



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







A For the 2009 calendar year, or tax year beginning 07-01-2009 , and ending 06-30-2010				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE LEGACY FOUNDATION AT SHELL POINT INC		D Employer identification number 80-0002415
Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite 15010 Shell Point Blvd		E Telephone number (239) 466-8484
Name change				
Initial return		City or town, state or country, and ZIP + 4 Fort Myers, FL 33908		F Group Exemption Number
Terminated				
Amended return				
Application pending				

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		G Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) _____
I Website: www.legacyshellpoint.org		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-Exempt status (check only one)— <input checked="" type="checkbox"/> 501(c)(3) (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		

K Check <input checked="checked" type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.	
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$ 499,942

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)									
Revenue	1	Contributions, gifts, grants, and similar amounts received						1	276,855
	2	Program service revenue including government fees and contracts						2	185,711
	3	Membership dues and assessments						3	0
	4	Investment income						4	0
	5a	Gross amount from sale of assets other than inventory				5a	0	5c	0
	b	Less cost or other basis and sales expenses				5b	0		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)								
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>						6c	24,426
	a	Gross revenue (not including \$ 0 of contributions reported on line 1)				6a	37,376		
	b	Less direct expenses other than fundraising expenses				6b	12,950		
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)								
	7a	Gross sales of inventory, less returns and allowances				7a	0	7c	0
	b	Less cost of goods sold				7b	0		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)									
8	Other revenue (describe <input type="checkbox"/>)						8	0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8						9	486,992	
Expenses	10	Grants and similar amounts paid (attach schedule) <input type="checkbox"/>						10	39,248
	11	Benefits paid to or for members						11	0
	12	Salaries, other compensation, and employee benefits						12	356,243
	13	Professional fees and other payments to independent contractors						13	1,251
	14	Occupancy, rent, utilities, and maintenance						14	0
	15	Printing, publications, postage, and shipping						15	4,338
	16	Other expenses (describe <input type="checkbox"/>)						16	76,118
	17	Total expenses. Add lines 10 through 16						17	477,198
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						18	9,794
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)						19	-746,941
	20	Other changes in net assets or fund balances (attach explanation)						20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20						21	-737,147

Part II Balance Sheets —If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ			
(See the instructions for Part II)			
22	Cash, savings, and investments	(A) Beginning of year	(B) End of year
		19,134	22 69,801
23	Land and buildings	0	23 0
24	Other assets (describe  )	232,962	24 321,586
25	Total assets	252,096	25 391,387
26	Total liabilities (describe  )	999,037	26 1,128,534
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	-746,941	27 -737,147

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? To serve and support The Christian & Missionary Alliance Foundation, Inc d/b/a Shell Point Retirement Community			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 See Additional Data Table			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	
29			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31 Other program services (attach schedule) <input type="checkbox"/>			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input checked="" type="checkbox"/>		32	358,730

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part V Other Information (Note the statement requirements in the instructions for Part V.)			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a		0
b	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . .	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .	38b		
39	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on line 9	39a		
b	Gross receipts, included on line 9, for public use of club facilities	39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed ▶ FL			
42a	The organization's books are in care of ▶ Shell Point Retirement Community Telephone no ▶ (239) 454-2145 15000 Shell Point Blvd Suite 100 Located at ▶ Fort Myers, FL ZIP + 4 ▶ 339081637			
b	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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶	43		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Timothy Stephenson 15010 Shell Point Blvd Fort Myers, FL 33908	Executive Director/CEO 40 00	118,450	14,368	0

50(f) Total number of other employees paid over \$100,000 1

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	Signature of officer		2010-10-27 Date		
Paid Preparer's Use Only	Preparer's signature		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				EIN
					Phone no
May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No					

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
THE LEGACY FOUNDATION AT SHELL POINT INC

Employer identification number
80-0002415

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.")	0	100	172,639	119,707	301,281	593,727
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	96,566	79,723	97,521	181,830	185,711	641,351
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
5The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
6Total. Add lines 1 through 5	96,566	79,823	270,160	301,537	486,992	1,235,078
7aAmounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
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	0	100	133,555	76,867	228,147	438,669
cAdd lines 7a and 7b	0	100	133,555	76,867	228,147	438,669
8Public Support (Subtract line 7c from line 6.)						796,409

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	96,566	79,823	270,160	301,537	486,992	1,235,078
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0		0
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0		0
cAdd lines 10a and 10b	0	0	0	0	0	0
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0		0
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0		0
13Total support (Add lines 9, 10c, 11 and 12.)	96,566	79,823	270,160	301,537	486,992	1,235,078
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	64.482 %
16Public support percentage from 2008 Schedule A, Part III, line 15	16	76.139 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	0 %
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	0 %
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 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 checked="" 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: 80-0002415

Name: THE LEGACY FOUNDATION AT SHELL POINT INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 Comprehensive Senior Services, General/Other The organization provides bill payment/bank reconciliation services to residents of Shell Point Retirement Community and The Alliance Community for Retirement Living Brochures and segments on Shell Point TV detailing these services were printed/aired (170 residents) (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	206,066
29 Comprehensive Senior Services, General/Other The organization provides daily money management services for 18 residents of Shell Point Retirement Community and holds fiduciary roles for 81 DPOA residents, 25 Trusts, 57 Personal Rep and 1 Guardianship (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	64,526
30 Comprehensive Senior Services, General/Other The organization provides estate settlement services to the families/guardians of deceased Shell Point residents (7 families/guardians) (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	46,078
Financial Institutions Programs The organization presented several financial educational seminars, distributed several financial education flyers, newsletters and brochures to residents, published 12 monthly articles in Shell Point Today and were showcased on Shell Point TV (2300 residents) (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		42,060

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Timothy Stephenson 15010 Shell Point Blvd Fort Myers, FL 33908	Executive Director/CEO 40	118,450	14,368	0
Charles B DeWitt 528 County Road 513 Califon, NJ 07830	Chairman 0 5	0	0	0
John Davidson 128 Westridge Court Chapin,SC 29036	Vice Chairman 0 5	0	0	0
R Michael Scott 2525 N 117th Avenue Omaha, NE 68164	Secretary/Treasurer 0 5	0	0	0
Wanda Anderson The Orchard Foundation 8595 Explorer Drive Colorado Springs, CO 80920	Director 0 5	0	0	0
Martin Schappell 7383 Heritage Palms Estates Drive Fort Myers, FL 33966	Director 0 5	0	0	0
Peter Dys Shell Point Retirement Community 15000 Shell Point Blvd Fort Myers, FL 33908	Assistant Secretary 0 5	0	0	0
Tim Lochridge Shell Point Retirement Community 15000 Shell Point Blvd Fort Myers, FL 33908	Assistant Treasurer 0 5	0	0	0

TY 2009 General Explanation Attachment**Name:** THE LEGACY FOUNDATION AT SHELL POINT INC**EIN:** 80-0002415**Software ID:** 09000073**Software Version:** v1.00

Identifier	Return Reference	Explanation
F99Z_P01_S00_L06	Form 990-EZ, Part I, Line 6	The Legacy Foundation is reporting \$ 37,376 in special event income from a golf tournament held on 11/13/09. Because none of this income is from gaming, we are not required to file Schedule G.

TY 2009 Grants and Similar Amounts Paid Schedule**Name:** THE LEGACY FOUNDATION AT SHELL POINT INC**EIN:** 80-0002415**Software ID:** 09000073**Software Version:** v1.00

Item No.	1
Class of Activity	Charitable
Donee's Name	Shell Point Village Church
Donee's Address	15100 Shell Point Blvd Fort Myers, FL 33908
Amount (FMV)	9,484
Purpose of Payment to Affiliate	contribution to Legacy for Shell Point Village Church
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	Charitable
Donee's Name	Shell Point Village Church
Donee's Address	15100 Shell Point Blvd Fort Myers, FL 33908
Amount (FMV)	5,338
Purpose of Payment to Affiliate	contribution to Legacy for Shell Point Village Church
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	Charitable
Donee's Name	Shell Point Retirement Community
Donee's Address	15000 Shell Point Blvd Fort Myers, FL 33908
Amount (FMV)	24,426
Purpose of Payment to Affiliate	PROCEEDS FROM SHELL POINT OPEN
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule**Name:** THE LEGACY FOUNDATION AT SHELL POINT INC**EIN:** 80-0002415**Software ID:** 09000073**Software Version:** v1.00

Description	Beginning of Year Amount	End of Year Amount
Office Equipment	891	741
Computer Hardware	4,180	4,887
Computer Software	5,134	4,348
Furniture & Fixtures	19,383	21,563
Bulding Fixtures	2,265	10,184
Other Receivables	1,961	31,108
Due from Donor & Estates	199,148	197,608
Office Remodeling	0	51,147

TY 2009 Other Expenses Schedule**Name:** THE LEGACY FOUNDATION AT SHELL POINT INC**EIN:** 80-0002415**Software ID:** 09000073**Software Version:** v1.00

Description	Amount
Travel & Entertainment	2,327
Estate Planning Seminars	1,174
Direct Estate Settlement Expenses	1,004
Equipment & Service Contracts	9,222
Office Supplies	7,680
Bank Charges	633
Telephone	900
Continuing Education	38
Training Expense	5,260
Conferences & Memberships	1,974
Computer Expense	6,172
Insurance Expense	7,511
Miscellaneous Expense	6,572
Depreciation Expense	10,858
Gala Expense	13,812
Promotional/PR Expenses	981

TY 2009 Other Liabilities Schedule**Name:** THE LEGACY FOUNDATION AT SHELL POINT INC**EIN:** 80-0002415**Software ID:** 09000073**Software Version:** v1.00

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable	2,590	675
Accrued Expenses	15,149	23,847
Loan Payable - CMAF	981,298	1,104,012