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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

C Name of organization
CARPENTER'S HOME ESTATES INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1001 CARPENTERS WAY

City or town, state or country, and ZIP + 4
LAKELAND, FL 33809

D Employer identification number
59-2347336

E Telephone number
(863) 858-3847

G Gross receipts $ 16,449,413

F Name and address of principal officer
LEO GILLMAN
1001 CARPENTERS WAY
LAKELAND, FL 33809

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

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

H(c) Group exemption number ▶

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

J Website: ▶ HTTP //EACLAKELAND COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1984 | **M** State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O THE ESTATES AT CARPENTERS IS A NOT-FOR-PROFIT CONTINUING CARE RETIREMENT COMMUNITY DEDICATED TO PROVIDING NURSING AND PERSONAL SERVICES TO MEET THE SPRITUAL, SOCIAL, EMOTIONAL, PHYSICAL AND HEALTH NEEDS OF THE RESIDENTS AND THE 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

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	7
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	312
6	Total number of volunteers (estimate if necessary)	**6**	221
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	31,217	36,596
9	Program service revenue (Part VIII, line 2g)	16,274,003	16,048,986
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	144,293	171,731
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	192,100
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,449,513	16,449,413
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	25,031	226,654
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8,349,439	8,235,066
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,463,433	7,334,032
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	15,837,903	15,795,752
19	Revenue less expenses Subtract line 18 from line 12	611,610	653,661

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	44,365,546	43,839,884
21	Total liabilities (Part X, line 26)	40,418,990	39,231,918
22	Net assets or fund balances Subtract line 21 from line 20	3,946,556	4,607,966

Part II Signature Block

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

Sign Here

****** | 2012-08-23
Signature of officer | Date

SAMMY TAYLOR SECRETARY/TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ KURT A ALTER CPA | Date | Check if self-employed ▶ ☐ | Preparer's taxpayer identification number (see instructions) P00059492

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MOORE STEPHENS LOVELACE PA
311 PARK PLACE BLVD SUITE 100
CLEARWATER, FL 33759

EIN ▶ 59-3070669

Phone no ▶ (727) 531-4477

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE ESTATES AT CARPENTERS IS A NOT-FOR-PROFIT CONTINUING CARE RETIREMENT COMMUNITY DEDICATED TO PROVIDING NURSING AND PERSONAL SERVICES TO MEET THE SPIRITUAL, SOCIAL, EMOTIONAL, PHYSICAL AND HEALTH NEEDS OF THE RESIDENTS AND THE 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

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

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 5,450,449 including grants of $) (Revenue $ 4,195,867)

SEE SCHEDULE O CARPENTER'S HOME ESTATES, INC ("THE ESTATES") OPERATES A 72 BED SKILLED NURSING FACILITY AND PARTICIPATES IN THE MEDICARE AND MEDICAID PROGRAMS IN 2011, 67% OF THE TOTAL PATIENT DAYS SERVED IN THE NURSING HOME WERE RECEIVING LIFECARE BENEFITS THROUGH THEIR RESIDENT AGREEMENT, THESE RESIDENTS RECEIVE A GUARANTEE FOR THE PROVISION OF SERVICES REGARDLESS OF THEIR ABILITY TO PAY, AS LONG AS THEY HAVE NOT DISPOSED OF THEIR ASSETS AT LESS THAN FAIR MARKET VALUE IN ADDITION, THE ESTATES DEMONSTRATES COMMITMENT TO THE SERVICE AND SUPPORT OF THE INDIGENT ELDERLY POPULATION OF THE LOCAL COMMUNITY IN 2011, 14% OF THE TOTAL PATIENT DAYS IN THE SKILLED NURSING COMPONENT WERE FOR CARE PROVIDED TO RESIDENTS COVERED BY THE MEDICAID PROGRAM IN THE ESTATES 26 YEAR HISTORY, NO RESIDENT HAS EVER BEEN ASKED TO LEAVE DUE TO THEIR INABILITY TO MEET THEIR FINANCIAL OBLIGATIONS TO THE ORGANIZATION

4b (Code) (Expenses $ 1,307,536 including grants of $) (Revenue $ 1,250,445)

SEE SCHEDULE O CARPENTER'S HOME ESTATES, INC OPERATES A 49 UNIT ASSISTED LIVING FACILITY WITH A LICENSED OCCUPANCY OF 52 RESIDENTS THE FACILITY HOLDS AN EXTENDED CONGREGATE CARE LICENSE TO ALLOW FOR THE PROVISION OF NURSING SERVICES TO THE RESIDENTS THIS SPECIALTY LICENSE ALLOWS THE FACILITY TO EXPAND THE NUMBER AND TYPES OF SERVICES PROVIDED TO THE RESIDENTS WITH THE INTENT OF ALLOWING THEM TO "AGE IN PLACE " THIS LICENSE AND STAFFING PATTERN, WHICH INCLUDES 24-HOUR A DAY NURSING COVERAGE, PERMITS THE RESIDENTS TO AGE WITH DIGNITY AND POSTPONES THEIR TRANSFER TO SKILLED NURSING, WHICH HAS A HIGHER COST THAN ASSISTED LIVING IN 2011, 98% OF THE RESIDENTS SERVED IN THE ASSISTED LIVING FACILITY WERE RECEIVING LIFECARE BENEFITS THROUGH THEIR RESIDENT AGREEMENT, THESE RESIDENTS RECEIVE A GUARANTEE FOR THE PROVISION OF SERVICES AND SUPPORT REGARDLESS OF THEIR ABILITY TO PAY, AS LONG AS THEY HAVE NOT DISPOSED OF THEIR ASSETS AT LESS THAN FAIR MARKET VALUE IN THE ESTATES 26 YEAR HISTORY, NO RESIDENT HAS EVER BEEN ASKED TO LEAVE DUE TO THEIR INABILITY TO MEET THEIR FINANCIAL OBLIGATIONS TO THE ORGANIZATION

4c (Code) (Expenses $ 7,265,515 including grants of $) (Revenue $ 10,794,774)

SEE SCHEDULE O CARPENTER'S HOME ESTATES, INC OPERATES 372 INDEPENDENT LIVING APARTMENTS AS PART OF THE CONTINUING CARE RETIREMENT COMMUNITY THE INDEPENDENT LIVING APARTMENTS PROVIDE FINANCIAL SUPPORT TO THE OPERATING ACTIVITIES OF THE SKILLED NURSING FACILITY AND THE ASSISTED LIVING FACILITY THE ESTATES OPERATES A WELLNESS CLINIC STAFFED BY LICENSED NURSES TO PROVIDE OVERSIGHT OF RESIDENT HEALTH CONCERNS, COMMUNICATE WITH MEDICAL PROVIDERS TO IMPROVE CARE AND MINIMIZE WASTE, AND TO ASSIST IN THE COORDINATION OF OUTSIDE MEDICAL SERVICES THE RESIDENT AGREEMENT EXECUTED AT ADMISSION TO THE COMMUNITY PROVIDES RESIDENTS WITH A SENSE OF SECURITY AND PEACE OF MIND BY GUARANTEEING THE PROVISIONS OF SERVICES AND SUPPORT FOR THE REST OF THEIR LIVES AND REGARDLESS OF THEIR ABILITY TO PAY, AS LONG AS THEY HAVE NOT DISPOSED OF THEIR ASSETS AT LESS THAN FAIR MARKET VALUE IN THE ESTATES 25 YEAR HISTORY, NO RESIDENT HAS EVER BEEN ASKED TO LEAVE DUE TO THEIR INABILITY TO MEET THEIR FINANCIAL OBLIGATIONS TO THE ORGANIZATION

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 14,023,500

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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 ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
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**		No
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**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
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**		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	43		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	312			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

JOHN THOMPSON
1001 CARPENTERS WAY
LAKELAND, FL 33809
(863) 858-3847

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LEO GILLMAN PRESIDENT	3 00	X		X				0	0	0
(2) LOU MCCRANEY VICE PRESIDENT	3 00	X		X				0	0	0
(3) SAMMY TAYLOR SECRETARY/TREASURER	3 00	X		X				0	0	0
(4) DR RILEY SHORT BOARD MEMBER	3 00	X						0	0	0
(5) MALLORY JOHNSON BOARD MEMBER	3 00	X						0	0	0
(6) LYNNE BREIDENBACH BOARD MEMBER	3 00	X						0	0	0
(7) REV DWIGHT EDWARDS BOARD MEMBER	3 00	X						0	0	0
(8) JOHN THOMPSON EXECUTIVE DIRECTOR	40 00			X				0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								0	0	0

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
HMS OF LAKELAND INC 1009 CARPENTERS WAY LAKELAND, FL 33809	MANAGEMENT SERVICES	1,009,638
US FOOD SERVICE INC PO BOX 281841 ATLANTA, GA 30384	FOOD VENDOR	416,700
SYSCO FOOD SERVICES 200 WEST STORY ROAD OCOEE, FL 34761	FOOD VENDOR	294,041
GORDON FOOD SERVICE 1410 GORDON FOOD SERVICE DRIVE PLANT CITY, FL 33563	FOOD VENDOR	161,614
PHARMERICA 735B WEST HIGHWAY 434 LONGWOOD, FL 32750	PHARMACY SUPPLIES	147,243

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 8

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 36,596				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	36,596			
Program Service Revenue		Business Code				
	2a	APARTMENT SERVICE FEES	623000	8,053,372	8,053,372	
	b	SKILLED NURSING AND TH	623000	4,195,867	4,195,867	
	c	EARNED ENTRANCE FEES	623000	2,439,040	2,439,040	
	d	ASSISTED LIVING FEES	623000	1,250,445	1,250,445	
	e	RESIDENT SERVICES	623000	110,262	110,262	
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶		16,048,986		
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		171,731		171,731
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . . ▶				
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	BEAUTY SHOP INCOME 900099	192,100	192,100		
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	192,100			
	12	**Total revenue.** See Instructions . . . ▶	16,449,413	16,241,086	0	171,731

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	37,469	37,469		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	189,185	189,185		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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	6,701,855	6,141,760	560,095	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	50,885	42,697	8,188	
9	Other employee benefits	975,276	879,293	95,983	
10	Payroll taxes	507,050	455,424	51,626	
11	Fees for services (non-employees)				
a	Management	539,316	194,154	345,162	
b	Legal	78,228		78,228	
c	Accounting	27,000		27,000	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees				
g	Other	92,707	56,738	35,969	
12	Advertising and promotion	3,207	3,207		
13	Office expenses	380,576	93,104	287,472	
14	Information technology				
15	Royalties				
16	Occupancy	1,075,708	1,015,832	59,876	
17	Travel	57,316	38,915	18,401	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	48,595	9,701	38,894	
20	Interest	1,519,878	1,519,878		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,777,365	1,777,365		
23	Insurance	262,831	129,815	133,016	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	SUPPLIES	1,333,172	1,333,172		
b	EQUIPMENT RENTAL AND MA	48,834	48,834		
c	DRUG TESTING & PHYSICAL	24,626	19,144	5,482	
d	RESIDENT ACTIVITIES	22,129	22,129		
e					
f	All other expenses	42,544	15,684	26,860	
25	**Total functional expenses.** Add lines 1 through 24f	15,795,752	14,023,500	1,772,252	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		66,398	1	70,173
	2	Savings and temporary cash investments		7,343,778	2	7,252,238
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		681,583	4	427,714
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		351,741	7	205,982
	8	Inventories for sale or use		58,276	8	59,091
	9	Prepaid expenses and deferred charges		472,365	9	412,558
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 48,205,238			
	b	Less accumulated depreciation	10b 21,296,111	27,749,686	10c	26,909,127
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	1,052,642
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		7,641,719	15	7,450,359
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		44,365,546	16	43,839,884
Liabilities	17	Accounts payable and accrued expenses		1,468,998	17	1,532,049
	18	Grants payable			18	
	19	Deferred revenue		13,238,004	19	12,701,931
	20	Tax-exempt bond liabilities		24,855,000	20	24,205,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		856,988	25	792,938
	26	**Total liabilities.** Add lines 17 through 25		40,418,990	26	39,231,918
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,946,556	27	4,607,966
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		3,946,556	33	4,607,966
	34	Total liabilities and net assets/fund balances		44,365,546	34	43,839,884

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	16,449,413
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,795,752
3	Revenue less expenses Subtract line 2 from line 1	3	653,661
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	3,946,556
5	Other changes in net assets or fund balances (explain in Schedule O)	5	7,749
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,607,966

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	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 separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CARPENTER'S HOME ESTATES INC

Employer identification number
59-2347336

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

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

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

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

9 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

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

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

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

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
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 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	190,614	22,977	17,913	31,217	36,596	299,317
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	15,503,198	16,834,865	16,593,075	16,261,646	16,241,086	81,433,870
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	15,693,812	16,857,842	16,610,988	16,292,863	16,277,682	81,733,187
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 **Public Support** (Subtract line 7c from line 6)						81,733,187

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	15,693,812	16,857,842	16,610,988	16,292,863	16,277,682	81,733,187
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	442,447	443,917	886,169	144,292	179,480	2,096,305
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	442,447	443,917	886,169	144,292	179,480	2,096,305
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)	16,136,259	17,301,759	17,497,157	16,437,155	16,457,162	83,829,492

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	97 500 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	97 200 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	2 500 %
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	2 790 %

19a **33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 59-2347336
Name: CARPENTER'S HOME ESTATES INC

Form 990, Special Condition Description:

Special Condition Description

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CARPENTER'S HOME ESTATES INC

Employer identification number
59-2347336

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,917,910		1,917,910
b Buildings		41,692,592	18,240,529	23,452,063
c Leasehold improvements				
d Equipment		2,621,853	1,808,209	813,644
e Other		1,972,883	1,247,373	725,510
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				26,909,127

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEFERRED FINANCING COSTS	625,092
(2) INVESTMENTS WHOSE USE IS LIMITED	6,744,152
(3) UTILITY DEPOSITS	81,115
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	7,450,359

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ENTRANCE FEE DEPOSITS	237,284
REFUNDABLE ENTRANCE FEES	555,654
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	792,938

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	16,449,413
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,795,752
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	653,661
4	Net unrealized gains (losses) on investments	4	20,157
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-12,408
9	Total adjustments (net) Add lines 4 - 8	9	7,749
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	661,410

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

1	Total revenue, gains, and other support per audited financial statements			1	16,454,830
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	20,157		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-12,408		
e	Add lines **2a** through **2d**			2e	7,749
3	Subtract line **2e** from line **1**			3	16,447,081
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	2,332		
c	Add lines **4a** and **4b**			4c	2,332
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	16,449,413

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

1	Total expenses and losses per audited financial statements			1	15,793,420
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	15,793,420
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	2,332		
c	Add lines **4a** and **4b**			4c	2,332
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	15,795,752

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
PART XI, LINE 8 - OTHER ADJUSTMENTS		LOSS ON EXTINGUISHMENT OF DEBT -12,408
PART XII, LINE 2D - OTHER ADJUSTMENTS		LOSS ON EXTINGUISHMENT OF DEBT -12,408
PART XII, LINE 4B - OTHER ADJUSTMENTS		CONTRIBUTIONS PAID INCLUDED IN REVENUE ON FINANCIALS 2,332
PART XIII, LINE 4B - OTHER ADJUSTMENTS		CONTRIBUTIONS PAID INCLUDED IN REVENUE ON FINANCIALS 2,332

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CARPENTER'S HOME ESTATES INC

Employer identification number
59-2347336

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ALZHEIMER'S ASSOCIATION225 N MICHIGAN AVE CHICAGO,IL 60601	36-3463656	501(C)3	11,500				FINANCIAL SUPPORT OF ALZHEIMER'S ASSOCIATION
(2) ASBURY THEOLOGICAL SEMINARY204 NORTH LEXINGTON AVENUE WILMORE,KY 40390	61-0445823	501(C)3	10,000				FINANCIAL SUPPORT OF ASBURY THEOLOGICAL SEMINARY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 2

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 0

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) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) EMPLOYEE EMERGENCY ASSISTANCE	78	28,892		AMOUNTS PAID DIRECTLY TO CREDITORS AND OTHER VENDORS ON BEHALF OF EMPLOYEES	
(2) RESIDENT EMERGENCY ASSISTANCE	10	160,293		MONTHLY MAINTENANCE FEE CREDITS GIVEN TO RESIDENTS IN NEED	

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 PLEASE SEE SCHEDULE O FOR THE SOCIAL ACCOUNTABILITY PROGRAM

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

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.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CARPENTER'S HOME ESTATES INC

Employer identification number
59-2347336

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CITY OF LAKELAND REV AND REF BONDS 2008	59-6000354	511727AH2	05-01-2008	26,555,000	SEE CONTINUATION STATEMENT BELOW		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	2,350,000			
2	Amount of bonds defeased				
3	Total proceeds of issue	26,544,437			
4	Gross proceeds in reserve funds	2,190,968			
5	Capitalized interest from proceeds	1,510,689			
6	Proceeds in refunding escrow	13,660,414			
7	Issuance costs from proceeds	762,333			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	6,070,033			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2009			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?	X							
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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 ▶								
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?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	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 the bond issue?		X						
2	Is the bond issue a variable rate issue?		X						
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X						
6	Did the bond issue qualify for an exception to rebate?		X						

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE K, PART I(F)	PURPOSE OF SERIES 2008 BONDS	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
SCHEDULE K	ADDITIONAL INFORMATION RELATED TO BOND ISSUANCE	IN APRIL 2008, THE ESTATES ISSUED THE CITY OF LAKELAND, FLORIDA, RETIREMENT COMMUNITY FIRST MORTGAGE REVENUE AND REFUNDING BONDS, SERIES 2008 (THE "SERIES 2008 BONDS"), WITH YEARLY PRINCIPAL PAYMENTS DUE IN VARYING INCREASING INSTALLMENTS IN THE AMOUNT OF $550,000 BEGINNING JANUARY 1, 2012, TO $2,735,000 IN JANUARY 1, 2043 THE SERIES 2008 BONDS WERE ISSUED TO REFINANCE THE EXISTING SERIES 1998 BONDS, CONSTRUCT AND EQUIP AN ADDITIONAL 32 INDEPENDENT LIVING UNITS, AND PAY THE COST OF ISSUING THE SERIES 2008 BONDS THE 32 INDEPENDENT LIVING UNITS WERE COMPLETED DURING THE YEAR ENDED DECEMBER 31, 2009
SCHEDULE K, PART I(C)	INFORMATION PERTAINING TO CUSIP OF 2008 SERIES BOND ISSUE	THE SERIES 2008 BOND ISSUE CONSISTS OF THE FOLLOWING CUSIP NO 511727AH2, $8,555,000 5 875% TERM BONDS DUE JANUARY 1, 2019 CUSIP NO 511727AJ8, $3,630,000 6 25% TERM BONDS DUE JANUARY 1, 2028 CUSIP NO 511727AK5, $14,370,000 6 375% TERM BONDS DUE JANUARY 1, 2043
SCHEDULE K, PART II, LINE 3	ADDITIONAL INFORMATION RELATED TO BOND ISSUANCE	THE TOTAL PROCEEDS FOR SERIES 2008 BOND ISSUE ARE NOT IDENTICAL TO THE ISSUE PRICE LISTED IN PART I, COLUMN (E), THE DIFFERENCE IS A UNDERWRITERS DISCOUNT OF $10,563

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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.

OMB No 1545-0047

2011

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Name of the organization
CARPENTER'S HOME ESTATES INC

Employer identification number
59-2347336

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) HMS OF LAKELAND INC	MANAGEMENT COMPANY	1,009,638	MGT FEE HMS PROVIDES OPERATIONAL MANAGEMENT SERVICES TO THE ORGANIZATION IT IS OWNED 75% BY THE ORGANIZATION'S EXECUTIVE DIRECTOR AND CEO, HEALTH CARE ADMINISTRATOR, AND COO TWO OF THE THREE POSITIONS ARE PROVIDED UNDER THE TERMS OF THE MANAGEMENT AGREEMENT		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CARPENTER'S HOME ESTATES INC

Employer identification number
59-2347336

Identifier	Return Reference	Explanation
	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 AND CEO, COO, 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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE UNAUDITED MONTHLY FINANCIAL STATEMENTS ARE PROVIDED TO OUR BOARD OF DIRECTORS, THE PRESIDENT OF THE RESIDENT ASSOCIATION (CHERA), AND TWO RESIDENT REPRESENTATIVES 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) WEBSITE, AND POSTED ON THE FLORIDA OFFICE OF INSURANCE REGULATION WEBSITE THE AUDITED ANNUAL FINANCIAL STATEMENTS ARE FILED WITH THE MSRB AND THE FLORIDA OFFICE OF INSURANCE A COPY OF THE AUDITED ANNUAL FINANCIAL STATEMENTS IS PROVIDED TO EACH BOARD MEMBER, THE TWO RESIDENT REPRESENTATIVES 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 OFFICE 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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 20,157 LOSS ON EXTINGUISHMENT OF DEBT -12,408 TOTAL TO FORM 990, PART XI, LINE 5 7,749

Identifier	Return Reference	Explanation
OVERSIGHT OF AUDIT	FORM 990, PART XII, LINE 2C	THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS HAS RESPONSIBILITY FOR OVERSIGHT OF AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
SOCIAL ACCOUNTABILITY PROGRAM		CARPENTER'S HOME ESTATES, INC (THE "ESTATES") CONTINUES TO DEMONSTRATE OUR COMMITMENT TO THE MISSION OF THE ORGANIZATION AND THE LOCAL COMMUNITY THROUGH OUR SOCIAL ACCOUNTABILITY EFFORTS THE CARPENTER'S CARES PROGRAM ALLOCATES THE COMMITMENT OF TIME, EXPENSE AND CAPIT AL TO MAKING A DIFFERENCE IN THE LIVES OF OUR RESIDENTS, STAFF, FAMILIES, AND COMMUNITY TH AT WE ARE PRIVILEGED TO SERVE IT RECOGNIZES OUR RESPONSIBILITY TO CONTRIBUTING TO THE IDE NTIFICATION OF AND PARTICIPATION IN AREAS OF NEED WITHIN OUR LOCAL COMMUNITY THE CARPENTE R'S CARES PROGRAM AT THE ESTATES IS STRUCTURED ON THREE PILLARS OF SERVICE OUR COMMITMENT TO RESIDENTS, STAFF, AND COMMUNITY IS INSTRUMENTAL TO ENSURING THAT THE ESTATES REMAINS A GREAT PLACE TO LIVE AND WORK AND SOLIDIFIES OUR POSITION AS A COMMUNITY PARTNER COMMITTED TO SERVICE THIS PROGRAM PROVIDES OPPORTUNITIES FOR RESIDENTS AND STAFF MEMBERS TO GIVE B ACK TO THE COMMUNITY WHILE MEETING AND ENHANCING THE MISSION OF THE ORGANIZATION AND PROVI DES ASSISTANCE TO ORGANIZATIONS IN THE LOCAL COMMUNITY THROUGH FINANCIAL SUPPORT AND BY OF FERING THE TALENTS AND SERVICES OF OUR TALENTED EMPLOYEES AND RESIDENTS THE GOAL OF THE P ROGRAM IS SIMPLE TO MAKE A DIFFERENCE TO OUR 275 EMPLOYEES AND APPROXIMATELY 400 RES IDENTS AND TO BE GOOD NEIGHBORS WITH OUR LOCAL COMMUNITY THE ORGANIZATIONAL COMMITMENT TO STAFF IS DEMONSTRATED BY THE ESTABLISHMENT OF THE CARPENTER'S CARES PROGRAM, WHICH PROVID ES FINANCIAL SUPPORT TO EMPLOYEES FACING A FINANCIAL, HEALTH, OR OTHER PERSONAL CRISIS THA T SEVERELY IMPACTS THEIR ABILITY TO MAINTAIN THEIR DAY TO DAY ACTIVITIES AND RESPONSIBILIT IES THIS PROGRAM HAS PROVIDED ASSISTANCE WITH UNEXPECTED MEDICAL BILLS, GROCERIES, RENT A ND MORTGAGE PAY MENTS, AND ELECTRIC BILLS IN 2011, MORE THAN $21,000 OF ASSISTANCE WAS PRO VIDED TO OVER 25% OF OUR EMPLOYEES THROUGH THIS PROGRAM POLK WORKS RECOGNIZED THIS COMMIT MENT TO OUR EMPLOYEES WHEN THE ESTATES RECEIVED A "BEST PLACES TO WORK" AWARD FOR THE SECO ND CONSECUTIVE YEAR THE EFFECT OF THIS PROGRAM IS BEST SUMMARIZED IN THE WORDS OF ONE OF OUR EMPLOYEES WHO WROTE "FOR ONE OF THE FEW TIMES IN MY LIFE - I AM WITHOUT THE WORDS TO S AY 'THANK YOU ' IT IS NOT A SUFFICIENT ENOUGH WORD I AM GRATEFUL TO YOU - QUITE LITERALLY - FOR SAVING MY LIFE FOR YOUR KINDNESS AND GOODNESS YOU DON'T (AND NEVER DID) GET ENOUG H CREDIT FOR THE THINGS YOU DO AT THE ESTATES IT'S NOT JUST LIP SERVICE WHEN YOU SAY 'PEO PLE MATTER "' THIS PILLAR OF SERVICE IS ALSO REFLECTED BY THE EFFORTS OF OUR RESIDENT'S AS SOCIATION THIS RESIDENT VOLUNTEER GROUP PROVIDES SERVICES FOR THE WELFARE OF THE RESIDENT S OF THE ESTATES AND COLLECTS AND SORTS THROUGH CLOTHING DONATIONS THROUGHOUT THE YEAR TH ESE DONATIONS ARE USED TO FUND A SCHOLARSHIP PROGRAM FOR EMPLOYEES OF THE ESTATES AND DONA TED TO LOCAL CHARITIES TO PROVIDE ASSISTANCE IN THE LOCAL COMMUNITY THE ANNUAL SCHOOL SUP PLY AND CANNED FOOD DRIVES, TOY DRIVE FOR THE COPS FOR CHRISTMAS PROGRAM, AND AN ANGEL TRE E BENEFITTING SENIORS ARE A FEW 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 AN D 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 T HEY NEED FOR A SUCCESSFUL SCHOOL YEAR THE FOOD DRIVE ASSISTED EMPLOYEES WITH THE INGREDIE NTS FOR THEIR HOLIDAY MEAL PREPARATIONS AND PROVIDED CANNED GOODS AND NON-PERISHABLE FOOD TO LOCAL FOOD BANKS THE TOY DRIVE BENEFITS LOCAL CHILDREN AFFECTED BY CRIME AND HELPS TO ENSURE THAT EACH CHILD HAS A PRESENT TO UNWRAP ON CHRISTMAS MORNING THE ANGEL TREE PROGRA M PROVIDES PRESENTS FOR 100 NEEDY SENIORS AGAIN, EVERYONE SHOULD RECEIVE A PRESENT DURING THE HOLIDAY SEASON THE SPIRIT OF GIVING HAS BEEN EMBRACED BY THE ESTATES' EMPLOYEES THRO UGH THEIR PARTICIPATION IN A SECRET SANTA PROGRAM FOR HEALTH CENTER RESIDENTS THE EMPLOYE ES 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 THE ESTATES IS PROUD TO HAVE BEEN CONSIDERED A PLATINUM SPONSOR FOR THE ALZHEIMER'S ASSOC IATION IN 2011 WE BELIEVE THAT THROUGH RESIDENT AND STAFF PARTICIPATING IN THE ALZHEIMER' S WALK AND OTHER COMMUNITY EVENTS IN CONJUNCTION WITH THE FINANCIAL SUPPORT WE OFFER THE A LZHEIMER'S ASSOCIATION WE HAVE BECOME A VITAL CONTRIBUTOR TO THEIR ORGANIZATION AND THE AC COMPLISHMENT OF THEIR MISSION - TO CARE FOR THOSE AFFLICTED WITH THIS DISEASE AND SUPPORT THE SEARCH FOR A CURE A SAMPLE OF THE ORGANIZATION'S SUPPORT FOR LOCAL COMMUNITY EFFORTS INCLUDE * FINANCIAL SUPPORT OF THE POLK SENIOR GAMES AND HOSTING THE CHESS TOURNAMENT * P ROVIDING SPACE FOR A POLLING PLACE FOR THE CITY OF LAKELAND AND POLK COUNTY SUPERVISOR OF ELECTIONS * INVITING CHILDREN FROM THE FLORIDA BAP

Identifier	Return Reference	Explanation
SOCIAL ACCOUNTABILITY PROGRAM		TIST'S CHILDREN'S HOME TO SEMI-ANNUAL EMPLOYEE PICNICS * FINANCIAL SUPPORT AND EMPLOYEE AN D RESIDENT PARTICIPATION IN THE MAKING STRIDES AGAINST BREAST CANCER WALK * PROVIDING "BEL L RINGERS" FOR THE SALVATION ARMY DURING THE HOLIDAY SEASON * FINANCIAL SUPPORT OF ASBURY THEOLOGICAL SEMINARY * COLLECTION OF NEW, UNWRAPPED TOYS AND A MONETARY DONATION TO THE CO PS FOR CHRISTMAS PROGRAM HOSTED BY THE LAKELAND POLICE DEPARTMENT TO BENEFIT CHILDREN IN F OSTER CARE * FINANCIAL SUPPORT OF POLK WORKS, WHICH IS THE LOCAL ORGANIZATION COMMITTED TO SUSTAINING A QUALITY WORKFORCE FOR TODAY AND THE FUTURE * DELIVERY OF PANCAKE BREAKFASTS TWICE MONTHLY AND THANKSGIVING MEALS TO HOMEBOUND SENIORS SERVED BY VOLUNTEERS IN SERVICE TO THE ELDERLY * FINANCIAL SUPPORT TO LEADINGAGE * THE DONATION OF CANNED GOODS TO VOLUNTE ERS IN SERVICE TO THE ELDERLY * EMPLOYEE AND RESIDENT PARTICIPATION IN PAINT YOUR HEART OU T LAKELAND, INCLUDING THE PURCHASE OF SUPPLIES TO MAKE NECESSARY REPAIRS AND LANDSCAPING I MPROVEMENTS TO THE PROPERTY * THE DONATION OF "GOODIE" BAGS TO THE POLK SENIOR GAMES FOR T HE ANNUAL INFORMATIONAL HEALTH EXPO * SPONSORSHIP OF A YOUTH SOFTBALL TEAM * HOSTED A NATI ONAL NIGHT OUT EVENT TO RAISE AWARENESS IN THE LOCAL COMMUNITY * THE DONATION OF CLOTHING TO THE SALVATION ARMY * MONTHLY ON-SITE PARTICIPATION WITH BLOOD DRIVES BY FLORIDA BLOOD N ET * PROVIDING OUR COMMUNITY BUS AND DRIVER TO TRANSPORT RESIDENTS OF LAKEVIEW PLACE, A LO W-INCOME HOUSING DEVELOPMENT, TO THEIR ANNUAL PICNIC * PROVIDED FINANCIAL SUPPORT TO THE C HIEF'S CHALLENGE, AN EVENT TO RAISE MONEY FOR THE FAMILIES OF POLICE OFFICERS KILLED IN TH E LINE OF DUTY * HOSTED A BREAKFAST MEETING OF BETTER LIVING FOR SENIORS * PARTICIPATED IN AND PROVIDED FINANCIAL SUPPORT TO THE AMERICAN CANCER SOCIETY'S MAKING STRIDES AGAINST BR EAST CANCER * HOSTED POLK WORDS STAFF RETREAT * FINANCIAL SUPPORT OF THE ROUND UP OF HOPE EVENT HELD BY LIGHTHOUSE MINISTRIES * PARTICIPATED IN AND PROVIDED FINANCIAL SUPPORT TO TH E NORTH LAKELAND RELAY FOR LIFE * HOSTED AND CATERED A "SURVIVOR" DINNER FOR THE AMERICAN CANCER SOCIETY * PROVIDED MEETING SPACE FOR THE PLANNING COMMITTEE OF THE NORTH LAKELAND R ELAY FOR LIFE VOLUNTEER DAYS WERE STARTED TO ENCOURAGE VOLUNTEERISM BY OUR EMPLOYEES AND T O PROVIDE SUPPORT FOR LOCAL NOT-FOR-PROFIT ORGANIZATIONS EMPLOYEES WERE PERMITTED TO EXCH ANGE A DAY AT WORK FOR A PAID DAY OF VOLUNTEERISM AT A LOCAL CHARITY EMPLOYEES ASSISTED A T THE SALVATION ARMY, LAKELAND POLICE DEPARTMENT, VOLUNTEERS IN SERVICE TO THE ELDERLY, AN D FLORIDA BAPTIST CHILDREN'S HOME. THE SUCCESS OF THIS EFFORT IN COMMUNITY SERVICES HAS RE SULTED IN THE EXPANSION DAY OF VOLUNTEERISM AND AN EXPANDED NUMBER OF CHARITIES BENEFITTIN G 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 TH E PEACE OF MIND FOR THESE FACILITIES SHOULD A DISASTER STRIKE. TO PREPARE FOR SUCH AN OCCU RRENCE, 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 O UR RESIDENTS ALLOWS US TO MEET OUR MISSION WHILE MEETING THE INDIVIDUALIZED NEEDS OF THE R ESIDENTS WE SERVE.

Identifier	Return Reference	Explanation
		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, SEVERAL STUDENTS FROM THE UNIVERSITY OF SOUTH FLORIDA GERONTOLOGY PROGRAM WERE WELCOMED INTO OUR NURSING HOME INTERNSHIP PROGRAM THESE STUDENTS 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 THESE INTERNS 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, PARTICIPATION IN CAREER DAY ACTIVITIES FOR LOCAL SCHOOLS, 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 LEADINGAGE FLORIDA, FLORIDA ASSISTED LIVING ASSOCIATION, FLORIDA HEALTH CARE ASSOCIATION, FLORIDA GOVERNOR'S ASSISTED LIVING WORKGROUP, UNIVERSITY OF SOUTH FLORIDA, 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 2011, THE ESTATES WELCOMED THE FOLLOWING ORGANIZATIONS TO ITS CAMPUS * IMPERIAL POLK COUNTY CHAPTER OF THE MILITARY OFFICERS ASSOCIATION OF AMERICA * LAKELAND CHAMBER OF COMMERCE * LAKELAND AREA MACINTOSH USERS GROUP * ALZHEIMER'S ASSOCIATION * BETTER LIVING FOR SENIORS * UNIVERSITY OF SOUTH FLORIDA * FLORIDA ASSISTED LIVING ASSOCIATION * VALLEY FORGE CHRISTIAN COLLEGE * POLK WORKS * RELAY FOR LIFE 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 OUR STAFF MEMBERS IN 2011, THE ESTATES CELEBRATED 25 YEARS OF SERVICE OUR COMMITMENT TO THE COMMUNITY CONTINUES TO GROW AND REFLECTS THE RICH TRADITION AND LONG-STANDING VALUES OF OUR COMMUNITY AS WE BEGIN THE NEXT 25 YEARS OF SERVICE, WE WILL CONTINUE TO EMPHASIZE QUALITY AND SERVICE TO OUR RESIDENTS, STAFF, AND THE COMMUNITY AT LARGE WE WILL CONTINUE TO BE A COMMUNITY "WHERE QUALITY OF LIFE IS CELEBRATED" AND A COMMUNITY PARTNER COMMITTED TO MAKING A DIFFERENCE