1	3	17,455,857
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 XIII)	4b	276,330
c	Add lines 4a and 4b	4c	276,330
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	17,732,187

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

1	Total expenses and losses per audited financial statements	1	16,946,962
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 XIII)	2d	766
e	Add lines 2a through 2d	2e	766
3	Subtract line 2e from line 1	3	16,946,196
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 XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	16,946,196

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

Identifier	Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS		RECLASSIFICATION (CHAPEL DONATIONS) 98
PART XI, LINE 4B - OTHER ADJUSTMENTS		OTHER INVESTMENT INCOME, CONTRIBUTIONS & RENTAL INCOME 276,330
PART XII, LINE 2D - OTHER ADJUSTMENTS		MISCELLANEOUS ADJUSTMENT 766

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

2012

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 appropriate 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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
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?		
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ 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		
4a Receive a severance payment or change-of-control payment?		No
4b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
4c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		No
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		
5a The organization?		No
5b Any related organization? If "Yes," to line 5a or 5b, describe in Part III		No
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		
6a The organization?		No
6b Any related organization? If "Yes," to line 6a or 6b, describe in Part III		No
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		No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)WILLIAM J YAEGER JR TREASURER	(i)	0	0	114,428	0	0	114,428	0
	(ii)	0	0	69,655	0	0	69,655	0
(2)MR DONALD R KIRSCH ADMINISTRATOR	(i)	193,862	0	0	0	22,878	216,740	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	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 assistance	(d) Type of assistance	(e) Purpose 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	No
(1) 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
(2) MOST REV MICHAEL J BRANSFIELD	DIRECTOR AND BISHOP OF ROMAN CATHOLIC DIOCESE OF WHEELING-CHARLESTON	76,801	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
(3) MOST REV MICHAEL J BRANSFIELD	DIRECTOR AND BISHOP OF ROMAN CATHOLIC DIOCESE OF WHEELING-CHARLESTON	78,180	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
(4) MRS MARY BETH YAEGER	DIRECTOR AND SPOUSE OF WILLIAM J YAEGER, JR	114,428	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
(5) WILLIAM J YAEGER JR	DIRECTOR AND PARTNER OF HERNDON, MORTON, HERNDON & YAEGER	114,428	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
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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

2012**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 REV MSGR ANTHONY CINCINNATI AND REV MSGR KEVIN M QUIRK SERVE THE BISHOP AND THE DIOCESE IN VARIOUS CAPACITIES THE BISHOP, MSGR ANTHONY CINCINNATI AND MSGR 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, REV MSGR KEVIN M QUIRK, REV MSGR ANTHONY CINCINNATI, LAWRENCE E BANDI 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 MSGR ANTHONY CINCINNATI - 1300 BYRON STREET, WHEELING, WV 26003 WILLIAM J YAEGER, JR - 83 EDGINGTON LANE, WHEELING, WV 26003 MR PENN KURTZ - 316 SHAWNEE HILLS, WHEELING, WV 26003 MRS WILLIAM J YAEGER JR - 5 ARCHIBALD AVE, WHEELING, WV 26003 MR LAWRENCE E BANDI - 2 HALSTEAD AVE, WHEELING, WV 26003 MRS ELIZABETH F GATES - 2110 LUMBAR AVE, WHEELING, WV 26003 MRS ANN KOEGLER - 1359 NATIONAL ROAD, WHEELING, WV 26003 REV MSGR KEVIN M QUIRK - 1300 BYRON STREET, WHEELING, WV 26003 MRS LOUISE COULLING - 207 ELM KNOLL DRIVE, WHEELING, WV 26003

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 A S TREASURER 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 T HE CORPORATION THE SERVICES PROVIDED AND THE COMPENSATION FOR THE SERVICES RENDERED BY HE RNDON, MORTON, HERNDON & YAEGER ("HMHY") ARE PURSUANT TO A WRITTEN AGREEMENT WHICH HAS BEE N REVIEWED AND APPROVED BY THE OTHER TRUSTEES OF THE TRUST AND BY THE CHAIRMAN OF THE BOAR D OF DIRECTORS OF THE CORPORATION THE SERVICES PROVIDED TO THE TRUST/CORPORATION BY THE L AW 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, I N 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 AC COUNTING AND MISCELLANEOUS MANAGEMENT SERVICES TO THE CORPORATION THE CORPORATION CONDUCT S ITS CHARITABLE ACTIVITIES THROUGH SEVERAL SUBSIDIARY NON-PROFIT LIMITED LIABILITY COMPAN IES 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, LC (FORMERLY 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 LI STING OF SERVICES PROVIDED BY HMHY CLARA WELTY TRUST A) ACCOUNT FOR ALL INCOME, STOCK SP LITS, 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) MA INTAIN ACCOUNTING JOURNALS INCLUDING TRIAL BALANCE AND CUMULATIVE GAINS AND LOSSES, H) CON FIRM RECEIPT OF ALL SCHEDULED DIVIDEND AND INTEREST PAY MENTS, I) MAKE DEPOSITS AND ISSUE C CHECKS AS NEEDED, J) PREPARE AND FILE ALL REQUIRED TAX RETURNS AND OTHER REQUIRED FEDERAL A ND STATE REPORTS, K) MAKE ALL DISBURSEMENTS TO THE WELTY HOME, LC, WELTY RETIREMENT APARTM ENTS, LC, WELTY HOME REAL ESTATE, LC OR GOOD SHEPHERD NURSING HOME, LC AS DIRECTED BY TRUS TEES, L) REVIEW AND PREPARE ALL MISCELLANEOUS CORRESPONDENCE, M) PREPARE PERIODIC ACCOUNTI NGS, REPORTS AND ANNUAL REPORTS REQUIRED, N) RECORD KEEPING, INCLUDING PREPARATION OF MINU TES, BOOKS AND RECORDS OF THE TRUST AND ITS PROPERTIES, O) HANDLE PUBLIC RELATIONS, P) ADV ISE 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) PREPA RE MATERIALS FOR INVESTMENT MEETINGS, INCLUDING INVESTMENT CHANGES, AND MINUTES OF THE MEE TINGS, 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 2012 HMHY RECEIVED MANAGEMENT FEES FOR THE ABOVE DESCRIBED SERVICES TO THE CLARA WELT Y TRUST IN THE AMOUNT OF \$69,500 04 NO EMPLOYEE BENEFITS WERE RECEIVED WELTY HOME FOR TH E 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 O THER DAILY CASH MANAGEMENT, D) RECONCILE BROKERAGE AND BANK ACCOUNTS, INCLUDING SPECIAL CO NSTRUCTION ACCOUNTS WHEN APPLICABLE, E) SUPERVISION AND DIRECTION OF INVESTMENT CUSTODIAN, F) MONITORING OF INVESTMENTS, INCLUDING REVIEWING ANNUAL REPORTS, PROXY STATEMENTS, CAPIT AL CHANGES AND PERFORMANCE, G) RECOMMEND CHANGES TO INVESTMENT OBJECTIVES, H) CONFIRM RECE IPT OF ALL SCHEDULED DIVIDEND AND INTEREST PAY MENTS, I) RECONCILE STOCK SPLITS, MERGERS, C ALLS, BOND MATURITIES, PURCHASED INTEREST ON BONDS, REDEMPTIONS, ETC , J) PREPARE INVOICES FOR MONTHLY RESIDENT CHARGES, COLLECT ALL REVENUE AND MAINTAIN ACCOUNTS RECEIVABLE JOURNA LS, K) REVIEW AND PAY ALL EXPENSES OF THE CORPORATION, WELTY HOME REAL ESTATE, LC, WELTY R ETIREMENT APARTMENTS, LC AND THE ASSISTED LIVING OPERATIONS OF THE WELTY HOME, LC , L) PRE PARE ALL DEPOSITS AND ISSUE CHECKS AS NEEDED, M) PREPARE AND FILE ALL REQUIRED TAX RETURNS AND OTHER REQUIRED FEDERAL AND STATE REPORTS, INC

Identifier	Return Reference	Explanation
COMPENSATION OF WILLIAM J YAEGER, JR	FORM 990, PART VII, SECTION A	LUDING PAY ROLL 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 RE AL ESTATE, LC, N) REVIEW AND PREPARE ALL MISCELLANEOUS CORRESPONDENCE, O) PREPARE PERIODIC ACCOUNTINGS, REPORTS AND ANNUAL REPORTS REQUIRED, P) MAINTAIN ACCOUNTING JOURNALS, INCLUD ING 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 PROP ERTIES, R) ONGOING AND CONTINUOUS SERVICES AS GENERAL LEGAL COUNSEL FOR ROUTINE LEGAL MATT ERS, S) HANDLE PUBLIC RELATIONS, T) PREPARATION OF MOTIONS, RESOLUTIONS, AGENDAS AND SUPPO RTING MATERIALS FOR THE BOARD OF DIRECTORS MEETINGS, U) ADVISE THE BOARD OF DIRECTORS ON T HE ESTABLISHMENT OF VARIOUS POLICIES AND PROCEDURES, V) ADMINISTRATION OF ALL OTHER CORPOR ATE 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 MEETING S 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, A A) PERIODIC CONFERENCES, AS NECESSARY , WITH FACILITY MANAGERS CONCERNING ACCOUNTING MATTER S, COMPLIANCE MATTERS, RESULTS OF OPERATIONS, OPERATIONS PLANNING, AND CAPITAL IMPROVEMENT PLANNING, BB) INVESTIGATE AND RESOLVE OPERATIONAL PROBLEMS AND FINANCIAL DISPUTES WITH VE NDORS 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 A N HOURLY BILLING ARRANGEMENT WITH PRIOR PAYMENT APPROVAL BY THE SECRETARY OF THE CORPORATI ON, AND FF) WORK WITH AUDITORS WELTY RETIREMENT APARTMENTS, LC A) PREPARE MONTHLY RESIDE NT INVOICES FOR RENT, CARPORT, FOOD SERVICES, CLEANING AND OTHER CHARGES, B) RECEIVE, DEPO SIT AND RECONCILE RESIDENT CHARGES AND PAYMENTS RECEIVED EACH MONTH AND MAINTAIN ACCOUNTS RECEIVABLE JOURNALS, C) COMPILE EXTRAORDINARY EXPENSES OF PRIESTS ON FOURTH FLOOR FOR QUAR TERLY REIMBURSEMENT BILLING TO DIOCESE, D) REVIEW, APPROVE AND PAY ALL OPERATING AND CAPIT AL EXPENSES, E) PERIODIC CONFERENCES, AS NECESSARY , WITH FACILITY MANAGERS CONCERNING ACCO UNTING MATTERS, COMPLIANCE MATTERS, RESULTS OF OPERATIONS, OPERATIONS PLANNING AND CAPITAL IMPROVEMENT PLANNING F) INVESTIGATE OPERATIONAL PROBLEMS AND FINANCIAL DISPUTES WITH VEN DORS AND RESIDENTS, G) APPROVE ADJUSTMENTS TO RENTS AND CHARGES TO RESIDENTS, H) PROCESS A LL CONTRACTS AND ACCOUNT AGREEMENTS WITH VENDORS, AND I) PERIODIC CONFERENCES WITH FINANCI AL 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 2012 WAS \$34,309 50 NO EMPLOYEE BENEFITS WER E RECEIVED TOTAL COMPENSATION TO HMHY IN 2012 FOR LEGAL SERVICES PERFORMED ON BEHALF OF T HE VARIOUS ENTITIES WAS AS FOLLOWS WELTY HOME FOR THE AGED, INC (\$0), GOOD SHEPHERD NURS ING HOME, LC (\$79,628 51), THE WELTY HOME, LC (\$0), WELTY RETIREMENT APARTMENTS, LC (\$490) , WELTY HOME REAL ESTATE (\$0), CLARA WELTY TRUST (\$155 00) AND WELTY TRUST REAL ESTATE, LC (\$0) BOARD OF DIRECTORS MATTERS WILLIAM J YAEGER, JR VOLUNTEERS, WITHOUT CHARGE, APPR OXIMATELY 40 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

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

2012

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) 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	14,028,546	12,312,950	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	1,752,670	2,518,000	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	1,932,288	2,180,024	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	2,935,281	N/A

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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 chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						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
(4) WELTRUST INC 83 EDGINGTON LANE WHEELING, WV 26003 55-0738871	TITLE HOLDING COMPANY OWNED BY CLARA WELTY TRUST - TERMINATED IN 2012	WV	501(C)(2)		N/A		No
(5) WELTRUST LC 83 EDGINGTON LANE WHEELING, WV 26003 55-6021397	TITLE HOLDING COMPANY (DISREGARDED ENTITY) OWNED BY CLARA WELTY TRUST	WV	501(C)(3)	LINE 11	N/A		No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

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

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

1 During the tax year, did the organization 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 or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

Yes

No

Yes

No

No

No

No

No

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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE CLARA WELTY TRUST	K	775,777	FMV (ARNETT & FOSTER APPRAISAL)
(2) ROMAN CATHOLIC DIOCESE OF WHEELING-CHARLESTON	K	76,801	NEGOTIATED AGREEMENT
(3) WHEELING HOSPITAL INC	M	78,180	FMV

Schedule R (Form 990) 2012

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.

[illegible]

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation
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Software ID:
Software Version:
EIN: 55-0362615
Name: WELTY HOME FOR THE AGED INC

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