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DLN: 93493244003020

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2009

Open to Public Inspection

A F	or the	2009 ca	lendar yea	r, or tax year beginning 01	01-2009 and ending	12-31-2009	•			.c		
B Ch	neck if a	pplicable	Please	C Name of organization Carpenter's Home Estates Inc	С			D Employer	aent	ification number		
☐ Ad	dress ch	nange	use IRS label or	Doing Business As				59-2347: E Telephone		ner		
∏ Na	me cha	nge	print or type. See	Doing business As				-				
┌ Ini	ıtıal retu	rn	Specific	Number and street (or P O 1	pox if mail is not delivered to	street addres	ss) Room/suite	(863) 858				
Гте	mınate	d	Instruc- tions.	1001 Carpenters Way				<b>G</b> Gross receip	ts \$ 1	./,604,203 		
┌ An	nended	return		City or town, state or country	y, and ZIP + 4							
┌ Ap	plication	n pending		Lakeland, FL 33809								
		.,	E Nar	L ne and address of principa	Lofficar				_			
				, Johnson	Tollicel		<b>H(a)</b> Is the affilia	ıs a group reti ites?	urn fo	or □Yes ▼No		
				Carpenters Way						,,		
			Lakeiai	nd,FL 33809				l affiliates incl				
T Ta	ax-exem	npt status	▼ 501(c)	) ( 3 ) ◀ (insert no )	(a)(1) or					ee instructions)		
				(13) 4 (IIISCIC III) 1 1317			H(c) Grou	ip exemption	numi	oer <b>F</b>		
J W	/ebsite	e: <b>►</b> N/A										
<b>K</b> For	m of or	ganızatıon	Corporat	tion Trust Association C	Other 🟲		<b>L</b> Year of fo	rmation 1989	M St	ate of legal domicile FL		
Pa	rt I	Sumr	•									
	•	See Sch 651 and	iedule OT dis dedica	e organization's mission o he Estates at Carpenter's ted to providing nursing ar	ıs a not-for-profit Contii nd personal services to r	nuing Care meet the s	prıtual, socıal	, emotional, p	hysi	cal and health needs		
<u>8</u>		growth,	happıness	nd the community we serve and self-esteem while val								
Governance		to the re	esident									
<u>.</u>												
Ş												
	2	Checkt	hıs box 🛏	if the organization disco	ntinued its operations or	r dısposed	of more than	25% of its ne	tass	ets		
Activities &	3	Number	of voting r	members of the governing	body (Part VI, line 1a)				3 _			
乭	4	Number	ofındeper	ndent voting members of th	ne governing body (Part '	VI, line 1b	)		4 _	7		
្ន	5	Total nu	ımber of er	nployees (Part V , line 2a)					5 _	380		
•	6	Total nu	ımber of vo	olunteers (estimate if nece	ssary)				6 _	250		
	7a	Total gr	oss unrela	ted business revenue from	ı Part VIII, column (C),	line 12 .	•		7a _	(		
	b	Net unre	elated busi	iness taxable income from	Form 990-T, line 34 .				7b	(		
							Prio	r Year		Current Year		
_	8	Contrib	outions and	d grants (Part VIII, line 11	1)			22,977		17,913		
Rayenue	9	Progra	m service	revenue (Part VIII, line 20	g)			16,834,865		16,535,199		
9.46	10	Invest	ment incor	me (Part VIII, column (A),	lines 3, 4, and 7d ) .			443,917		886,169		
ш	11		-	art VIII, column (A), lines						0		
	12			dd lines 8 through 11 (mus			•	17,301,759		17,439,281		
	13			ar amounts paid (Part IX, c				1,,501,,55		6,335		
	14			or for members (Part IX, co						0,333		
	15			ompensation, employee be			:_					
8		10)	.s, other ex	impensation, employee be	nents (rare 1x, column (	(A ), IIIIC3 3		7,604,511		7,366,191		
Expenses	16a	Profes	sional fund	lraısıng fees (Part IX, colu	mn (A), line 11e)					0		
흈	Ь	Total fur	ndraising exp	enses (Part IX, column (D), line	25) <b>▶</b> <sup>0</sup>							
ш	17	Other	expenses (	(Part IX, column (A), lines	11a-11d, 11f-24f) .			7,921,113		7,711,420		
	18	Total e	xpenses /	Add lines 13–17 (must eq	ual Part IX, column (A),	line 25)		15,525,624		15,083,946		
	19	Revenu	ue less exp	penses Subtract line 18 fr	om line 12	<u>.</u>		1,776,135		2,355,335		
<u>ያ</u>								g of Current		End of Year		
a Tage							Y	ear				
Net Assets or Fund Balances	20			rt X, line 16)				44,568,088		44,353,185		
end.	21			Part X, line 26)				43,588,477	_	41,018,239		
	22			d balances Subtract line 2	21 from line 20			979,611		3,334,946		
Pa	rt II	_	ature Bl									
				егјигу, I declare that I have exar correct, and complete Declaratю								
		l <del> </del>		·	·		1					
Sigi		<b> </b>	ature of office					09-01				
Her	е	Signa	iture of office	3r			Date					
			ory Johnson F									
		<b>F</b> Type	or print nam	e and tide		1		1				
		Preparer'		E Vickers	Date		Check If elf-	Preparer's ide		g number		
Paid		signature	· Naiiii	_ vichel3		_	mpolyed •	(See maducile	)			
•	arer's								EIN ▶			
Use	Only		nployed), and ZIP + 4	311 Park Place Blvd Suite 1	100			LIIV F				
				Clearwater, FL 33759				Phone no 🕨 (727) 531-4477				

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . . .

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The Estates at Carpenter's is a not-for-profit Continuing Care Retirement Community as defined in Florida Statute 651 and is dedicated to providing nursing and personal services to meet the spiritual, social, emotional, physical, and health needs of the residents and community we serve. We strive to promote and enhance an environment that encourages dignity, personal growth, happiness and self-esteem while valuing a sense of purpose and independence, and we do this at the lowest possible cost to the resident.

	(Expenses 4	IIICI	duning grants 0	· · · · · · · · · · · · · · · · · · ·	γ (ive veride φ	,
40	(Expenses \$	•	uding grants o	f ¢	) (Revenue \$	١
4d	Other program servi	ces (Describe in Sch	edule O )			
	living apartments provide Clinic staffed by licensed assist in the coordination and peace of mind by gu	e financial support to the o nurses to provide oversigh of outside medical service	perating activities nt of resident heal is The resident ag of services and su	of the skilled nursing facility a th concerns, communicate with preement executed at admission	t of the continuing care retirement and the assisted living facility. The E h medical providers to improve care on to the community provides resid and regardless of their ability to pa	estates operates a Wellness e and minimize waste, and to ents with a sense of security
4c	(Code	) (Expenses \$	7,808,085	including grants of \$	) (Revenue \$	12,364,851 )
	congregate care license t services provided to the coverage, permits the re residents served in the a	o allow for the provision o residents with the intent of sidents to age with dignity ssisted living facility were i	f nursing services f allowing them to and postpones th receiving lifecare t	to the residents. This specialty "age in place." This license a eir transfer to skilled nursing, penefits. Through their residen	nsed occupancy of 52 residents. The license allows the facility to expar nd staffing pattern, which includes a which has a higher cost than assist tagreement, these residents received of their assets at less than fair n	nd the number and types of 24-hour a day nursing ed living In 2009, 87% of the re a guarantee for the
4b	(Code	) (Expenses \$	1,076,977	,	) (Revenue \$	1,000,634 )
	During the course of the receive a guarantee for t addition, the Estates den	year, 53% of the residents the provision of services re- nonstrates commitment to	s served in the nu gardless of their a the service and si	rsing home were receiving life bility to pay, as long as they h	aculity and participates in the Medica care benefits. Through their resider nave not disposed of their assets at population of the local community ledicald program	nt agreement, these residents less than fair market value
4a	(Code	) (Expenses \$	4,577,153	including grants of \$	) (Revenue \$	3,565,709)
4	Section 501(c)(3) an	d 501(c)(4) organızat	ions and section		rgest program services by ex required to report the amour rvice reported	
_	If "Yes," describe the	_				
3	services?			nt changes in how it cond	ucts, any program 	Yes ▼ No
	If "Yes," describe the					
	the prior Form 990 or	990-EZ?		ervices during the year w		Yes 🔽 No

Part IV	Check	list 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? 🕏	2	Yes	
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? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	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? <i>If</i> "Yes," complete Schedule G, Part I	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? <i>If</i> "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		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
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		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		N o
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		N o
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		N o
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		N o
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		N o
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2009)

art V	Statements	Regarding	Other TR	S Filinas	and Tax	Compliance
	ota to illoito	itegai ailig	Otho: 210	g	ana ian	Compilation

			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c		
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			
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 this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
la	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		Νο
Ь	If "Yes," enter the name of the foreign country   See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).			
	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		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	file Form 8282?	7c		Νο
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	.,	Νο
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7g	Yes	
"	required?	7h	Yes	
3	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
	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			
.1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
i2a	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			

1001 Carpenters Way Lakeland, FL 33809 (863) 858-3847

**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.

Se	ection A. Governing Body and Management			
36	ction A. Governing body and Management		Yes	No
			103	140
1a	Enter the number of voting members of the governing body   1a   7			
b	Enter the number of voting members that are independent 1b 7	1		
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	3	Yes	
4	supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was		165	
_	filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			110
	evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	163	Νο
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )	130		110
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		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
_	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
10	Own website Another's website Vupon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the John Thompson	ie orga	ınızatıor	ր ┣╾
	John Thompson			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### 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. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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 the organization did n	•	ate any	curr	ent c	or fo	rmer o	ffice	r, director, trustee o	or key employee	
(A) Name and Title	(B) A verage hours	Posi	((	chec	ckal			<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Mallory Johnson President	3 00	Х		Х				0	0	0
Rev Dwight Edwards Board Member	3 00	Х						0	0	0
Lou McCraney Secretary	3 00	Х		Х				0	0	0
Dr Rıley Short Board Member	3 00	Х						0	0	0
Leo Gillman Treasurer	3 00	Х		х				0	0	0
Lynne Breidenbach Board Member	3 00	Х						0	0	0
Brian Robare Director of Operations	40 00			х				152,423	0	0
John Thompson Executive Director	40 00			х				147,656	0	0

Page	8
------	---

otal										۲	300,079	0	0

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

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

#### **Section B. Independent Contractors**

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

(A) Name and business address	<b>(B)</b> Description of services	(C) Compensation
Dooley Mack Constructors Inc 5800 Lakewood Ranch Blvd Sarasota, FL 34240	Construction Services	2,730,100
Great West Health Care 1511 N Westshore Blvd 700 Tampa, FL 33607	Health Insurance Provider	1,094,121
HMS of Lakeland Inc 1009 Carpenters Way Lakeland, FL 33809	Management Services	593,743
US Food Service Inc PO Box 281841 Atlanta, GA 30384	Food Vendor	425,778
Tidwell's Urethane Foam Service Inc 2038 Olive Street Lakeland, FL 33815	Construction Services	276,979
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►18	who received more than	

Part v		Statement of Kevenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
\$\$	1a	Federated campaigns <b>1a</b>	17,913				
ころが	Ь	Membership dues 1b					
ಕ್ಟ್	c	Fundraising events 1c					
<u>ت</u> تو	l .	-					
<u>ਰੂਜ਼</u>	d	Related organizations 1d					
発展し	e	Government grants (contributions) 1e					
율높	f	All other contributions, gifts, grants, and <b>1f</b> similar amounts not included above					
ē₹	g	Noncash contributions included in					
눌		lines 1a-1f \$					
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	▶	17,913			
			Business Code				
Ę	2a	Assisted Living Revenu	623,000	14,545,012	14,545,012		
ē.							
뽄	Ь	Medicare/Medicaid Paym	623,000	1,665,491	1,665,491		
<u> </u>	C	Beauty Shop Income	900,099	193,875			193,875
Ž	d	Resident Services	623,000	130,821			130,821
3 5	e						
Program Service Revenue	f	All other program service revenue					
Š							<b></b>
	g	Total. Add lines 2a-2f		16,535,199			<b></b>
	3	Investment income (including dividend	· · · · · · · · · · · · · · · · · · ·	465 470			465 470
		and other similar amounts)	F	165,478			165,478
	4	Income from investment of tax-exempt bond p	· · · · · · · · · · · · · · · ·				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	Ь	Less rental expenses					
	c	Rental income					
	d	or (loss)  Net rental income or (loss)					
		(i) Securities	(II) O ther				
	7a	Gross amount	885,613				
		from sales of assets other					
		than inventory					
	b	Less cost or other basis and	164,922				
		sales expenses					
	C	Gain or (loss)	720,691				
	d	Net gain or (loss)		720,691	720,691		
	8a	Gross income from fundraising					
Other Revenue		events (not including \$					
₹		of contributions reported on line 1c)					
ۿ		See Part IV, line 18					
法		a					
≛	Ь	Less direct expenses b					
0	С	Net income or (loss) from fundraising e	vents 🟲				
	9a	Gross income from gaming activities					
		See Part IV, line 19					
	١,	-					
	b   с	Less direct expenses <b>b</b> Net income or (loss) from gaming activ	ıtıes 🕨				
			ities				
	104	Gross sales of inventory, less returns and allowances .					
		a					
	ь	Less cost of goods sold <b>b</b>					
	c	Net income or (loss) from sales of inve	ntory ►				
		Miscellaneous Revenue	Business Code				
	11a						
	ь						
			+				$\vdash$
	C .	All sales and					<u> </u>
	d	All other revenue					<u> </u>
	e	Total. Add lines 11a-11d					
	12	Total revenue. See Instructions	· •				<del>                                     </del>
	12	iotal revenue. See Instructions	•	17,439,281	16,931,194	0	490,174

	990 (2009)				Page <b>10</b>
Par	IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
Do no	other organizations must complete column (A) but are not required to bot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21		'		·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	6,335	6,335		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	3,000	-,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	300,079	300,079		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	6,532,701	5,951,508	581,193	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	33,387	30,316		
9	Other employee benefits	5,393	5,393	<del>                                     </del>	
10	Payroll taxes	494,631	481,627	+	
11	Fees for services (non-employees)	+54,051	401,027	13,004	
	Management	F40.048	104 741	246 207	
a		540,948	194,741	<del>                                     </del>	
b	Legal	42,416	29,026	<del>                                     </del>	
с	Accounting	27,720		27,720	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	133,424	2,388	131,036	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	939,306	898,298	41,008	
17	Travel	38,899	16,300	22,599	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,432	3,702	15,730	
20	Interest	985,968	985,968		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,583,592	1,583,592		
23	Insurance	342,778	143,600	199,178	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	Dietary Food and Suppli	1,346,171	1,279,251	66,920	
b	Employee Insurance	870,819	858,199	12,620	
c	Charitable Care	201,023	146,969	54,054	
d	Utilities	184,948	184,948		
e	Workers Compensation Ex	74,157	73,060	1,097	
f	All other expenses	379,819	286,915	<del>                                     </del>	
25	Total functional expenses. Add lines 1 through 24f	15,083,946	13,462,215	<del>'</del> +	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	15,005,540	13,102,213	1,021,101	0
	campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			231,907	1	215,730
	2	Savings and temporary cash investments			3,962,969	2	5,889,727
	3	Pledges and grants receivable, net				3	_
	4	Accounts receivable, net			961,486	4	575,182
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$ Complete Part II of		4958(f)(1)) and			
		Schedule L				6	
ssets	7	Notes and loans receivable, net			156,971	7	270,111
8	8	Inventories for sale or use			50,688	8	46,615
⋖	9	Prepaid expenses and deferred charges			337,779	9	354,554
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	47,270,625			
	ь	Less accumulated depreciation	10b	18,785,935	25,553,259	10c	28,484,690
	11	Investments—publicly traded securities				11	
	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			13,313,029	15	8,516,576
	16	Total assets. Add lines 1 through 15 (must equal line 34)			44,568,088	16	44,353,185
	17	Accounts payable and accrued expenses .			2,736,271	17	1,678,390
	18	Grants payable				18	
	19	Deferred revenue			14,673,219	19	13,411,223
	20	Tax-exempt bond liabilities			25,055,000	20	24,855,000
<u>.</u>	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			1,123,987	25	1,073,626
	26	Total liabilities. Add lines 17 through 25			43,588,477	26	41,018,239
ķ		Organizations that follow SFAS 117, check here $\blacktriangleright$ $\overline{\checkmark}$ and comp	lete li	ines 27			
Fund Balance	l	through 29, and lines 33 and 34.			270.044		
<u> </u>	27	Unrestricted net assets			979,611		3,334,946
ä	28	Temporarily restricted net assets				28	
펄	29	Permanently restricted net assets				29	
3		Organizations that do not follow SFAS 117, check here ► an	d com	plete			
٥	30	lines 30 through 34.  Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
55)	32	Retained earnings, endowment, accumulated income, or other fu				32	
	33	Total net assets or fund balances	iius		979,611	33	3,334,946
Net					· · · · · · · · · · · · · · · · · · ·		
	34	Total liabilities and net assets/fund balances			44,568,088	34	44,353,185

# Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

# OMB No 1545-0047

## **SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

Total

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

**Public Charity Status and Public Support** 

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

Inspection

Name of the organization Carpenter's Home Estates Inc

**Employer identification number** 

59-2347336 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) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) 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 Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Other ┌ Type I **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	e ion in ted in rning	(v) Did you not organizat col (i) of suppor	ion in your	(vi) Is th organiza col (i) org in the U	e tion in janized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)

and (III) below, the governing body of the the supported organization?

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

Provide the following information about the supported organization(s)

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

Yes

11g(i)

11g(ii)

11g(iii)

No

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	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) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and <b>stop here</b>						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
<b></b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

**▶**□

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

(Complete only if you checked the box on line 9 of Part I.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	( <b>e)</b> 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	388,273	230,209	190,614	22,977	17,913	849,98
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	12,989,131	14,760,154	15,503,198	16,834,865	16,593,075	76,680,42
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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	13,377,404	14,990,363	15,693,812	16,857,842	16,610,988	77,530,40
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		7,373				7,37
С	Add lines 7a and 7b		7,373				7,37
8	<b>Public Support</b> (Subtract line 7 c from line 6)						77,523,03
Se	ction B. Total Support					L	
	ndar year (or fiscal year	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	beginning in)	13,377,404	14,990,363		16,857,842	16,610,988	77,530,40
9	A mounts from line 6 Gross income from interest,	13,377,404	14,990,363	15,693,812	10,037,842	16,610,988	77,530,40
10a	dividends, payments received on securities loans, rents, royalties and income from similar sources	272,656	391,417	442,447	443,917	886,169	2,436,60
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	272,656	391,417	442,447	443,917	886,169	2,436,60
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)						
13	Total support (Add lines 9, 10c, 11 and 12)	13,650,060	15,381,780	16,136,259	17,301,759	17,497,157	79,967,01
14	First Five Years If the Form 990 is check this box and stop here	for the organization	on's first, second	, thırd, fourth, or f	fifth tax year as a	501(c)(3) organ	ization, ▶┌
Se	ction C. Computation of Pub						
15	Public Support Percentage for 2009	9 (line 8 column (1	f) divided by line	13 column (f))		15	96 940 %
16	Public support percentage from 200	08 Schedule A, Pa	art III, line 15			16	97 680 %
	ction D. Computation of Inv	estment Inco	me Percenta	ne			
17	Investment income percentage for				(f))	17	3 050 %
18	Investment income percentage from	m <b>2008</b> Schedule A	A, Part III, line 1	7		18	2 310 %
4.0	77. (17.)						

19a 33 1/3% support tests—2009. 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—2008. 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

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

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 59-2347336

Name: Carpenter's Home Estates Inc

# Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Dietary Food and Suppli	1,346,171	1,279,251	66,920	
Employee Insurance	870,819	858,199	12,620	
Charitable Care	201,023	146,969	54,054	
Utilities	184,948	184,948		
Workers Compensation Ex	74,157	73,060	1,097	

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DLN: 93493244003020

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Open to Public

THAT THE VEHICLE SELVICE F ALLACII (	o Form 990. F See separate instructions.			Inspect	
lame of the organization arpenter's Home Estates Inc		Empl	oyer identifica	tion numbe	r
arpenter a nome estates the		59-2	347336		
	Advised Funds or Other Similar	Funds	or Accounts	. Complet	e if the
organization answered "Yes" to Form	1 990, Part IV, line 6. (a) Donor advised funds		<b>b)</b> Funds and o	thoraccour	ıtc.
Total number at end of year	(a) Donor advised funds	<b>—</b> (	) i ulius aliu o	ther accoun	11.5
Aggregate contributions to (during year)					
Aggregate contributions to (during year)  Aggregate grants from (during year)					
Aggregate value at end of year					
Did the organization inform all donors and donor	dweets in writing that the access held in d	operadyu			
funds are the organization's property, subject to	<u> </u>	Ollor auvis	seu	☐ Yes	Г№
Did the organization inform all grantees, donors,	and donor advisors in writing that grant fund	ds may be	<u>.</u>		
used only for charitable purposes and not for the	benefit of the donor or donor advisor, or for	any other	purpose	☐ Yes	┌ No
conferring impermissible private benefit  Tribut Conservation Easements. Comple	ete if the organization answered "Yes"	' to Form	OOO Dart IV	<u> </u>	1 110
		to roili	1 990, Pait IV	7, IIIIe 7.	
Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recr	_	an histori	cally important	lv land area	ı
Protection of natural habitat	Preservation of			•	
Preservation of open space					
Complete lines 2a-2d if the organization held a c	ualified conservation contribution in the fo	rm of a co	nservation		
easement on the last day of the tax year	•				
			Held at the	End of the	Year
Total number of conservation easements		2a			
Total acreage restricted by conservation easeme		2b			
Number of conservation easements on a certified	, ,	2c			
Number of conservation easements included in (	c) acquired after 8/17/06	2d			
Number of conservation easements modified, tra	nsferred, released, extinguished, or termina	ated by th	e organization	during	
the taxable year ▶					
Number of states where property subject to cons	ervation easement is located ►				
Does the organization have a written policy regai	ding the periodic monitoring, inspection, ha	andling of	violations, and		_
enforcement of the conservation easements it ho	lds?			Yes	No
Staff and volunteer hours devoted to monitoring,	inspecting and enforcing conservation ease	ements du	ırıng the year 🖡	<u>-</u>	
A mount of expenses incurred in monitoring, insp	acting and enforcing conservation easemal	nte durina	the vear 🌬 ¢		
Does each conservation easement reported on li			the year F 5 _		
170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?	me 2(u) above satisfy the requirements of s	ection		☐ Yes	┌ No
In Part XIV, describe how the organization repor	ts conservation easements in its revenue a	nd expens	se statement, a	and	
balance sheet, and include, if applicable, the text		ıal statem	ents that desc	rıbes	
the organization's accounting for conservation earns and the conservation of the conse	isements ctions of Art, Historical Treasures	or Oth	er Similar	Assets	
	ed "Yes" to Form 990, Part IV, line 8.	, 01 01.		ASSCES!	
If the organization elected, as permitted under S					
art, historical treasures, or other similar assets l provide, in Part XIV, the text of the footnote to it			therance of pu	blic service	,
If the organization elected, as permitted under S			nce sheet work	ks of art.	
historical treasures, or other similar assets held	for public exhibition, education, or research			•	
provide the following amounts relating to these it	ems				
(i) Revenues included in Form 990, Part VIII, lii	ne 1		<b>►</b> \$		
(ii) Assets included in Form 990, Part X			<b>►</b> \$		
If the organization received or held works of art,		for financ			
following amounts required to be reported under s	SFAS 116 relating to these items				
Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		

**b** Assets included in Form 990, Part X

ing the organization's accession and other ms (check all that apply) Public exhibition	records, check an	y of th	ne foll	owing	that a	re a signific	ant u	se of its coll	ection		
Public exhibition											
		d	Γ	Loan	orexo	hange prog	rams				
Scholarly research		e	Γ	O the	r						
Preservation for future generations											
ovide a description of the organization's co rt XIV	llections and expla	ın hov	w the	y furth	er the	organızatıor	ı's ex	cempt purpos	e in		
· ,			,					nılar	Γ,	Yes	Г No
						n answere	d "Y	es" to Forn	າ 990	,	
the organization an agent, trustee, custod luded on Form 990, Part X?	ıan or other ınterme	diary	for c	ontrib	utions	or other ass	ets	not	Γ,	Yes	┌ No
'Yes," explain the arrangement in Part XIV	and complete the	follow	/ıng ta	able		Г			<b>A</b>		
						-			A mou	nt	
						-					
						}					
						}					
•						L	TI				
		e 21?							1,	Yes	No
		:-		- A 1114		Far: 200	D.c	-L T\/ 1 ⁴			
<b>Endowment Funds.</b> Complete i										Four Ye	ears Back
ginning of year balance	(a)curient rear	(5	<i>)</i> 1 1101	rear	(6)1	WO TCGTS BACK	(4)	THICE TEATS DAY	- (C)	ii oui i i	Jais Back
•											
-											
ther expenditures for facilities											
iministrative expenses											
nd of year balance											
ovide the estimated percentage of the year	r end balance held a	as							•		
ard designated or quasi-endowment ▶	%										
rmanent endowment ► %											
rm endowment • %											
	ssion of the organiz	ation	thata	are hel	ld and	admınıstere	d for	the			
ganization by										Yes	No
unrelated organizations					•		•	_			<u> </u>
<del>-</del>			•				•	🖺			<del>                                     </del>
	·				•		•		3D		<u> </u>
					990 p	Part Y line	10				
	, and Equipme							(c) Accumula	ted T		
Description of investment										( <b>d</b> ) Bo	ok value
d						1,749	,199				1,749,199
dıngs								16,049	,487		4,991,884
sehold improvements									_		1,743,607
ipment						<u> </u>		,			
er											0
dd Iines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, colur	nn (B)	), line	10(c).	)				$\neg$	2	8,484,690
	rt XIV  Iring the year, did the organization solicit of sets to be sold to raise funds rather than the part IV, line 9, or reported an anothe organization an agent, trustee, custod cluded on Form 990, Part X?  "Yes," explain the arrangement in Part XIV ending balance diditions during the year stributions during the year stributions during the arrangement in Part XIV  Endowment Funds. Complete in the arrangement in Part XIV  Endowment Funds. Complete in the arrangement in Part XIV  In the organization include an amount on Formatic Section of Section 1. The section 1.	rit XIV  Iring the year, did the organization solicit or receive donations sets to be sold to raise funds rather than to be maintained as   Y Escrow and Custodial Arrangements. Complete Part IV, line 9, or reported an amount on Form 99 the organization an agent, trustee, custodian or other intermedided on Form 990, Part X?  "Yes," explain the arrangement in Part XIV and complete the end organization include an amount on Form 990, Part X, line arrangement in Part XIV  Findowment Funds. Complete if the organization entributions of the organization entributions of the organization entributions of the organization entributions of the expenditures for facilities different parts and designated or quasi-endowment   were endowment which we was a find designated or quasi-endowment which we have a find of year balance over the endowment funds not in the possession of the organization by currelated organizations of the organization is entered organizations of the organization by currelated organizations of the organization is entered organizations.  Description of investment   d	rt XIV  Iring the year, did the organization solicit or receive donations of ar sets to be sold to raise funds rather than to be maintained as part of the sets to be sold to raise funds rather than to be maintained as part of the part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X?  "Yes," explain the arrangement in Part XIV and complete the following in ginning balance additions during the year stributions during the year stributions during the year adding balance at the organization include an amount on Form 990, Part X, line 21?  "Yes," explain the arrangement in Part XIV  I Endowment Funds. Complete if the organization and ginning of year balance (a) Current Year (b)  I ginning of year balance (a) Current Year (b)  I ginning of year balance (b)  I ginning the year or the part of the organization and the organization and the organization and the organization of the organization of the organization by the part of the year end balance held as and designated or quasi-endowment \( \mathbb{\text{\text{\text{\text{ineq}}}} \) %  I we there endowment \( \text{\	rt XIV  ring the year, did the organization solicit or receive donations of art, his sets to be sold to raise funds rather than to be maintained as part of the   VEScrow and Custodial Arrangements. Complete if the  Part IV, line 9, or reported an amount on Form 990, Part X  the organization an agent, trustee, custodian or other intermediary for colluded on Form 990, Part X?  "Yes," explain the arrangement in Part XIV and complete the following to segmining balance  diditions during the year  stributions during the year  stributions during the arrangement in Part XIV  Findowment Funds. Complete if the organization answered  diditions during the arrangement in Part XIV  Findowment Funds. Complete if the organization answered  diditions during the year  stributions during the year  diding balance  diditions during the year  stributions during the year  stributions during the year  stributions during the year  diding balance  diditions during the year  stributions during the year  stributions during the year  stributions during the year  (a)Current Year (b)Prior  displaying the properties of the year end balance held as  ard designated or quasi-endowment  which we have been designated or quasi-endowment  which we have been designated or quasi-endowment  which we have been designated or ganization  displaying the properties of the organization that a  ganization by  unrelated organizations   "Yes" to 3a(ii), are the related organizations listed as required on Schedus  scribe in Part XIV the intended uses of the organization's endowment furses  Tender stributions   describe in Part XIV the intended uses of the organization's endowment furses  Tender stributions   describe in Part XIV the intended uses of the organization's endowment furses  Tender stributions   describe in Part XIV the intended uses of the organization's endowment furses  to describe the properties of the properties of the  ganization   describe in Part XIV the intended uses of the organization's endowment furses  to describe the properties of the  g	rt XIV  ring the year, did the organization solicit or receive donations of art, historica sets to be sold to raise funds rather than to be maintained as part of the organ Part IV, line 9, or reported an amount on Form 990, Part X, line the organization an agent, trustee, custodian or other intermediary for contribilitied on Form 990, Part X?  "Yes," explain the arrangement in Part XIV and complete the following table aginning balance did thous during the year stributions during the year stributions during the year stributions during the arrangement in Part XIV    Endowment Funds. Complete if the organization answered "Yes," explain the arrangement in Part XIV    Endowment Funds. Complete if the organization answered "Yes," explain the arrangement in Part XIV    Endowment Funds. Complete if the organization answered "Yes," explain the arrangement in Part XIV    Endowment Funds. Complete if the organization answered "Yes," explain the arrangement in Part XIV    Endowment Funds. Complete if the organization answered "Yes," explain the arrangement in Part XIV    Endowment Funds. Complete if the organization answered "Yes," explain the arrangement in Part XIV    Endowment Funds. Complete if the organization answered "Yes," explain the arrangement in Part XIV    Endowment Funds. Complete if the organization answered "Yes," explain the arrangement in Part XIV    Endowment Funds. Complete if the organization that are helpanization by unrelated organizations   Peace   P	rt XIV  ring the year, did the organization solicit or receive donations of art, historical treases to be sold to raise funds rather than to be maintained as part of the organization.  Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  the organization an agent, trustee, custodian or other intermediary for contributions lided on Form 990, Part X?  "Yes," explain the arrangement in Part XIV and complete the following table equinning balance diditions during the year stributions during the year stributions during the year stributions during the arrangement in Part XIV    Endowment Funds. Complete if the organization answered "Yes" to reginning of year balance (a)Current Year (b)Phor Year (c)T (ginning of year balance (c)T (d)Current Year (d)Phor Year (d)Current Year (d)Phor Year (d)Current Year (d)Phor Year (d)Current	rt XIV  ring the year, did the organization solicit or receive donations of art, historical treasures or othe sets to be sold to raise funds rather than to be maintained as part of the organization's collection.  Escrow and Custodial Arrangements. Complete if the organization answere Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  The organization an agent, trustee, custodian or other intermediary for contributions or other assolided on Form 990, Part X?  Yes," explain the arrangement in Part XIV and complete the following table arrangement in Part XIV and complete the following table arrangement in Part XIV  Interpretation include an amount on Form 990, Part X, line 21?  Yes," explain the arrangement in Part XIV  Interpretation include an amount on Form 990, Part X, line 21?  Yes," explain the arrangement in Part XIV  Interpretation include an amount on Form 990, Part X, line 21?  Yes," explain the arrangement in Part XIV  Interpretation include an amount on Form 990, Part X, line 21?  Yes," explain the arrangement in Part XIV  Interpretation of the Part XIV  Interpretation of the Part XIV Yes are stated as a sequence of the part XIV Yes are stated organizations.  Yes there expenditures for facilities and designated or quasi-endowment   % remainent endowment   % remained organizations  Yes 'to South or the possession of the organization that are held and administere painization by unrelated organizations  Yes 'to South or the past XIV Yes intended uses of the organization's endowment funds  Investments—Land, Buildings, and Equipment. See Form 990, Part X, line   Description of investment  defines   (a) Cost or other basis (investment) (b) Cost or other basis (investment) (b) Cost or other basis (investment) (b) Cost or other basis (other the past XIV Yes) (a) (a) Cost or other basis (investment) (b) Cost or other basis (other XIV) (a) (a) (a) Cost or other basis (other XIV) (a) (a) (b) (b) (c)	rr XIV	rt XIV ring the year, did the organization solicit or receive donations of art, historical treasures or other similar sets to be sold to raise funds rather than to be maintained as part of the organization's collection?  VESCROW and Custodial Arrangements. Complete if the organization answered "Yes" to Forn Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  The organization an agent, trustee, custodian or other intermediary for contributions or other assets not relided on Form 990, Part X?  Yes, "explain the arrangement in Part XIV and complete the following table stributions during the year  did didtions during the year  did plance  did the organization include an amount on Form 990, Part X, line 21?  Yes," explain the arrangement in Part XIV  Findowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 1  (a) Cument Year (b) Pinor Year (c) Iwo Years back (d) three Years back  difficultions  vestment earnings or losses  and sor scholarships  there expenditures for facilities  did programs  there expenditures for facilities  did programs  there expenditures for facilities  did programs  there endowment Funds not in the possession of the organization that are held and administered for the parametent endowment  We mendowment Funds not in the possession of the organization that are held and administered for the parametent organizations  Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Sorrhee in Part XIV the intended uses of the organization's endowment funds  Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment  did	ring the year, did the organization solicit or receive donations of art, historical treasures or other similar sets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990. Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  The organization an agent, trustee, custodian or other intermediary for contributions or other assets not cluded on Form 990, Part X?  The organization an agent, trustee, custodian or other intermediary for contributions or other assets not cluded on Form 990, Part X?  The organization an agent, trustee, custodian or other intermediary for contributions or other assets not cluded on Form 990, Part X?  The organization include an amount on Form 990, Part X, line 21?  The organization include an amount on Form 990, Part X, line 21?  The organization include an amount on Form 990, Part X, line 21?  The organization include an amount on Form 990, Part X, line 21?  The organization include an amount on Form 990, Part X, line 21?  The organization include an amount on Form 990, Part X, line 21?  The organization include an amount on Form 990, Part X, line 21.  The organization include an amount on Form 990, Part X, line 21.  The organization include an amount on Form 990, Part X, line 10.  The organization include an amount on Form 990, Part X, line 10.  The organization include an amount on Form 990, Part X, line 10.  The organization include an amount on Form 990, Part X, line 10.  The organization include an amount on Form 990, Part X, line 10.  The organization include an amount on Form 990, Part X, line 10.  The organization include an amount on Form 990, Part X, line 10.  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Part VII Investments—Other Securities. See  (a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
	+	
	+	
	+	
	+	
	•	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line 13	
(a) Description of investment type	(b) Book value	(c) Method of valuation
	+	Cost or end-of-year market value
	†	
	+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, II	ne 15.	
(a) Descri	ption	(b) Book value
Deferred Financing Costs		684,60
Investments Whose Use Is Limited		7,750,86
Utility Deposits		81,11
Total. (Column (b) should equal Form 990, Part X, col.(B) line		<b> </b>
Part X Other Liabilities. See Form 990, Part 3		▶ 8,516,57
		<b> </b>
Part X Other Liabilities. See Form 990, Part 3  1 (a) Description of Liability	X, line 25.	<b>▶</b> 8,516,57
Part X Other Liabilities. See Form 990, Part 2  1 (a) Description of Liability  Federal Income Taxes	X, line 25. (b) A mount	▶ 8,516,57
Part X Other Liabilities. See Form 990, Part 2  1 (a) Description of Liability  Federal Income Taxes  Entrance Fee Deposits	X, line 25. (b) A mount 290,219	<b> </b>
Part X Other Liabilities. See Form 990, Part 2  1 (a) Description of Liability  Federal Income Taxes	X, line 25. (b) A mount	<b>▶</b> 8,516,57
Part X Other Liabilities. See Form 990, Part 2  1 (a) Description of Liability  Federal Income Taxes  Entrance Fee Deposits	X, line 25. (b) A mount 290,219	▶ 8,516,57
Part X Other Liabilities. See Form 990, Part 2  1 (a) Description of Liability  Federal Income Taxes  Entrance Fee Deposits	X, line 25. (b) A mount 290,219	<b>.</b> 8,516,57
Part X Other Liabilities. See Form 990, Part 2  1 (a) Description of Liability  Federal Income Taxes  Entrance Fee Deposits	X, line 25. (b) A mount 290,219	<b>▶</b> 8,516,57
Part X Other Liabilities. See Form 990, Part 2  1 (a) Description of Liability  Federal Income Taxes  Entrance Fee Deposits	X, line 25. (b) A mount 290,219	► 8,516,57
Part X Other Liabilities. See Form 990, Part 2  1 (a) Description of Liability  Federal Income Taxes  Entrance Fee Deposits	X, line 25. (b) A mount 290,219	<b>.</b> 8,516,57
Part X Other Liabilities. See Form 990, Part 2  1 (a) Description of Liability  Federal Income Taxes  Entrance Fee Deposits	X, line 25. (b) A mount 290,219	► 8,516,57
Part X Other Liabilities. See Form 990, Part 2  1 (a) Description of Liability  Federal Income Taxes  Entrance Fee Deposits	X, line 25. (b) A mount 290,219	8,516,57
Part X Other Liabilities. See Form 990, Part 2  1 (a) Description of Liability  Federal Income Taxes  Entrance Fee Deposits	X, line 25. (b) A mount 290,219	► 8,516,57
Part X Other Liabilities. See Form 990, Part 2  1 (a) Description of Liability  Federal Income Taxes  Entrance Fee Deposits	X, line 25. (b) A mount 290,219	
Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability  Federal Income Taxes  Entrance Fee Deposits	X, line 25. (b) A mount 290,219	
Part X Other Liabilities. See Form 990, Part 2  1 (a) Description of Liability  Federal Income Taxes  Entrance Fee Deposits	X, line 25. (b) A mount 290,219	8,516,57
Part X Other Liabilities. See Form 990, Part 2  1 (a) Description of Liability  Federal Income Taxes  Entrance Fee Deposits	X, line 25. (b) A mount 290,219	
Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability  Federal Income Taxes  Entrance Fee Deposits  Refundable Entrance Fees	X, line 25. (b) A mount 290,219	
Part X Other Liabilities. See Form 990, Part 2  1 (a) Description of Liability  Federal Income Taxes  Entrance Fee Deposits	X, line 25. (b) A mount 290,219	8,516,57

Par	XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	17,439,281
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,083,946
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,355,335
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,355,335
Pari	XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	
1	Total revenue, gains, and other support per audited financial statements	1	16,742,881
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	16,742,881
1	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b 696,400		
c	Add lines 4a and 4b	4c	696,400
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	17,439,281
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	15,083,946
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	15,083,946
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	15,083,946
	XIV Supplemental Information		

Ident if ier	Return Reference	Explanation
Part XII, Line 4b - Other Adjustments		Gain on disposal of Land 720691 Gain on extinguishment of long-term debt 8860 Unrealized losses -33248 Other Misc Adjustments 97

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Schedule I (Form 990)

**Grants and Other Assistance to Organizations, Governments and Individuals in the United States** 

Open to Public

DLN: 93493244003020 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

**Inspection** Employer identification number

Name of the organization						Employer identifica	ation number
Carpenter's Home Estates Inc						59-2347336	
Part I General Infor	mation on Gran	ts and Assistance				•	
the selection criteria use	ed to award the gran	ibstantiate the amount of t is or assistance? dures for monitoring the us			,	,	ि Yes
Form 990, Part	IV, line 21 for an	to Governments and recipient that receive 990) if additional space	d more than \$5,000	. Check this box if no	o one recipient receiv	ved more than \$5,00	00. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	,	(h) Purpose of grant or assistance

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	( <b>d)</b> A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Employee Emergency Assistance	17	6,335		A mounts paid directly to creditors and other vendors on behalf of emploees	
See Additional Data Table					
·					

Part IV Suppleme	ental Information. Complete t	his part to provide the information required in Part 1, line 2, and any other additional information.
Ident if ier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493244003020

OMB No 1545-0047

**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.

Open to Public Inspection

Name of the organization Carpenter's Home Estates Inc

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

**Employer identification number** 

59-2347336

Pa	rt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b		
2	Did the organization require substantiation prior to r					
	officers, directors, trustees, and the CEO/Executive	Directo	or, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all the					
	Compensation committee		Written employment contract			
	▼ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		Νo
ь	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νο
С	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines $4a-c$ , list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	lıne 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νο
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	lıne 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of			7		Νo
8	Were any amounts reported in Form 990, Part VII, p					
	subject to the initial contract exception described in in Part III	n Regs s	section 53 4958-4(a)(3)? If "Yes," describe			
	III Pail III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	e rebutta	able presumption procedure described in Regulations	9		

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of  (i) Base compensation	reakdown of W-2 and/or 1099-MISC compenses  (ii) Bonus & (iii) Other reportable compensation compensation		(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported in prior Form 990 or Form 990-EZ
Brian Robare	(I) (II)	136,344 0	16,079 0		0	0	152,423 0	0

## Part III Supplemental Information

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

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule K

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

(Form 990)

Department of the Treasury

DLN: 93493244003020

OMB No 1545-0047

Schedule K (Form 990) 2009

# Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a, Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number Carpenter's Home Estates Inc 59-2347336 **Bond Issues** (h) O n (g) Defeased Behalf of (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer No Yes No City of Lakeland Rev and Ref Bonds 2008 59-6000354 05-01-2008 26,555,000 See below, Sched O Х Х Part II **Proceeds** Α В C D Ε Total proceeds of issue 24,855,000 Gross proceeds in reserve funds 2 7,524,573 Proceeds in refunding or defeasance escrows 3 13.660.414 Other unspent proceeds Issuance costs from proceeds 762,333 Working capital expenditures from proceeds 985,968 Capital expenditures from proceeds 10,441,549 Year of substantial completion Yes No Yes Yes Yes No Yes No Were the bonds issued as part of a current refunding issue? Х 9 Were the bonds issued as part of an advance refunding issue? Χ 10 Has the final allocation of proceeds been made? Х 11 Does the organization maintain adequate books and records to support 12 Х the final allocation of proceeds? Part III **Private Business Use** В С Ε Α D Yes No Yes No No Yes No No Yes Yes Was the organization a partner in a partnership, or a member of an LLC, 1 Х which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property Х which may result in private business use?

Cat No 50193E

Part	Private Business Use (Continued)										
		Yes	A No	B Yes	No	Yes	C No	Yes	D No	E Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	. 63	X	. 03	110	. 63	110	163	110	103	110
3b	Are there any research agreements with respect to the financed property which may result in private business use?		×								
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 050 %								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %								
6	Total of lines 4 and 5		0 050 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х									
Par	IV Arbitrage			В		С				E	
	Yes	a No	Yes	В No	Yes		No	D Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to		, 55					, 55			
	the bond issue?	X									
2	Is the bond issue a variable rate issue?	X									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and										
	records?	Х									
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?	X									
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	Х									
5	Were any gross proceeds invested beyond an available temporary period?	Х									
6	Did the bond issue qualify for an exception to rebate?	Х									
									Schodulo	K (Form 990) 2	000

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DLN: 93493244003020

OMB No 1545-0047

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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 lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

	t <b>he organizat ion</b> 's Home Estates Inc				Emplo	yer identificati	on number	
Part I	Excess Benefit Trans Complete if the organization				organızatı		e 40b	
1	(a) Name of disqua			Description o			(c) Correct Yes No	
<b>2</b> Ente	er the amount of tax Imposed	on the organization mana	igers or disqualified	persons durir	ng the year	under		
	tion 4958 er the amount of tax, if any, o	n line 2, above, reimburse	· · · · · · · · · · · · · · · · · · ·	 on	 	► \$ ► \$		
Part II		om Interested Pers			000 57 5			
		ion answered "Yes" on Fo ( <b>b)</b> Loan to	rm 990, Part IV, lin			(f)		
(a) Name	e of interested person and	or from the (c)O rigi rganization? principal ar	(d)Kalanca	<b>(e)</b> I i due defaul	t? by	pproved board or mmittee?	<b>(g)</b> Written agreement?	
		To From		Yes	No Y	es No	Yes No	
Total .	<u> </u>		<b>&gt;</b> \$					
Part III	Grants or Assistanc Complete if the organi			ırt IV, lıne 2	7.			
(;	a) Name of interested person	<b>(b)</b> Relationshi	p between intereste I the organization			t of grant or typ	e of assistance	<u>.                                    </u>
		4	, the organization					
Part IV	Business Transaction Complete if the organi			irt IV, line 2	8a, 28b, o	r 28c.		
		( <b>b</b> ) Relationship	)		, ,		(e) Sharing organizatio	
(a)	Name of interested person	between intereste person and the organization	ed <b>(c)</b> A moun transacti	(a	<b>)</b> Description	on of transaction	n revenues	?
HMS of La	akeland Inc	organization Management Compa	any 5	serv Is o	rational ma	nagement organization It by the	<b>Yes N</b> o No	D

Director, Health Care Administrator and Director of

Operations

# OMB No 1545-0047

2009

Open to Public Inspection

# **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

**Supplemental Information to Form 990** 

Name of the organization Carpenter's Home Estates Inc Employer identification number

59-2347336

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		John Thompson is the Executive Director and Matt Thompson is the Health Center Administrator. They have a direct family relationship as father and son. In addition, they are both part owners of the Management Company, HMS of Lakeland.
Form 990, Part VI, Section A, line 3		The organization delegates control over management duties that are customarily performed by or under the direct supervision of officers, directors, trustees or key employees to HMS of Lakeland, Inc. The organization's Executive Director, Director of Operations and Administrator are three of the four owners of HMS. The Board of Directors believes that the management fee is reasonable based on the duties that are performed by the management company. The Board of Directors also believes that the management fee does not result in private inurement or an excess benefit transaction.
Form 990, Part VI, Section B, Iine 11		The return is sent to the entire Board via email, comments are taken into consideration and the return is modified as necessary. A copy of the final return is provided to all of the voting members of organization's Board before it is filed with the IRS.
Form 990, Part VI, Section B, Iine 12c		The conflict of interest policy is reviewed with the Board of Directors and key employees on an annual basis. At this time, individuals are requested to declare areas of potential conflict. If any potential conflicts are identified, the Board approved policy is followed.
Form 990, Part VI, Section B, Iine 15a		The compensation of the Executive Director is reviewed and approved by the Executive & Finance Committees of the Board of Directors, which are made up of independent persons. The compensation is set based upon comparable data available from other similar organizations and online resources, such as Guidestar. The organization has contemporaneous documentation of the deliberation and decision to pay the compensation.
Form 990, Part VI, Section C, Iine 19		The unaudited monthly financial statements are provided to our Board of Directors, the President of the resident association (CHERA), and the resident representative to our Board of Directors. The unaudited quarterly and annual financial statements are provided to all existing residents of the community, posted quarterly on Municipal Securities Rulemaking Board (MSRB) wiebsite, and posted on the Florida Office of Insurance Regulation wiebsite. The audited annual financial statements are filed with the MSRB and the Florida Department of Insurance. A copy of the audited annual financial statements is provided to each Board member, the resident representative to the Board and the President of the CHERA. In addition, a summary of the annual financial statements is posted on our bulletin board and a copy is available in the business for inspection by the general public upon request. The governing documents and conflict of interest policy are available to the general public at our business location upon request.
Form 990, Part XI, Line 2C		The Board of Directors is responsible for the selection, monitoring and evaluation of an independent audit firm and oversight of the audit of its financial statments. There was no change in this process from the prior year
Schedule K Supplental Information		The proceeds from the Series 2008 Bonds were used to finance certain expansions to the facilities on Carpenter's Home Estate's campus, advance refund the Series 1998 Bonds, and pay certain expenses related to the financing of the Series 2008 Bonds

Identifier	Return Reference	Explanation
		Schedule K, Supplemental Information The purpose of the bonds is to fund the expansion of the facilities, advance refunding of the 1998 bond issue and payment of other capital expenditures

Schedule O - Additional Information Social Accountability Statement See attached Social Accountability Statement
For Paperwork Reduction Act Notice, see the Instructions for Form 990 Cat No 51056K

Schedule O (Form 990) 2009

# Carpenter's Home Estates, Inc. Social Accountability Program For the Year Ended December 31, 2009

Carpenter's Home Estates, Inc (the "Estates") demonstrates commitment to the mission of the organization and the local community through our Social Accountability efforts. The Commitment to Caring program allocates the commitment of time, expense and capital to making a difference in the lives of our residents, staff, families and community that we have the privilege to serve

The Commitment to Caring program at the Estates is structured on three pillars of service Our commitment to residents, staff, and community are keys to making the Estates a great place to live and work and a community partner committed to service. This program provides opportunities for residents and staff members to give back to the community while meeting and enhancing the mission of the organization. The Social Accountability Program provides assistance to organizations in the local community through financial support and by offering the talent and services of our talented employees and residents. The goal of the program is simple to make a difference to our 275 employees and approximately 500 residents and to be good neighbors with our local community.

The organizational commitment to staff is demonstrated by the establishment of the Carpenters Cares program, which provides financial support to employees facing a financial, health or other personal crisis that severely impacts their ability to maintain their day to day activities and responsibilities. This program has provided assistance with unexpected medical bills, groceries, rent and mortgage payments and electric bills. In one case, a plane ticket was purchased for a staff member to attend his mother's funeral out of the country.

This pillar of service is also reflected by the efforts of our Resident's Association This resident volunteer group provides services for the welfare of the residents of the Estates and collects and sorts through clothing donations throughout the year These donations are used to fund a scholarship program for employees of the Estates and donated to local charities to provide assistance in the local community

The annual school supply drive and canned food drive for employees and community organizations are examples of the spirit of sharing and caring that is such a part of the Estates Residents, employees and the Estates provide donations of money and new school supplies to ensure that children are properly equipped to begin a new school year. The supplies are given to line staff with school age children to provide the tools they need for a successful school year. The food drive assisted over 40 employees with food to assist them with their holiday meal preparations and provide canned goods and non-perishable food to local food banks.

The spirit of giving has been embraced by the Estates' employees through their participation in a Secret Santa program for health center residents. The employees purchase gifts to be shared with the residents at the Christmas party, making sure that every resident has a gift to open

The Estates has long been a sponsor and contributor to the Alzheimer's Association because this disease touches so many people in our community As part of a philosophy centered on wellness, the Estates residents and employees participate in the Alzheimer's Walk and the community provides a financial contribution to show support and raise money for this important cause Our support continued by hosting a Dementia Care Summit for caregivers and on-site support groups provide education and guidance that allows families and caregivers to deal with this tragic disease

A sample of the organization's support local community efforts include

- Donation of chairs and tables to the Florida Baptist's Children's Homes, an organization committed to ministering to young people who are the victim of abuse
- Educational presentations to the Nightingales of Cypress Lakes, a group of retired nurses at a local active adult community
- Financial support of the annual Family Caregiver Summit hosted by the Polk County Family Caregivers, a local community nonprofit dedicated to providing support to caregivers with a loved one who suffers from a long-term chronic or terminal illness
- The donation of grocery items to Victory is Yours and Volunteers in Service to the Elderly
- Employee and resident participation in Paint Your Heart Out Lakeland, including the purchase of supplies to make necessary repairs and landscaping improvements to the property
- The donation of "goodie" bags to the Polk Senior Games for the annual informational health expo
- A monetary donation to Florida Southern College for a newly planned garden on the college campus to honor veterans
- The donation of dining room chairs to Goodwill Industries-Suncoast and Lakeland Presbyterian Apartments
- Financial support to A Woman's Choice, an organization dedicated to providing support and care to pregnant women
- Delivery of pancake breakfasts and Thanksgiving meals to homebound seniors served by Volunteers in Service to the Elderly
- Financial support of Polk Works, which is the local organization committed to sustaining a quality workforce for today and the future
- The donation of a laptop computer to the Alzheimer's Association for use within Polk County
- Financial support of the Polk Senior Games and hosting the chess tournament
- The donation of clothing to Helping Hands of Polk County
- Monthly on-site participation with blood drives by Florida Blood Services and Blood Net
- Providing our community bus and driver to transport residents of Lakeview Place, a low-income housing development, to their annual picnic and to transport caregiver to the Alzheimer's Association's Hispanic Caregiver Day
- Providing "bell ringers" for the Salvation Army during the holiday season
- Collection of new, unwrapped toys and a monetary donation to the Cops for Christmas program hosted by the Lakeland Police Department to benefit children in foster care
- Providing space for a polling place for the City of Lakeland and Polk County Supervisor of Elections

- Providing a massage therapist for the teachers of McKeel Academy of Technology during Teacher Appreciation Week
- Inviting children from the Florida Baptist's Children's Home to semi-annual employee picnics
- Financial support and employee and resident participation in the Making Strides Against Breast Cancer Walk

Volunteer Days were started to encourage volunteerism by our employees and to provide support for local not-for-profit organizations Employees were permitted to exchange a day at work for a day of volunteerism at a local charity Employees assisted at the Salvation Army, Volunteers in Service to the Elderly, Florida Baptist's Children's Home, Habitat for Humanity, and the SPCA The success of this new effort in community services has resulted in the expansion day of volunteerism and an expanded number of charities benefitting from the time and efforts of staff

As residents of Central Florida, Estates' residents and employees are keenly aware of the needs that arise after a hurricane strikes. As such, transfer agreements with licensed nursing homes and assisted living facilities provide the peace of mind for these facilities should a disaster strike. To prepare for such an occurrence, the Estates installed an emergency generator that will supply enough power to run our entire health center, kitchen and laundry. This investment in the safety and care of our residents allows us to meet our mission while meeting the individualized needs of the residents we serve.

As a member of the business community, the Estates actively participates in the Chamber of Commerce and other functions in the City of Lakeland The Estates was a proud sponsor this year of a Business and Breakfast, which brings timely education to local business leaders to provide the support and expertise necessary to succeed In addition, a student from the University of South Florida Gerontology program was welcomed into our nursing home internship program This student spent over 650 hours interacting with staff and learning the rules and regulations needed to operate a nursing facility Staff shared their knowledge and expertise with the intern and gave their time to this important task

The Estates' residents and employees participated in a Giving Tree program with Better Living for Seniors to provide gifts to seniors in the local community. In addition to collecting gifts, the Estates provided space for the storage of collected gifts and worked with the organization to facilitate the distribution of these gifts. This spirit of giving allowed us to provide a Merry Christmas to area seniors by providing essentials during the holidays

Other areas where residents and employees give back to the community include support for local little league teams and high schools, participation in career day activities for local schools, clothing donations to the Salvation Army and scholarship sponsorships for Estates' employees Because charity does begin at home, Estates' residents have a special affinity to volunteering within the Estates' community itself Whether it is residents who visit other residents in the health center or residents who volunteer by answering phones, the Estates is the grateful recipient of their spirit of giving Over 100 Estates' residents offer their time and talent to make the Estates a wonderful, caring place to live

The Estates continues to offer the talents of its employees to local organizations, including Better Living for Seniors and the Alzheimer's Association In addition, employees volunteer their time and expertise for the Florida Association of Homes and Services for the Aging, the Florida Assisted Living Association, and the Florida Chapter of the American College of Health Care Administrators

The Estates provides meeting space to many organizations that serve the local community In 2009, the Estates welcomed the following organizations to its campus

- Polk County Family Caregivers
- University of South Florida Suncoast Alzheimer's Center
- Lakeland Chamber of Commerce
- Saint Anthony's Catholic Church
- Alzheimer's Association
- Better Living for Seniors
- Florida Public Relations Association
- University of South Florida
- Florida Assisted Living Association

The Commitment to Caring program continues to grow and expand as we identify additional ways to serve and benefit the local community, our residents and staff members. The rich tradition and long-standing values of our community are and will continue to be reflected in the governance and management of the Estates. Our continued emphasis on quality and service to our residents, staff, and the community at large will ensure that we not only meet the needs of tomorrow's elderly Americans, but exceed their expectations