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Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

and ending

OMB No 1545-0047

Open to Public Inspection

| B Check if applicable C Name of organization | D Employer identification num | ber |
|--|---|---------------------|
| Address | | |
| Charge HOLLOWAY PARK FOUNDATION, INC. | 45 0400500 | |
| change | 45-2480599 | |
| Number and street (or P.U. box if mail is not delivered to street address) Hoom/suite | 1 = · | |
| Termin- ated 2925 SANLAN RANCH DRIVE | 863-665-16 | |
| City or town, state or country, and ZIP + 4 | G Gross receipts \$ | 20,000. |
| tion HARELAND, FL 33012 | H(a) Is this a group return | r== |
| F Name and address of principal officer: EMMETIT E HOLLOWAY | | Yes X No |
| | | Yes L No |
| 1 Tax-exempt status: X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1) or 527 | - · · · · · · · · · · · · · · · · · · · | - |
| J Website: ► HOLLOWAYPARK ORG | H(c) Group exemption number | |
| | of formation; 2011 M State of leg | al domicile: F.L. |
| Part I Summary | | |
| Briefly describe the organization's mission or most significant activities: ESTABLISHI PUBLIC PARK Check this box if the organization discontinued its operations or disposed of more Number of voting members of the governing body (Part VI, line 1a) | ING AND MAINTAININ | <u></u> |
| 2 Check this box if the organization discontinued its operations or disposed of more | e than 25% of its net assets. | |
| Number of voting members of the governing body (Part VI, line 1a) | | 5 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 0 |
| | 5 | 0 |
| 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 6 | 0 |
| 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 . | 7ь | 0. |
| | Prior Year Curre | ent Year |
| 8 Contributions and grants (Part VIII, line 1h) | | 20,000. |
| 9 Program service revenue (Part VIII, line 2g) | | 0. |
| 10 Investment income (Part VIII, column (A), lines 3 Sand 7d) | | 0. |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. |
| 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3 Aland 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2012 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 20,000. |
| 13 Grants and similar amounts paid (Part IX, column (A), Imeg 1-3) [] | | 0. |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0. |
| | | 0. |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0. |
| b Total fundraising expenses (Part IX, column (D), line 25) | , , | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,386. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 1,386. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | | 18,614. |
| Sec Be | eginning of Current Year End | of Year |
| 왕류 20 Total assets (Part X, line 16) | | 18,614. |
| 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 | | 0. |
| 22_ Net assets or fund balances. Subtract line 21 from line 20 | | 18,614. |
| Part II Signature Block | | |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statem | nents, and to the best of my knowledge | and belief, it is |
| true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer | r has any knowledge. | |
| Emmett E. Holloway | 01/26/12 | |
| Sign Signature of officer | Date / | |
| Here EMMETT E HOLLOWAY, DIRECTOR Type or print name and title | | |
| | Date Check PTIN | |
| Tight type pichalet shalley | 01/23/12 self-employed | |
| Preparer Firm's name HARRIS & WRIGHT, P.A. | Firm's EIN | |
| Use Only Firm's address 720 S. MISSOURI AVENUE | THE SERVE | |
| LAKELAND, FL 33815-4738 | Phone no. (863) 6 | 87-2695 |
| May the IRS discuss this return with the preparer shown above? (see instructions) | | es No |
| 132001 07-08-11 LHA For Paperwork Reduction Act Notice, see the separate instructions. | | m 990 (2011) |

| | 990 (2011) | | K FOUNDATION, INC. | 45-248059 | 9 Page 2 |
|----|----------------------------|----------------------------|--|---------------------------------------|---|
| Pa | rt III Statement of I | Program Service Ad | ccomplishments | | |
| | Check if Schedule | O contains a response to | any question in this Part III | <u> </u> | L |
| 1 | Briefly describe the organ | nization's mission: | | | |
| | ESTABLISHING | AND MAINTAIN | ING PUBLIC PARK | | |
| | | | | | |
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| | | | | | |
| 2 | Did the organization und | ertake any significant pro | gram services during the year which were no | t listed on | |
| | the pnor Form 990 or 990 | | | | Yes X No |
| | • | new services on Schedule | | | |
| 3 | • | | gnificant changes in how it conducts, any pro | ogram services? | Yes X No |
| • | If "Yes," describe these | | gca ca goo | | |
| 4 | | | mplishments for each of its three largest prog | ram services, as measured by expe | enses. |
| • | | | section 4947(a)(1) trusts are required to repo | | |
| | | | reach program service reported. | the amount of grants and another | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 4- | | | |) (Revenue \$ | |
| 4a | (Code: |) (Expenses \$ | | | |
| | FOLKBUIDHING | AND MAINTAIN | ING PUBLIC PARK | | |
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| 4b | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ | |
| | • | | ING PUBLIC PARK | , , (1.010.100 0 | |
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| 4c | (Code: |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
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| 4d | Other program services (| (Describe in Schedule O.) | | | |
| | (Expenses \$ | including gra | ints of \$) (Revenue \$ | | |
| 4e | Total program service | expenses > | | | |
| | | | • | Fo | rm 990 (2011) |

| | | | 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 | X | |
| 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 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u>X</u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | sımılar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | |
| 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 | | <u> </u> |
| 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 | | <u> </u> |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide | | | |
| | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? | | | |
| | if "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X | | | |
| | 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 | | <u> </u> |
| C | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | ١ | | 7.7 |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | ļ | <u> </u> |
| 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 | | | v |
| | 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 | | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | v |
| | 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 | 40- | | х |
| | Schedule D, Parts XI, XII, and XIII | 12a | | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | 40h | | X |
| 40 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 12b 13 | | X |
| 13 | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the Office States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 1-1-0 | | |
| b | investment, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV | 14b | | х |
| 4 <i>E</i> | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | 1-70 | | |
| 15 | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | x |
| 40 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | | | |
| 16 | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | _ .、 | — — | |
| 17 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | İ | х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | Г <u>"</u> | | <u></u> |
| 10 | A LOOKEN B. C. LO Ochs dels O Och H | 18 | | x |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | _ - _ |
| 10 | complete Schedule G, Part III | 19 | | х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? | 20b | | |
| | | | | |

Form 990 (2011) HOLLOWAY PARK FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|---|----------------|----------|-----------------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the | | | |
| | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, | | | |
| | column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | 1 |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | 1 | | } |
| | 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 the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No", go to line 25 | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | <u> </u> | |
| 25a | Section 501(c)(3) and 501(c)(4) 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 | <u> </u> | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pnor year, and | | |] |
| | that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ? If "Yes," complete | | | l |
| | Schedule L, Part I | 25b | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified | | | |
| | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | 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 | | | 7.7 |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 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): | 00- | | |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | - ^- |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. | 200 | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 28c 29 | - | X |
| 30 | Did the organization receive more than \$23,000 in non-cash contributions? In res, complete schedule in | 28 | | |
| • | contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | ~ | | |
| ٠. | If "Yes," complete Schedule N, Part I | 31 | | x |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | <u> </u> | | |
| - | Cohordida M. Dord II | 32 | | x |
| 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 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? | | | |
| | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | х |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of | | | |
| _ | section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | <u>.</u> | Х |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| - | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 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 | 37_ | | X_ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | X | |
| | 1 29 1 9 | Form | 990 (| (2011) |

| | 1990 (2011) HOLLOWAY PARK FOUNDATION, INC. 45-2480 | <u> 599</u> | Р | age : |
|----------|---|-------------|--|--|
| Pai | t V Statements Regarding Other IRS Filings and Tax Compliance | | | _ |
| | Check if Schedule O contains a response to any question in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | ļ | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | | <u> </u> |
| 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 0 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| | 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 | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country: | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | 1 |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х |
| C | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 62 | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible? | 6a | | x |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| _ | were not tax deductible? | 6b | ļ | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | ļ | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| • | to file Form 8282? | 7c | | 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 | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| 9 | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting | | | |
| 0 | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 0 | Sponsoring organizations maintaining donor advised funds. | | | |
| • | Did the organization make any taxable distributions under section 4966? | 9a | | |
| a | man and the state of the state | 9b | | |
| 10 10 | • | 30 | | |
| 10 | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 | | | 1 |
| a | | | | |
| b | | | | |
| 11 | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders | | | |
| a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| 40 | amounts due or received from them) | 12- | | |
| 12a | ``` | 12a | | |
| b | · · · · · · · · · · · · · · · · · · · | 1 | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 40- | | |
| 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. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans | 1 | | |
| C | | - | ├ ─ | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

45-2480599 HOLLOWAY PARK FOUNDATION, INC. 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. $\overline{\mathbf{x}}$ Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If the governing body delegated broad authority to an executive committee or similar committee, explain in Sch C. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? Did the organization delegate control over management duties customanly 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? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? ... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 22 The governing body? Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, <u>10</u>b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? ... 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? The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization 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 X 1<u>6a</u> taxable entity during the year? 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? |
|-----|--|
| Sec | ction 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) available |
| | for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial |
| | statements available to the public during the tax year. |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization: EMMETT E HOLLOWAY - 863-665-1601 |

132008 07-08-11 33812

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

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

Section A. . Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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.

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

| (A) | (B) | (C) Position | | | | | | (D) | (E) | (F) | |
|-----------------------------------|---|-----------------|---|---------|---|------------------------------|----------|--|--|---|--|
| Name and Title | Average hours per | box | (do not check mon box, unless person officer and a direct | | | than | h an | Reportable compensation | Reportable compensation | Estimated amount of | |
| , | week (describe hours for related organizations in Schedule O) | ter or director | Institutional trustee | Officer | | Highest compensated employee | | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations | |
| (1) EMMETT E HOLLOWAY DIRECTOR | | X | | | | | | 0. | 0. | 0 | |
| (2) MARY ANN HOLLOWAY | | | _ | | | | Г | | | | |
| DIRECTOR | - | X | _ | _ | ┝ | | | 0. | 0. | 0 | |
| (3) GARRY S HOFFMAN DIRECTOR | | x | | | | | | 0. | 0. | 0 | |
| (4) CHRISTOPHER C WEGLEY DIRECTOR | | X | | , | | | | 0. | 0. | 0 | |
| (5) VICTOR J TROIANO | | | | | | | \vdash | | | | |
| DIRECTOR | | X | | | L | _ | _ | 0. | 0. | 0 | |
| | | | | | | | | | | | |
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Form 990 (2011)

| <u></u> Fa | IL VIII | Statement of Never | ide | · 50 1 r } | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|--|------------------------------|---|--------------------------|---------------------------------|----------------------|---|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a b c d e f | Fundraising events | | | - | | | |
| Contribut and Other | | similar amounts not included above Noncash contributions included in lines Total. Add lines 1a-1f | ve 1f | 20,000. | 20,000. | | | |
| Program Service Revenue | 2 a b c d | | | Business Code | | | | |
| | я | All other program service reve | | | _ | | | |
| | 3 4 5 | Investment income (including other similar amounts) Income from investment of tax Royalties | | ▶ | | | | |
| | 6 a b c | Gross rents Less: rental expenses Rental income or (loss) | (i) Real | (ii) Personal | | | | |
| | | Gross amount from sales of assets other than inventory | (i) Securities | . (ii) Other | | | | |
| ne | b c d 8 a | and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising | - | . • | | | | |
| Other Revenu | | including \$ contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from func | 1c). See a | | | | | |
| | 9 a b | Gross income from gaming ac Part IV, line 19 Less: direct expenses Net income or (loss) from gam | ctivities. See a b | | | | | |
| | 10 a b | Gross sales of inventory, less and allowances | returns a | | | | | |
| | 11 a | Miscellaneous Revenu | 10 | Business Code | | | | |
| | | All other revenue | | | | | | |
| 13200 07-06 | 12 | Total. Add lines 11a-11d Total revenue. See instructions. | | • • • • • • • • • • • • • • • • | 20,000. | 0. | 0. | 0 . Form 990 (2011) |

INC.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| | Check if Schedule O contains a respon | se to any question in thi | s Part IX | | |
|----------|--|---------------------------------------|------------------------------|-------------------------------------|--------------------------|
| | 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 governments and | | | | |
| | organizations in the United States. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in | · | | | |
| _ | the United States. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| _ | organizations, and individuals outside the | | | | |
| | United States. See Part IV, lines 15 and 16 | | | ĺ | |
| 4 | Benefits paid to or for members | | · | | |
| 5 | Compensation of current officers, directors, | | | | |
| • | trustees, and key employees | | | 1 | |
| 6 | Compensation not included above, to disqualified | | | | |
| • | persons (as defined under section 4958(f)(1)) and | , | | ł i | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | * **** | | |
| 8 | Pension plan contributions (include section 401(k) | | | - | |
| - | and section 403(b) employer contributions) | İ | | | |
| 9 | Other employee benefits | | | | |
| 10 | Boywell toyee | | | | |
| 11 | Fees for services (non-employees): | · · · · · · · · · · · · · · · · · · · | | | |
| | Management | | | | |
| ь | · | 220. | | 220. | |
| | A1 | 220. | | 220. | |
| d | 1 abbuma | | ' | | |
| u _ | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | | | | | |
| 12 | Advantage and promotion | | | | |
| 13 | O#8 | 268. | | 268. | |
| 14 | Information technology | | | | |
| 15 | D-: 11 | | | | |
| 16 | Occupancy | | | | |
| 17 | - : · · · · · · · · · · · · · · · · · · | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| 10 | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 20 21 | Double and the officers | | | | |
| 22 | Depreciation, depletion, and amortization | | | - | |
| 23 | Insurance | | | | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25. column (A) | | | | |
| | amount, list line 24e expenses on Schedule 0.) | | | | |
| а | | 850. | | 850. | |
| b | MISCELLANEOUS EXPENSE | 48. | | 48. | |
| C | | | | | |
| d | | | | | <u></u> _ |
| e | All other expenses | | <u> </u> | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,386. | 0. | 1,386. | 0. |
| 26 | Joint costs. Check here if following SOP | , , , | | | |
| | 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |
| | | | | | 000 |

| | Balance Sheet | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|--------------|--------------------|
| 1 | Cash · non-interest-bearing | | 1 | 8,614. |
| 2 | Savings and temporary cash investments | | 2 | |
| 3 | Diadaga and grante recoverble not | | 3 | |
| 4 | Accounts receivable, net | | 4 | |
| 5 | Receivables from current and former officers, directors, trustees, key | <u> </u> | | |
| 3 | employees, and highest compensated employees. Complete Part II | | | |
| 1 | of Schedule L | | 5 | |
| | Receivables from other disqualified persons (as defined under section | | | |
| 6 | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | |
| | ***** | | | |
| | employers and sponsoring organizations of section 501(c)(9) voluntary | | اما | |
| <u> </u> | employees' beneficiary organizations (see instructions) | | 6 | |
| 7 8 | Notes and loans receivable, net | | 7 | |
| ₹ 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 10,000. | _ | | |
| b | Less: accumulated depreciation | 0. | | 10,000. |
| 11 | Investments - publicly traded securities | | 11 | |
| 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 | | 15 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | <u> </u> | 16 | <u> 18,614.</u> |
| 17 | Accounts payable and accrued expenses | | 17 | |
| 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 | |
| 22 | Payables to current and former officers, directors, trustees, key employees, | | | |
| 21 22 | highest compensated employees, and disqualified persons. Complete Part II | | * | |
| ڈ | 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 X of | | | |
| | Schedule D | | 25 | |
| 26 | Total liabilities. Add lines 17 through 25 | 0. | 26 | 0. |
| 120 | Organizations that follow SFAS 117, check here and complete | | - | |
| . | lines 27 through 29, and lines 33 and 34. | | 1 1 | |
| ő | Unrestricted net assets | | 27 | |
| 27 28 29 30 31 32 31 32 32 32 33 32 33 32 33 32 33 33 33 33 | Towns and the make about and and another | | 28 | |
| E 28 | Temporarily restricted net assets | | 29 | |
| E 29 | Permanently restricted net assets | <u> </u> | 28 | |
| ₹ | Organizations that do not follow SFAS 117, check here | | | |
| 5 | complete lines 30 through 34. | ^ | 1 1 | 0 |
| g 30 | Capital stock or trust principal, or current funds | 0. | - | 0. |
| ğ 31 | Paid-in or capital surplus, or land, building, or equipment fund | | | 10 (14 |
| 32 | Retained earnings, endowment, accumulated income, or other funds | 0. | + | 18,614. |
| Z 33 | Total net assets or fund balances | 0. | 1 | 18,614. |
| 34 | Total liabilities and net assets/fund balances | <u> </u> | 34 | 18,614. |

| -om | 990 (2011) HOLLOWAY PARK FOUNDATION, INC. | 45-248 | 0599 | Pag | _{1e} 12 |
|-----|--|------------|----------|-------|------------------|
| | rt XI Reconciliation of Net Assets | • | | | |
| | Check if Schedule O contains a response to any question in this Part XI | <u> </u> | | | |
| | • | . 1 | | _ | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 0,00 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | _ | | <u>86.</u> |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | <u> </u> | , 6: | <u>14.</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | <u>0.</u> |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | | 0. |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | <u> </u> | , 6: | <u>14.</u> |
| Pa | rt XIII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | <u> </u> | <u> </u> | | <u> </u> |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: X Cash Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | О. | 1 1 | { | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | <u> </u> |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | <u> </u> |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule O. | 1 | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue | d on a | 1 1 | 1 | |
| | separate pasis, consolidated basis, or both: | | - | 1 | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audit | | | |
| | Act and OMB Circular A-133? | | 3a | | <u>X</u> |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audit | | T | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| | | | Form 9 | 90 (2 | 2011) |

132012 07-06-11

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. **Employer identification number**

| | | HOLLOWA | Y PARK FOUND | DATION | I, INC | | | | 4: | 5-24 <u>80</u> | <u> 599</u> | |
|----------|-------------------|--|--|---------------|---------------|---------------|---------------------|--|--|----------------|--------------|----|
| Part I | Reason | | rity Status (All organia | | | | t.) See ins | tructions. | | | | |
| he orgar | nization is not a | a private foundation | because it is: (For lines | 1 through | 11, check | only one t | oox.) | | - | | | |
| 1 🔲 | A church, co | nvention of churche | s, or association of chur | ches desc | ribed in se | ection 170 | (b)(1)(A)(i |). | | | | |
| 2 | | | 70(b)(1)(A)(ii). (Attach Sc | | | | | | | | | |
| 3 | | | rtal service organization | | | 170(b)(1) | (A)(iii). | | | | | |
| 4 | - | | operated in conjunction | | | | | Yb)(1)(A)(i | ii). Enter t | he hospital | 's name | э. |
| . — | city, and stat | | | | , | | | (-)(-)(-)(- | ,. _ | | | |
| 5 🗀 | • | | benefit of a college or u | niversity ov | wned or or | nerated by | a govern | mental un | rt describe | ed in | | |
| • | · - | (b)(1)(A)(iv). (Compl | - | involuty of | | Joi a 100 D) | a govern | moma an | 40001100 | , | | |
| | | | | t daaanba | d in acati | - 470/hV | ()/A)/) | | | | | |
| <u>•</u> | | • | nent or governmental uni | | | | | f Als | | | ۔. ام محالی | |
| <i>'</i> | _ | _ | eives a substantial part | or its supp | ort from a | governme | entai unit c | or trom the | generai p | oudlic desc | upea ir | 1 |
| | | (b)(1)(A)(vi). (Comple | | | | | | | | | | |
| 8 🖳 | | | section 170(b)(1)(A)(vi). | | | | | | | | | |
| 9 LX | - | | ceives: (1) more than 33 | | | | | | | | | |
| | | | nctions - subject to certa | | | | | | | | | |
| | | | axable income (less sec | tion 511 ta | x) from bu | sinesses a | acquired b | y the orga | anization a | ifter June 3 | 0, 1975 | 5. |
| | | 509(a)(2). (Complete | | | | | | | | | | |
| 10 🖳 | | | perated exclusively to te | | - | | | | | | | |
| 11 [] | An organizat | ion organized and o | perated exclusively for the | ne benefit (| of, to perfo | orm the fu | nctions of | or to carr | y out the | purposes o | f one o | r |
| | more publicly | y supported organiz | ations described in secti | on 509(a)(1 | 1) or section | on 509(a)(2 | 2). See se e | ction 509(| (a)(3). Che | ck the box | that | |
| | | | organization and compl | ete lines 1 | 1e through | 11h. | | | | ì | | |
| | a L Type | ı b ∟ | _ Type II | с 💹 Тур | e III - Fund | tionally in | tegrated | | d∟ | Type III - (| Other | |
| e 📖 | By checking | this box, I certify the | at the organization is not | controlled | directly o | r indırectly | by one o | r more dis | qualified p | persons oth | er than | 1 |
| | foundation m | nanagers and other t | than one or more publicl | y supporte | d organiza | ations des | cnbed in s | ection 50 | 9(a)(1) or s | section 509 | (a)(2). | |
| f | If the organiz | ation received a wri | tten determination from t | the IRS tha | at it is a Ty | pe I, Type | II, or Type | e III | | | | |
| | supporting o | rganization, check t | his box | | | | | | | | | |
| g | Since Augus | t 17, 2006, has the | organization accepted ar | ny gift or co | ontribution | from any | of the foll | owing per | sons? | | | |
| | (i) A perso | n who directly or inc | lirectly controls, either al | one or tog | ether with | persons o | described | in (ii) and (| (iii) below, | | Yes | No |
| | the gove | eming body of the s | upported organization? | | | | | | | 11g(i) | | |
| | (ii) A family | member of a perso | n described in (i) above? | | , | | | | | . 11g(ii) | $oxed{oxed}$ | |
| | (iii) A 35% (| controlled entity of a | a person described in (i) | or (ii) above | ∍? | _ | | | | 11g(iii) | | |
| h | | | about the supported or | | | | | | • | | | |
| | | Ū | | | , , | | | | | | | |
| (i) Name | of supported | (ii) EIN | (iii) Type of | fiv) is the o | rganization | (v) Did vo | u notify the | (vi) ls | s the | (vii) An | nount of | |
| | anization | (11) [111 | organization | | sted in your | | ion in col. | organizáti (i) organiz | on in col. | • • | port | |
| 0,9 | umeation | | (described on lines 1-9 above or IRC section | governing | document? | (i) of you | r support? | U.S | 5.7 | oup | ,,,,,, | |
| | | | (see instructions)) | Yes | No | Yes | No | Yes | No | | | |
| | | | 1 | | <u> </u> | | <u> </u> | | 1 1 | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

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.) Section A. Public Support (f) Total Calendar year (or fiscal year beginning in) (a) 2007 (c) 2009 (d) 2010 (e) 2011 (b) 20081 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2009 Calendar year (or fiscal year beginning in) (b) 2008 (d) 2010 (e) 2011 (f) Total (a) 2007 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2010 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . .

17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

(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

| Sec | ction A. Public Support | now, please com | ipiete Fait II.; | | | · · · · · · · · · · · · · · · · · · · | |
|-----------|---|----------------------|------------------------|-----------------------|--|--|-----------------------|
| | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | 20,00 | 0. 20,000. |
| 2 | Gross receipts from admissions, | | | | | | |
| - | merchandise sold or services per- | | | | į | | |
| | formed, 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 bus- | | | | | | |
| | iness under section 513 | | | ļ | | | |
| 4 | Tax revenues levied for the organ- | | } | | | | |
| | ızatıon's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | _ | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | ļ | | ļ | | |
| A | Total. Add lines 1 through 5 | | | | | 20,00 | 20,000. |
| | Amounts included on lines 1, 2, and | | | | | 1 20,00 | 20,0001 |
| 7 6 | · · · | | | | | | 0. |
| | 3 received from disqualified persons Amounts included on lines 2 and 3 received | | + | - | <u> </u> | + | |
| | from other than disqualified persons that | | ,. | | | | |
| | exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | ļ . | | | | 0. |
| C | Add lines 7a and 7b | | | | ļ | | 0. |
| | Public support (Subtract line 7c from line 6) | | | | | | 20,000. |
| <u>Se</u> | ction B. Total Support | | | , | , . | | |
| Cale | ndar year (or fiscal year beginning in) 🖊 | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | |
| 9 | Amounts from line 6 | | | | | 20,00 | 20,000. |
| 10a | Gross income from interest, | | | 1 | | | |
| | dividends, payments received on securities loans, rents, royalties | | | - | | | |
| | and income from similar sources | | ' | | | 1 | |
| b | Unrelated business taxable income | | | | | | |
| _ | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| _ | Add lines 10a and 10b | | | | | | |
| _ | Net income from unrelated business | · | | | | | |
| •• | activities not included in line 10b, | - | | | | | |
| | whether or not the business is | | | | | | |
| | regularly carried on | | - | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV.) | | ļ | | ļ | | |
| | Total support (Add lines 9, 10c, 11, and 12) | | | <u></u> | | 20,00 | |
| 14 | First five years. If the Form 990 is for | the organization | 's first, second, thir | d, fourth, or fifth t | ax year as a secti | on 501(c)(3) or | ganization, |
| | check this box and stop here | <u> </u> | | | | · | <u>.</u> ▶ |
| <u>Se</u> | ction C. Computation of Publi | c Support Pe | ercentage | | | | |
| 15 | Public support percentage for 2011 (lii | ne 8, column (f) o | divided by line 13, o | column (f)) | | 15 | <u>100.00 %</u> |
| 16 | Public support percentage from 2010 | Schedule A, Par | t III, line 15 | | | 16 | % |
| Sec | ction D. Computation of Inves | tment Incom | ne Percentage | | | | |
| 17 | Investment income percentage for 20 | 11 (line 10c, colu | ımn (f) dıvıded by lır | ne 13, column (f)) | | 17 | .00 % |
| 18 | Investment income percentage from 2 | 010 Schedule A | , Part III, line 17 | | | 18 | % |
| | 33 1/3% support tests - 2011. If the | | | | | 33 1/3%, and | line 17 is not |
| | more than 33 1/3%, check this box an | | | | | | |
| H | 33 1/3% support tests - 2010. If the | - | - | | | | |
| • | line 18 is not more than 33 1/3%, chec | | | | | | . — |
| 20 | Private foundation. If the organization | | - | | | | ···· • |
| <u></u> | | . C.a riot priggit o | | <u></u> | | | m 990 or 990-FZ\ 2011 |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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. ➤ See separate instructions.

2011
Open to Public Inspection

Employer identification number Name of the organization HOLLOWAY PARK FOUNDATION, INC. 45-2480599 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 . . Assets included in Form 990, Part X

| Sched | dule D (Form 990) 2011 HOLLOWAY | PARK FOU | NDATION | INC. | | 45-2 | 480599 |) Pag | _{1e} 2 |
|-------------|---|-------------------------|--|-------------------|-----------------|-------------------|--|--------------|-----------------|
| Par | | | | | or Other | Similar Ass | ets (contir | nued) | |
| 3 | Using the organization's acquisition, accessio | | | | | | | | |
| | (check all that apply): | ., | ,, - | | _ | | | | |
| а | Public exhibition | | d Loan o | exchange prog | rams | • | | | |
| ь | Scholarly research | | | oracian go progr | | | | | |
| c | Preservation for future generations | ` | , <u> </u> | | | | | | |
| | Provide a description of the organization's col | llections and evala | in how they furt | ner the organizat | tion's exemn | t numose in P | art XIV. | | |
| | During the year, did the organization solicit or | | | | | | | | |
| | to be sold to raise funds rather than to be mai | | | | | | Yes | | No |
| Par | | | | | | | | | |
| <u>. a.</u> | reported an amount on Form 990, Part | | lete ii tile Olgani | Zation answered | 1 103 1010 | 777 000, 1 411 14 | , | | |
| 4- | Is the organization an agent, trustee, custodia | | diany for contrib | utions or other a | esets not inc | ·luded | | | |
| | | in or other interme | diary for contrib | utions of other a | 33613 1101 1110 | Г | Yes | | No |
| | on Form 990, Part X? | | | | | | 163 | | 140 |
| b | If "Yes," explain the arrangement in Part XIV a | ina complete the t | ollowing table. | | | | Amount | | |
| | | | | | | 4- | Allount | | |
| | Beginning balance | | | | | 1c | | | — |
| | Additions during the year | | | | | 1d | _ | | |
| e | Distributions during the year | | | | | 1e | | | |
| | • | | | | | <u> 1f </u> | | | |
| 2a | Did the organization include an amount on Fo | rm 990, Part X, line | 21? | | | L | Yes | Ш | No |
| ġ | if "Yes," explain the arrangement in Part XIV. | | | | | | | | |
| Par | t V Endowment Funds. Complete if | the organization a | nswered "Yes" 1 | | | | | | |
| | | (a) Current year | (b) Prior yea | r (c) Two yea | ars back (d) | Three years bac | k (e) Four | years b | ack |
| 1a | Beginning of year balance | | | | | | | | |
| | Contributions | | | | | | | | |
| _ | Net investment earnings, gains, and losses | | | | | | | | |
| | Grants or scholarships | | | | • | | | | |
| | - T | | | | 1 | | | | |
| е | Other expenditures for facilities | | 1 | | | | | | |
| | and programs | | | | | | | | |
| | Administrative expenses | | | | | | - | | |
| 9 | End of year balance | | | | <u> </u> | | | | |
| 2 | Provide the estimated percentage of the curre | = | | mn (a)) held as: | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | |
| b | Permanent endowment | % | | | | | | | |
| C | Temporarily restricted endowment ▶ | % | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c should | | | | | | | | |
| За | Are there endowment funds not in the posses | ssion of the organiz | zation that are h | eld and admınist | tered for the | organization | - | | |
| | by: | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | . 3a(i) | | |
| | (ii) related organizations | | | | | | 3a(ii) | | |
| h | If "Yes" to 3a(ii), are the related organizations | listed as required | on Schedule R? | | | | 3b | | |
| 4 | Describe in Part XIV the intended uses of the | | | •••• | | | | | |
| Par | | | |). | | | | | |
| | Description of property | (a) Cost or | | Cost or other | (c) Accı | ımulated | (d) Book | value | |
| | Description of property | basis (invest | 1 | asis (other) | , , , | ciation | (4) 500. | | |
| | Lord | 2430 (1114031 | - | | + | | | - | |
| | Land | · | | | | + | | | |
| | Buildings | | | | | | | | |
| | Leasehold improvements | | | | | | | 2 00 | |
| d | Equipment | 10, | 000. | | | | T(| 0,00 | , <u>U</u> . |
| e | Other | <u></u> | | | <u> </u> | | | | _ |
| Fotal | . Add lines 1a through 1e. (Column (d) must ed | gual Form 990. Par | t X, column (B). | line 10(c).) | | ▶⊥ | 1(| <u>), 00</u> | <u>)0.</u> |

HOLLOWAY PARK FOUNDATION.

INC.

Schedule D (Form 990) 2011

45-2480599 Page 3

| | dule D (Form 990) 2011 HOLLOWAY PARK FOUNDATION, I | NC . | | <u>45-246055;</u> | Page 4 |
|---------|--|------------------|--------------------|---------------------|-------------|
| Pai | t XI Reconciliation of Change in Net Assets from Form 990 to | Audited Fin | anciai State | ments | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | 1 | | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | 2 | | |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | | 3 | | |
| 4 | Net unrealized gains (losses) on investments : | | 4 | | |
| 5 | Donated services and use of facilities | | 5 | | |
| 6 | Investment expenses | | . 6 | | |
| 7 | Prior period adjustments | | . 7 | | |
| 8 | Other (Describe in Part XIV.) | | 8 | | |
| 9 | Total adjustments (net). Add lines 4 through 8 | | . 9 | <u> </u> | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and | | 10 | | |
| Par | t XII Reconciliation of Revenue per Audited Financial Statemer | nts With Re | venue per R | eturn | |
| 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: | | | | |
| а | Net unrealized gains on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| С | Recovenes of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV.) | 2d | | | |
| 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: | | | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV.) | 4b | | | |
| c | Add lines 4a and 4b | | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | |
| | t XIII Reconciliation of Expenses per Audited Financial Stateme | nts With Ex | penses per | | - |
| 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: | | • • | | |
| _ | Donated services and use of facilities | 2a | | | |
| b | Pnor year adjustments | 2b | | | |
| C | Other losses | 2c | | | |
| - | Other (Describe in Part XIV.) | 2d | - | | |
| d | Add lines 2a through 2d | 20 | | 2e | |
| e | Subtract line 2e from line 1 | • | | 3 | |
| 3 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| * | Investment expenses not included on Form 990, Part VIII, line 7b | امدا | | | |
| a | Other (Describe in Part XIV.) | 4a 4b | | · | |
| b | | | - | 40 | |
| | | | | 5 5 | |
| | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIV Supplemental Information | | • | 3 | |
| | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | lines to and 4 | · Dort IV lines 41 | h and the Bort V E- | ne 4: Part |
| | olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, | | | | |
| x, line | e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl | ete this part to | provide any auc | inional imormation | • |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2011
Open to Public Inspection

| Name of the organization HOLLOWAY PARK FOUNDATION, INC. | Employer identification number 45-2480599 |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 11: THE TAX RETURN IS | REVIEWED BY THE |
| GOVERNING BODY BEFORE IT IS FILED. | |
| FORM 990, PART VI, SECTION C, LINE 19: THE INFORMATION IS | MADE AVAILABLE |
| UPON REQUEST. | |
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