



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



Form 990

## Return of Organization Exempt From Income Tax

2011

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

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable

 Address change Name change Initial return Terminated Amended return Application pendingC Name of organization  
Christian & Missionary Alliance FndDoing Business As  
Shell Point Retirement CommunityNumber and street (or P O box if mail is not delivered to street address) Room/suite  
15000 Shell Point BlvdCity or town, state or country, and ZIP + 4  
Fort Myers, FL 33908F Name and address of principal officer  
Peter Dys  
15000 Shell Point Blvd STE 100  
Fort Myers, FL 33908D Employer identification number  
59-1166437E Telephone number  
(239) 466-1111

G Gross receipts \$ 98,601,510

H(a) Is this a group return for affiliates?  Yes  NoH(b) Are all affiliates included?  Yes  No  
If "No," attach a list (see instructions)H(c) Group exemption number I Tax-exempt status  501(c)(3)  501(c) ( ) (insert no)  4947(a)(1) or  527J Website: [www.shellpoint.org](http://www.shellpoint.org)K Form of organization  Corporation  Trust  Association  Other

L Year of formation 1967

M State of legal domicile FL

## Part I Summary

1 Briefly describe the organization's mission or most significant activities

Shell Point Retirement Community, a nonprofit ministry of the Christian and Missionary Alliance Foundation, Inc, is dedicated to the service of God and the care of His people

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

3 Number of voting members of the governing body (Part VI, line 1a) . . . . .

3 15

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .

4 14

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .

5 1,147

6 Total number of volunteers (estimate if necessary) . . . . .

6 1,020

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .

7a 1,718,481

b Net unrelated business taxable income from Form 990-T, line 34 . . . . .

7b 0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) . . . . .	770,294	575,703
9 Program service revenue (Part VIII, line 2g) . . . . .	80,999,103	85,611,622
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	797,462	471,607
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	3,665,478	4,237,613
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	86,232,337	90,896,545

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) . . . . .	579,997	514,577
9 Program service revenue (Part VIII, line 2g) . . . . .	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	35,348,411	36,749,960
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	46,945,911	49,142,942
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	82,874,319	86,407,479
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	3,358,018	4,489,066
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .		
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		
b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 26,496 . . . . .		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .		
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .		
19 Revenue less expenses Subtract line 18 from line 12 . . . . .		

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16) . . . . .	439,948,251	440,401,183
21 Total liabilities (Part X, line 26) . . . . .	385,806,953	382,426,244
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	54,141,298	57,974,939

## Part II Signature Block

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

Sign Here	***** Signature of officer <u>TIM LOCHRIDGE CHIEF FINANCIAL OFFICER</u> Type or print name and title	2013-03-15 Date
-----------	---	--------------------

Paid Preparer's Use Only	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification 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	<input type="checkbox"/>	EIN <input type="checkbox"/> Phone no <input type="checkbox"/> (719) 471-4290

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

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III **1 Briefly describe the organization's mission**

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 COMPRISING 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

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

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

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

If "Yes," describe these changes on Schedule O

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

<b>4a</b>	(Code ) (Expenses \$ 68,111,168 including grants of \$ ) (Revenue \$ 56,985,532 )
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 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	
<b>4b</b>	(Code ) (Expenses \$ 8,366,336 including grants of \$ 514,577 ) (Revenue \$ 27,560,236 )
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	
<b>4c</b>	(Code ) (Expenses \$ 1,902,750 including grants of \$ ) (Revenue \$ 692,865 )
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	
	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ 372,989 )
RESIDENT ACTIVITIES	
<b>4d</b>	Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ 372,989 )
<b>4e</b>	<b>Total program service expenses \$ 78,380,254</b>

**Part IV Checklist of Required Schedules**

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

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

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

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II

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

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

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

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I

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

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

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

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

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

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

b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		No
6		No
7		No
8		No
9		No
10	Yes	
11a	Yes	
11b		No
11c		No
11d		No
11e	Yes	
11f		No
12a		No
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a		No
20b		

**Part IV Checklist of Required Schedules (continued)**

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

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	135
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
<b>2a</b>	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	1,147
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes
<b>4a</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 or securities account)?	4a	No
<b>b</b>	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	No
<b>a</b>	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?	7b	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter	10a	
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10b	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter	11a	
<b>a</b>	Gross income from members or shareholders	11b	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13a	
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13b	
<b>b</b>	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13c	
<b>c</b>	Enter the aggregate amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

### Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year . . . . .	1a	15
b Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	14
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	No
5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6 Did the organization have members or stockholders? . . . . .	6	Yes
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	Yes
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	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 Did the organization have local chapters, branches, or affiliates? . . . . .	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13 Did the organization have a written whistleblower policy? . . . . .	13	Yes
14 Did the organization have a written document retention and destruction policy? . . . . .	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes
b Other officers or key employees of the organization . . . . .	15b	Yes
If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	

### Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed  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 made these available. Check all that apply  
 Own website  Another's website  Upon request

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

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

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

 Check if Schedule O contains a response to any question in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

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

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or Director	Individual trustee	Institutional Trustee	Officer	Key Employee	Employer Highest compensated			
(1) WANDA ANDERSON BOARD MEMBER	1 0	X						0	0	0
(2) DR PAUL T CASS BOARD MEMBER	1 0	X						0	0	
(3) JOHN W DAVIDSON TREASURER	1 0	X		X				0	0	0
(4) REV CHARLES B DEWITT SECRETARY	1 0	X		X				0	0	0
(5) DONNA J DUSS VICE-CHAIR	1 0	X		X				0	0	0
(6) RONALD E EASTMAN board member	1 0	X						0	0	
(7) DR JAMES D GLENN BOARD MEMBER	1 0	X						0	0	
(8) JAY HIBBARD BOARD MEMBER	1 0	X						0	0	
(9) REV MARK T O'FARRELL chair	1 0	X		X				0	0	
(10) DR MICHAEL G SCALES BOARD MEMBER	1 0	X						0	0	
(11) MARTIN C SCHAPPELL BOARD MEMBER	1 0	X						0	0	
(12) ROBERT M SCOTT BOARD MEMBER	1 0	X						0	0	
(13) ARCHIE L WHITE BOARD MEMBER	1 0	X						0	0	
(14) REV CHARLES HUGHES BOARD MEMBER	1 0	X						0	62,629	9,283
(15) CHANLEY CHRISTMAN board member	1 0	X						0	0	0
(16) PETER DYS PRESIDENT	50 0			X				400,714	0	30,394
(17) TIM K LOCHRIDGE CFO	50 0			X				215,348	0	28,639

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee Or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(18) STEVEN MINNEAR VP OF HEALTH CARE SERVICES	50 0			X			159,303	0	20,752
(19) DR ROGER HIRCHAK VP OF MEDICAL SERVICES	40 0				X		261,668	0	26,524
(20) DR DAVID NESSELROADE PHYSICIAN	40 0				X		217,333	0	24,063
(21) DAVID C MORELAND VP OF SALES & MARKETING	50 0				X		208,803	0	23,847
(22) DR CLAUDE DEGRAFF PHYSICIAN	40 0				X		172,212	0	19,974
(23) TED BENAJMIN SALES DIRECTOR	40 0				X		173,687	0	16,417
<b>1b Sub-Total . . . . .</b>									
<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>									
<b>d Total (add lines 1b and 1c) . . . . .</b>							1,809,068	62,629	199,893

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **►22**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
WRIGHT CONSTRUCTION 5811 YOUNGQUIST RD FORT MYERS, FL 33912	GENERAL CONTRACTOR	1,553,131
IMPACT READY INC 8941 QUALITY RD BONITA SPRINGS, FL 34136	GENERAL CONTRACTOR	668,217
REGENCY CUSTOM CABINETS 8207 KATANGA COURT FORT MYERS, FL 33916	GENERAL CONTRACTOR	501,956
TAMPA BAY TRANE 902 N HIMES ST TAMPA, FL 33609	GENERAL CONTRACTOR	379,673
CURRENT ELECTRIC 5701 DIVISION DR SUITE B FORT MYERS, FL 33905	ELECTRIC CONTRACTOR	355,209
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>►16</b>		

**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	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	575,703			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____					
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		575,703			
Program Service Revenue		Business Code				
	<b>2a</b> MONTHLY MAINTENANCE FEES	900099	35,532,069	35,532,069		
	<b>b</b> ENTRANCE FEES	900099	19,588,403	19,588,403		
	<b>c</b> MEDICAL SERVICES	621610	29,425,296	29,425,296		
	<b>d</b> DINING SERVICES	722100	692,865	692,865		
	<b>e</b> RESIDENT ACTIVITIES	900099	372,989	372,989		
	<b>f</b> All other program service revenue					
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		85,611,622			
Other Revenue	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .					
			147,527	61,746	85,781	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		542,094		542,094	
	<b>5</b> Royalties . . . . .		12		12	
	<b>6a</b> Gross rents	(I) Real	(II) Personal			
	<b>b</b> Less rental expenses	112,934				
	<b>c</b> Rental income or (loss)	112,934				
	<b>d</b> Net rental income or (loss) . . . . .			112,934		112,934
<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities	(II) Other				
<b>b</b> Less cost or other basis and sales expenses	7,476,087	10,864				
<b>c</b> Gain or (loss)	7,481,086	223,879				
<b>d</b> Net gain or (loss) . . . . .	-4,999	-213,015				
			-218,014		-218,014	
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .						
<b>b</b> Less direct expenses . . . . .	<b>b</b>		0			
<b>c</b> Net income or (loss) from fundraising events . . . . .						
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .						
<b>b</b> Less direct expenses . . . . .	<b>b</b>		0			
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>		0			
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue	Business Code					
<b>11a</b> GOLF COURSE	713910	2,008,457		1,004,229	1,004,228	
<b>b</b> RESTAURANTS	722100	852,548		213,137	639,411	
<b>c</b> SALON	812900	540,509		54,051	486,458	
<b>d</b> All other revenue . . . . .		723,153		385,318	337,835	
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		4,124,667				
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		90,896,545	85,611,622	1,718,481	2,990,739	

**Part IX Statement of Functional Expenses**

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

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

Check if Schedule O contains a response to any question in this Part IX **Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
<b>2</b> Grants and other assistance to individuals in the United States See Part IV, line 22	514,577	514,577		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,009,052	348,480	641,977	18,595
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages	28,018,719	24,692,127	3,320,574	6,018
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	1,139,702	968,381	171,321	
<b>9</b> Other employee benefits . . . . .	4,443,111	4,113,486	329,625	
<b>10</b> Payroll taxes . . . . .	2,139,376	1,901,848	235,645	1,883
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .	140,403		140,403	
<b>b</b> Legal . . . . .	88,595		88,595	
<b>c</b> Accounting . . . . .	71,000		71,000	
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising See Part IV, line 17 . . . . .	0			
<b>f</b> Investment management fees . . . . .	45,093		45,093	
<b>g</b> Other . . . . .	439,178	439,178		
<b>12</b> Advertising and promotion . . . . .	1,232,943		1,232,943	
<b>13</b> Office expenses . . . . .	8,067,953	7,750,667	317,286	
<b>14</b> Information technology . . . . .	240,383		240,383	
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	6,770,508	6,238,802	531,706	
<b>17</b> Travel . . . . .	277,001	250,666	26,335	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	31,676		31,676	
<b>20</b> Interest . . . . .	9,432,604	9,332,807	99,797	
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	17,612,835	17,420,928	191,907	
<b>23</b> Insurance . . . . .	0			
<b>24</b> Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
<b>a</b> MAINTENANCE COSTS	1,049,138	1,049,138		
<b>b</b> FOOD COSTS	2,384,529	2,384,529		
<b>c</b> LOSS ON EXTINGUISHMENT OF DEBT	780,282	780,282		
<b>d</b> WELLNESS OFFICE EXPENSE	284,463		284,463	
<b>e</b>				
<b>f</b> All other expenses	194,358	194,358		
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24f	86,407,479	78,380,254	8,000,729	26,496
<b>26</b> <b>Joint costs.</b> Check here <input type="checkbox"/> <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	1 Cash—non-interest-bearing	11,113,735	<b>1</b> 11,728,516
	2 Savings and temporary cash investments	11,750,897	<b>2</b> 14,626,121
	3 Pledges and grants receivable, net	0	<b>3</b> 0
	4 Accounts receivable, net	2,758,576	<b>4</b> 2,793,174
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	<b>5</b> 0
	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	0	<b>6</b> 0
	7 Notes and loans receivable, net	4,285,833	<b>7</b> 0
	8 Inventories for sale or use	690,709	<b>8</b> 700,109
	9 Prepaid expenses and deferred charges	1,452,681	<b>9</b> 1,453,477
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 538,624,090	
	b Less accumulated depreciation	10b 165,172,343	
		371,223,807	<b>10c</b> 373,451,747
	11 Investments—publicly traded securities	25,045,522	<b>11</b> 24,197,972
	12 Investments—other securities See Part IV, line 11	6,139,533	<b>12</b> 6,380,070
	13 Investments—program-related See Part IV, line 11	0	<b>13</b> 0
	14 Intangible assets	0	<b>14</b> 0
	15 Other assets See Part IV, line 11	5,486,958	<b>15</b> 5,069,997
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	439,948,251	<b>16</b> 440,401,183
Liabilities	17 Accounts payable and accrued expenses	8,269,891	<b>17</b> 8,524,890
	18 Grants payable	0	<b>18</b> 0
	19 Deferred revenue	164,501,028	<b>19</b> 161,674,784
	20 Tax-exempt bond liabilities	191,722,700	<b>20</b> 191,589,325
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b> 0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	<b>22</b> 0
	23 Secured mortgages and notes payable to unrelated third parties	11,282,080	<b>23</b> 10,450,000
	24 Unsecured notes and loans payable to unrelated third parties	0	<b>24</b> 0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	10,031,254	<b>25</b> 10,187,245
	<b>26 Total liabilities.</b> Add lines 17 through 25	385,806,953	<b>26</b> 382,426,244
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	27 Unrestricted net assets	53,604,029	<b>27</b> 57,285,559
	28 Temporarily restricted net assets	272,800	<b>28</b> 424,911
	29 Permanently restricted net assets	264,469	<b>29</b> 264,469
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	30 Capital stock or trust principal, or current funds	0	<b>30</b> 0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	<b>31</b> 0
	32 Retained earnings, endowment, accumulated income, or other funds	0	<b>32</b> 0
	33 Total net assets or fund balances	54,141,298	<b>33</b> 57,974,939
	<b>34 Total liabilities and net assets/fund balances</b>	439,948,251	<b>34</b> 440,401,183

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	90,896,545
2	Total expenses (must equal Part IX, column (A), line 25)	2	86,407,479
3	Revenue less expenses Subtract line 2 from line 1	3	4,489,066
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	54,141,298
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-655,425
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	57,974,939

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

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

2011

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**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.

Department of the Treasury  
Internal Revenue ServiceName 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

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	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> 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 <b>Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 <b>Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 <b>First Five Years</b> 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 <b>stop here</b>						►

**Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a <b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	►
b <b>33 1/3% support test—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	►
17a <b>10%-facts-and-circumstances test—2011.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	►
b <b>10%-facts-and-circumstances test—2010.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	►
18 <b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	►

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	274,863	3,935,198	2,510,165	770,294	575,703	8,066,223
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	71,909,987	76,859,220	79,073,787	80,999,103	85,611,622	394,453,719
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	2,003,740	1,875,604	2,022,625	2,467,932	8,369,901
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5	72,184,850	82,798,158	83,459,556	83,792,022	88,655,257	410,889,843
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 <b>Public Support</b> (Subtract line 7c from line 6 )						410,889,843

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	72,184,850	82,798,158	83,459,556	83,792,022	88,655,257	410,889,843
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,792,897	961,976	877,717	605,033	740,821	4,978,444
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	177,307	104,675	142,861	129,244	23,957	578,044
c Add lines 10a and 10b	1,970,204	1,066,651	1,020,578	734,277	764,778	5,556,488
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
13 <b>Total support</b> (Add lines 9, 10c, 11 and 12 )	74,155,054	83,864,809	84,480,134	84,526,299	89,420,035	416,446,331
14 <b>First Five Years</b> 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 <b>stop here</b>						

**Section C. Computation of Public Support Percentage**

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	98 666 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	98 139 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	1 334 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	1 861 %
19a <b>33 1/3% support tests—2011.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		
b <b>33 1/3% support tests—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		
20 <b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

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

**Facts And Circumstances Test**

**Explanation**

---

---

---

---

**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements****2011****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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

**Name of the organization**  
Christian & Missionary Alliance Fnd**Employer identification number**

59-1166437

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically importantly land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

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

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

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

► \$ \_\_\_\_\_

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

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

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

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

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

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

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

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

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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
<b>1a</b> Beginning of year balance . . . . .	537,269	5,185,097	3,704,503	1,781,188	
<b>b</b> Contributions . . . . .	484,500	665,409	1,696,510	3,078,625	
<b>c</b> Investment earnings or losses . . . . .	50,647	46,998	53,259	60,992	
<b>d</b> Grants or scholarships . . . . .	383,036	5,360,235	269,175	1,216,302	
<b>e</b> Other expenditures for facilities and programs . . . . .	689,380	537,269	5,185,097	3,704,503	
<b>g</b> End of year balance . . . . .					

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

**a** Board designated or quasi-endowment ► 0 %

**b** Permanent endowment ► 38.360 %

**c** Term endowment ► 61.640 %

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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		

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

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

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

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		22,757,024			22,757,024
<b>b</b> Buildings . . . . .		444,717,467	135,005,825		309,711,642
<b>c</b> Leasehold improvements . . . . .					
<b>d</b> Equipment . . . . .		21,432,782	10,851,611		10,581,171
<b>e</b> Other . . . . .		49,716,817	19,314,907		30,401,910
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .					373,451,747

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	90,896,545
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	86,407,479
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,489,066
4	Net unrealized gains (losses) on investments	4	445,400
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	248,022
9	Total adjustments (net) Add lines 4 - 8	9	693,422
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	5,182,488

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

1	Total revenue, gains, and other support per audited financial statements	1	90,875,156
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	445,400
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-466,789
e	Add lines 2a through 2d	2e	-21,389
3	Subtract line 2e from line 1	3	90,896,545
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	90,896,545

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

1	Total expenses and losses per audited financial statements	1	85,692,669
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	-714,810
e	Add lines 2a through 2d	2e	-714,810
3	Subtract line 2e from line 1	3	86,407,479
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	86,407,479

**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 2b	Other Revenue on books, Not on Return	Loss on Sale of Asset Reclassified From Expense (213,015) Change in Value of Interest Rate Swap (248,021) Loss on extinguishment of debt reclassified from revenue 780,282 Management fees netted with revenue reclassified to expense 45,093 Arbitrage payments netted with revenue reclassified to expense 102,450 Total 466,789
Part XIII, Line 2d	Other Expense on Books, Not on Return	Loss on Sale of Asset Reclassified From Expense (213,015) Loss on Extinguishment of Debt Reclassified from Revenue 780,282 Management fees netted with revenue reclassified to expense 45,093 Arbitrage payments netted with revenue reclassified to expense 102,450 Total 714,810
Part XI, Line 8	Other Changes to Net Assets	Change in Value of Interest Rate Swap (248,021)
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)**

## **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

2011

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

---

Name of the organization

Christian & Missionary Alliance Fnc

**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.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SUBSIDIZE RESIDENTS LIVING EXP	45	514,577			

**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. A SUBSIDY COMMITTEE MEETS TO REVIEW EACH INDIVIDUAL CASE AND THEN DETERMINES THE AMOUNT OF SUBSIDY TO BE GRANTED TO MEET THE NEEDS OF THE INDIVIDUAL.

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2011**Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
**► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**  
**► Attach to Form 990. ► See separate instructions.**

**Open to Public Inspection****Name of the organization**

Christian &amp; Missionary Alliance Fnd

**Employer identification number**

59-1166437

**Part I Questions Regarding Compensation**

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

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

**b** If 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

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

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

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

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

**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?

**b** Any related organization?

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

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

**a** The organization?

**b** Any related organization?

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

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

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

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>	Yes	
<b>8</b>		No
<b>9</b>		

**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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

**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

Identifier	Return 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. The President and Vice-Presidents receive a maximum amount of \$1,500 per year per person. The Assistant Vice-Presidents receive a maximum amount of \$750 per year per person.
NON-FIXED PAYMENTS	PART I, QUESTION 7	SOME INDIVIDUALS LISTED ON PART VII WERE ELIGIBLE FOR A BONUS NOT TO EXCEED 3% OF THEIR SALARIES IF NET EARNING EXCEEDED BUDGET. ONE HALF OF THE EXCESS WAS AVAILABLE TO FUND THE BONUS. THESE AMOUNTS WERE ACCRUED AS OF 06/30/2012.

**Schedule K  
(Form 990)****2011****Open to Public  
Inspection**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.

Name of the organization  
Christian & Missionary Alliance FndEmployer 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		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A LEE COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	59-1793462	52349EBY5	11-15-2006	48,373,959	CONSTRUCTION COSTS		X		X		X
B LEE COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	59-1793462	52349ECM0	04-05-2007	121,372,432	REFUND SERIES 1999A BONDS		X		X		X
C LEE COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	59-1793462	52349ECX6	12-13-2011	46,940,001	REFUND SERIES 1999B AND 2002 BONDS		X		X		X

**Part II Proceeds**

1	Amount of bonds retired	A		B		C		D	
		0	14,570,000	0	0	0	0	0	0
2	Amount of bonds defeased	0	0	0	0	0	0	0	0
3	Total proceeds of issue	50,192,500		122,787,025		46,947,357			
4	Gross proceeds in reserve funds	2,488,819		8,253,185		1,210,003			
5	Capitalized interest from proceeds	0		0		0			
6	Proceeds in refunding escrow	0		110,349,735		38,996,628			
7	Issuance costs from proceeds	967,479		2,196,947		631,744			
8	Credit enhancement from proceeds	0		0		0			
9	Working capital expenditures from proceeds	1,735,047		1,414,593		7,356			
10	Capital expenditures from proceeds	45,001,155		0		6,105,130			
11	Other spent proceeds	0		0		0			
12	Other unspent proceeds	0		0		0			
13	Year of substantial completion	2009		2007		2011			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		
15	Were the bonds issued as part of an advance refunding issue?		X	X			X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

**Part III Private Business Use**

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

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use?		X		X		X		
<b>b</b> If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
<b>d</b> If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> 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 %		0 %		0 %			
<b>5</b> 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 %							
<b>6</b> Total of lines 4 and 5	0 %							
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X			

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> 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			X		
<b>2</b> Is the bond issue a variable rate issue?		X		X		X		
<b>3a</b> Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		
<b>b</b> Name of provider	0		0		0			
<b>c</b> Term of hedge								
<b>d</b> Was the hedge superintegrated?								
<b>e</b> Was a hedge terminated?								
<b>4a</b> Were gross proceeds invested in a GIC?		X		X		X		
<b>b</b> Name of provider	0		0		0			
<b>c</b> Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>5</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		
<b>6</b> Did the bond issue qualify for an exception to rebate?		X		X		X		

**Part V Procedures To Undertake Corrective Action**

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

**Part VI Supplemental Information**

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

Identifier	Return Reference	Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

**2011****Open to Public  
Inspection**Name of the organization  
Christian & Missionary Alliance Fnd**Employer identification number**

59-1166437

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
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 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 interest of CMAF without the substantive involvement of the person who has the possible conflict of interest.
Part VI, Question 15a	Describe process for determining compensation	The review of executive compensation was conducted by Barbara Manny of Benefits and Compensation Resources, LLC. The actual review for Peter Dys, President was started in late 2006 with board approval occurring in May, 2007
Part VI, Question 15b	Describe process for determining compensation	The review of other officer and key employee compensation was conducted by Barbara Manny of Benefits and Compensation Resources, LLC for the following individuals. Tim Lochridge, CFO and Steven Minnear, Vice-President of Health Care Services. This review was started in late 2006 and compensation was approved by the board in May, 2007
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
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.
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.
Part XI, Line 5	Other Changes in Net Assets or Fund Balances	Unrealized Gains 445,400 Change in Value of Interest Rate Swap 248,021 Equity Transfer (1,348,846) Total (655,425)

## **SCHEDULE R (Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
Christian & Missionary Alliance Fnd

**Employer identification number**

59-1166431

**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.)

**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.)

**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
(1) Shell Point Development Corporation							
13901 Shell Point Plaza	Hotel	FL	CMA Inc	C corp	1,565,000	0	100 000 %
Fort Myers, FL 33908							
65-1046494							

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, 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 related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)
- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses
- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h	Yes	
1i		No
1j		No
1k		No
1l	Yes	
1m		No
1n		No
1o	Yes	
1p		No
1q		No
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	(d) Method of determining amount involved
(1) SHELL POINT DEVELOPMENT CORPORATION	B	1,348,846	amt transferred
(2) SHELL POINT DEVELOPMENT CORPORATION	H	5,597,770	net book value
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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.

**Part VII Supplemental Information**

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

Identifier	Return Reference	Explanation
------------	------------------	-------------

Form 4562

Depreciation and Amortization  
(Including Information on Listed Property)

OMB No 1545-0172

2011

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No 179Name(s) shown on return  
Christian & Missionary Alliance Fnd

Business or activity to which this form relates

Identifying number

GENERAL DEPRECIATION

59-1166437

**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$ 2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	500,000

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the <b>smaller</b> of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 ►	13		

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	150,711
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ►		

**Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (see instructions)**

21 Listed property Enter amount from line 28	21	
22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	174,508
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V**

**Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution:** See the instructions for limits for passenger automobiles.)

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation/deduction	(i) Elected section 179 cost

**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) **25**

	%							
	%							
	%							

**26** Property used more than 50% in a qualified business use

	%							
	%							
	%							

**27** Property used 50% or less in a qualified business use

	%				S/L -			
	%				S/L -			
	%				S/L -			

**28** Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 **28**

**29** Add amounts in column (i), line 26 Enter here and on line 7, page 1 **29**

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)	<b>(a)</b> Vehicle 1		<b>(b)</b> Vehicle 2		<b>(c)</b> Vehicle 3		<b>(d)</b> Vehicle 4		<b>(e)</b> Vehicle 5		<b>(f)</b> Vehicle 6	
	Yes	No										
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?													<b>Yes</b>	<b>No</b>
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners														
<b>39</b> Do you treat all use of vehicles by employees as personal use?														
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?														
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)														

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

<b>Part VI</b>	<b>Amortization</b>					
<b>(a)</b> Description of costs	<b>(b)</b> Date amortization begins	<b>(c)</b> Amortizable amount	<b>(d)</b> Code section	<b>(e)</b> Amortization period or percentage	<b>(f)</b> Amortization for this year	
<b>42</b> Amortization of costs that begins during your 2011 tax year (see instructions)						

**43** Amortization of costs that began before your 2011 tax year **43**

**44** Total. Add amounts in column (f) See the instructions for where to report **44**

## Additional Data

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

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

#### 4d. Other program services

(Code	(Expenses \$	including grants of \$	) (Revenue \$	372,989 )
RESIDENT ACTIVITIES				