



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



Form 990
2008Open to Public
InspectionDepartment 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

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Christian & Missionary Alliance Fnd		D Employer identification number 59-1166437	
		Doing Business As Shell Point Village		E Telephone number (239) 466-1111	
		Number and street (or P O box if mail is not delivered to street address) 15000 Shell Point Blvd		Room/suite	
		City or town, state or country, and ZIP + 4 Fort Myers, FL 33908		G Gross receipts \$ 89,510,862	
		F Name and address of Principal Officer Peter Dys 15000 Shell Point Blvd STE 100 Fort Myers, FL 33908		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ► (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list. See instructions)			
J Web site: ► www.shellpoint.org		H(c) Group Exemption Number ►			
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other ►		L Year of Formation 1967		M State of legal domicile FL	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities	Shell Point Retirement Community, a nonprofit ministry of the Christian and Missionary Alliance Foundation, Inc, is dedicated to the service of God and the care of His people		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14	
	5 Total number of employees (Part V, line 2a)	5	1,056	
	6 Total number of volunteers (estimate if necessary)	6	950	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	3,683,353	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-87,564	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year Current Year		
		274,863	3,935,198	
	9 Program service revenue (Part VIII, line 2g)	71,909,987	76,859,220	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,301,299	-761,800	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,756,271	3,801,521	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	78,242,420	83,834,139	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0 0		
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0 0		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	25,418,901	33,445,493	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
	b (Total fundraising expenses, Part IX, column (D), line 25) 24,182			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	52,221,671	45,644,328	
	18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))	77,640,572	79,089,821	
	19 Revenue less expenses Subtract line 18 from line 12	601,848	4,744,318	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year End of Year		
		457,373,820	440,020,095	
	21 Total liabilities (Part X, line 26)	417,280,998	395,967,650	
	22 Net assets or fund balances Subtract line 21 from line 20	40,092,822	44,052,445	

Part II Signature Block

Please Sign Here	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			
	*****	2010-03-01		
	Signature of officer	Date		
Tim Lochridge Vice President of Finance				
Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst)
	Rita F Worster CPA			
	Firm's name (or yours if self-employed), address, and ZIP + 4	BKD LLP 111 South Tejon Suite 800		EIN <input type="checkbox"/>
		Phone no (719) 471-4290		
May the IRS discuss this return with the preparer shown above? (See instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Part III Statement of Program Service Accomplishments (See the instructions.)**1** Briefly describe the organization's mission
See Additional Data Table**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and (4) organizations and 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 \$ 63,024,374 including grants of \$) (Revenue \$ 51,174,840)

Health Care Services--A major factor which brings a resident to a continuing care facility is access to lifecare Shell Point, with five physicians on staff (one of which is a psychologist) offers the very best in gerontological care. The 219-bed Pavilion at Shell Point provides a variety of healthcare services including physical therapy, long-term nursing care, Alzheimer's and memory care, and hospice care. In addition, the Pavilion offers professionally staffed activities programs, a waterfront dining room, beauty salon, and family and resident involvement in care planning. Shell Point also offers two Assisted Living facilities for the resident whose quality of life is improved by supportive services. Kings Crown is a 120 unit facility on the island, and the Arbor is a 132 unit building located in the Woodlands. Both offer beautifully designed apartments, elegant dining room with table service, individualized personal care, 24-hour nurse availability, specialized activities programs and weekly housekeeping. Shell Point also offers a full-service Medical Center, Dental Clinic, professionally staffed social services, Medicare/Insurance billing services, Licensed home healthcare agency, Specialist services, Support groups, and an On-site pharmacy with free home delivery

4b (Code) (Expenses \$ 7,166,696 including grants of \$) (Revenue \$ 25,085,791)

Property Maintenance & Management--As one of the top retirement communities in the country, Shell Point recognizes the importance of maintaining and managing the property to the high level of standards our residents have come to expect. In addition to general preventive maintenance, there is specialty maintenance on staff to service air conditioning, plumbing and electrical. There is also 24-hour emergency maintenance services. Shell Point provides weekly housekeeping and laundry services to our residents. Landscape management is on-going with mowing, trimming, planting, mulching, pest control and fertilizing. Security plays a very important role in the overall feeling of well being. Shell Point is a gated community with 24 hour staffed entrance gates and surveillance. Property lines that are bordered by water are monitored with infra-red devices

4c (Code) (Expenses \$ 1,748,375 including grants of \$) (Revenue \$ 598,589)

Food Service Program --A very important service to the life care community is its food service program. Many residents cannot leave the facility and dining becomes a social event. In addition to the the beautifully appointed dining rooms, Shell Point offers its residents special services such as catering, meal delivery, and take-home meals for holidays and large gatherings

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 71,939,445 Must equal Part IX, Line 25, column (B).

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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

4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII

13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the U.S.?

- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III

17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J

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 question 25

- b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
- 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?
- d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

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

25b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I

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

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		
6		No
7		No
8		No
9		No
10	Yes	
11	Yes	
12		No
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20		No
21		No
22		No
23	Yes	
24a	Yes	
24b		No
24c		No
24d		No
25a		No
25b		No
26		No
27		No

Part IV Checklist of Required Schedules (Continued)

28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee

- a** Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV
- b** Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
- c** Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

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

35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36 501(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

37 Did the organization conduct more than 5 percent 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

	Yes	No
28a		No
28b		No
28c		No
29		No
30		No
31		No
32		No
33		No
34	Yes	
35		No
36		No
37		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a 111	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a 1,056	
2b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		
3b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		
4b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a No	
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b No	
5c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a No	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>	7a No	
7b	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7b	
7c	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c No	
7d	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>	9a	
9b	Did the organization make any taxable distributions under section 4966?	9b	
9c	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<i>Section 501(c)(7) organizations.</i> Enter	10a	
10b	Initiation fees and capital contributions included on Part VIII, line 12	10b	
11	<i>Section 501(c)(12) organizations.</i> Enter	11a	
11b	Gross income from members or shareholders	11b	
11c	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11c	
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?	12a	
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)
Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body . . .	1a	14
b Enter the number of voting members that are independent . . .	1b	14
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	No
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	No
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	No
6 Does the organization have members or stockholders?	6	Yes
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes
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
9a Does the organization have local chapters, branches, or affiliates?	9a	No
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	No
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes
11 Is there any officer, director or 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	11	No

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes
13 Does the organization have a written whistleblower policy?	13	Yes
14 Does the organization have a written document retention and destruction policy?	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
a The organization's CEO, Executive Director, or top management official?	15a	Yes
b Other officers or key employees of the organization?	15b	Yes
Describe the process in Schedule O		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	No

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 own website another's website upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 Karen Urbanowicz
 15000 SHELL POINT BLVD STE 100
 Fort Myers, FL 339081637
 (239) 454-2231

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any officer, director, trustee or key employee.

Part VII **Continued**

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **22**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
B I Contractors 2701 Prince St Fort Myers, FL 33916	A/C Contractor	497,614
RDG Schutte Wilscam Birge 900 Farmum on the Mall Suite 100 Omaha, NE 68102	Architects	404,627
Jorgensen Contractors Inc 15361 Myrtle St Fort Myers, FL 33908	General Contractor	3,374,291
Stephens Construction 6208 Whiskey Creek Dr Fort Myers, FL 33919	General Contractor	1,608,445
Apex Drywall 16870 River Estates Ct Alva, FL 33920	Drywall Contractor	1,122,341
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation		27

Part
VIII

Statement of Revenue

		(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 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	3,935,198			
	g Noncash contributions included in lines 1a-1f \$ _____				
	h Total (Add lines 1a-1f) 1f	3,935,198			
Program Service Revenue	2a MONTHLY MAINTENANCE FEES Business Code 900,099	31,357,239	31,357,239		
	b ENTRANCE FEES 900,099	19,708,538	19,708,538		
	c MEDICAL SERVICES 621,610	25,194,854	25,194,854		
	d DINING SERVICES 722,100	598,589	598,589		
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f ► \$ 76,859,220				
	3 Investment income (including dividends, interest other similar amounts) 3	333,190			333,190
4 Income from investment of tax-exempt bond proceeds 4	724,914			724,914	
5 Royalties	0				
	(i) Real	(ii) Personal			
6a Gross Rents 118,168					
b Less rental expenses					
c Rental income or (loss) 118,168					
d Net rental income or (loss) 6	118,168			118,168	
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory 3,322,773	534,046				
b Less cost or other basis and sales expenses 4,151,174	1,525,549				
c Gain or (loss) -828,401	-991,503				
d Net gain or (loss) 7	-1,819,904			-1,819,904	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a					
b Less direct expenses . . . b					
c Net income or (loss) from fundraising events 8	0				
9a Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a					
b Less direct expenses . . . b					
c Net income or (loss) from gaming activities 9	0				
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 10	0				
Miscellaneous Revenue		Business Code			
11a GOLF COURSE 713,910	2,055,394		2,055,394		
b RESTAURANTS 722,100	857,174		857,174		
c GUEST HOUSE 721,110	400,604		400,604		
d All other revenue _____	370,181		370,181		
e Total. Add lines 11a-11d \$ 3,683,353					
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 12	83,834,139	76,859,220	3,683,353	-643,632	

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,012,835	389,170	606,094	17,571
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	25,712,583	22,661,474		4,893
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,008,747	872,796	135,951	
9 Other employee benefits	3,772,098	3,451,470	320,628	
10 Payroll taxes	1,939,230	1,717,674	219,838	1,718
11 Fees for services (non-employees)				
a Management	151,210		151,210	
b Legal	26,477		26,477	
c Accounting	66,390		66,390	
d Lobbying	0			
e Professional fundraising See Part IV, line 17 . . .	0			
f Investment management fees	0			
g Other	139,688	139,688		
12 Advertising and promotion	1,035,140		1,035,140	
13 Office expenses	6,973,210	6,682,162	291,048	
14 Information technology	188,043		188,043	
15 Royalties	0			
16 Occupancy	7,211,885	6,357,694	854,191	
17 Travel	276,645	204,013	72,632	
18 Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19 Conferences, conventions and meetings	13,172		13,172	
20 Interest	9,372,751	9,273,587	99,164	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	16,091,385	16,091,385		
23 Insurance	0			
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a MAINTENANCE COSTS	1,092,720	1,092,720	0	0
b FOOD	2,117,170	2,117,170	0	0
c SUBSIDY EXPENSE	449,620	449,620	0	0
d BAD DEBTS	374,182	374,182	0	0
e OTHER EXPENSES	64,640	64,640	0	0
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	79,089,821	71,939,445	7,126,194	24,182
26 Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 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	8,225	1 8,350
2	Savings and temporary cash investments	25,342,399	2 26,112,810
3	Pledges and grants receivable, net	3	
4	Accounts receivable, net	3,148,006	4 2,996,892
5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>	5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>	6	
7	Notes and loans receivable, net	4,285,833	7 4,285,833
8	Inventories for sale or use	716,173	8 642,420
9	Prepaid expenses and deferred charges	1,946,272	9 1,215,472
10a	Land, buildings, and equipment cost basis	10a 495,670,252	
b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b 115,085,552	381,135,654 10c 380,584,700
11	Investments—publicly traded securities	20,495,667	11 7,940,754
12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	11,163,888	12 7,781,732
13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>	13	
14	Intangible assets	14	
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	9,131,703	15 8,451,132
16	Total assets. Add lines 1 through 15 (must equal line 34)	457,373,820	16 440,020,095
17	Accounts payable and accrued expenses	7,543,593	17 6,206,377
18	Grants payable	18	
19	Deferred revenue	173,371,400	19 170,010,642
20	Tax-exempt bond liabilities	205,063,688	20 200,807,692
21	Escrow account liability <i>Complete Part IV of Schedule D</i>	21	
22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>	22	
23	Secured mortgages and notes payable to unrelated third parties	29,292,000	23 15,910,999
24	Unsecured notes and loans payable	24	
25	Other liabilities <i>Complete Part X of Schedule D</i>	2,010,317	25 3,031,940
26	Total liabilities. Add lines 17 through 25	417,280,998	26 395,967,650
Liabilities			
Net Assets or Fund Balances			
27	Unrestricted net assets	38,311,634	27 40,347,942
28	Temporarily restricted net assets	1,516,719	28 3,440,034
29	Permanently restricted net assets	264,469	29 264,469
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 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	40,092,822	33 44,052,445
34	Total liabilities and net assets/fund balances	457,373,820	34 440,020,095

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
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	No
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
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?	3b	

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support****2008**Department of the Treasury
Internal Revenue Service**To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.****Attach to Form 990 or Form 990-EZ. See separate instructions.****Open to Public
Inspection****Name of the organization**

Christian & Missionary Alliance Fnd

Employer identification number

59-1166437

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only one organization)

1 A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i)**.

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

3 A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H)

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)**. (See instructions)

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

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

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

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

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

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

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

h Provide the following information about the organizations the organization supports

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

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
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.)
Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	

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

**Computation of Public Support Percentage**

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. 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		<input type="checkbox"/>
b 33 1/3% Test - 2007. 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		<input type="checkbox"/>
17a 10% Facts and Circumstances Test - 2008. 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		<input type="checkbox"/>
b 10% Facts and Circumstances Test - 2007. 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		<input type="checkbox"/>
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,755,371	2,136,152	1,384,787	274,863	3,935,198	10,486,371
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	56,641,734	61,870,140	66,661,447	71,909,987	76,859,220	333,942,528
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 1-5	59,397,105	64,006,292	68,046,234	72,184,850	80,794,418	344,428,899
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						344,428,899

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	59,397,105	64,006,292	68,046,234	72,184,850	80,794,418	344,428,899
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,298,609	1,565,521	2,907,419	2,146,477	1,176,272	9,094,298
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b	1,298,609	1,565,521	2,907,419	2,146,477	1,176,272	9,094,298
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)						353,523,197
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						<input checked="" type="checkbox"/>

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	97 428 %
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	97 64 %

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	2 573 %
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	2 36 %
19a 33 1/3% Tests - 2008. 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 <input checked="" type="checkbox"/>		
b 33 1/3% Tests - 2007. 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 <input checked="" type="checkbox"/>		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input checked="" type="checkbox"/>		

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

Facts and Circumstances Test

SCHEDULE D
(Form 990)**Supplemental Financial Statements****2008****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service► Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**Name of the organization**

Christian & Missionary Alliance Fnd

Employer identification number

59-1166437

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 important land area

Protection of natural habitat Preservation of 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
2a	
2b	
2c	
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, violations, and enforcement of the conservation easements it holds?

 Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 Trust, 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 why in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part 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	1,781,188				
b Contributions	3,078,625				
c Investment earnings or losses	60,992				
d Grants or scholarships	1,216,302				
e Other expenditures for facilities and programs	3,704,503				
f Administrative expenses	3,704,503				
g End of year balance	3,704,503				

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

a Board designated or quasi-endowment ►

b Permanent endowment ► 71 %

c Term endowment ► 92 9 %

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

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

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

3b	
-----------	--

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

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

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		21,323,089			21,323,089
b Buildings		409,709,962	93,872,813		315,837,149
c Leasehold improvements					
d Equipment		20,225,943	8,293,290		11,932,653
e Other		44,411,258	12,919,449		31,491,809
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)					380,584,700

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
Financial derivatives and other financial products		
Closely-held equity interests		
Other LIGHTHOUSE DIVERSIFIED FUND	2,291,146	F
Other SILVER CREEK LONG/SHORT	1,976,409	F
Other SMITH BARNEY INVESTMENT	3,514,177	F
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
PREPAID BOND RELATED EXP	4,053,469
INTEREST RECEIVABLE	2,000
TAXES RECEIVABLE	835,639
DUE FROM AFFILIATES	3,560,024
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) ►	

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
OTHER LONG TERM LIABILITIES	3,031,940
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ►	3,031,940

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

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
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10

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
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
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
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5

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

1	Total expenses and losses per audited financial statements	1
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	Losses reported on Form 990, Part IX, line 25	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5

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 XIV, 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

Identifier	Return Reference	Explanation
Schedule D, Part V, Line 4	Describe the Intended uses of the organization's endowment funds	Temporarily Restricted Contributions are donor or board restricted to be used for specific purposes. They are released from donor/board restrictions by incurring expenses, satisfying the restricted purposes. The permanently restricted net assets are investments held in perpetuity, and the income is used to subsidize residents who have run low on funds through no fault of their own, and thus are in need of financial assistance

2008

Open to Public
Inspection**Schedule J**
(Form 990)**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Department of the Treasury
Internal Revenue Service**Name of the organization**

Christian & Missionary Alliance Fnd

Employer identification number

59-1166437

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a

a Receive a severance payment or change of control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b	Yes	
2	Yes	
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Peter Dys	(i) 375,646 (ii) 0	0 0	1,500 0	9,000 0	6,402 0	392,548 0	0 0
Tim K Lochridge	(i) 193,380 (ii) 0	0 0	1,500 0	8,944 0	10,176 0	214,000 0	0 0
Timothy Ficker	(i) 192,624 (ii) 0	0 0	1,500 0	8,925 0	10,176 0	213,225 0	0 0
Steven Minnear	(i) 151,050 (ii) 0	0 0	1,500 0	7,384 0	6,402 0	166,336 0	0 0
Roger Hirchak	(i) 245,824 (ii) 0	0 0	1,500 0	9,000 0	8,916 0	265,240 0	0 0
Dr David Nesselroade	(i) 207,636 (ii) 0	0 0	0 0	9,000 0	6,396 0	223,032 0	0 0
David Moreland	(i) 194,007 (ii) 0	0 0	1,500 0	8,934 0	6,396 0	210,837 0	0 0
Michael Davis	(i) 78,986 (ii) 0	78,578 0	0 0	7,876 0	3,392 0	168,832 0	0 0
Dr Mary Chapman	(i) 148,885 (ii) 0	0 0	0 0	7,587 0	6,396 0	162,868 0	0 0
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III **Supplemental Information**

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

Software ID:
Software Version:
EIN: 59-1166437
Name: Christian & Missionary Alliance Fnd

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Peter Dys	(i) 375,646 (ii) 0	0	1,500 0	9,000 0	6,402 0	392,548 0	0 0
Tim K Lochridge	(i) 193,380 (ii) 0	0	1,500 0	8,944 0	10,176 0	214,000 0	0 0
Timothy Ficker	(i) 192,624 (ii) 0	0	1,500 0	8,925 0	10,176 0	213,225 0	0 0
Steven Minnear	(i) 151,050 (ii) 0	0	1,500 0	7,384 0	6,402 0	166,336 0	0 0
Roger Hirchak	(i) 245,824 (ii) 0	0	1,500 0	9,000 0	8,916 0	265,240 0	0 0
Dr David Nesselroade	(i) 207,636 (ii) 0	0	0 0	9,000 0	6,396 0	223,032 0	0 0
David Moreland	(i) 194,007 (ii) 0	0	1,500 0	8,934 0	6,396 0	210,837 0	0 0
Michael Davis	(i) 78,986 (ii) 0	78,578 0	0 0	7,876 0	3,392 0	168,832 0	0 0
Dr Mary Chapman	(i) 148,885 (ii) 0	0	0 0	7,587 0	6,396 0	162,868 0	0 0

Schedule K
(Form 990)

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

2008

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceTo be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.Name of the organization
Christian & Missionary Alliance Fnd

Employer identification number

59-1166437

Part I Bond Issues (Required for 2008)

	(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	
							Yes	No	Yes	No
A	LEE COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	59-1793462	52349EBY5	11-15-2006	48,373,959	CONSTRUCTION COSTS		X		X
B	LEE COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	59-1793462	52349ECM0	04-05-2007	121,372,432	REFUND SERIES 1999A BONDS		X		X

Part II Proceeds (Optional for 2008)

		A	B	C	D	E						
		1	2	3	4	5	6	7	8	9	10	11
1	Total Proceeds of Issue											
2	Gross Proceeds in Reserve Funds											
3	Proceeds in Refunding or Defeasance Escrows											
4	Other Unspent Proceeds											
5	Issuance Costs from Proceeds											
6	Working Capital Expenditures from Proceeds											
7	Capital Expenditures from Proceeds											
8	Year of Substantial Completion											
9	Were the bonds issued as part of a current refunding issue?	Yes	No	No								
10	Were the bonds issued as part of an advance refunding issue?											
11	Has the final allocation of proceeds been made?											
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?											

Part III Private Business Use (Optional for 2008)

		A		B		C		D		E		
		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?											
2	Are there any lease arrangements with respect to the financed property which may result in private business use?											

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No								
3a Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b Are there any research agreements with respect to the financed property which may result in private business use?										
3c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
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 501(c)(3) organization, or a state or local government										
6 Total of lines 4 and 5										
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage (Optional for 2008)

	A		B		C		D		E	
	Yes	No								
1 Has a Form 8038-T been filed with respect to the bond issue?										
2 Is the bond issue a variable rate issue?										
3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?										
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?										
6 Did the bond issue qualify for an exception to rebate?										

2008

Open to Public
Inspection**SCHEDULE O**
(Form 990)**Supplemental Information to Form 990**

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

Name of the organization
Christian & Missionary Alliance Fnd

Employer identification number

59-1166437

Identifier	Return Reference	Explanation
Part VI, Question 10	990 REVIEW PROCESS	The 990 was completed by a 3rd party, and a draft was presented to the audit committee for review. The final version was then e-mailed to all board members before it was filed with the IRS

Identifier	Return Reference	Explanation
Part VI, Question 12c	Describe how conflict of interest policy is monitored & enforced	Any Christian & Missionary Alliance Foundation (CMAF) board member or leadership staff in a position to make decisions with regard to CMAFs resources and stands to benefit from a decision, must fully disclose at first knowledge, that a conflict of interest exists. Disclosures shall be in writing and directed to the chair of the board and/or the President. Information disclosed shall be held in confidence except where, in the judgment of these persons, the best interest of the organization requires further disclosure. All board members and leadership staff are requested to list on this form those substantive relationships that he or she maintains (or members of their family maintain) with organizations that do business with CMAF or otherwise could be construed to potentially affect his or her unbiased, decision-making authority or responsibility. In the event there is uncertainty as to the appropriateness of listing a particular relationship, the chair of the board of directors and/or president should be consulted. They in turn may elect to consult legal counsel, executive committee or the board of directors in executive session.

Identifier	Return Reference	Explanation
Part VI, Question 15a	Describe process for determining compensation	Barbara Manny with Benefits and Compensation Resources, LLC conducted the review. The actual review for Peter Dys, President was started in late 2006 with board approval occurring in May, 2007

Identifier	Return Reference	Explanation
Part VI, Question 15b	Describe process for determining compensation	Barbara Manny of Benefits and Compensation Resources, LLC also conducted the review for the following: Tim Lochridge, CFO, Timothy Ficker, COO and Steven Minnear, Vice-President of Health Care Services. This review was started in late 2006 and compensation was approved by the board in May, 2007

Identifier	Return Reference	Explanation
Part VI, Question 19	Describe how documents are made available to the public	All governing documents, conflict of interest policy, financial statements and Form 990's are available to the public upon request

Identifier	Return Reference	Explanation
Part IV, Question 12	Audited Financial Statements	Christian & Missionary Alliance Foundation did not receive separately issued financial statements. However, Christian & Missionary Alliance Foundation was part of a consolidated audit in which its consolidated financial statements were prepared in accordance with GAAP. Per the IRS instructions for the 2008 Form 990, if an organization is part of a consolidated audit this box must be checked no.

Identifier	Return Reference	Explanation
Part I, Question 6	Volunteers	Volunteerism. One clear indicator of a true non-profit is the willingness engendered among individuals to provide their time and personal talent to assist and support the organization through volunteerism. At Shell Point, 950 (almost half) of the entire population of 2,200 residents are registered volunteers in the community and many others also volunteer outside Shell Point with organizations that are associated with the community. The total number of documented volunteer hours in the past 20 years has been well over two million hours of volunteer service. Shell Point's volunteer program is such an important part of resident life in the community that the organization provides a department with two dedicated staff to oversee the program. There are more than 50 organized volunteer groups at Shell Point providing myriad services including the Pavilion Auxiliary, which has over 450 volunteers working within the facility's skilled nursing center to enhance the quality of life for residents living there. Other volunteer programs include a full-service library which is operated completely by resident volunteers, various service groups such as Adopt-A-Road, Huggie Hearts, Support Groups, Shell Point Ambassadors, and more. These programs not only enhance the Shell Point lifestyle, they also provide a sense of meaning and purpose in the personal lives of the individuals who are volunteering.

Identifier	Return Reference	Explanation
990 Part VI, Section A, Questions 6, 7a & 7b	Member Information	Line 6: The corporation has only one class of members. The members of the corporation are the members of the Board of Directors of The Christian & Missionary Alliance. Line 7a: The corporation's Board of Directors (governing body) is elected by the members of the corporation. Line 7b: Certain decisions of the governing body (the incurrence of debt, for example) are subject to approval by the members of the corporation.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
Christian & Missionary Alliance Fnd

Employer identification number

59-1166437

► **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
► See separate instructions.

Part I Identification of Disregarded Entities

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Christian and Missionary Alliance Inc PO Box 35000 Colorado Springs, CO80935 13-1623940	Church	CO	501 (c)(3)	TYPE 1	NA
The Legacy Foundation at Shell Point 15010 Shell Point Blvd Fort Myers, FL33908 80-0002145	Fundraising	FL	501 (c)(3)	TYPE 9	CMA INC
Alliance Community for Retirement Living 600 South Florida Avenue DeLand, FL32720 59-0817603	Cont. Care	FL	501 (c)(3)	TYPE 9	CMA INC

Part III Identification of Related Organizations Taxable as a Partnership

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

Part V Transactions with Related Organizations**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a	Yes	
1b		No
1c		No
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m		No
1n		No
1o	Yes	
1p		No
1q	Yes	
1r		No

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

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	Shell Point Development Corporation	A	214,296
(2)	Alliance Community for Retirement Living	O	65,976
(3)	Shell Point Development Corporation	Q	569,009
(4)	Alliance Community for Retirement Living	D	557,422
(5)	Legacy Foundation	D	981,298
(6)	Shell Point Development Corporation	D	6,307,136

Part VI Unrelated Organizations Taxable as a Partnership

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

Software ID:**Software Version:****EIN:** 59-1166437**Name:** Christian & Missionary Alliance Fnd**Form 990, Schedule R, Part V - Transactions with Related Organizations**

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved (\$)
(1)	Shell Point Development Corporation	A	214,296
(2)	Alliance Community for Retirement Living	O	65,976
(3)	Shell Point Development Corporation	Q	569,009
(4)	Alliance Community for Retirement Living	D	557,422
(5)	Legacy Foundation	D	981,298
(6)	Shell Point Development Corporation	D	6,307,136

Additional Data

Software ID:
Software Version:
EIN: 59-1166437
Name: Christian & Missionary Alliance Fnd

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099MISC)	(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			
Wanda Anderson , Board Member	1 0	X					0	0	0
Dr Paul T Cass , Board Member	1 0	X					0	0	0
John W Davidson , Treasurer	1 0	X		X			0	0	0
Rev Charles B DeWitt , Secretary	1 0	X		X			0	0	0
Donna J Duss , Vice Chair	1 0	X		X			0	0	0
Ronald E Eastman , Chair	1 0	X		X			0	0	0
Dr James Glenn , Board Member	1 0	X					0	0	0
Jay Hibbard , Board Member	1 0	X					0	0	0
Rev Mark T O'Farrell , Board Member	1 0	X					0	0	0
Dr Michael G Scales , Board Member	1 0	X					0	0	0
Martin C Schappell , Board Member	1 0	X					0	0	0
Robert M Scott , Board Member	1 0	X					0	0	0
Archie L White , Sr Board Member	1 0	X					0	0	0
Rev Charles Hughes , Board Member	1 0	X					0	58,397	13,904
Peter Dys , President	50 0		X				377,146	0	15,402
Tim K Lochridge , CFO	50 0		X				194,880	0	19,120
Timothy Ficker , COO	50 0			X			194,124	0	19,101
Steven Minnear , VP of Health Care Services	50 0			X			152,550	0	13,786
Roger Hirchak , VP of Medical Services	40 0				X		247,324	0	17,916
Dr David Nesselroade , Physician	40 0				X		207,636	0	15,396
David Moreland , VP of Sales & Marketing	50 0				X		195,507	0	15,330
Michael Davis , Sales Director	40 0				X		157,564	0	11,268
Dr Mary Chapman , Physician	40 0				X		148,885	0	13,983

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

Shell Point Retirement Community is a Continuing Care Retirement Community with a full range of wellness, recreational, social and spiritual programs and the services of a professional staff. In carrying out our mission, Shell Point aspires to excellence by Caring, Serving and Satisfying our residents and employees. Shell Point is nationally accredited by the Continuing Care Accreditation Commission--the industry's most sought-after recognition of excellence. Shell Point provides a broad continuum of quality residential alternatives and services, designed to enhance the independence and dignity of its residents through spiritual, social, recreational, and physical programs. Shell Point currently provides these services to more than 2,200 senior adults in a community comprised of three adjacent neighborhoods with independent living, assisted living, and skilled nursing. Shell Point provides employment and opportunity for continued growth and personal development to approximately 850 people