

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

A For the **2020** calendar year, or tax year beginning **07-01-2020**, and ending **06-30-2021**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
Christian & Missionary Alliance Foundation Inc
% BURKE RAINEY
Doing business as
SHELL POINT RETIREMENT COMMUNITY

D Employer identification number
59-1166437

E Telephone number
(239) 466-1111

G Gross receipts \$ 165,874,986

F Name and address of principal officer:
BURKE RAINEY
15000 SHELL POINT BLVD STE 100
FORT MYERS, FL 33908

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ 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 & 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	16
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 2020 (Part V, line 2a)	5	1,539
6 Total number of volunteers (estimate if necessary)	6	1,027
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,563,356
7b Net unrelated business taxable income from Form 990-T, line 39	7b	137,037

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	30,938,190	4,121,443
9 Program service revenue (Part VIII, line 2g)	112,310,334	117,077,824
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,107,584	5,454,626
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,996,209	6,147,785
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	148,137,149	132,801,678
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	192,466	331,374
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	54,010,260	54,630,418
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	64,972,757	69,363,703
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	119,175,483	124,325,495
19 Revenue less expenses. Subtract line 18 from line 12	28,961,666	8,476,183

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	727,465,407	765,754,381
21 Total liabilities (Part X, line 26)	588,435,973	607,272,009
22 Net assets or fund balances. Subtract line 21 from line 20	139,029,434	158,482,372

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
Date: 2022-05-16

BURKE RAINEY VP OF FINANCE/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: Check if self-employed PTIN: P01067777

Firm's name ▶ BKD LLP Firm's EIN ▶

Firm's address ▶ 2700 Post Oak Blvd Ste 1500 HOUSTON, TX 77056 Phone no. (713) 499-4600

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

SHELL POINT RETIREMENT COMMUNITY IS A NON-PROFIT MINISTRY OF THE CHRISTIAN AND MISSIONARY ALLIANCE FOUNDATION, INC., IS DEDICATED TO THE SERVICE OF GOD AND THE CARE OF HIS PEOPLE BY PROVIDING A BROAD CONTINUUM OF RESIDENTIAL ALTERNATIVES AND SERVICES, DESIGNED TO ENHANCE THE INDEPENDENCE AND DIGNITY OF ITS RESIDENTS THROUGH SPIRITUAL, SOCIAL, RECREATIONAL, AND PHYSICAL PROGRAMS.

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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 72,466,839 including grants of \$) (Revenue \$ 75,337,081)
See Additional Data

4b (Code:) (Expenses \$ 27,192,667 including grants of \$ 331,374) (Revenue \$ 38,958,514)
See Additional Data

4c (Code:) (Expenses \$ 4,519,525 including grants of \$) (Revenue \$ 1,284,628)
See Additional Data

(Code:) (Expenses \$ 5,345,973 including grants of \$) (Revenue \$ 1,497,601)
RESIDENT SERVICES

4d Other program services (Describe in Schedule O.)
(Expenses \$ 5,345,973 including grants of \$) (Revenue \$ 1,497,601)

4e Total program service expenses ▶ 109,525,004

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions a-f for items 10, 11, and 14.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance
 Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 50	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main table with rows 2a through 16, including sub-rows (a, b, c) and columns for questions and answers. Includes specific values like 1,539 in row 2a and 'No', 'Yes' in various answer cells.

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 or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (16), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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-A 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.
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 during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: BURKE RAINEY 15000 SHELL POINT BLVD STE 100 FORT MYERS, FL 339081637 (239) 454-2230

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

Check if Schedule O contains a response or note to any line 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. 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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)							3,813,471	321,380	348,449	

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 ▶ **48**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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 OF S FL INC, 5811 YOUNGQUIST RD FORT MYERS, FL 33912	CONSTRUCTION	10,321,246
SELECT REHAB LLC, PO BOX 71985 CHICAGO, IL 60694	THERAPY SERVICES	3,420,671
GATES GROUP LLC, 27599 RIVERVIEW CENTER BLVD - SUITE BONITA SPRINGS, FL 34134	CONSTRUCTION	7,601,124
RD JOHNSON CONSTRUCTION INC, 7916 DREW CIRCLE - SUITE 7 FORT MYERS, FL 33967	CONSTRUCTION	3,021,116
SERVICE CONTRACTING SOLUTIONS, 12140 METRO PARKWAY SUITE K FORT MYERS, FL 33966	PAINTING, WATERPROOF	1,317,425
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 44		

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	4,121,443				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	0				
	g Noncash contributions included in lines 1a - 1f:\$	1g	8,000				
	h Total. Add lines 1a-1f			4,121,443			
Program Service Revenue	2a Monthly Maintenance Fees	Business Code					
		900099	51,257,881	51,257,881			
	b Entrance Fees	900099	27,185,924	27,185,924			
	c Medical Services	621610	36,319,694	36,319,694			
	d Dining Services	722100	739,098	739,098			
	e Resident Services	900099	152,948	152,948			
	f All other program service revenue.		1,422,279	1,422,279			
g Total. Add lines 2a-2f.		117,077,824					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8,150			8,150	
	4 Income from investment of tax-exempt bond proceeds		1,240,794			1,240,794	
	5 Royalties		0				
	6a Gross rents	(i) Real	114,549				
		(ii) Personal					
		6c Rental income or (loss)	114,549	0			
	d Net rental income or (loss)		114,549			114,549	
	7a Gross amount from sales of assets other than inventory	(i) Securities	37,133,612	145,378			
		(ii) Other					
		7c Gain or (loss)	4,752,507	-546,825			
	d Net gain or (loss)		4,205,682			4,205,682	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		0				
		b Less: direct expenses		0			
		c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities. See Part IV, line 19		0				
b Less: direct expenses			0				
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances		420,817					
	b Less: cost of goods sold		0				
	c Net income or (loss) from sales of inventory		420,817			420,817	
Miscellaneous Revenue		Business Code					
11a Golf Course	713910	2,103,817		1,057,997	1,045,820		
b Restaurants	722513	613,225		95,054	518,171		
c Motel	721110	398,649		342,269	56,380		
d All other revenue		2,496,728		68,036	2,428,692		
e Total. Add lines 11a-11d		5,612,419					
12 Total revenue. See instructions		132,801,678	117,077,824	1,563,356	10,039,055		

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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	331,374	331,374		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,807,816	2,315,105	492,711	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	41,245,440	33,992,398	7,253,042	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,877,216	1,657,011	220,205	
9 Other employee benefits	5,436,716	4,306,382	1,130,334	
10 Payroll taxes	3,263,230	2,789,721	473,509	
11 Fees for services (non-employees):				
a Management	3,433,601	3,433,601		
b Legal	205,911		205,911	
c Accounting	144,403		144,403	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	104,415		104,415	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,011,944	3,959,391	52,553	
12 Advertising and promotion	1,408,235	69,400	1,338,835	
13 Office expenses	388,675	233,037	155,638	
14 Information technology	840,457	129,283	711,174	
15 Royalties	0			
16 Occupancy	5,421,624	4,717,303	704,321	
17 Travel	50,319	34,512	15,807	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	19,980		19,980	
20 Interest	4,375,103	4,375,103		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	30,552,133	30,097,435	454,698	
23 Insurance	3,763,486	3,763,486		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES AND DRUGS	4,424,644	4,424,644		
b REPAIR AND MAINTENANCE	2,996,050	2,714,635	281,415	
c FOOD AND BEVERAGES EXPENSE	2,827,156	2,826,910	246	
d Wellness Office	951,532	363,978	587,554	
e All other expenses	3,444,035	2,990,295	453,740	
25 Total functional expenses. Add lines 1 through 24e	124,325,495	109,525,004	14,800,491	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	18,158,052	1	24,993,118	
	2 Savings and temporary cash investments	734,676	2	20,431	
	3 Pledges and grants receivable, net	11,598,677	3	5,637,891	
	4 Accounts receivable, net	3,064,116	4	3,968,418	
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0	
	7 Notes and loans receivable, net	0	7	0	
	8 Inventories for sale or use	1,106,518	8	1,600,570	
	9 Prepaid expenses and deferred charges	4,562,304	9	5,345,591	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 868,455,452			
	b Less: accumulated depreciation	10b 284,486,640	536,221,778	10c	583,968,812
	11 Investments—publicly traded securities	147,172,285	11	133,461,220	
	12 Investments—other securities. See Part IV, line 11	0	12	0	
	13 Investments—program-related. See Part IV, line 11	0	13	0	
	14 Intangible assets	0	14	0	
	15 Other assets. See Part IV, line 11	4,847,001	15	6,758,330	
16 Total assets. Add lines 1 through 15 (must equal line 33)	727,465,407	16	765,754,381		
Liabilities	17 Accounts payable and accrued expenses	16,194,994	17	18,091,172	
	18 Grants payable	0	18	0	
	19 Deferred revenue	213,006,917	19	234,906,843	
	20 Tax-exempt bond liabilities	218,209,608	20	211,921,177	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0	
	23 Secured mortgages and notes payable to unrelated third parties	6,668,129	23	5,978,323	
	24 Unsecured notes and loans payable to unrelated third parties	0	24	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	134,356,325	25	136,374,494	
	26 Total liabilities. Add lines 17 through 25	588,435,973	26	607,272,009	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	121,113,067	27	139,201,186	
	28 Net assets with donor restrictions	17,916,367	28	19,281,186	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
32 Total net assets or fund balances	139,029,434	32	158,482,372		
33 Total liabilities and net assets/fund balances	727,465,407	33	765,754,381		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	132,801,678
2	Total expenses (must equal Part IX, column (A), line 25)	2	124,325,495
3	Revenue less expenses. Subtract line 2 from line 1	3	8,476,183
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	139,029,434
5	Net unrealized gains (losses) on investments	5	9,254,913
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,721,842
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	158,482,372

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<p>1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c If "Yes," to line 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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p>	2c	Yes	
<p>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?</p>	3a	Yes	
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.</p>	3b		No

Additional Data

Software ID:

Software Version:

EIN: 59-1166437

Name: Christian & Missionary Alliance
Foundation Inc

Form 990 (2020)

Form 990, Part III, Line 4a:

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 AND FIVE ADVANCED PRACTICE REGISTERED NURSES 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 THREE 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, THE ARBOR IS A 132 UNIT BUILDING LOCATED IN THE WOODLANDS, AND THE SPRINGS IS A 118 UNIT BUILDING IN THE WATERSIDE NEIGHBORHOOD. ALL 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.

Form 990, Part III, Line 4b:

PROPERTY MAINTENANCE AND 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.

Form 990, Part III, Line 4c:

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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARTIN C SCHAPPELL PRESIDENT/ASSISTANT SECRETARY	40.0 1.5			X				793,152	0	25,329
RONETTE ICSO VP OF SALES AND MARKETING	40.0 1.0				X			471,051	0	25,393
ADAM HINDS VP OF OPERATIONS	40.0 0.0				X			407,528	0	23,932
BURKE RAINEY VP OF FINANCE/CFO/ASST TREAS	40.0 1.5			X				379,282	0	13,853
KAREN M ANDERSON VP OF HUMAN RESOURCES	40.0 0.0				X			312,848	0	30,499
DR GARY GOFORTH MEDICAL DIRECTOR	40.0 0.0					X		308,312	0	25,344
CHRISTY SKINNER VP OF HEALTHCARE	40.0 0.0				X			295,391	0	29,558
DR MICHAEL G SCALES DIRECTOR	1.0 40.0	X						0	206,293	78,764
JANET COAY DIRECTOR OF SALES	40.0 0.0					X		236,235	0	13,647
JASON SMITH SENIOR DIRECTOR OF AMENITIES	40.0 0.0					X		220,707	0	20,746

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRIAN HINDS CIO	40.0 0.0					X		193,837	0	25,159
INGA BREDAHL SALES COUNSELOR	40.0 0.0					X		195,128	0	15,520
KEN BALDES EX-OFFICIO	1.0 40.0	X						0	115,087	20,705
WANDA ANDERSON DIRECTOR	1.0 0.5	X						0	0	0
DR PAUL T CASS DIRECTOR	1.0 1.0	X						0	0	0
CHANLEY CHRISTMAN DIRECTOR	1.0 0.0	X						0	0	0
NANCY D COOK DIRECTOR	1.0 1.0	X						0	0	0
JOHN W DAVIDSON SECRETARY / TREASURER	1.0 1.5	X		X				0	0	0
REV CHARLES B DEWITT SECRETARY	1.0 0.5	X		X				0	0	0
DONNA J DUSS VICE CHAIRPERSON	1.0 1.0	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR JAMES D GLENN DIRECTOR	1.0 0.0	X						0	0	0
JAY HIBBARD DIRECTOR	1.0 0.0	X						0	0	0
REV MARK T O'FARRELL DD CHAIRPERSON	1.0 0.0	X		X				0	0	0
ARCHIE L WHITE DIRECTOR	1.0 0.5	X						0	0	0
JON BURDZY DO DIRECTOR	1.0 0.0	X						0	0	0
JEREMY DYS ESQ DIRECTOR	1.0 0.0	X						0	0	0
ETHAN PERMENTER DIRECTOR	1.0 0.0	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Christian & Missionary Alliance
Foundation Inc

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,426,111	5,904,905	1,132,437	30,938,190	4,121,443	44,523,086
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	102,201,391	103,581,222	107,841,574	112,310,334	117,077,824	543,012,345
3 Gross receipts from activities that are not an unrelated trade or business under section 513	2,837,196	3,137,703	3,232,082	4,040,704	4,469,880	17,717,565
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	107,464,698	112,623,830	112,206,093	147,289,228	125,669,147	605,252,996
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						0
c Add lines 7a and 7b.						0
8 Public support. (Subtract line 7c from line 6.)						605,252,996

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.	107,464,698	112,623,830	112,206,093	147,289,228	125,669,147	605,252,996
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	669,319	204,876	291,047	493,036	1,363,493	3,021,771
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.	669,319	204,876	291,047	493,036	1,363,493	3,021,771
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	108,134,017	112,828,706	112,497,140	147,782,264	127,032,640	608,274,767

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	99.503 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	99.590 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	0.497 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	0.410 %

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described in 11a above?		
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the organization
Christian & Missionary Alliance
Foundation Inc

Employer identification number
59-1166437

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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 can 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" on 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 education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, 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) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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" on 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 XIII and complete the following table:
- c** Beginning balance
 - d** Additions during the year
 - e** Distributions during the year
 - f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	17,916,367	5,561,493	6,655,866	3,029,276	1,510,665
b Contributions	4,028,661	28,391,300	1,124,065	4,248,540	2,479,161
c Net investment earnings, gains, and losses		476	10,471	11,411	-42,936
d Grants or scholarships					
e Other expenditures for facilities and programs	2,663,842	16,036,902	2,228,909	633,361	917,614
f Administrative expenses					
g End of year balance	19,281,186	17,916,367	5,561,493	6,655,866	3,029,276

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 1.370 %
 - c** Term endowment ▶ 98.630 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** Unrelated organizations
- (ii)** Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		25,241,139		25,241,139
b Buildings		646,232,789	238,849,444	407,383,345
c Leasehold improvements		67,356,031		67,356,031
d Equipment		39,527,123	16,061,712	23,465,411
e Other		90,098,370	29,575,484	60,522,886
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				583,968,812

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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		
(3) Other _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Refundable Contracts	120,036,660
(3) Capital Projects Payable	1,115,343
(4) Interest Rate Swap Liability	3,817,500
(5) Deposits on Units	2,949,383
(6) Resident Reserves	5,759,628
(7) INTEREST PAYABLE	856,096
(8) LEASE LIABILITY	883,757
(9) DEFERRED PAYROLL TAXES	956,127
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	136,374,494

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	141,775,263
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	9,254,913
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	4,467,619
e	Add lines 2a through 2d	2e	13,722,532
3	Subtract line 2e from line 1	3	128,052,731
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	104,415
b	Other (Describe in Part XIII.)	4b	4,644,532
c	Add lines 4a and 4b	4c	4,748,947
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	132,801,678

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	123,605,209
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 XIII.)	2d	-615,871
e	Add lines 2a through 2d	2e	-615,871
3	Subtract line 2e from line 1	3	124,221,080
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	104,415
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	104,415
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	124,325,495

Part XIII Supplemental Information

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 59-1166437

Name: Christian & Missionary Alliance
Foundation Inc

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	INTENDED USES OF 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.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINES 2D & 4B	RECONCILIATION OF REVENUE PER AUDITED F/S WITH REVENUE PER RETURN REVENUE ON BOOKS, NOT ON RETURN: FAIR VALUE OF INTEREST RATE SWAP \$ 4,095,500 NET ASSETS RELEASED FROM RESTRICTION 372,119 ----- \$ 4,467,619 REVENUE ON RETURN, NOT ON BOOKS: LOSS ON EXTINGUISHMENT OF LOAN \$ (52,471) INTEREST INCOME INCLUDED IN AUDIT INTEREST EXPENSE 1,215,167 CONTRIBUTI ONS IN AUDIT NET ASSETS 4,028,661 LOSS ON DISPOSAL OF ASSET IN AUDIT EXPENSE (546,825) --- ----- \$ 4,644,532

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	RECONCILIATION OF EXPENSES PER AUDITED F/S WITH EXPENSE PER RETURN EXPENSES ON BOOKS, NOT ON RETURN: LOSS ON DISPOSAL OF ASSETS IN AUDIT EXPENSE \$ 546,825 INTEREST INCOME INCLUDED IN AUDIT INTEREST EXPENSE (1,215,167) LOSS ON EXTINGUISHMENT OF LOAN 52,471 ----- \$ (615,871)

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	SHELL POINT HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND IS EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(A) OF THE IRC. THE IRC PROVIDES FOR TAXATION OF UNRELATED BUSINESS INCOME UNDER CERTAIN CIRCUMSTANCES. SHELL POINT REPORTS UNRELATED BUSINESS TAXABLE INCOME RESULTING FROM THEIR ENTERPRISE ACTIVITIES.

Form 990, Schedule D, Part X, - Other Liabilities

1. (a) Description of Liability	(b) Book Value
Refundable Contracts	120,036,660
Capital Projects Payable	1,115,343
Interest Rate Swap Liability	3,817,500
Deposits on Units	2,949,383
Resident Reserves	5,759,628
INTEREST PAYABLE	856,096
LEASE LIABILITY	883,757
DEFERRED PAYROLL TAXES	956,127

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Christian & Missionary Alliance Foundation Inc

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...
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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) BENEVOLENT ASSISTANCE	6		331,374	BOOK	SUBSIDY
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	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

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Christian & Missionary Alliance
Foundation Inc

Employer identification number
59-1166437

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 idemnification 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)		
<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 idemnification 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)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a Yes									
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	TRAVEL FOR COMPANIONS THE PRESIDENT AND VICE-PRESIDENTS RECEIVE A MAXIMUM TRAVEL REIMBURSEMENT AMOUNT OF \$1,500 PER YEAR PER PERSON. THE ASSISTANT VICE-PRESIDENTS RECEIVE A MAXIMUM TRAVEL REIMBURSEMENT AMOUNT OF \$750 PER YEAR PER PERSON. THESE FEES ARE INCLUDED AS TAXABLE INCOME EACH YEAR ON THEIR W-2. ADDITIONALLY, ALL REQUESTS FOR REIMBURSEMENT BY VICE-PRESIDENTS MUST BE APPROVED BY THE PRESIDENT OF THE CORPORATION AND THE PRESIDENT'S REQUEST FOR PAYMENTS MUST BE APPROVED BY THE CFO.
SCHEDULE J, PART I, LINE 6	SOME INDIVIDUALS LISTED ON PART VII WERE ELIGIBLE FOR A BONUS IF NET EARNINGS EXCEEDED BUDGET AND ALL OTHER MISSION AND OPERATIONAL GOALS ARE ACHIEVED. THESE AMOUNTS WERE ACCRUED AS OF 06/30/2021. THE BONUS IS SUBJECT TO APPROVAL BY THE BOARD ANNUALLY.
SCHEDULE J, PART II, COLUMN B(II)	BONUS & INCENTIVE COMPENSATION DRIVEN BY THE NEED TO OBTAIN AND SUSTAIN BUDGETED OCCUPANCY THROUGHOUT THE YEAR, SOME INDIVIDUALS LISTED ON FORM 990 PART VII AND SCHEDULE J PART II WERE ELIGIBLE TO PARTICIPATE IN THE SALES BONUS COMPENSATION PLAN. ADDITIONALLY, ALL SHELL POINT EMPLOYEES ARE ELIGIBLE FOR AN ANNUAL BONUS, NOT TO EXCEED 5% OF THEIR SALARIES, IF NET EARNINGS EXCEED BUDGET AND QUALITY AND FINANCIAL GOALS ARE MET. THE BONUSES ARE SUBJECT TO APPROVAL BY THE BOARD ANNUALLY.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Christian & Missionary Alliance Foundation Inc

Employer identification number

59-1166437

Part I Bond Issues

Table with columns (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Deceased, (h) On behalf of issuer, (i) Pool financing. Rows include LEE COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY.

Part II Proceeds

Table with columns A, B, C, D for various bond proceeds metrics. Rows include Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue, etc.

Part III Private Business Use

Table with columns A, B, C, D for private business use questions. Rows include Was the organization a partner in a partnership, Are there any lease arrangements...

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X	X		X			
b Exception to rebate?		X		X		X		
c No rebate due?	X			X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X			X		
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X			X		
b Name of provider	0		BB&T SUNTRUST BANK		0			
c Term of hedge			1610 %					
d Was the hedge superintegrated?				X				
e Was the hedge terminated?				X				

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider	0		0		0			
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has 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?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
SCH.K, PART I, LINE A, COLUMN F	Refund Series 1999B Bonds issued 5/5/1999 and Series 2002 Bonds issued 12/23/2002 and construction, renovation and equipping of senior care facility.

Return Reference	Explanation
SCH.K, PART I, LINE B, COLUMN F	Refund Series 2006 Bonds issued 11/15/2006, Series 2007 Bonds issued 04/05/2007 and Series 2011A Bonds issued 12/13/2011 and construction, renovation and equipping of senior care facility.

Return Reference	Explanation
SCH.K, PART II, LINE 3, COLUMN A	TOTAL PROCEEDS OF ISSUE EXCEEDS THE ISSUE PRICE DUE TO INVESTMENT EARNINGS.

Return Reference	Explanation
SCH.K, PART II, LINE 3, COLUMN C	TOTAL PROCEEDS OF ISSUE EXCEEDS THE ISSUE PRICE DUE TO INVESTMENT EARNINGS.

Return Reference	Explanation
SCH.K, PART II, LINE 11, COLUMN A	PROCEEDS FROM BOND ISSUE A WERE MAINLY SPENT TO CURRENTLY REFUND PRIOR BONDS FOR WHICH NO REFUNDING ESCROW WAS ESTABLISHED.

Return Reference	Explanation
SCH.K, PART II, LINE 11, COLUMN B	PROCEEDS FROM BOND ISSUE B WERE SPENT TO CURRENTLY REFUND PRIOR BONDS FOR WHICH NO REFUNDING ESCROW WAS ESTABLISHED.

Return Reference	Explanation
SCH.K, PART IV, LINE 2C, COLUMN A	THE REBATE REPORT DATED 03/02/2018 REFLECTS NO REBATE DUE ON SERIES 2011 BONDS. THE COMPUTATION PERIOD BEGAN ON DECEMBER 13, 2016 AND ENDED ON DECEMBER 31, 2017. REBATE REPORT DATED DECEMBER 15, 2021 ON SERIES 2011B BONDS REFLECTS NO REBATE LIABILITY EXISTS. THE NEXT COMPUTATION PERIOD BEGAN ON DECEMBER 31, 2017 AND ENDED ON NOVEMBER 15, 2021, THE FINAL COMPUTATION DATE.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020**Open to Public Inspection**

Department of the Treasury

Name of the organization
Christian & Missionary Alliance
Foundation Inc

Employer identification number

59-1166437

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, 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 AND MISSIONARY ALLIANCE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE CORPORATION'S BOARD OF DIRECTORS (GOVERNING BODY) IS ELECTED BY THE MEMBERS OF THE CORPORATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	CERTAIN DECISIONS OF THE GOVERNING BODY (THE INCURRENCE OF DEBT, FOR EXAMPLE) ARE SUBJECT TO APPROVAL BY THE MEMBERS OF THE CORPORATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>ANY CHRISTIAN AND 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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	AN ANALYSIS OF EXECUTIVE COMPENSATION WAS CONDUCTED AND APPROVED BY THE BOARD OF DIRECTORS IN MAY 2021 BY CLIFTON LARSON ALLEN.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	AN ANALYSIS OF COMPENSATION WAS CONDUCTED AND APPROVED BY THE BOARD OF DIRECTORS IN MAY 2021 BY CLIFTON LARSON ALLEN.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS: CHANGE IN FMV OF DERIVATIVE \$ 4,095,500 EQUITY TRANSFER (2,373,658) ----- TOTAL \$ 1,721,842

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6	<p>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, 1,027 (OVER HALF) OF OUR 2,000 INDEPENDENT LIVING 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 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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 3B	THE ORGANIZATION WILL UNDERGO THE REQUIRED SINGLE AUDIT FOR THE CARES PROVIDER RELIEF FUND S IT RECEIVED PRIOR TO AND DURING THE FISCAL TAX YEAR.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Christian & Missionary Alliance
Foundation Inc

Employer identification number

59-1166437

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

(a) Name, address, and EIN (if applicable) 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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
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, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ALLIANCE COMMUNITY FOR RETIREMENT LIVING INC	B	2,373,658	BOOK VALUE
(2) THE LEGACY FOUNDATION AT SHELL POINT	C	4,121,443	BOOK VALUE

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation
SCHEDULE R, PART II, COLUMN G	INFORMATION ON CONTROLLED ORGANIZATIONS THE ORGANIZATIONS DISCLOSED ON PART II ARE CONTROLLED BY THE SAME ORGANIZATION, CHRISTIAN & MISSIONARY ALLIANCE, INC. THIS CAUSES A BROTHER/SISTER CONTROL RELATIONSHIP WITH ALL OTHER ORGANIZATION LISTED ON PART II BY WAY OF CONSTRUCTIVE OWNERSHIP UNDER CODE SECTION 318 AND CONTROL AS DEFINED IN SECTION 512(B)(13).

Additional Data

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

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PO BOX 35000 COLORADO SPRINGS, CO 80935 13-1623940	CHURCH	CO	501(C)(3)	1	NA		No
600 SOUTH FLORIDA AVE DELAND, FL 32720 59-0817603	CCRC	FL	501(C)(3)	10	C&MA	Yes	
15010 SHELL POINT BLVD FORT MYERS, FL 33908 80-0002145	FUNDRAISING	FL	501(C)(3)	10	CMAF	Yes	
PO BOX 35660 COLORADO SPRINGS, CO 80935 84-1466105	STEWARDSHIP	CO	501(C)(3)	12A	C&MA	Yes	
8595 EXPLORER DRIVE COLORADO SPRINGS, CO 80920 84-1345047	LOAN FUNDING	CO	501(C)(3)	12A	C&MA	Yes	
PO BOX 35000 COLORADO SPRINGS, CO 80935 84-1234511	RELIEF/DEVEL	CO	501(C)(3)	7	C&MA	Yes	
1 SOUTH BOULEVARD NYACK, NY 10960 13-1740285	SCHOOL	NY	501(C)(3)	2	C&MA	Yes	
555 EAST MEMORY LANE SANTA ANA, CA 92706 95-1685807	CCRC	CA	501(C)(3)	10	C&MA	Yes	