

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



EXTENDED TO AUGUST 17, 2015

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public Information about Form 990 and its instructions is at www.irs.gov/form990. Open to Public Inspection

ΑΙ	For the	2014 calendar year, or tax year beginning	and en	nding		
В	Check if applicable	C Name of organization			D Employer identific	ation number
	Addres	MOURINGS PARK FOUNDATION, INC.				
Z	Name change	Doing business as			26-36	531295
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Ro	oom/suite	E Telephone number	
	∏Fınal return/	120 MOORINGS PARK DRIVE			239-2	261-1616
	termin- ated	City or town, state or province, country, and ZIP or foreign postal co	ode		G Gross receipts \$	13,173,361.
Ļ	Amend	NAPLES, FL 34105			H(a) Is this a group re	
	Application pendin	F Name and address of principal officer DANTEL U. DAVEN	IDER		for subordinates	Yes X No
		SAME AS C ABOVE	-		H(b) Are all subordinates in	
			17(a)(1) or	527	1	list (see instructions)
		e: ► WWW . MOORINGSPARK . ORG oroanization: X Corporation Trust Association Other ►			H(c) Group exemption	
	art i	organization: X Corporation Trust Association Other ► Summary		L Year	or formation. 2000 M	State of legal domicile; FL
		Briefly describe the organization's mission or most significant activities	O ENG	COLLE	GE PROMOTE	AND
Çe	1 1	SUPPORT THE DEVELOPMENT AND IMPLEMENT	OTTAT	V OF	TNTERDISCIPI	TNARY
ia.		Check this box if the organization discontinued its operations o				
ye.		Number of voting members of the governing body (Part VI, line 1a)	n dispose	0 01 111010	3	12
Ğ		Number of independent voting members of the governing body (Part VI, Iii	ne 1b)		4	11
Activities & Governance		Total number of individuals employed in calendar year 2014 (Part V, line 2	-		5	2
ξ	6	Total number of volunteers (estimate if necessary)			6	17
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34			7b	0.
					Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)			759,694.	2,550,388.
Revenue	9	Program service revenue (Part VIII, line 2g)		<u> </u>	0.	62.014
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<u> </u>	50,741.	62,914.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	40)	-	810,435.	2,613,302.
-	· · · · · · · · · · · · · · · · · · ·	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lin	ne 12)		0.0	2,013,302.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		-	0.	0.
v	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines	s 5-10)		89,431.	67,901.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	,		0.	0.
ē	ь	Total fundraising expenses (Part IX, column (D), line 25)	(0.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			248,339.	37,264.
	18	Total expenses. Add lines 13-17 (most equal Part IX, column (A), line 25)			337,770.	2,172,279.
_	19	Revenue less expenses Subtract line 18 Locullar 1/2 ED			472,665.	441,023.
ts or	3	S		Be	ginning of Current Year	End of Year
t Asset	20	Total assets (Part X, line 16)		<u> </u>	4,780,664.	5,345,485.
et	21				142,252.	158,854.
Net	art II		· · · ·	l	4,638,412.	5,186,631.
		Ities of perjury, I declare that I have examined this ceturn, including accompanying s	schodulos a	and statem	ents and to the hest of my	knowledge and belief it is
		t, and complete. Declaration of preparer (other than officer) is based on all informat				A KITOWICAGE ATTA DELICI, IL 13
	,	Mary Morton		п ртораго	August 3.	2015
Sig	ın	Signature of officer		_	Date	-201.7
He	-	MARY MORTON, VICE PRESIDENT OF FIN	NANCE			
		Type or print name and title				
		Print/Type preparer's name Preparer's signature			Date Check	PTIN
Pa		AMY CHAPMAN AMY CHAPMAN			7/31/15 self-employe	
	eparer	Firm's name CLIFTONLARSONALLEN LLP		~ ~	Firm's EIN	41-0746749
Us	e Only	Firm's address 420 SOUTH ORANGE AVENUE, SU	ITE 5	UÜ		7 000 4000
_		ORLANDO, FL 32801			Phone no. 4 0	7-802-1200
		RS discuss this return with the preparer shown above? (see instructions)				X Yes No
432	001 11-0	7-14 LHA For Paperwork Reduction Act Notice, see the separate in	nstruction	ıs.		Form 990 (2014)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

) (Revenue \$

Form 990 (2014)

including grants of \$

2,145,039.

4e

Total program service expenses ▶

Form 990 (2014) MOORINGS PAR Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
•	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	Ť		
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		х
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
••	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
•	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	_X_	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	4.		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u> </u>
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-13		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u>~~</u>	
		Form	990 (2014)

		-3631295) Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
•			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21	x	
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? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's curr and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Sabadula K. (FINAL), as to less 35c.			x
	Schedule K If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b	 	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeas any tax-exempt bonds?	· —		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, an	nd	 	<u> </u>
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	e . 25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			ļ
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	er .		
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	Х
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)	İ		
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	. 28a	↓	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Pan An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer.			X
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
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? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	'	7,	
	Part V, line 1	34	Х	v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	\vdash	Х
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled enti- within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	1ty 35b		

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

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? If "Yes," complete Schedule R, Part VI

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

36

37

X

X

Form 990 (2014) MOORINGS PARK FOUNDATION, INC.

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			Ш				
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0							
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			1				
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			l				
	(gambling) winnings to prize winners?	1c						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 2			l				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	l				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	l	X				
ь	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
ь	If "Yes," enter the name of the foreign country ▶							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		ļ					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as chantable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7с		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		}					
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter							
a	Initiation fees and capital contributions included on Part VIII, line 12 10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		ł					
11	Section 501(c)(12) organizations. Enter		- 1					
	Gross income from members or shareholders 11a		- 1					
Þ	Gross income from other sources (Do not net amounts due or paid to other sources against		ı					
40-	amounts due or received from them.) [11b]							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	125						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note. See the instructions for additional information the organization must report on Schedule O.							
U	Enter the amount of reserves the organization is required to maintain by the states in which the	j	- 1					
_	organization is licensed to issue qualified health plans		- 1					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	\dashv	Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	\dashv					
		5	~~					

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

•	Charl V Charles Country of the Charles Countr			X
800	Check if Schedule O contains a response or note to any line in this Part VI			بها
Sec	tion A. Governing Body and Management		· ·	
_		_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1		ļ ,	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	X	\vdash
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 35		
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	9		
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the internal nevenue Code)		V	Na
100	Did the example to be local chapters, branches, or efficience?	100	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		 -
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ.	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		77	
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
þ	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
-	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			
	MARY MORTON - 239-261-1616			
	134 MOORINGS PARK DRIVE, NAPLES, FL 34105			

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

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.

INC.

- 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, and 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.

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

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

(A)	(B)	l	11 1126) ()	npe	iisai	(D)	(E)	(F)
Name and Title	Average	١	Position (do not check more than one			1		Reportable	Reportable	Estimated
Name and the	hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	amount of
	week	-	cer ar	d a d	recto	rector/trustee)		from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	, s			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	frust		es.	Dens		(W-2/1099-MISC)		organization
	organizations below	ual tr	nona		ploy	t con	١.			and related organizations
	line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Бутае			Organizations
(1) DANIEL J. LAVENDER	2.00		Ĩ		_		<u> </u>			
PRESIDENT/CHIEF EXECUTIVE OFFICER	46.00	X	İ	X				0.	397,883.	50,350.
(2) HAROLD ADAMS	2.00								, ,	
DIRECTOR	0.00	X	L					0.	0.	0.
(3) MARCELO ALVAREZ	2.00							_		
DIRECTOR	0.00	X						0.	0.	0.
(4) ELIZABETH COLLAMORE	2.00						l		_	_
DIRECTOR	0.00	X	L_				L	0.	0.	0.
(5) JAMES CRAIG	2.00									
DIRECTOR	0.00	X	<u> </u>			<u> </u>	<u> </u>	0.	0.	0.
(6) DR. JOHN R. LITTLE	2.00							_		•
DIRECTOR	8.00	X	<u> </u>			_	<u> </u>	0.	0.	0.
(7) ROBERT GICKING DIRECTOR	0.00	х						0.	0.	0
(8) THOMAS INGRAM	2.00	Δ	H				├		0.	0.
DIRECTOR	0.00	х						0.	о.	0.
(9) ALAN KOREST	2.00					┝	\vdash	•		
CHAIRMAN	2.00	x		х				0.	o.	0.
(10) DANIEL MACLEA, JR.	2.00						\vdash			
DIRECTOR	0.00	X						0.	0.	0.
(11) DR. RENATE BOER	2.00									
SECRETARY/TREASURER	0.00	X		X				0.	0.	0.
(12) KARL SHEFFIELD	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(13) TIMOTHY S. BUIST	2.00									
FORMER CHIEF FINANCIAL OFFICER	46.00			X				0.	173,230.	33,336.
(14) FRED MICHAEL GLOTH III	2.00							_		
CHIEF MEDICAL OFFICER	46.00			X		L.,	L.,	0.	435,699.	51,705.
(15) MARIA T ISAZA PLANAGAN	2.00						l			
CHIEF INFORMATION OFFICER	46.00			X		Щ.	Ļ	0.	23,618.	0.
(16) KENT MCRAE	2.00							_		25 - 22
CHIEF OPERATING OFFICER	46.00		_	X	_	Щ	<u> </u>	0.	233,956.	35,560.
(17) STEVAN BRINKERT	2.00				~-				220 242	25 545
VICE PRESIDENT OF RESIDENT SERVICES	46.00				X	L		0.	238,919.	35,745.

Pai	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st (Compensated Employe	es (continued)				
•	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average hours per		not c	heck	more	than		Reportable compensation	Reportable compensati			stimate nount	
		week		cer ar					from	from relate		"	other	01
		(list any hours for	rector			Į			the	organizatio		compensation		
		related	9 or d	eg.			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	1	rom th anizat	
		organizations	truste	lal trus	ł	e A	omper		(d relat	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensate employes	Former				org	anızatı	ons
		11110)	랿	Ĕ	5		₹ E	æ	-					
			ł											
						Г								
			-			┝		_	-					
		ļ				ĺ								
													-	
			L				L		<u></u>					
								ŀ						
						_	<u> </u>	_	<u> </u>					
			l						İ					
			┢					┌╴						
								•						
<u></u>	Sub-total							L	0.	1,503,3	<u>Λ 5</u>	20	6,6	96
	Total from continuation sheets to Part VI	I. Section A		٠					0.	1,303,3	03.	20	0,0	0.
	Total (add lines 1b and 1c)					•			0.	1,503,3	05.	20	6,6	96.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	no re	eceived more than \$100	,000 of reportab	le			
	compensation from the organization	· ·											. 1	(
3	Did the exceptation let any former officer	director or to	.oto	a ka		مامم			h.ah.aat a.aaa.aa.ata.d				Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		ste	e, Ke	y en	npio	iyee,	, Of I	nignest compensated e	mpioyee on		3		Х
4	For any individual listed on line 1a, is the su		le co	ompe	ensa	Ition	and	d oth	her compensation from	the organization	• •			
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4	Х	
5	Did any person listed on line 1a receive or a					-		elat	ed organization or indivi	dual for services	i		l	
Sac	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	e J f	or su	ich j	oe <i>r</i> s	on					5		X
1	Complete this table for your five highest co	mpensated inc	dene	ende	nt c	ontr	acto	nrs t	hat received more than	\$100 000 of cor	nnens	ation f	rom	
	the organization. Report compensation for										.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	auo		
	(A)							П	(B)			(C		
	Name and business	address	N(NE	<u> </u>			4	Description of s	ervices		ompe	nsatioi	n
								\dashv						
								П	-	,,				
								4						
	· · · · · · · · · · · · · · · · · · ·							\dashv	· · - · · · · · · · · · · · · · · · · ·					
2	Total number of independent contractors (in	ncluding but n	ot lu	nite	d to	thos	se lis	ted	above) who received m	ore than				
	\$100,000 of compensation from the organization	zation 🕨)					_		
												Form 9	990 tz	2014

Form 990 (2014) MOORING
Part VIII Statement of Revenue

		Check if Schedule O con	tains a response	or note to any lin	e in this Part VIII			X
					(A) Total revenue	(B) Related or exempt function revenue	(Ĉ) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	. 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues	1b					
S, C	c	Fundraising events	1c					
Sift ar		Related organizations	1d					
S,	е	Government grants (contribut	tions) 1e					
Sign		All other contributions, gifts, gran						
캶		similar amounts not included abo		2,550,388.				
EQ.	g	Noncash contributions included in lines						
a	_	Total. Add lines 1a-1f		<u> </u>	2,550,388.			
				Business Code				
8	2 a	·						
اہ جَ	b							
Program Service Revenue	С							
eve	d							
6	е)						
4	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, intere	est, and		·		
		other similar amounts)		▶	100,874.			100,874.
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				1
	5	Royalties .		▶				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		•				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	10,522,099.					
	b	Less cost or other basis						
		and sales expenses	10,560,059.			1		
	С	Gain or (loss)	-37,960.			ŀ		
	d	Net gain or (loss)		•	-37,960.			-37,960.
۰	8 a	Gross income from fundraisin	g events (not					
Other Revenue		ıncludıng \$	of					
ا ۿِ		contributions reported on line	: 1c). See					
<u> </u>		Part IV, line 18	а					
	b	Less direct expenses	b					
	С	Net income or (loss) from fund	draising events	<u> </u>				
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	а					
		Less direct expenses	b		İ			
	С	Net income or (loss) from gam	ning activities	▶				
	10 a	Gross sales of inventory, less	returns					
-		and allowances	a					
i		Less cost of goods sold			,			
Ļ	С	Net income or (loss) from sale	s of inventory					
ļ		Miscellaneous Revenu	ie	Business Code				
	11 a		<u>. </u>					
	b							
ļ	С				<u></u>			
- 1	d	All other revenue						
	e	Total. Add lines 11a-11d		▶ [_				
18085	12_	Total revenue. See instructions.		🕨	2,613,302.	0.	0.	62,914.
432008 11-07-	14					_		Form 990 (2014)

Part IX Statement of Functional Expenses

Sefr	on 30 (c)(3) and 30 (c)(4) organizations must com			impiete columni (A)	
	Check if Schedule O contains a respon	se or note to any line in		<u> </u>	<u></u>
	not include amounts reported on lines 6b, 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	1,852,273.	1,852,273.		
2	Grants and other assistance to domestic				
_	individuals See Part IV, line 22	214,841.	214,841.		
_	` }	211,011.	211,011.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,]	
	trustees, and key employees				
6	Compensation not included above, to disqualified	•			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	58,935.	58,935.		· · · · · · · · · · · · · · · · · · ·
		30,233	30,333.		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	E 010	E 313		
9	Other employee benefits	5,212.	5,212.		
10	Payroll taxes	3,754.	3,754.		
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				•
f	Investment management fees	15,406.		15,406.	
	Other (If line 11g amount exceeds 10% of line 25,	13,400.		13,100.	·
g					
	column (A) amount, list line 11g expenses on Sch O.)	11,834.		11 024	
12	Advertising and promotion	11,034.		11,834.	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy .				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	į			
19	Conferences, conventions, and meetings		<u>-</u>		
20	Interest				
21	Payments to affiliates				-
22	Depreciation, depletion, and amortization				
23	. ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		1	-	
	Other expenses, Itemize expenses not covered				
24	above. (List miscellaneous expenses in line 24e. If line	l			
	24e amount exceeds 10% of line 25, column (A)]		
	amount, list line 24e expenses on Schedule 0.) OTHER	10,024.	10,024.		
а	OTHER	10,024.	10,024.		
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,172,279.	2,145,039.	27,240.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	l			
	educational campaign and fundraising solicitation.	ļ			
	Check here				

rai	τχ	Check if Schedule O contains a response or note to any line in this Part	<u> </u>		
		Chicago in Concedure O Contains a response of free to any line in and the	(A) Beginning of year	•	(B) End of year
	1	Cash - non-interest-bearing	491,342.	1	734,870.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	210,000.	3	100,000.
1	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Comple	ete		
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined	under		,
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and cont	nbuting		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr). Complete Part II of Sch	L	6	
Assets	7	Notes and loans receivable, net		7	
Ÿ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D . 10a			
	b	Less accumulated depreciation 10b		10c	
i	11	Investments - publicly traded securities	4,079,322.	11	4,463,849.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	0.	15	46,766.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,780,664.	16	5,345,485.
	17	Accounts payable and accrued expenses	22,886.	17	11,894.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities .		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
9S	22	Loans and other payables to current and former officers, directors, trust	ees,		
#		key employees, highest compensated employees, and disqualified personal	ons		
Liabilities		Complete Part II of Schedule L.		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part 3			146 060
		Schedule D	119,366.	25	146,960.
	26	Total liabilities. Add lines 17 through 25	142,252.	26	158,854.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔝	and		
98		complete lines 27 through 29, and lines 33 and 34.	4 000 075		4 200 407
au	27	Unrestricted net assets	4,089,875.	27	4,298,497. 888,134.
Ba	28	Temporanly restricted net assets	548,537.	28	000,134.
P	29	Permanently restricted net assets		29	
Ŧ.		Organizations that do not follow SFAS 117 (ASC 958), check here	`		
ō		and complete lines 30 through 34.		ا ۔۔ ا	
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	4 630 413	32	F 106 621
-	33	Total net assets or fund balances	4,638,412.	33	5,186,631.
	34	Total liabilities and net assets/fund balances .	4,780,664.	34	5,345,485.

Form	1990 (2014) MOURINGS PARK FOUNDATION, INC.	20-	202T	<u> </u>	<u>Pa</u>	ige 12
Pa	rt 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_				02.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2			79.
3	Revenue less expenses. Subtract line 2 from line 1	3				23.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4			12.
5	Net unrealized gains (losses) on investments	5		10	7,1	.96.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Pnor penod adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		_			
	column (B))	_10	5	<u>,18</u>	6,6	31.
Pa	t XII Financial Statements and Reporting					
_	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		<u>. </u>		X
					Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Cother					1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	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					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	ļ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both					
	Separate basis Both consolidated and separate basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			3,7	
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	├
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Aud	dit			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red aud	lrt			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			_3b	000	
				Form	990	(2014)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

Employer identification number

OMB No 1545-0047

2014

Open to Public Inspection

MOORINGS PARK FOUNDATION, 26-3631295 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. crtv, and state 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). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. J 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (ı) Name of supported (iv) Is the organization (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

Schedule A (Form 990 or 990-EZ) 2014 MOORINGS PARK FOUNDATION, INC.

Part II Support Schedule for Organizations Described in Society 1990-1990. 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 fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			1			
	include any "unusual grants ")			5,135,894.	759,694.	2,550,388.	8,445,976.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	ı					
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3			5,135,894.	759,694.	2,550,388.	8,445,976.
5	The portion of total contributions						
	by each person (other than a	1					
	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						8,445,976.
	ction B. Total Support			<u> </u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	, ,		5,135,894.	759,694.	2,550,388.	8,445,976.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources			96.	50,741.	62,914.	113,751.
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)			14,466.			14,466.
11	Total support. Add lines 7 through 10						8,574,193.
	Gross receipts from related activities,	etc (see instruction	ons)			12	
	First five years. If the Form 990 is for		•	d, fourth, or fifth ta	ax vear as a sectio	· · · · · · · · · · · · · · · · · · ·	
	organization, check this box and stor	p here			•	. ,,,	ightharpoons
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (line 6, column (f) d	ivided by line 11, o	column (f))		14	98.50 %
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	98.90 %
16a	33 1/3% support test - 2014. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	١	•		> 🗓
b	33 1/3% support test - 2013. If the	organization did no	t check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicty s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2014. If the org	anization did not				or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop h	ere. Explain in Pai	t VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	dorganization		▶□
b	10% -facts-and-circumstances tes	t - 2013. If the org	anization 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	•				*	
	organization meets the "facts-and-cire						▶□
18	Private foundation. If the organization		•	•	•		s ▶□
						dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support		piete rait ii j				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons 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	<u>.</u>					
	Add lines 7a and 7b					-	
	Public support (Subtract line 7c from line 6.) tion B. Total Support	:			l		<u></u>
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	(4) 2010	(5) 2011	(0) 2012	(4) 2010	(6) 2014	(i) Total
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						_
С 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly carned on Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12) L First five years. If the Form 990 is for	the organization's	s first second thir	d fourth or fifth +	ay year as a soct	on 501/c\/2\ arace:=	ation
	check this box and stop here	are organization s		a, 1001011, 01 11101 te	un year as a secti	on so itojoj organiz	auori,
	tion C. Computation of Publi	c Support Pe	rcentage	<u>,,</u>	•	· ·	
	Public support percentage for 2014 (la			olumn (f))		15	%
	Public support percentage from 2013					16	. %
Sec	tion D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	14 (line 10c, colun	nn (f) divided by lir	ie 13, column (f))		17	%
	Investment income percentage from 2		•	· · · · · · · · · · · · · · · · · ·		18	%
	33 1/3% support tests - 2014. If the						7 is not
	more than 33 1/3%, check this box an						. ▶□
	33 1/3% support tests - 2013. If the cline 18 is not more than 33 1/3%, chec						
	Private foundation. If the organization		-	•		Ψ .	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organization	ons
--	-----

Sec	tion A. All Supporting Organizations		I.V.	
_	Annual of the annual field and annual and annual to the distribution of the annual to		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in p _{art VI} how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status		-	
2	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2	ł	
22	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
Sa	(b) and (c) below	3a		
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
J	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		1	
	organization made the determination	3ь		
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	30		
٠	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
42	Was any supported organization not organized in the United States ("foreign supported organization")? If		\vdash	
70	*Yes* and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
h	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	"		
•	supported organization? 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.	4b		
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)? 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)	1		
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? // "Yes,"			
	answer (b) and (c) 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)	5a		
ь	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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class	i		
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990)	8		
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	i I		
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9ь	 	
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	igsquare	
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings)	10b		

Sche	edule A (Form 990 or 990-EZ) 2014 MOORINGS PARK FOUNDATION, INC. 26-36	<u> 3129</u>	5 P	age 5
Pa	rt IV Supporting Organizations (continued)			
		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		L
	A family member of a person described in (a) above?	11b		L
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in part VI.	11c		L
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the 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? 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	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? 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	2		
Sec	tion 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)? If "No," describe in Part VI how control	i		
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s)	1 1		
Sec	tion D. Type III Supporting Organizations			
		г	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, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_		
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? If "No," explain in pert VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ü	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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations		1	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
a	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		ŀ	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Sche	edule A (Form 990 or 990-EZ) 2014 MOORINGS PARK FOUNDATIO	N, I	NC.	26-3631295 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			tructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recovenes 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		
Sect	ion B - Minimum Asset Amount		(A) Pnor 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)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
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 1-1/2% 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 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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			

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

6

Schedule A (Form 990 or 990-EZ) 2014

emergency temporary reduction (see instructions)

instructions).

	edule A (Form 990 or 990-EZ) 2014 MOORINGS PARE	K FOUNDATION, I	NC. 2	26-3631295 Page 7		
Pa	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations (continued)			
Sect	ion D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish ex	empt purposes				
2 Amounts paid to perform activity that directly furthers exempt purposes of supported						
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	าร			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI) See instructions					
7	Total annual distributions. Add lines 1 through 6					
8	Distributions to attentive supported organizations to which	the organization is responsive	e			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2014 from Section C, line 6	<u> </u>				
10	Line 8 amount divided by Line 9 amount					
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014		
1	Distributable amount for 2014 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2014					
	(reasonable cause required-see instructions)					
3	Excess distributions carryover, if any, to 2014					
а						
b						
С						
d						
е	From 2013					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2014 distributable amount					
i	Carryover from 2009 not applied (see instructions)					
j	Remainder Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2014 from Section D,					
	line 7 \$					
а	Applied to underdistributions of prior years					
b	Applied to 2014 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2014, if					
	any. Subtract lines 3g and 4a from line 2 (if amount					
	greater than zero, see instructions)					
6	Remaining underdistributions for 2014. Subtract lines 3h					
	and 4b from line 1 (if amount greater than zero, see					
	instructions)					
7	Excess distributions carryover to 2015. Add lines 3j					
	and 4c.			<u></u>		
8	Breakdown of line 7					
а						

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013 e Excess from 2014

Schedule A	(Form 990 or 990-EZ) 2014 MOORINGS	PARK_	FOUNDATION,	INC.	26-3631295 Page 8
Part VI	Supplemental Information. Provide	the explana	tions required by Part	II, line 10, Part II, line 17a	or 17b, and Part III, line 12.
•	Also complete this part for any additional in	formation. (S	See instructions)		
-					
					<u> </u>
<u> </u>	•				
		<u>.</u>			
					·
					
					

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public

Inspection Employer identification number

	MOORINGS PARK FOUNDATION, INC.	26-3631295
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts. Complete if the
L	organization answered "Yes" to Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
		· · · · · · · · · · · · · · · · · · ·
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	undo
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fu	Yes No
_	are the organization's property, subject to the organization's exclusive legal control?	•
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
-	impermissible private benefit?	Yes No
Pai		/, 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)	lly important land area
	Protection of natural habitat	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 Tax Year
а	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
	Number of conservation easements included in (c) acquired after 8/17/06, 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	
_	year >	ŭ
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
•	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	•
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	
٥	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 state	
9	include, if applicable, the text of the footnote to the organization's financial statements that describes the control of the footnote to the organization or financial statements.	
		rganization's accounting for
Dai	conservation easements rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
1 4	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	- Cirinai 7.000101
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement	and halance chart works of art
ıa	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
		or public service, provide, in Fait Alli,
	the text of the footnote to its financial statements that describes these items.	h da
D	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public s	service, provide the following amounts
	relating to these items	
	(i) Revenue included in Form 990, Part VIII, line 1	S
	(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 gair	n, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included in Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	▶ \$

		S PARK FOU							31295	
Pa	rt III Organizations Maintaining (Collections of A	rt, His	torical Tr	easures, or	<u>Other</u>	Simil	ar Asse	ts(continu	red)
3	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)									
а	Public exhibition	C	, <u> </u>	Loan or exc	hange programs	3				
b	Scholarly research	•	. L_J	Other						
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or other s	ımılar a	ssets	_	_	
	to be sold to raise funds rather than to be m								Yes	<u> </u>
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	n answered "Ye	s" to Fo	rm 990), Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for	contribution	ns or other asset	s not in	cluded		_	
	on Form 990, Part X?				_				Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table						
									Amount	
С	Beginning balance				••		1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	ustodial account	lability	?		」 Yes	∐_ No
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete	if the organization ar	swered	"Yes" to Fo	rm 990, Part IV,	line 10				
		(a) Current year	(b) F	nor year	(c) Two years ba	ack (d)	Three	years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses				ļ					
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs		ļ							
f	Administrative expenses									
g	End of year balance		<u> </u>							
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c show	•								
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	nd administered	for the	organi	zation		
	by									es No
	(i) unrelated organizations			•					3a(i)	
	(ii) related organizations					٠		•	3a(ii)	
	If "Yes" to 3a(ii), are the related organization				•		••		3b	
I Do	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment	funds.						
rai) Dani II	/ line 44 = 0	00 Form 000 D	∞ا ∨یس	. 10			
	Complete if the organization answere			r	1				405 1	 -
	Description of property	(a) Cost or o				(c) Accı			(d) Book	value
		basis (investr	nerit)	Dasis	(other)	uepre	ciation			
	Land									
	Buildings									
	Leasehold improvements	-		-					<u> </u>	
	Equipment							+		
	Other . Add lines 1a through 1e. (Column (d) must e	· I	Y colu	nn (R) line 1	100.)					0.
- Judi	in a coming to the control of the co	iquari onn 330, rait	7, 00101	(<i>D</i>), <i>m</i> ie i	~~ <i>/</i>					•

oci ieduiq	יטי	(r Ullil 33U) 2U 14	1100111101
Dart V	ıπ	Investments	Other Securitie

. Complete if the organization answered "Yes"	to Form 000 Port IV	ine 11h See Form 990 I	Dart V line 12	
(a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)			-	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)			· -	
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.		<u> </u>		
Complete if the organization answered "Yes"	to Form 990. Part IV.	line 11c See Form 990. F	Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of v	aluation Cost or end	d-of-year market value
(1)				
(2)	_			
(3)			<u> </u>	
(4)				· · · · · · · · · · · · · · · · · · ·
(5)			· · ·	
(6)				
(7)	· · -			
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX Other Assets.				
Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11d. See Form 990, I	Part X, line 15	
	Description			(b) Book value
(1)				
(2)			-	
(3)			·	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				_
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)			
Part X Other Liabilities.				
Complete if the organization answered "Yes"	to 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				
(2) DUE TO AFFILIATES		146,960.		
(3)				
(4)				
(5)		-		
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	. ▶	146,960.		

^{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

Sche	edule D (Form 990) 2014 MOORINGS PARK FOUNDATION, J	INC.	20-30	031290 Page 4
Pa	Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per i	Return.	·
<u>.</u>	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		1.1	
1	Total revenue, gains, and other support per audited financial statements	• • •	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	ا مو ا		
a b	Net unrealized gains (losses) on investments Donated services and use of facilities	2a 2b	1	
c	Recoveries of prior year grants	2c	1	
d	Other (Describe in Part XIII)	2d	1	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	•		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
þ	Other (Describe in Part XIII)	4b]	
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	r Return	l.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
а	Donated services and use of facilities	2a	4	
b	Prior year adjustments .	2b	4	
c	Other losses	2c	-	
a	Other (Describe in Part XIII)	2d	ا ہے ا	
e 2	Add lines 2a through 2d Subtract line 2e from line 1		2e 3	
3	Amounts included on Form 990, Part IX, line 25, but not on line 1	•	3	
٠,	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1	
ь	Other (Describe in Part XIII)	4b	1	
c	Add lines 4a and 4b		4 _c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Pa	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part I 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addit		4, Part X,	line 2; Part XI,
PAI	RT X, LINE 2:			
THI	ORGANIZATION, AS DESCRIBED IN SECTION 501	l(C)(3) OF THE 1	NTERN	IAL
RE	VENUE CODE (THE "CODE"), IS EXEMPT FROM FED	DERAL AND STATE	INCOM	E TAXES
ON	RELATED INCOME PURSUANT TO SECTION 501(A)	OF THE CODE, AM	D IS	NOT
CL	ASSIFIED AS A PRIVATE FOUNDATION.			
тні	ORGANIZATION'S INCOME TAX RETURNS ARE SUE	SJECT TO REVIEW	AND	
EX.	AMINATION BY FEDERAL AND STATE AUTHORITIES.	. THE ORGANIZATI	ON'S	INCOME
TAX	K RETURNS FOR 2011, 2012 AND 2013 ARE OPEN	FOR INSPECTION	BY TA	XING
AU'	THORITIES. THE ORGANIZATION IS NOT AWARE OF	F ANY ACTIVITIES	THAT	. MOULD
JE(OPARDIZE ITS TAX-EXEMPT STATUS.			

SCHEDULE (Form 990)

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

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

OMB No 1545-0047

▶ Attach to Form 990.

Open to Public Inspection

2 Employer identification number 26-3631295 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Information about Schedule I (Form 990) and its instructions is at www.irs.cov/form990. MOORINGS PARK FOUNDATION, INC. General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Department of the Treasury Internal Revenue Service Part

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 Accidence to Common Comm

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	5,000. Part II car	be duplicated if additi	onal space is need	ed.			
1 (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, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOORINGS PARK HEALTHY LIVING, INC. 120 MOORINGS PARK DRIVE NAPLES, PL 34105	45-2443047	501(C)3	1,700,000.	0			GENERAL OPERATING
EARLY LEARNING COALITION OF SWFL 5256 SUMMERLIN COMMONS BLVD. # 201 FORT MYERS, FL 33904	65-1144775	501(¢)3	52,273.	0.0			TO PROVIDE CHILDCARE ASSISTANCE,
GUADALUPE CENTER 509 HOPE CIRCLE IMMOKALEE, PL 34142	59-2617151	501(C)3	.000,25	•0			SCHOLARSHIPS FOR HIGHER EDUCATION.
PLORIDA SOUTHWESTERN STATE COLLEGE FOUNDATION - 8099 COLLEGE PKWY - FORT MYERS, PL 33919	59-6173638	501(C)3	25,000.	.0		-	SCHOLARSHIPS FOR HIGHER
LORENZO WALKER INSTITUTE OF TECHNOLOGY POUNDATION - PO BOX 1587 - NAPLES, PL 34106	65-1136675	501(C)3	25,000.	0.			SCHOLARSHIPS FOR HIGHER EDUCATION.
HODGES UNIVERSITY 2655 NORTHBROOKE DRIVE NAPLES, FL 34119	59-6605703	501(C)3	25,000.	•0			SCHOLARSHIPS FOR HIGHER EDUCATION.
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table3 Enter total number of other organizations listed in the line 1 table	nd government o	ganizations listed in th 1 table	e line 1 table				• 0 • A

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2014)

MOORINGS PARK FOUNDATION, INC. Schedule I (Form 990) (2014)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Part III

26-3631295

Page 2

(f) Description of non-cash assistance (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. THE YEAR. ALL MATTERS RELATED TO FUNDS ARE DISCUSSED DURING THE BOARD AN APPROVED BUDGET IS MAINTAINED FOR THE AMOUNT OF ASSISTANCE DURING (d) Amount of non-cash assistance ٠. 214,841, (c) Amount of cash grant 76 (b) Number of recipients LINE 2: (a) Type of grant or assistance SCHOLARSHIPS FOR HIGHER BDUCATION DIRECTORS MEETINGS PART 1, SCHEDULE I, OF

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.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

MOORINGS PARK FOUNDATION, INC.

Employer identification number 26-3631295

Questions Regarding Compensation Part I Yes No ta Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors. trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 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 X Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant X Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization X a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a 5b b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of X a The organization? 6a $\overline{\mathbf{x}}$ b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments Х not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X ınıtıal contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2014

26-3631295

Page 2

MOORINGS PARK FOUNDATION, INC.

Schedule J (Form 990) 2014

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(c)-(i)(s)	in column (B) reported as deferred in prior Form 990
(1) DANIEL J. LAVENDER	18	0	0	0.	0	0	0	0
PRESIDENT/CHIRP EXECUTIVE OPPICER	: <u>E</u>	331,82	. 196, 39	• 06	33,283.	17,067.	448,23	0
(2) TIMOTHY S. BUIST	ε			0.	0	0		0
FORMER CHIEF FINANCIAL OFFICER	(iı)	164,67	8,44	115.	16,331.	17,005.	206,56	0.
(3) FRED MICHAEL GLOTH III	Θ			. 0				0.
CHIEF MEDICAL OFFICER	€	386,123.	49,318.	258.	33,154.	18,551.	487,404.	0.
(4) KENT MCRAE	ε			. 0				0
CHIEF OPERATING OFFICER	(ii)	220,86	12,831	258.	23,552.	12,008.	269,516	0
(5) STEVAN BRINKERT	Ξ			0				0
VICE PRESIDENT OF RESIDENT SERVICES	€	163,72	74,798.	396.	17,194.	18,551.	274,664.	0
	Ξ							
	Ξ							
	Ξ							
	€			;				
	Ξ							
	≘							
	ε							
	≘							
	Ξ							
	≘							
	Ξ							
	Ξ							
	Ξ							
	₿							
	Ξ							
	Œ							
	(ε)					_		
	흳							
	Ξ							
	Ξ							
	Ξ							
	≘							
482112 10-13-14							Schedu	Schedule J (Form 990) 2014

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Open to Public Inspection

OMB No 1545-0047

Name of the organization

MOORINGS PARK FOUNDATION, INC.

Employer identification number 26-3631295

Schedule O (Form 990 or 990-EZ) (2014)

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CONCEPTS, WORKFORCE TRAINING AND EDUCATION, REPORTS AND PROCEDURES THAT
ARE DESIGNED TO ASSIST THE ELDERLY POPULATION OF THE UNITED STATES TO
(A) ATTAIN LIFE SATISFACTION AND LONGEVITY, (B) BE FREE FROM MENTAL AND
PHYSICAL DISABILITIES, (C) CONTINUE SPIRITUAL AND RELIGIOUS GROWTH AND
AN ACTIVE ENGAGEMENT IN LIFE AND (D) CONTINUE PERSONAL INDEPENDENCE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
LONGEVITY, (B) BE FREE FROM MENTAL AND PHYSICAL DISABILITIES, (C)
CONTINUE SPIRITUAL AND RELIGIOUS GROWTH AND AN ACTIVE ENGAGEMENT IN
LIFE AND (D) CONTINUE PERSONAL INDEPENDENCE.
FORM 990, PART VI, SECTION A, LINE 3:
THE ORGANIZATION DELEGATED CONTROL OVER MANAGEMENT DUTIES CUSTOMARILY
PERFORMED BY OR UNDER THE DIRECT SUPERVISION OF OFFICERS, DIRECTORS,
TRUSTEES OR KEY EMPLOYEES TO THE MOORINGS PARK INSTITUTE, INCORPORATED
(EIN# 65-1232040), A RELATED ORGANIZATION.
FORM 990, PART VI, SECTION A, LINE 4:
THERE ARE NEW BYLAWS AND A NAME AS A RESULT OF THE 1/1/14 MERGER WITH
MOORINGS PARK FOUNDATION, INC. (EIN# 65-0687721).
FORM 990, PART VI, SECTION B, LINE 11:
THE FORM 990 IS PREPARED BY CLIFTONLARSONALLEN WITH INFORMATION PROVIDED BY
THE FINANCE DEPARTMENT OF THE MOORINGS PARK INSTITUTE, INCORPORATED.
MANAGEMENT REVIEWS THE FORM 990 AND PROVIDES A COPY TO ALL BOARD MEMBERS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

432211 08-27-14

Name of the organization MOORINGS PARK FOUNDATION, INC.

Employer identification number 26-3631295

PRIOR TO PRESENTATION IN DRAFT TO THE AUDIT COMMITTEE OF THE MOORINGS PARK INSTITUTE, INCORPORATED. UPON COMMITTEE APPROVAL, THE FORM 990 IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH YEAR, EACH KEY EMPLOYEE AND DIRECTOR IS REQUIRED TO SIGN A NEW

CONFLICT OF INTEREST DISCLOSURE STATEMENT. IN ADDITION, THE BOARD MINUTES

REFLECT THE DISCLOSURE OF ANY REAL OR PERCEIVED CONFLICT. THE VICE

PRESIDENT OF HUMAN RESOURCES MONITORS THIS POLICY ON AN ONGOING BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

OUTSIDE CONSULTANTS ARE USED ON A REGULAR AND RECURRING BASIS. THE HAY

GROUP WAS USED BEGINNING IN 2008 AND WAS USED AGAIN IN 2012. CONSULTANTS

ARE USED WHEN MAJOR EXECUTIVE CONTRACTS ARE MODIFIED OR CHANGED. DURING THE

INTERIM YEARS THE ORGANIZATION OBTAINS THE LEADINGAGE-CEMO LEADERSHIP

COMPENSATION SURVEY TO MONITOR COMPENSATION TRENDS. THE MANAGEMENT &

DEVELOPMENT COMMITTEE DOCUMENTS THE FINDINGS. THE AUDIT COMMITTEE AND THE

FULL BOARD REVIEW AND APPROVE CONTRACTS PRIOR TO SIGNING.

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.

PART XII, LINE 2C

ALTHOUGH NO AUDIT IS PERFORMED FOR THE INDIVIDUAL ORGANIZATION, THE

CONSOLIDATED FINANCIAL STATEMENTS OF THE MOORINGS PARK INSTITUTE,

INCORPORATED AND SUBSIDIARIES, WHICH INCLUDES THIS ORGANIZATION AND THE

RELATED ENTITIES LISTED ON SCHEDULE R, ARE AUDITED ANNUALLY BY AN

INDEPENDENT AUDITOR. THE AUDITED FINANCIAL STATEMENTS ARE THEN POSTED

43221214

Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014)		Page 2
Name of the organization MOORINGS	S PARK FOUNDATION, INC.	Employer identification number 26-3631295
IN THE CLUBHOUSE.		
FORM 990 PART VII: SEC	CTION A. COLUMN B	
TIME DEVOTED TO THE MC	OORINGS, INC EIN# 59-1834357	
NAME	TITLE HRS/WF	DEVOTED
DANIEL LAVENDER	PRESIDENT/CHIEF EXECUTIVE OFFICER	2.00
DR. JOHN R. LITTLE	DIRECTOR	2.00
KENT L. MCRAE	DIRECTOR/CHIEF OPERATING OFFICE	40.00
STEVAN BRINKERT	VICE PRESIDENT OF RESIDENT SERVICE	2.00
TIMOTHY S. BUIST	FORMER CHIEF FINANCIAL OFFICER	2.00
FRED M. GLOTH III	CHIEF MEDICAL OFFICER	2.00
MARIA T ISAZA FLANAGAN	N CHIEF INFORMATION OFFICER	2.00
FORM 990 PART VII: SEC	CTION A, COLUMN B	
TIME DEVOTED TO THE MO	OORINGS PARK INSTITUTE, INC EIN#	65-1232040
NAME	TITLE HRS/W	C DEVOTED
DANIEL J. LAVENDER	PRESIDENT/CHIEF EXECUTIVE OFFICER	40.00
DR. JOHN R. LITTLE	CHAIRMAN	2.00
KENT L. MCRAE	CHIEF OPERATING OFFICER	2.00
STEVAN BRINKERT	VICE PRESIDENT OF RESIDENT SERVICE	3S 40.00
TIMOTHY S. BUIST	FORMER CHIEF FINANCIAL OFFICER	40.00
ALAN R. KOREST	DIRECTOR	2.00
FRED M. GLOTH III	CHIEF MEDICAL OFFICER	2.00
MARIA T ISAZA FLANAGAI	N CHIEF INFORMATION OFFICER	40.00

Name of the organization		Employer identification nun				
. MOORING	GS PARK FOUNDATION, INC.	26-3631295				
FORM 990 PART VII: SECTION A, COLUMN B						
TIME DEVOTED TO MOOR	INGS PARK COMMUNITY HEALTH, INC.	- EIN# 65-1232037				
NAME	TITLE HR	RS/WK DEVOTED				
DANIEL J. LAVENDER	PRESIDENT/CHIEF EXECUTIVE OFFI	CER 2.00				
DR. JOHN R. LITTLE	DIRECTOR	2.00				
KENT L. MCRAE	CHIEF OPERATING OFFICER	2.00				
STEVAN BRINKERT	VICE PRESIDENT OF RESIDENT SER	RVICES 2.00				
TIMOTHY S. BUIST	FORMER CHIEF FINANCIAL OFFICER	2.00				
FRED M. GLOTH III	CHIEF MEDICAL OFFICER	2.00				
MARIA T ISAZA FLANAGA	AN CHIEF INFORMATION OFFICER	2.00				
FORM 990 PART VII: SI	ECTION A, COLUMN B					
TIME DEVOTED TO MOOR	INGS PARK HEALTHY LIVING, INC	EIN# 45-2443047				
TIME DEVOTED TO MOOR	INGS PARK HEALTHY LIVING, INC	EIN# 45-2443047				
NAME		RS/WK DEVOTED				
NAME DANIEL J. LAVENDER	TITLE HE	RS/WK DEVOTED				
NAME DANIEL J. LAVENDER DR. JOHN R. LITTLE	TITLE HE	RS/WK DEVOTED				
NAME	TITLE HE PRESIDENT/CHIEF EXECUTIVE OFFI DIRECTOR	RS/WK DEVOTED ICER 2.00 2.00				
NAME DANIEL J. LAVENDER DR. JOHN R. LITTLE FRED M. GLOTH III	TITLE HE PRESIDENT/CHIEF EXECUTIVE OFFI DIRECTOR CHIEF MEDICAL OFFICER	RS/WK DEVOTED ICER 2.00 2.00 40.00 2.00				
NAME DANIEL J. LAVENDER DR. JOHN R. LITTLE FRED M. GLOTH III KENT L. MCRAE	TITLE HE PRESIDENT/CHIEF EXECUTIVE OFFI DIRECTOR CHIEF MEDICAL OFFICER CHIEF OPERATING OFFICER	RS/WK DEVOTED 1.00 2.00 40.00 2.00 RVICES 2.00				
NAME DANIEL J. LAVENDER DR. JOHN R. LITTLE FRED M. GLOTH III KENT L. MCRAE STEVAN BRINKERT TIMOTHY S. BUIST	TITLE HE PRESIDENT/CHIEF EXECUTIVE OFFI DIRECTOR CHIEF MEDICAL OFFICER CHIEF OPERATING OFFICER VICE PRESIDENT OF RESIDENT SER	RS/WK DEVOTED 1.00 2.00 40.00 2.00 RVICES 2.00				
NAME DANIEL J. LAVENDER DR. JOHN R. LITTLE FRED M. GLOTH III KENT L. MCRAE STEVAN BRINKERT TIMOTHY S. BUIST	TITLE HE PRESIDENT/CHIEF EXECUTIVE OFFI DIRECTOR CHIEF MEDICAL OFFICER CHIEF OPERATING OFFICER VICE PRESIDENT OF RESIDENT SEE FORMER CHIEF FINANCIAL OFFICER	RS/WK DEVOTED 1.00 2.00 40.00 2.00 RVICES 2.00				
NAME DANIEL J. LAVENDER DR. JOHN R. LITTLE FRED M. GLOTH III KENT L. MCRAE STEVAN BRINKERT TIMOTHY S. BUIST MARIA T ISAZA FLANAGA	TITLE HE PRESIDENT/CHIEF EXECUTIVE OFFI DIRECTOR CHIEF MEDICAL OFFICER CHIEF OPERATING OFFICER VICE PRESIDENT OF RESIDENT SEF FORMER CHIEF FINANCIAL OFFICER AN CHIEF INFORMATION OFFICER	RS/WK DEVOTED 1.00 2.00 40.00 2.00 RVICES 2.00				
NAME DANIEL J. LAVENDER DR. JOHN R. LITTLE FRED M. GLOTH III KENT L. MCRAE STEVAN BRINKERT TIMOTHY S. BUIST MARIA T ISAZA FLANAGA FORM 990 PART VIII: 1	TITLE HE PRESIDENT/CHIEF EXECUTIVE OFFI DIRECTOR CHIEF MEDICAL OFFICER CHIEF OPERATING OFFICER VICE PRESIDENT OF RESIDENT SEF FORMER CHIEF FINANCIAL OFFICER AN CHIEF INFORMATION OFFICER	RS/WK DEVOTED 1.00 2.00 40.00 2.00 RVICES 2.00 2.00				
NAME DANIEL J. LAVENDER DR. JOHN R. LITTLE FRED M. GLOTH III KENT L. MCRAE STEVAN BRINKERT TIMOTHY S. BUIST MARIA T ISAZA FLANAGA FORM 990 PART VIII: I	TITLE HE PRESIDENT/CHIEF EXECUTIVE OFFI DIRECTOR CHIEF MEDICAL OFFICER CHIEF OPERATING OFFICER VICE PRESIDENT OF RESIDENT SEF FORMER CHIEF FINANCIAL OFFICER AN CHIEF INFORMATION OFFICER LINE 1F EIVED A LARGE CONTRIBUTUION WHEN	RS/WK DEVOTED 1.00 2.00 40.00 2.00 RVICES 2.00 2.00 2.00 MOORINGS PARK				
NAME DANIEL J. LAVENDER DR. JOHN R. LITTLE FRED M. GLOTH III KENT L. MCRAE STEVAN BRINKERT TIMOTHY S. BUIST MARIA T ISAZA FLANAGA FORM 990 PART VIII: I	TITLE HE PRESIDENT/CHIEF EXECUTIVE OFFI DIRECTOR CHIEF MEDICAL OFFICER CHIEF OPERATING OFFICER VICE PRESIDENT OF RESIDENT SEF FORMER CHIEF FINANCIAL OFFICER AN CHIEF INFORMATION OFFICER LINE 1F EIVED A LARGE CONTRIBUTUION WHEN N #:65-0687721) MERGED/CONTRIBUTE	RS/WK DEVOTED 1.00 2.00 40.00 2.00 RVICES 2.00 2.00 2.00 MOORINGS PARK				

Schedule O (Form 990 or 9	90-EZ) (2014)				Page 2
Name of the organization		PARK	FOUNDATION,	INC.	Employer identification number 26-3631295
,					
					
	•				
	-	·			

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

2014 Open to Public Inspection

OMB No 1545-0047

Employer Identification number 26-3631295

▶Information about Schedule R (Form 990) and its instructions is at www Ins. gov/form990.

INC MOORINGS PARK FOUNDATION,

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

Direct controlling entity End-of-year assets <u>@</u> Total income ਉ Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN (rf applicable) of disregarded entity

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

כופמי וידמוטווס מחווווא נווס ומי לימוי							
(a)	(q)	(၁)	(p)	(0)	(2)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)	Z(b) (3)
of related organization		foreign country)	section	status (if section	entity	entity?	у?
				501(c)(3))		Yes	ę
THE MOORINGS, INC 59-1834357	TO PROVIDE FACILITIES,						
120 MOORINGS PARK DRIVE	SERVICES, AND PROGRAMS FOR						
NAPLES, FL 34105	SUCCESSFUL AGING.	FLORIDA	501(C)(3)	LINE 9			×
MOORINGS PARK COMMUNITY HEALTH, INC							
65-1232037, 120 MOORINGS PARK DRIVE, NAPLES,	PROVIDES HOME HEALTH						
PL 34105	SERVICES	FLORIDA	501(C)(3)	LINE 11B, II			×
MOORINGS PARK HEALTHY LIVING, INC -	PROVIDER OF SUCCESSFUL						
45-2443047, 120 MOORINGS PARK DRIVE, NAPLES,	AGING PROGRAMS TO						
FL 34105	RESIDENTS AND THE	FLORIDA	501(C)(3)	LINE 11B, II			×
THE MOORINGS PARK INSTITUTE , INC							
65-1232040, 120 MOORINGS PARK DRIVE, NAPLES,	PROVIDES MANAGEMENT						
FL 34105	SERVICES	FLORIDA	501(C)(3)	LINE 11B, II			×
For Paperwork Reduction Act Notice, see the Instructions for Form 9	ns for Form 990.				Schedule R (Form 990) 2014	Form 990) 2014

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART VII FOR CONTINUATIONS

432161 08-14-14 LHA

26-3631295

Page 2

INC. MOORINGS PARK FOUNDATION,

Schedule R (Form 990) 2014

Part III

General or Percentage managing ownership partner? 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 first during the tax year. 3 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 Code V-UBI amount in box 20 of Schedule Disproportionate Yes No allocations? Share of end-of-year assets Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>•</u> (d)
| Direct controlling entity (C)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization (a) Part IV

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	ž
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?	is with one or more re	lated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			1a		×
b Gift, grant, or capital contribution to related organization(s)				1p		×
c Gift, grant, or capital contribution from related organization(s)				10		X
d Loans or loan guarantees to or for related organization(s)				1d		×
e Loans or loan guarantees by related organization(s)				16		×
Chandender from collect accountable				**		×
				=		: >
g Sale of assets to related organization(s)				19		۲
h Purchase of assets from related organization(s)				두		×
i Exchange of assets with related organization(s)				Ŧ		×
j Lease of facilities, equipment, or other assets to related organization(s)				÷		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
1 Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			7		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			13		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoi			1h	×	
 Sharing of paid employees with related organization(s) 				9	×	
p. Reimbursement baid to related organization(s) for expenses				q	×	
				P		×
r Other transfer of cash or property to related organization(s)				+		×
s Other transfer of cash or property from related organization(s)				16		×
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	who must complete the	is 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	volved		
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
432163 08-14-14			Schedule R (Form 990) 2014	R (Forn	066 u	2014

26-3631295

Page 4

Schedule R (Form 990) 2014 MOORINGS PARK FOUNDATION, INC.

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.

	6 (4)	(0)	(4)	9)	[5]	4	•	٤	3
(a) Name address and FIN	Primary activity	l egal domicile	Predominant income	ζ	Ť	Dispropor-	Code V-UBI	U. eneral or	Percentage
of entity	Support Comments	Ē	(related, unrelated, 501(c)(3) excluded from tax under orgs?		۲	tonate allocations?	amount in box 20 managing ownership of Schedule K-1	partner?	ownership
		country)	sections 512-514) Yes No	o	assets	Yes No	(Form 1065)	Yes	
								+	
								-	
								\vdash	
						_			
							•		
								+	
				_					
							•		
							-		
								+	
							-		
								\vdash	
								-	

Schedule R (Form 990) 2014

Schedule R (Form 990) 2014 MOORINGS PARK FOUNDATION, INC.	26-3631295	Page 5
Part VII Supplemental Information	-	
Provide additional information for responses to questions on Schedule R (see instructions).		
DADE II IDDUMITION OF DELIMBE MAY FURNOM ORGANICAMION	.a	
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATION	S:	
NAME OF RELATED ORGANIZATION:		
THE MOORINGS PARK INSTITUTE , INC.		
		
PRIMARY ACTIVITY: PROVIDES MANAGEMENT SERVICES		
		
	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·	
		
		
		

26-3631295

MOORINGS PARK FOUNDATION, INC.

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

							\cdot
(a) Name addrace and FIN	(b) Democy activity	(c)	(d) Evempt Code	(e) Public chanty	(f) Direct controlling	(g) Section 512(b)(13)	2(b)(13)
of related organization		foreign country)		status (if section		contro organiza	led Hon?
				501(c)(3))		Yes	ş
RIVERSIDE AT MOORINGS PARK, INC							
26-3512448, 120 MOORINGS PARK DRIVE, NAPLES,							
FL 34105	INACTIVE	FLORIDA	501(C)(3)	LINE 9			×
						•	
						_	
				_			
							İ
40000							
05-01-14							

Form **8868** (Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

Internal Reve	anue Service	► Information about Form 886	o and its	instructions is at www.irs.gov/form	8868 •			
• If you a	are filing for an Aut	omatic 3-Month Extension, complete	te only Pa	irt I and check this box		>	X	
• If you a	are filing for an Add	itional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of t	his form).	•		
Do not co	omplete Part II unle	ss you have already been granted a	an automa	itic 3-month extension on a previous	ly filed Fo	rm 8868.		
Electroni	ic filing _(e-file) . Yo	u can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of time	ne to file (6 months for a corp	oration	
required t	to file Form 990-T),	or an additional (not automatic) 3-moi	nth extens	sion of time. You can electronically fi	le Form 8	868 to request an e	extension	
of time to	file any of the form	ns listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for 1	ransfers	Associated With Co	ertain	
Personal	Benefit Contracts,	which must be sent to the IRS in pap	er format	(see instructions). For more details of	n the ele	ctronic filing of this	form,	
visit www	rs gov/efile and cl	ick on e-file for Chanties & Nonprofits						
Part I	Automatic	3-Month Extension of Time	• Only s	submit original (no copies nee	eded)		·	
A corpora	ation required to file	Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and o	complete		_	
Part I only	•					. ▶	· 🗀	
		ling 1120-C filers), partnerships, REM	ICs, and to	rusts must use Form 7004 to reques	t an exter	nsion of time		
to file inc	ome tax returns	- 			Enter file	er's identifying nu	mber	
Type or	Name of exemp	t organization or other filer, see instru	ctions		Employe	r identification num	ber (EIN) or	
print								
Eda by the	MOORINGS PARK FOUNDATION, INC. 26-3631295							
due date for filing your	e date for Number, street, and room or suite no. If a P O. box, see instructions Social security number (SSN) 19 your 120 MOORINGS PARK DRIVE							
return See instructions	City, town or po	st office, state, and ZIP code. For a for L 34105	oreign add	lress, see instructions.				
Enter the	Return code for th	e return that this application is for (file	e a separa	te application for each return)			01	
Applicati	ion		Return	Application			Return	
Application Return Application Return Is For Code Is For Co								
	or Form 990-EZ		01	Form 990-T (corporation)			07	
Form 990			02	Form 1041-A			08	
	20 (individual)		03	Form 4720 (other than individual)			09	
Form 990			04	Form 5227			10	
	D-T (sec 401(a) or 4	08(a) trust)	05	Form 6069		·	11	
	T (trust other than		06	Form 8870		-	12	
		MARY MORTON						
• The bo	ooks are in the care	of ▶ 134 MOORINGS PA	ARK DI	RIVE - NAPLES, FL	34105			
Telept	none No > 239	-261-1616		Fax No. ▶		<u> </u>		
		not have an office or place of business	s in the Ur	nited States, check this box			- 🗆	
	-	m, enter the organization's four digit			f this is fo	r the whole group,	check this	
box ▶	If it is for part	of the group, check this box	and atta	ch a list with the names and EINs of	all memb	ers the extension is	s for.	
1 I re	quest an automatic	3-month (6 months for a corporation	•	to file Form 990-T) extension of time tion return for the organization name		The extension		
ie f	or the organization	·	. Jigainza			0		
	alendar year							
	tax year begin		an	d ending				
	idx your bog.					_ `		
2 If th	he tax year entered Change in acco	ın line 1 is for less than 12 months, c unting period	heck reas	on Initial return	Final retu	m		
3a If th		r Forms 990-BL, 990-PF, 990-T, 4720,	or 6069.	enter the tentative tax, less anv		1		
	nrefundable credits			,,,	3a	s	0.	
		r Forms 990-PF, 990-T, 4720, or 6069	. enter an	v refundable credits and	<u> </u>	 		
	• •	its made Include any prior year overp		•	3b	 	0.	
		t line 3b from line 3a. Include your pa				1		
		ronic Federal Tax Payment System)			Зс	\$	0.	

AGREEMENT AND PLAN OF MERGER

THIS AGREEMENT AND PLAN OF MERGER (this "Agreement") is made and entered into as of November 18, 2013, by and between FOUNDATION FOR SUCCESSFUL AGING, INCORPORATED, a Florida not for profit corporation (the "Surviving Corporation") and MOORINGS PARK FOUNDATION, INC., a Florida not for profit corporation (the "Merging Corporation"). The Surviving Corporation and the Merging Corporation shall be referred to herein each as a "Constituent Corporation" and, collectively, as the "Constituent Corporations."

WITNESSETH:

The Board of Directors and the sole member of the Surviving Corporation and the Board of Directors of the Merging Corporation have determined that it is advisable and in the best interests of the respective Constituent Corporations that the Merging Corporation be merged with and into the Surviving Corporation and have approved the merger on the terms and conditions hereinafter set forth in accordance with the applicable provisions of the laws of the State of Florida which permit such merger.

NOW, THEREFORE, in consideration of the foregoing, the mutual covenants and agreements herein contained, the Constituent Corporations agree as follows:

ARTICLE 1. THE MERGER

Section 1.1. <u>Description of the Merger</u>. As of the Effective Date (as defined in Article IV), the Merging Corporation shall merge with and into the Surviving Corporation (the "<u>Merger</u>") and the Surviving Corporation shall continue as the surviving corporation, subject to the laws of the State of Florida. The name of the Surviving Corporation shall be "MOORINGS PARK FOUNDATION, INC." The Merger shall be pursuant to and shall have the effect provided for in the Florida Not For Profit Corporation Act, Florida Statutes section 617.01011 *et. seg.* (the "Act").

Section 1.2. Effect of the Merger. From and after the Effective Date:

- (a) The Merging Corporation shall become the Surviving Corporation and the separate existence of the Merging Corporation shall cease, except to the extent provided by the Act; and
- (b) The Surviving Corporation shall possess all of the rights, privileges and powers of, and be responsible for all debts, liabilities and obligations of, each of the Constituent Corporations as more particularly set forth in section 617.1106 of the Florida Statutes.

ARTICLE II. ARTICLES OF INCORPORATION AND BYLAWS

Section 2.1. <u>Articles of Incorporation</u>. From and after the Effective Date, the Articles of Incorporation of the Surviving Corporation shall be amended by the deletion of Article 1 thereof and the substitution of the following in lieu thereof:

1. Name. The name of the corporation is MOORINGS PARK FOUNDATION, INC.

The Articles of Incorporation of the Surviving Corporation, as amended, shall be the Articles of Incorporation of the Surviving Corporation. Such Articles of Incorporation shall continue in effect until further amended, restated or repealed in accordance with applicable law, the Articles of Incorporation of the Surviving Corporation and the Amended and Restated Bylaws (as hereinafter defined). The Articles of Incorporation of the Merging Corporation shall terminate and be of no force or effect as of the Effective Date.

Section 2.2. <u>Bylaws</u>. From and after the Effective Date, the Bylaws of the Surviving Corporation shall be amended and restated in substantially the form of <u>Exhibit A</u> attached hereto and made a part hereof (the "<u>Amended and Restated Bylaws</u>"). The Amended and Restated Bylaws of the Surviving Corporation shall be the Bylaws of the Surviving Corporation. Such Amended and Restated Bylaws shall continue in effect until amended, restated or repealed in accordance with applicable law, the Articles of Incorporation of the Surviving Corporation and the Amended and Restated Bylaws. The Bylaws of the Merging Corporation shall terminate and be of no force or effect as of the Effective Date.

ARTICLE III. DIRECTORS, OFFICERS AND MEMBERS

Section 3.1. <u>Directors and Officers</u>. From and after the Effective Date, the persons who are the directors of Surviving Corporation immediately prior to the Effective Date, together with DANIEL C. MACLEA, KEN LANGE, THOMAS INGRAM, DON WHITE, BETTY COLLAMORE, and HAROLD ADAMS, shall be the directors of the Surviving Corporation in accordance with applicable law and the Amended and Restated Bylaws.

From and after the Effective Date, the persons who are the officers of Surviving Corporation immediately prior to the Effective Date shall be the officers of the Surviving Corporation in their same positions and shall hold office in accordance with applicable law and the Amended and Restated Bylaws.

Section 3.2. <u>Members</u>. At the Effective Date, by virtue of the Merger and without any action on the part of the Constituent Corporations, (i) each of the other memberships in the Merging Corporation existing immediately prior to the Effective Date shall be cancelled, and (ii) the sole member of the Surviving Corporation shall continue as the sole member of the Surviving Corporation.

ARTICLE IV. EFFECTIVENESS OF MERGER

If this Agreement is not terminated and abandoned pursuant to the provisions of Article VIII, then the following actions shall be taken to effect the Merger:

- (i) Articles of Merger shall be executed and filed with the Florida Department of State in accordance with the Act; and
- (ii) The Constituent Corporations shall undertake all other actions as shall be necessary or desirable to effect the Merger.

The Merger shall become effective upon January 1, 2014, a date after the date the Articles of Merger will be filed with the Florida Department of State (the "Effective Date").

ARTICLE V. REPRESENTATIONS AND WARRANTIES OF THE MERGING CORPORATION

The Merging Corporation hereby represents and warrants to the Surviving Corporation as follows:

- Section 5.1. Organization, Good Standing and Authority. The Merging Corporation is (i) a not for profit corporation duly organized, validly existing and in good standing under the laws of the State of Florida, (ii) exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code") and (iii) has all requisite corporate power and authority to execute and deliver this Agreement and the other agreements, documents and instruments to be executed and delivered by the Merging Corporation pursuant to this Agreement and to consummate the transactions contemplated hereby and thereby.
- Section 5.2. <u>Enforceability</u>. This Agreement has been duly authorized, executed and delivered by the Merging Corporation. This Agreement is the legal, valid and binding obligation of the Merging Corporation enforceable against it in accordance with its terms, subject to bankruptcy, insolvency and laws affecting creditor's rights generally and general principles of equity.
- Section 5.3. <u>Non-Contravention</u>. No provision of the Existing Certificate of Incorporation or the Existing Bylaws has been or will be violated by the execution of this Agreement or the performance or satisfaction of any agreement or condition herein contained or provided for upon the part of the Merging Corporation to be performed or satisfied, and all requisite authorizations for such execution, delivery and performance and satisfaction have been duly obtained.

Section 5.4. <u>Litigation</u>. No action, suit, claim, proceeding or investigation is pending or, to the knowledge of the Merging Corporation, threatened against the Merging Corporation.

ARTICLE VI. REPRESENTATIONS AND WARRANTIES OF THE SURVIVING CORPORATION

The Surviving Corporation hereby represents and warrants to the Merging Corporation as follows:

- Section 6.1. Organization, Good Standing and Authority. The Surviving Corporation is (i) a not for profit corporation duly organized, validly existing and in good standing under the laws of the State of Florida, (ii) exempt from federal income tax under Section 501(c)(3) of the Code and (iii) has all requisite corporate power and authority to execute and deliver this Agreement and the other agreements, documents and instruments to be executed and delivered by the Surviving Corporation pursuant to this Agreement and to consummate the transactions contemplated hereby and thereby.
- Section 6.2. <u>Enforceability</u>. This Agreement has been duly authorized, executed and delivered by the Surviving Corporation. This Agreement is the legal, valid and binding obligation of the Surviving Corporation enforceable against it in accordance with its terms, subject to bankruptcy, insolvency and laws affecting creditor's rights generally and general principles of equity.
- Section 6.3. <u>Non-Contravention</u>. No provision of the certificate of incorporation or the bylaws of the Surviving Corporation has been or will be violated by the execution of this Agreement or the performance or satisfaction of any agreement or condition herein contained or provided for upon the part of the Surviving Corporation to be performed or satisfied, and all requisite authorizations for such execution, delivery and performance and satisfaction have been duly obtained.
- Section 6.4. <u>Litigation</u>. No action, suit, claim, proceeding or investigation is pending or, to the knowledge of the Surviving Corporation, threatened against the Surviving Corporation.

ARTICLE VII. CONDITIONS TO THE MERGER

- Section 7.1. <u>Conditions to Obligations of the Merging Corporation</u>. The obligations of the Merging Corporation to effect the Merger are subject to the satisfaction (or waiver by the Merging Corporation) at or prior to the Effective Date of the following conditions:
- (a) <u>Representations</u>, <u>Warranties and Covenants</u>. The representations and warranties of the Surviving Corporation made in this Agreement shall be true and correct in all material respects on and as of the Effective Date, and the Surviving Corporation shall have

performed or complied in all material respects with all obligations and covenants required by this Agreement to be performed or complied with by it on or prior to the Effective Date.

- (b) <u>Deliveries</u>. The Surviving Corporation shall have executed and delivered all of the documents, instruments and other items contemplated by this Agreement.
- (c) <u>Third Party Consents and Approvals</u>. To the extent that any lease, contract or agreement to which the Merging Corporation is a party shall require the consent to any aspect of the Merger, such consent shall have been obtained.
- Section 7.2. <u>Conditions to Obligations of the Surviving Corporation</u>. The obligations of the Surviving Corporation to effect the Merger are subject to the satisfaction (or waiver by the Surviving Corporation) at or prior to the Effective Date of the following conditions:
- (a) <u>Representations</u>, <u>Warranties and Covenants</u>. The representations and warranties of the Merging Corporation made in this Agreement shall be true and correct in all material respects on and as of the Effective Date, and the Merging Corporation shall have performed or complied in all material respects with all obligations and covenants required by this Agreement to be performed or complied with by it on or prior to the Effective Date.
- (b) <u>Deliveries</u>. The Merging Corporation shall have executed and delivered all of the documents, instruments and other items contemplated by this Agreement.
- (c) <u>Third Party Consents and Approvals</u>. To the extent that any lease, contract or agreement to which the Surviving Corporation is a party shall require the consent to any aspect of the Merger, such consent shall have been obtained.

ARTICLE VIII. TERMINATION AND AMENDMENT

Section 8.1. <u>Termination</u>. At any time prior to the filing of the Articles of Merger, this Agreement may be terminated and the Merger may be abandoned by the Board of Directors of either of the Constituent Corporations, notwithstanding approval of this Agreement by the Board of Directors and the member of the Surviving Corporation or the Board of Directors of the Merging Corporation. In the event of the termination and abandonment of this Agreement pursuant to the provisions of this Section 8.1, this Agreement shall become void and have no effect, without any liability on the part of either of the Constituent Corporations, or its members, directors or officers in respect thereof.

Section 8.2. <u>Amendment</u>. This Agreement may be amended, modified or supplemented by the Board of Directors of the Constituent Corporations at any time prior to the Effective Date; provided that an amendment made following approval of this Agreement by the Board of Directors and member of the Surviving Corporation and the Board of Directors of the Merging Corporation shall not (i) alter or change any term of the Articles of Incorporation of the Surviving Corporation or the Amended and Restated Bylaws of the Surviving Corporation to be

effected by the Merger or (ii) alter or change any of the terms and conditions of this Agreement if such alteration or change would adversely affect the members of the Constituent Corporations.

ARTICLE IX. MISCELLANEOUS

- Section 9.1. <u>Further Assurances</u>. If, at any time after the Effective Date, the Surviving Corporation or its successors or assigns determines that any documentation, action or things are necessary or desirable to further carry out the purposes of this Agreement or to vest the Surviving Corporation with all right, title and interest in, to and under all of the assets, properties, rights, claims, privileges, immunities, powers and authority of each of the Constituent Corporations, the officers and directors of the Surviving Corporation shall be authorized to execute and deliver, in the name and on behalf of any Constituent Corporation or otherwise, all such documentation, and to take and do, in the name and on behalf of any Constituent Corporation or otherwise, all such other actions and things.
- Section 9.2. <u>Headings</u>. The headings contained in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement.
- Section 9.3. Waiver. At any time prior to the Effective Date, any party hereto may with respect to any other party hereto (a) extend the time for the performance of any of the obligations or other acts, (b) waive any inaccuracies in the representations and warranties contained herein or in any document delivered pursuant hereto and (c) waive compliance with any of the agreements or conditions contained herein. Any such extension or waiver shall be valid if set forth in an instrument in writing signed by the party or parties to be bound thereby.
- Section 9.4. <u>Governing Law</u>. This Agreement shall be governed by and construed and enforced in accordance with the laws of the State of Florida.
- Section 9.5. <u>Parties in Interest</u>. This Agreement shall be binding upon and inure solely to the benefit of each party hereto, and, except as otherwise expressly provided herein, nothing contained in this Agreement, express or implied, is intended to or shall confer upon any other person any right, benefit or remedy of any nature whatsoever under or by reason of this Agreement.
- Section 9.6. <u>Entire Agreement</u>. This Agreement contains the entire agreement and understanding between the parties hereto with respect to the subject matter hereof and supersede all prior agreements and understandings relating to such subject matter.
- Section 9.7. <u>Counterparts, Execution and Delivery</u>. This Agreement may be delivered by facsimile or electronic mail transmission and executed in any number of counterparts, each of which when so executed and delivered shall be deemed to be an original and all of which taken together shall constitute but one and the same instrument.

[Remainder of page intentionally left blank; signature page follows]

IN WITNESS WHEREOF, the undersigned have caused this Agreement to be executed by their respective duly authorized officers all as of the date first written above.

Surviving Corporation:

FOUNDATION FOR SUCCESSFUL AGING, INCORPORATED

ALAN R. KOREST

Chairman of Board of Directors

Merging Corporation:

MOORINGS PARK FOUNDATION, INC.

DANIEL C. MACLEA

Chairman of Board of Directors