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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization Christian & Missionary Alliance Fnd	<b>D</b> Employer identification number  59-1166437
		Doing Business As Shell Point Village	<b>E</b> Telephone number  (239) 466-1111
		Number and street (or P O box if mail is not delivered to street address) Room/suite 15000 Shell Point Blvd	<b>G</b> Gross receipts \$ 90,964,087
		City or town, state or country, and ZIP + 4 Fort Myers, FL 33908	
<b>F</b> Name and address of principal officer Peter Dys 15000 Shell Point Blvd STE 100 Fort Myers, FL 33908		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
		<b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ www.shellpoint.org			

<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation 1967	<b>M</b> State of legal domicile FL
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Part I

Summary

Activities & Governance	<b>1</b>	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		
	<b>2</b>	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . . <b>3</b> 14		
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . . <b>4</b> 13		
	<b>5</b>	Total number of employees (Part V, line 2a) . . . . . <b>5</b> 1,045		
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . . <b>6</b> 979		
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12 . . <b>7a</b> 1,742,286		
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . <b>7b</b>		
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .	3,935,198	2,510,165
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	76,859,220	79,073,787
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-761,800	611,341
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	3,801,521	3,574,046
			83,834,139	85,769,339
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . .	0	537,893
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	33,445,493	33,420,598
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶24,630		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	45,644,328	45,904,320
	<b>18</b>	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	79,089,821	79,862,811
	<b>19</b>	Revenue less expenses Subtract line 18 from line 12 . . . . .	4,744,318	5,906,528
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	<b>20</b>	Total assets (Part X, line 16) . . . . .	440,086,323	436,596,931
	<b>21</b>	Total liabilities (Part X, line 26) . . . . .	396,033,878	387,498,185
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20 . . . . .	44,052,445	49,098,746

Part II

Signature Block

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			
	***** Signature of officer		2011-05-16 Date	
	Tim Lochridge CFO Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ▶ Rita F Worster CPA	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BKD LLP 111 South Tejon Suite 800 Colorado Springs, CO 809039848			EIN ▶
			Phone no ▶ (719) 471-4290	

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

Part IIISTatement of Program Service Accomplishments

1Briefly 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 PEO

2Did 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

3Did 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

4Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code ) (Expenses \$ 63,793,580 including grants of \$ ) (Revenue \$ 52,268,025 )
	Health Care Services--A major factor which brings a resident to a continuing care facility is access to life-care 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 \$ 7,526,378 including grants of \$ 537,893 ) (Revenue \$ 26,231,819 )
	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 are 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 wellbeing 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 \$ 1,662,470 including grants of \$ ) (Revenue \$ 573,943 )
	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 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 Residents may also arrange private functions for special events such as birthday and anniversary celebrations in one of the private dining rooms

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

4e	Total program service expenses \$ 72,982,428
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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? 	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, 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	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? 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
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	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? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

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	98	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	1,045	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .			3b	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)? . . . . .	4a		No
b If "Yes," enter the name of the foreign country: <input type="text"/> 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
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, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			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, during the year, 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 For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			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		

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.

Section A. Governing Body and Management

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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





<b>1b</b>	<b>Total</b> . . . . .	1,865,825	59,609	138,689
-----------	------------------------	-----------	--------	---------

**2**

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶21

		<b>Yes</b>	<b>No</b>
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
<b>4</b>	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> . . . . .	Yes	
<b>5</b>	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> . . . . .		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
MAJ CONTRACTING INC 2602 DORA ST FORT MYERS, FL 33901	GENERAL CONTRACTOR	250,688
B I CONTRACTORS 2701 PRINCE ST FORT MYERS, FL 33916	A/C CONTRACTOR	117,223
RDG SCHUTTE WILSCAM BIRGE 900 FARNUM ON THE MALL SUITE 100 OMAHA, NE 68102	ARCHITECTS	180,054
STEPHENS CONTRACTORS 6208 WHISKEY CREEK DR FORT MYERS, FL 33919	GENERAL CONTRACTOR	362,983
APEX DRYWALL 16870 RIVER ESTATES CT ALVA, FL 33920	DRYWALL CONTRACTOR	784,768

**2**

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶16

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	2,510,165				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f . . . . .			2,510,165			
Program Service Revenue			Business Code					
	2a	MONTHLY MAINTENANCE FEES	900,099	32,289,267	32,289,267			
	b	ENTRANCE FEES	900,099	20,174,370	20,174,370			
	c	MEDICAL SERVICES	621,610	26,036,207	26,036,207			
	d	DINING SERVICES	722,100	573,943	573,943			
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .			79,073,787			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .			336,867	139,284	197,583	
	4	Income from investment of tax-exempt bond proceeds . . .			584,694		584,694	
	5	Royalties . . . . .			0			
	6a	(i) Real		(ii) Personal				
		Gross Rents	95,440					
		b Less rental expenses						
		c Rental income or (loss)	95,440					
	d	Net rental income or (loss) . . . . .			95,440		95,440	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory	4,884,528					
		b Less cost or other basis and sales expenses	4,857,185	337,563				
		c Gain or (loss)	27,343	-337,563				
	d	Net gain or (loss) . . . . .			-310,220		-310,220	
	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 . . .			0			
	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 . . .			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 . . .			0				
Miscellaneous Revenue		Business Code						
11a	GOLF COURSE	713,910	1,795,874		897,937	897,937		
b	RESTAURANTS	722,100	803,273		200,818	602,455		
c	SALON	812,900	416,902		41,690	375,212		
d	All other revenue . . . . .		462,557		462,557			
e	Total. Add lines 11a-11d . . . . .			3,478,606				
12	Total revenue. See Instructions . . . . .			85,769,339	79,073,787	1,742,286	2,443,101	

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	537,893	537,893		
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 . . . . .	869,755	244,682	607,502	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	26,055,858	23,195,969	2,854,580	5,309
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	669,327	595,917	73,410	
9	Other employee benefits . . . . .	3,835,986	3,525,283	310,703	
10	Payroll taxes . . . . .	1,989,672	1,782,129	205,793	1,750
11	Fees for services (non-employees)				
a	Management . . . . .	134,891		134,891	
b	Legal . . . . .	39,359		39,359	
c	Accounting . . . . .	67,024		67,024	
d	Lobbying . . . . .	0			
e	Professional fundraising See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other . . . . .	42,970	42,970		
12	Advertising and promotion . . . . .	1,240,388		1,240,388	
13	Office expenses . . . . .	7,038,432	6,796,468	241,964	
14	Information technology . . . . .	171,101		171,101	
15	Royalties . . . . .	0			
16	Occupancy . . . . .	6,497,082	5,754,043	743,039	
17	Travel . . . . .	236,439	214,016	22,423	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	34,400		34,400	
20	Interest . . . . .	10,319,125	10,209,949	109,176	
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	16,765,194	16,765,194		
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	1,051,287	1,051,287		
b	FOOD COSTS	2,111,408	2,111,408		
c	BAD DEBTS	155,220	155,220		
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	79,862,811	72,982,428	6,855,753	24,630
26	Joint costs. Check here <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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			9,059,011	1	11,491,173
	2	Savings and temporary cash investments . . . . .			17,062,063	2	12,148,262
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			2,906,236	4	2,476,408
	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 . . . . .			4,285,833	7	4,285,833
	8	Inventories for sale or use . . . . .			642,418	8	742,214
	9	Prepaid expenses and deferred charges . . . . .			1,215,472	9	2,136,894
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	504,785,271	380,584,699	10c	374,212,881
	b	Less accumulated depreciation . . . . .	10b	130,572,390			
	11	Investments—publicly traded securities . . . . .			7,940,754	11	17,986,040
	12	Investments—other securities See Part IV, line 11 . . . . .			7,781,732	12	5,211,574
	13	Investments—program-related See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .			8,608,105	15	5,905,652
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			440,086,323	16	436,596,931
Liabilities	17	Accounts payable and accrued expenses . . . . .			6,178,063	17	6,787,439
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			164,785,772	19	163,217,384
	20	Tax-exempt bond liabilities . . . . .			200,807,692	20	196,360,696
	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 . . . . .			15,910,999	23	12,995,556
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities Complete Part X of Schedule D . . . . .			8,351,352	25	8,137,110
	26	Total liabilities. Add lines 17 through 25 . . . . .			396,033,878	26	387,498,185
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			40,347,942	27	43,913,649
	28	Temporarily restricted net assets . . . . .			3,440,034	28	4,920,628
	29	Permanently restricted net assets . . . . .			264,469	29	264,469
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 . . . . .			44,052,445	33	49,098,746
	34	Total liabilities and net assets/fund balances . . . . .			440,086,323	34	436,596,931

**Part XI**    **Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b> 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 . . . .	Yes	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		No
<b>b</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 . . .		

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

2009

Open to Public Inspection

Name of the organization  
Christian & Missionary Alliance Fnd

Employer identification number  
59-1166437

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?  

(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 supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. 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—2008. 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—2009. 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—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,136,152	1,384,787	274,863	3,935,198	2,510,165	10,241,165
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	61,870,140	66,661,447	71,909,987	76,859,220	79,073,787	356,374,581
3Gross receipts from activities that are not an unrelated trade or business under section 513				2,003,740	1,875,604	3,879,344
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5	64,006,292	68,046,234	72,184,850	82,798,158	83,459,556	370,495,090
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						370,495,090

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6	64,006,292	68,046,234	72,184,850	82,798,158	83,459,556	370,495,090
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	995,853	2,158,053	1,792,897	961,976	877,717	6,786,496
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	224,039	449,850	177,307	104,675	142,861	1,098,732
cAdd lines 10a and 10b	1,219,892	2,607,903	1,970,204	1,066,651	1,020,578	7,885,228
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12)	65,226,184	70,654,137	74,155,054	83,864,809	84,480,134	378,380,318
14First 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 type="checkbox"/>					

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	97.916%
16Public support percentage from 2008 Schedule A, Part III, line 15	16	97.428%

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	2.084%
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	2.573%
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	<input type="checkbox"/>	



Part IV

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

Additional Data

Software ID:

Software Version:

EIN: 59-1166437

Name: Christian & Missionary Alliance Fnd

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
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 BOARD MEMBER	1 0	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 D 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 TREASURER	1 0	X		X				0	0	0	
ARCHIE L WHITE BOARD MEMBER	1 0	X						0	0	0	
REV CHARLES HUGHES BOARD MEMBER	1 0	X						0	59,609	9,166	
PETER DYS PRESIDENT	50 0			X				383,114	0	17,481	
TIM K LOCHRIDGE CFO	50 0			X				205,566	0	17,771	
TIMOTHY FICKER COO	50 0				X			162,933	0	14,963	
STEVEN MINNIEAR VP OF HEALTH CARE SERVICES	50 0				X			153,258	0	10,509	
DR ROGER HIRCHAK VP OF MEDICAL SERVICES	40 0					X		251,872	0	13,843	
DR DAVID NESSELROADE PHYSICIAN	40 0					X		210,640	0	12,490	
DAVID C MORELAND VP OF SALES & MARKETING	50 0					X		196,930	0	14,038	
DR MARY CHAPMAN PHYSICIAN	40 0					X		151,144	0	12,351	
DR MARK YALLOF PHYSICIAN	40 0					X		150,368	0	16,077	

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b> Christian & Missionary Alliance Fnd	<b>Employer identification number</b> 59-1166437
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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.

	<b>(a)</b> Donor advised funds	<b>(b)</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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
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											
		<table><tr><td></td><td><b>Held at the End of the Year</b></td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		<b>Held at the End of the Year</b>	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	<b>Held at the End of the Year</b>											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part 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 . . . . .	3,704,503	1,781,188			
b Contributions . . . . .	1,696,510	3,078,625			
c Investment earnings or losses . . . . .	53,259	60,992			
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	269,175	1,216,302			
f Administrative expenses . . . . .					
g End of year balance . . . . .	5,185,097	3,704,503			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 5.100 %

c

Term endowment ▶ 94.900 %

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b

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

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

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		21,323,089		21,323,089
b Buildings . . . . .		417,078,310	106,911,366	310,166,944
c Leasehold improvements . . . . .				
d Equipment . . . . .		19,269,990	8,568,496	10,701,494
e Other . . . . .		47,113,882	15,092,528	32,021,354
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				374,212,881



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)	185,769,339
2	Total expenses (Form 990, Part IX, column (A), line 25)	279,862,811
3	Excess or (deficit) for the year Subtract line 2 from line 1	35,906,528
4	Net unrealized gains (losses) on investments	41,733,974
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8-2,594,201
9	Total adjustments (net) Add lines 4 - 8	9-860,227
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	105,046,301

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	188,114,876
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .2a1,733,974	
b	Donated services and use of facilities . . . . .2b	
c	Recoveries of prior year grants . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d611,563	
e	Add lines 2a through 2d . . . . .2e2,345,537	
3	Subtract line 2e from line 1 . . . . .3	385,769,339
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	585,769,339

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	180,200,374
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) . . . . .2d337,563	
e	Add lines 2a through 2d . . . . .2e337,563	
3	Subtract line 2e from line 1 . . . . .3	379,862,811
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	579,862,811

**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 XII, Line 2d	Other Revenue on Books, Not on Return	Loss on Sale of Asset Reclassed From Expense 337,563 Change in Value of Interest Rate Swap 274,000 Total 611,563
Part XIII, Line 2d	Other Expense on Books, Not on Return	Loss on Sale of Asset Reclassed From Expense 337,563
Part XI, Line 8	Other Changes to Net Assets	Change in Value of Interest Rate Swap 274,000 Equity Transfer to Related Entity (2,868,201) Total (2,594,201)
Part V, Question 4	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.
Part X, Line 2	Uncertain Tax Positions	Management has evaluated their income tax positions under the guidance included in ASC 740. Based on their review, management has not identified any material uncertain tax positions to be recorded or disclosed in the financial statements.

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Christian & Missionary Alliance Fnd

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

2009

Open to Public  
Inspection

Employer identification number  
59-1166437

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

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶

3 Enter total number of other organizations . . . . . ▶

**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
SUBSIDIZE RESIDENTS LIVING EXP	53	537,893			
See Additional Data Table					

**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
PART I, QUESTION 2	GRANT MONITORING PROCESS	SUBSIDIES ARE GRANTED TO RESIDENTS WHO HAVE RUN LOW ON FUNDS THROUGH NO FAULT OF THEIR OWN AND MEET ELIGIBILTY REQUIREMENTS



Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Christian & Missionary Alliance Fnd

Employer identification number

59-1166437

Part I

Questions Regarding Compensation

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

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use 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) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
PETER DYS	(i)	381,614	0	1,500	10,693	6,788	400,595	0
	(ii)	0	0	0	0	0	0	0
TIM K LOCHRIDGE	(i)	196,263	0	9,303	7,022	10,749	223,337	0
	(ii)	0	0	0	0	0	0	0
TIMOTHY FICKER	(i)	157,081	0	5,852	6,006	8,957	177,896	0
	(ii)	0	0	0	0	0	0	0
STEVEN MINNIEAR	(i)	151,560	0	1,698	6,052	4,457	163,767	0
	(ii)	0	0	0	0	0	0	0
DR ROGER HIRCHAK	(i)	250,174	0	1,698	6,820	7,023	265,715	0
	(ii)	0	0	0	0	0	0	0
DR DAVID NESSELROADE	(i)	202,706	0	7,934	6,094	6,396	223,130	0
	(ii)	0	0	0	0	0	0	0
DAVID C MORELAND	(i)	195,049	0	1,881	7,015	7,023	210,968	0
	(ii)	0	0	0	0	0	0	0
DR MARY CHAPMAN	(i)	151,144	0	0	5,328	7,023	163,495	0
	(ii)	0	0	0	0	0	0	0
DR MARK YALLOF	(i)	150,368	0	0	5,328	10,749	166,445	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(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.

Ident if ier	Ret urn Reference	Explanation
TRAVEL FOR COMPANIONS	SCHEDULE J, PART I, QUESTION 1A	The president approves VP requests for payment, and CFO approves president's request for payment. These fees are included as taxable income each year on their W-2. This benefit only applies to the President and VP's of the organization and is subject to a maximum amount of \$1,500 per year per person.
NON-FIXED PAYMENTS	PART I, QUESTION 7	SOME INDIVUALS LISTED ON PART VII WERE ELIGIBLE FOR A BONUS NOT TO EXCEED 1% OF THEIR SALARIES. THESE AMOUNTS WERE ACCRUED AS OF 06/30/2010.

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

2009

Open to Public  
Inspection

Name of the organization  
Christian & Missionary Alliance Fnd

Employer identification number  
59-1166437

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	
							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

1	Total proceeds of issue	A		B		C		D		E	
		50,192,500		122,787,025							
2	Gross proceeds in reserve funds	2,488,819		8,475,297							
3	Proceeds in refunding or defeasance escrows	110,349,735		110,349,735							
4	Other unspent proceeds										
5	Issuance costs from proceeds	967,479		2,196,947							
6	Working capital expenditures from proceeds	1,735,047		1,414,593							
7	Capital expenditures from proceeds	45,001,155									
8	Year of substantial completion	2009		2007							
9	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
			X		X						
10	Were the bonds issued as part of an advance refunding issue?		X	X							
11	Has the final allocation of proceeds been made?	X		X							
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

Part III

Private Business Use

		A		B		C		D		E	
		Yes	No	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 with respect to the financed property which may result in private business use?		X								

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
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?		X								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %									
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %									
6	Total of lines 4 and 5	0 %									
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		E	
		Yes	No	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		X						
2	Is the bond issue a variable rate issue?		X		X						
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X						
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		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		X						
6	Did the bond issue qualify for an exception to rebate?	X		X							

Additional Data

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136046661

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization Christian & Missionary Alliance Fnd	Employer identification number 59-1166437
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Identifier	Return Reference	Explanation
Part VI, Question 11A	990 REVIEW PROCESS	The 990 is completed by a third party, and a draft is presented to the audit committee for review The final version is e-mailed to all board members before filing 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 CMAF's 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, the executive committee, or the board of directors in executive session A board member or leadership staff who has declared or has been found to have a conflict-of-interest in any proposed transaction or other matter will not participate in any discussion or debate regarding that transaction The Board of Directors may request clarifying information from that person or persons involved but he or she may not vote on the matter in question and may not be present at the time of the vote With respect to restraint on participation, the president or the chair shall take action as is necessary to assure that the transaction is completed in the best interests of CMAF without the substantive involvement of the person who has the possible conflict of interest

Identifier	Return Reference	Explanation
Part VI, Question 15a	Describe process for determining compensation	The review of executive compensation was conducted by Barbara Manny and outside consultants, Benefits and Compensation Resources, LLC 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	The review of other officer and key employee compensation was conducted by Barbara Manny and outside consultants, Benefits and Compensation Resources, LLC for the following individuals Tim Lochridge, CFO, Timothy Ficker, COO and Steven Minniear, 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, and financial statements are available to the public upon request

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, 979 (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)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
Christian & Missionary Alliance Fnd

Employer identification number  
59-1166437

Part I

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
CHRISTIAN AND MISSIONARY ALLIANCE INC  PO BOX 35000  COLORADO SPRINGS, CO 80935 13-1623940	CHURCH	CO	501(C)(3)	Line 1	NA
THE LEGACY FOUNDATION AT SHELL POINT  15010 SHELL POINT BLVD  FORT MYERS, FL 33908 80-0002145	FUNDRAISING	FL	501(C)(3)	Line 9	NA
ALLIANCE COMMUNITY FOR RETIREMENT LIVING  600 SOUTH FLORIDA AVE  DELAND, FL 32720 59-0817603	CCRC	FL	501(C)(3)	Line 9	NA

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
Shell Point Development Corporation 13901 Shell Point Plaza Fort Myers, FL33908 65-1046494	Hotel	FL	CMA Inc	C corp	1,657,888	7,183,195	100 000 %



Part V

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

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

Yes

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

1n

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	(b) Transaction type(a-r)	(c) Amount involved
(1) SHELL POINT DEVELOPMENT CORPORATION	A	139,284
(2) SHELL POINT DEVELOPMENT CORPORATION	Q	750,000
(3) SHELL POINT DEVELOPMENT CORPORATION	D	4,285,833
(4) SHELL POINT DEVELOPMENT CORPORATION	B	2,868,201
(5)		
(6)		

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

[illegible]

Form **4797**

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

► Attach to your tax return.    ► See separate instructions.

OMB No 1545-0184

**2009**

Attachment Sequence No **27**

Department of the Treasury

Internal Revenue Service (99)

Name(s) shown on return  
Christian & Missionary Alliance Fnd

Identifying number  
59-1166437

**1**    Enter the gross proceeds from sales or exchanges reported to you for 2009 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)    .

**1**

Part I

Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	EQUIPMENT					337,563	-337,563

**3**    Gain, if any, from Form 4684, line 43    . . . . .

**4**    Section 1231 gain from installment sales from Form 6252, line 26 or 37    . . . . .

**5**    Section 1231 gain or (loss) from like-kind exchanges from Form 8824    . . . . .

**6**    Gain, if any, from line 32, from other than casualty or theft    . . . . .

**7**    Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows    . . . . .

**Partnerships (except electing large partnerships) and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 9, 11, and 12 below

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9 If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below

**8**    Nonrecaptured net section 1231 losses from prior years (see instructions)    . . . . .

**9**    Subtract line 8 from line 7 If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on line 12 below If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)    . . . . .

<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	-337,563
<b>8</b>	
<b>9</b>	

Part II

Ordinary Gains and Losses (see instructions)

**10**    Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less)


**11**    Loss, if any, from line 7    . . . . .

**12**    Gain, if any, from line 7, or amount from line 8, if applicable    . . . . .

**13**    Gain, if any, from line 31    . . . . .

**14**    Net gain or (loss) from Form 4684, lines 35 and 42a    . . . . .

**15**    Ordinary gain from installment sales from Form 6252, line 25 or 36    . . . . .

**16**    Ordinary gain or (loss) from like-kind exchanges from Form 8824    . . . . .

**17**    Combine lines 10 through 16    . . . . .

**18**    For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below For individual returns, complete lines a and b below

**a**    If the loss on line 11 includes a loss from Form 4684, line 39, column (b)(ii), enter that part of the loss here Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23 Identify as from “Form 4797, line 18a ” See instructions    . . . . .

**b**    Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a Enter here and on Form 1040, line 14    . . . . .

<b>11</b>	(337,563)
<b>12</b>	
<b>13</b>	
<b>14</b>	
<b>15</b>	
<b>16</b>	
<b>17</b>	-337,563
<b>18a</b>	
<b>18b</b>	

Part III

Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255  
(see instructions)

19	(a) Description of section 1245, 1250, 1252, 1254, or 1255 property	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )
A			
B			
C			
D			

These columns relate to the properties on lines 19A through 19D		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing )	20			
21	Cost or other basis plus expense of sale . . .	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis Subtract line 22 from line 21 . .	23			
24	Total gain Subtract line 23 from line 20 . . .	24			
25	If section 1245 property:				
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a . . . .	25b			
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291				
a	Additional depreciation after 1975 (see instructions) . .	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions) . . . .	26b			
c	Subtract line 26a from line 24 If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e . . . . .	26c			
d	Additional depreciation after 1969 and before 1976 . .	26d			
e	Enter the smaller of line 26c or 26d . . . .	26e			
f	Sections 291 amount (corporations only) . . .	26f			
g	Add lines 26b, 26e, and 26f . . . . .	26g			
27	If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)				
a	Soil, water, and land clearing expenses . . .	27a			
b	Line 27a multiplied by applicable percentage (see instructions) .	27b			
c	Enter the smaller of line 24 or 27b . . . . .	27c			
28	If section 1254 property:				
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions) . . . . .	28a			
b	Enter the smaller of line 24 or 28a . . . . .	28b			
29	If section 1255 property:				
a	Applicable percentage of payments excluded from income under section 126 (see instructions)	29a			
b	Enter the smaller of line 24 or 29a (see instructions)	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.			
30	Total gains for all properties Add property columns A through D, line 24 . . . . .	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b Enter here and on line 13 .	31	
32	Subtract line 31 from line 30 Enter the portion from casualty or theft on Form 4684, line 37 Enter the portion from other than casualty or theft on Form 4797, line 6 . . . . .	32	

Part IV

Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less  
(see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years . . .	33	
34	Recomputed depreciation (see instructions) . . . . .	34	
35	Recapture amount Subtract line 34 from line 33 See the instructions for where to report . .	35	