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Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

	A F	or the	2012 calendar year, or tax year beginning and	d ending	_	
1	B CI	neck if		-	D Employer identific	cation number
		Addres	HOLLOWAY PARK FOUNDATION, INC.			
		Name chang			45-2	480599
		Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	·
		Termir ated			863-	665-1601
		Ameno return	City, town, or post office, state, and ZIP code		G Gross receipts \$	2,028,656.
		Applic tion	THEFTHING, FT 33017		H(a) Is this a group re	
		pendir	F Name and address of principal officer: EMMETT E HOLLOWAY		for affiliates?	Yes X No
			2925 SANLAN RANCH DRIVE, LAKELAND, FL		H(b) Are all affiliates inc	
			empt status: X 501(c)(3) 501(c)( )◀ (insert no.) 4947(a)(1	) or 527	If "No," attach a	list. (see instructions)
			e: MOLLOWAYPARK.ORG	1	H(c) Group exemption	
ı			organization: X Corporation	L Year	of formation: 2011  N	State of legal domicile: FL
l	га	rt I	Summary	ADT TOUT	INC AND MATN	ma Tattato
	Activities & Governance		Briefly describe the organization's mission or most significant activities: <b>ESTA PUBLIC PARK</b>	ABLISH	ING AND MAIN	TAINING
	Ľ.	2	Check this box 🕨 🔲 if the organization discontinued its operations or disp	osed of mor	e than 25% of its net as	sets.
	٥	3	Number of voting members of the governing body (Part VI, line 1a)	3	5	
	8		Number of independent voting members of the governing body (Part VI, line 1b)	)	4	0
	ies		Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0
	Š		Total number of volunteers (estimate if necessary)		<u>6</u>	0
	Ac	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		. <b>7a</b>	<u> </u>
2013		ď	Net unrelated business taxable income from Form 990-T, line 34RECEIVE		7b Prior Year	Current Year
20		8	Contributions and grants (Part VIII, line 1h)	113 B	20,000.	2,025,562.
6	ne l		Program service revenue (Part VIII, line 1h)	113	0.	0.
	Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	,,,, <u>6</u>	0.	21.
MAY	<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and b) DEN,	UT 🛚	0.	3,073.
$\geq$			Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		20,000.	2,028,656.
		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
쀳		14	Benefits paid to or for members (Part IX, column (A), line 4)	_	0.	0.
SCANNED	es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	)	0.	25,310.
S	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	_ <u>_</u> _ ⊢	0.	0.
$\widecheck{\mathscr{O}}$	ξ		Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	1 200	0 560
	_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,386. 1,386.	9,568. 34,878.
			Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		18,614.	1,993,778.
	es	19	nevenue less expenses. Subtract line 10 illum line 12	R.	eginning of Current Year	End of Year
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)		18,614.	2,012,392.
	ABS Ba		Total liabilities (Part X, line 26)		0.	0.
	Fire	22	Net assets or fund balances Subtract line 21 from line 20		18,614.	2,012,392.
,	Pa	rt II	Signature Block			
	Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedu	iles and stater	ments, and to the best of m	y knowledge and belief, it is
	true,	correc	it, and complete. Declaration of preparer (other than officer) is based on all information of	which prepare	er has any knowledge.	
			Signature of officer		Date	
	Sigr				Date	
	Her	ė	EMMETT E HOLLOWAY, DIRECTOR Type or print name and title			
			Print Type preparer's name Preparer's signature	/	Date Check	PTIN
	Paid		Virginia C. Harris Zinguie CA	ssi	03/26/13 of self-employ	P00152614
		arer	Firm's name HARRIS & WRIGHT, R.A.	I	Firm's EIN	26-0036070
	•	Only	Firm's address 720 S. MISSOURI AVENUE			
			LAKELAND, FL 33815-4738	·	Phone no(	<u>863) 687-2695</u>
	May	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
	23200	01 12-1	0-12 LHA For Paperwork Reduction Act Notice, see the separate instruc	tions.		Form <b>990</b> (2012)

orm	990 (2012)			OUNDATION, IN	<u>iC</u>	<u>45-2480599</u>	Page 2
Par	t III Stateme	ent of Program	Service Accom	nplishments			
	` Check if S	Schedule O contains	a response to any o	uestion in this Part III		·	
1	Briefly describe	the organization's n	nission:	·			
	<b>ESTABLIS</b>	HING AND M	<b>LAINTAININ</b>	PUBLIC PARK			
			<del></del> -				
			<u> </u>				
2	Did the organiza	ation undertake any	significant program	services during the year wh	hich were not listed on		
_	the prior Form 9		-3 , 3	• •		Yes	x X No
	•	e these new service	es on Schedule O.	•	•••	·	
3				ant changes in how it cond	fucts, any program services?	?	x X No
•	=	e these changes or	-		,,		
4				ments for each of its three	a largest program services, a	s measured by expense	S.
•					grants and allocations to oth		
		for each program se			gramo amo amo amo	,	,
4a		) (Expenses \$		uncluding grants of \$	) (Reve	nue \$	· · · · · ·
Ta				PUBLIC PARK	, , , , ,		
	BOINDID	HING AND I	MINIMING	TODLIC THE			
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		·			<del></del>		
			<del></del>				
4b	(Code	_ ) (Expenses \$		including grants of \$	) (Reve	enue \$	,
	ESTABLIS	HING AND I	MINIAINING	PUBLIC PARK			
			<del></del>	·			
					<del></del>	<del></del>	
						<del></del>	<del></del>
						<del></del>	
					<u> </u>	<del></del>	
4c	(Code	_ ) (Expenses \$		including grants of \$	) (Reve	enue \$	)
						<del></del>	
		<del></del>					
			<del></del>				
				<u> </u>			
						<u>.                                    </u>	
				<del></del>			
			· · · · · · · · · · · · · · · · · · ·				
4d	Other program	services (Describe i	n Schedule O.)				
	(Expenses \$		including grants o		)_(Revenue \$		
<u>4e</u>	Total program	service expenses	<u> </u>	<u>32,747.</u>			
						Form	990 (2012)

	•		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	i		
	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		<b>.</b>
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	-0		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		X_
٥	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	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		-	<del></del>
3	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 temporarily restricted endowments, permanent			
	endowments, 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, VII, VIII, IX, or X			İ
	as applicable			1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	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>	X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u> </u>	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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u> </u>	X
e		11e	$\vdash$	^
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
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del>  '''</del>	-	<del> </del>
ıza	Schedule D. Parts XI and XII	12a		x
b	And the second s			
_	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	make the second of the second	14a	<u> </u>	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			1_
	or more? If "Yes," complete Schedule F, Parts I and IV .	14b	ļ	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? 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 assistance to individuals			1,7
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	<del> </del>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	v
	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	40		X
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	$\vdash$	+~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
20-	complete Schedule G, Part III	20a	†	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		† <u></u>
	11 165 to line 20d, the trie organization attach a copy of its addition intancial statements to this return.	_		(2012

Form 990 (2012) 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 any government or organization 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			
	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 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	_	<u> </u>
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
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			
	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)			,,
а	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		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			1,7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<del> </del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		i	
	contributions? If "Yes," complete Schedule M	30	<del> </del>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		x
	If "Yes," complete Schedule N, Part I	31	<u> </u>	<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
20	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> 32</u>	<u> </u>	A
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
0.4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	<del>                                     </del>	<u>^~</u>
34		34		x
٥٢.	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	30a		+*
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		+
36		36		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	33		<b>  **</b>
37	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 11b and 19?	<u> </u>	ļ	† <del></del>
56	Note, All Form 990 filers are required to complete Schedule O	38	x	
_	1101017 ST. COM DOO MOTO GOGGIOGO TO COMPLETE CO			(2012)

Form 990 (2012) HOLLOWAY PARK FOUNDATION, INC. 45-2480599 Page 6

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.

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

<u>Sec</u>	tion A. Governing Body and Management					
			 I		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	_1a_		5		
	If there are material differences in voting rights among members of the governing body, or if the governing	1		Ì		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			ļ		
b	Enter the number of voting members included in line 1a, above, who are independent	1b_		0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with	any other			
	officer, director, trustee, or key employee?			2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under t	the direc	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			. 3	4	<u>X</u> _
4	Did the organization make any significant changes to its governing documents since the prior Form		as filed?	4	-	Х
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?		. 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	- 1_		٠,
	more members of the governing body?			. <u>7</u> a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?			7t	<del>'  </del>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by tr	ie tollowing:			
а	The governing body?	•		82		<del>                                     </del>
b	Each committee with authority to act on behalf of the governing body?			8t	A .	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eacneo	at the	. 9		x
<del></del>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	Davis	- Cada \	.   9	1	
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal	nevenu	e Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?			10		X
10a	The second secon	chantei	e affiliates	.   10	-	
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	Chapto	o, armatoo,	10	Ы	
11a	and the second s	ndv befo	ore filing the for	• —		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, Jo.,				<b></b>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12	a X	
b	All the state of t	se to cor	nflicts?	12		X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					
	in Schedule O how this was done			12	c	X
13	Did the organization have a written whistleblower policy?			10	3	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 appro	oval by i	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					
а	The organization's CEO, Executive Director, or top management official			15	а	<u> </u>
b	Other officers or key employees of the organization			15	b	X
	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 arrange	jement v	with a			
	taxable entity during the year?	••		16	а	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	uate its	participation		1	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	ganizatı	on's		ŀ	
	exempt status with respect to such arrangements?			16	b	<u> </u>
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	O-T (Sec	tion 501(c)(3)s	only) avai	able	
	for public inspection. Indicate how you made these available. Check all that apply.	_				
	Own website Another's website X Upon request Other (explain		•			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents,	conflict	of interest poli	cy, and fir	nancial	
	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 re	cords of the org	janization	_	
	EMMETT E HOLLOWAY - 863-665-1601			·		
	2925 SANLAN RANCH DR, LAKELAND, FL 33812					

_~~~	000	(2012)	
~()  1	3317	CULCI	

#### HOLLOWAY PARK FOUNDATION, INC.

45-2480599

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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.

X Check this box if neither the organiza	tion nor any related	d organization compensated any current officer, director, or trustee.								
(A) (B)				_ (C				(D)	(E)	(F)
Name and Title	Average	(dn			OSITION eck more than one		one	Reportable	Reportable	Estimated
	hours per	box,	unle	ss per	rson (	is bot	h an	compensation	compensation	amount of
	week	-	er an	dad	recto	r/trus	tee)	from	from related	other
	(list any	ecto						the	organizations	compensation
	hours for	5	9.			ate		organization	(W-2/1099-MISC)	from the
	related	stee	l st		4.	bens		(W-2/1099-MISC)		organization
	organizations	ᄩ	onal		ptoye	8 8				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key empioyee	Highest compensated employee	ormer			organizations
(1) EMMETT E HOLLOWAY	0.00	_	۳	۲		- 5	_			
DIRECTOR		X						0.	0.	0.
(2) MARY ANN HOLLOWAY	0.00									
DIRECTOR		X						0.	0.	0.
(3) GARRY S HOFFMAN	0.00					ļ		_	_	_
DIRECTOR		X	_					0.	0.	0.
(4) CHRISTOPHER C WEGLEY	0.00	<b>∤</b>								
DIRECTOR		X	<del> </del>		<u> </u>	├	_	0.	0.	0.
(5) VICTOR J TROIANO	0.00									_
DIRECTOR		X		_		-	-	0.	0.	0.
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rar	t VII Section A. Officers, Directors, Tru		ploy	/ees			ghe	st C						
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Posi		than	one	Reportable	Reportable	- 1		mate	
		hours per	box	, unle	ss pe	rson	ıs bot or/trus	n an	compensation	compensation			ount o	of
		Week	<del></del>		luau	I	17005	100)	from	from related			ther	
		(list any hours for	ect						the	organizations	,	comp	ensa m the	
		related	50	23			Ste		organization (W-2/1099-MISC)	(W-2/1099-MISC	"丨		nızatı	
		organizations	uster	E		8	臣		(44-2/1099-141130)			_	relate	
		below	lual t	ţo u		ğ	2 2	_				orgar		
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Ē				- 3		
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1b	Sub-total	•							0.		0.			<u>0.</u>
С	Total from continuation sheets to Part	VII, Section A							0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)						<u> </u>		0.		0.			0.
2	Total number of individuals (including bu	t not limited to tl	nose	e list	ed a	bov	e) w	no r	eceived more than \$100	0,000 of reportable				_
	compensation from the organization	· · · · · · · · · · · · · · · · · · ·												0
											_		Yes	No
3	Did the organization list any former offic			e, k	өу ег	mple	oyee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J fo	or such individual	1									3		X
4	For any individual listed on line 1a, is the	sum of reportat	ole c	omp	ens	atıo	n an	d ot	her compensation from	the organization				
	and related organizations greater than \$											4		X
5	Did any person listed on line 1a receive of	or accrue compe	nsa	tion	from	an	y un	rela	ted organization or indiv	idual for services				
	rendered to the organization? If "Yes," c	omplete Schedu	le J	for s	uch	per	son					5		<u> X</u>
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest	compensated in	dep	end	ent d	cont	tract	ors '	that received more than	\$100,000 of comp	ensa	ation fr	om	
	the organization Report compensation f	or the calendar	year	end	ing v	with	or v	/ithi	n the organization's tax	year		_		
	(A)								(B)			(C	)	
	Name and busine	ess address	N	ON	E				Description of	services	C	omper	satio	n
														_
2	Total number of independent contractor	s (includina but	not	limite	ed to	o the	ose I	ste	d above) who received i	nore than				
-	\$100,000 of compensation from the org		•		- ••		0							
												Form 9	990	2012)

Form **990** (2012)

232009 12-10-12

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (C) Unrelated (D) Revenue excluded from tax under sections 512, 513, or 514 (B) Related or Total revenue exempt function business revenue revenue 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 10 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1f 2,025,562. similar amounts not included above 1,765,922. Noncash contributions included in lines 1a-1fr \$ ,02<u>5,562</u> h Total. Add lines 1a-1f **Business Code** 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 21. other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties 5 (ii) Personal (i) Real 6 a Gross rents **b** Less: rental expenses 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 b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c). See 3,073 Part IV, line 18 0. b Less direct expenses 3,073 3,073. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold . c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d . .... 028,656 0. 3,094 Total revenue. See instructions.

# Form 990 (2012) HOLLOWAY PARK FOUNDATION, INC. Part IX | Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		Part IX		
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> 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				<del></del>
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
6	trustees, and key employees  Compensation not included above, to disqualified				
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	25,310.	25,310.		
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management .				
b	Legal	333.		333.	
С	Accounting .	175.		175.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	250		350	
	column (A) amount, list line 11g expenses on Sch O.)	350.	<del></del>	350.	-
12	Advertising and promotion	697.		697.	
13	Office expenses	097•		091.	
14	Information technology				<del></del> .
15	Royalties	7,437.	7,437.		
16	Occupancy	1,451.	1,457.		
17 18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	100.00			
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	WIRGINIA ANDONIA DEPONIAD	515.		515.	
b	APPLICATION FEES	61.		61.	
c					
d					
е	All other expenses				
<u>25</u>	Total functional expenses. Add lines 1 through 24e	<u>34,878.</u>	32,747.	2,131.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

1 41		Dalance oncet			
		Check if Schedule O contains a response to any question in this Part X		·	
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	8,614.	1	140,152.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		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 contributing	•		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
(n		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a				
	ļ	basis. Complete Part VI of Schedule D 10a 1,872,240.			
	ь	Less: accumulated depreciation . 10b	10,000.	10c	1,872,240.
	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	10 614	15	2 012 202
	16	Total assets. Add lines 1 through 15 (must equal line 34)	18,614.		2,012,392.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	<del></del>	18 19	
	19	·		20	
	20	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	21	Loans and other payables to current and former officers, directors, trustees,			
ij		key employees, highest compensated employees, and disqualified persons.			
E:		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	<del></del>	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.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
S		complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets		27	
3ale	28	Temporarily restricted net assets		28	
ğ	29	Permanently restricted net assets		29	
Ţ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X			
ğ		and complete lines 30 through 34.	-		_
ets	30	Capital stock or trust principal, or current funds	0.		0.
Ass	31	Paid in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	18,614.		2,012,392.
~	33	Total net assets or fund balances	18,614.	$\overline{}$	2,012,392.
	34	Total liabilities and net assets/fund balances	18,614.	34	2,012,392.

Form **990** (2012)

	990 (2012) HOLLOWAY PARK FOUNDATION, INC. 45-248	<u>0599</u>	Page <b>12</b>
Par	t XI Reconciliation of Net Assets		
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u>.                                     </u>
	1 1		
1	Total revenue (must equal Part VIII, column (A), line 12)		3,656.
2	Total expenses (must equal Part IX, column (A), line 25)		1,878.
3	Revenue less expenses. Subtract line 2 from line 1		3,778.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	18	<u>3,614.</u>
5	Net unrealized gains (losses) on investments		
6	Donated services and use of facilities		<del></del>
7	Investment expenses		
8	Prior period adjustments 8		
9	Other changes in net assets or fund balances (explain in Schedule O)		<u> </u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		
	column (B))	2,012	<u>2,392.</u>
Pa	t XII Financial Statements and Reporting		<del></del> 1
	Check if Schedule O contains a response to any question in this Part XII		
			Yes No
1	Accounting method used to prepare the Form 990: X Cash Cash Other		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	<u> </u>
	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	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		
	consolidated basis, or both:		
	Separate basis Consolidated 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 audit,	1 1	
	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 Schedule O.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		
	Act and OMB Circular A-133?	3a	X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	
		Form	990 (2012)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		<u> </u>		Y PARK FOUND						4	<u>5-2480</u>	599	
Parl	: [	Reason	for Public Char	ity Status (All organization	ations mus	st complet	e this part	.) See inst	ructions.				
ye oʻ	ganı	zation is not a	private foundation	because it is: (For lines 1	through 1	l1, check (	only one b	ox.)					
1 <u>L</u>	_	A church, cor	nvention of churche	s, or association of churc	ches desc	nbed in se	ction 170	(b)(1)(A)(i)					
2 _		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
<b>3</b> [		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,											
4		A medical res	earch organization	operated in conjunction	with a hos	pıtal descr	nbed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter	the hospital	l's name	€,
		city, and state	e:										
5 [		An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a governr	mental uni	t describ	ed in		
		section 170(b)(1)(A)(iv). (Complete Part II)											
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									1			
		section 170(l	b)(1)(A)(vi). (Comple	ete Part II.)									
<b>8</b> [		A community	trust described in s	section 170(b)(1)(A)(vi). (	Complete	Part II)							
9 [	X	An organizati	on that normally rec	eives. (1) more than 33 1	/3% of its	support fi	rom contri	butions, m	nembershi	p fees, a	nd gross re	ceipts f	rom
		activities relat	ted to its exempt fu	nctions - subject to certa	ın excepti	ons, and (2	2) no more	than 33 1	/3% of its	support	t from gross	investr	nent
		income and u	Inrelated business t	axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon	after June 3	30, 1975	5.
			509(a)(2). (Complete	•		•		•	, ,			·	
10 [				perated exclusively to tes	st for publ	c safety. S	See sectio	n 509(a)(4	<b>I</b> ).				
11 [		An organizati	on organized and o	perated exclusively for th	ne benefit (	of, to perfo	orm the fui	nctions of,	or to carr	y out the	purposes o	of one o	r
		-	-	ations described in section						-			
			_	organization and comple					•				
		a Type I	Ь□Т	ype II c T	pe III - Fu	nctionally i	integrated	c	ı 🗀 Тур	e III - No	n-functional	ily integ	rated
e [		By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one or	r more dis	qualified	persons otl	ner thar	1
		-		than one or more publicly		-	-	•		•	=		
f		If the organiz	ation received a wri	tten determination from t	he IRS tha	atıtıs a Ty	pe I, Type	II, or Type	<b>∍</b> I!I				
		supporting or	rganization, check t	his box	_								
g		Since August	17, 2006, has the	organization accepted ar	ny gift or c	ontribution	from any	of the folk	owing per	sons?			
_		(i) A person	n who directly or inc	directly controls, either al	one or tog	ether with	persons o	described i	ın (ıi) and (	iii) below	/,	Yes	No
		the gove	erning body of the s	upported organization?							11g(i)		
		(ii) A family	member of a perso	n described in (i) above?							11g(ii)		
		(iii) A 35% d	controlled entity of a	a person described in (i) o	or (ii) above	e?			•	•	11g(iii)	ا	
h		Provide the fe	ollowing information	about the supported or	ganization	(s).							
			-		_								
(i) N	lame	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did yo	u notify the	(vi) ls	s the	(vii) Amoun	t of mon	etarv
(.,		inization	(,	(described on lines 1-9	[ E. a. (2) (atanta a casal a a a a a a a a a a a a a a a a a a		organizati	zation in col. (VIII) Amount of mo anized in the support			,		
				above or IRC section			(i) of your support?		``` U.S	5.?			
				(see instructions))	Yes	No	Yes	No	Yes	No	l		
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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) 2012

Schedule A (Form 990 or 990-EZ) 2012  Part II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) and	d 170(b)(1)(A)(v	Page 2
(Complete only if you checke	_					
fails to qualify under the test	s listed below, plea	se complete Part	III.)			
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Tax revenues levied for the organ-						
ızatıon'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	i					
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)			ļ			
6 Public support. Subtract line 5 from line 4						<u> </u>
Section B. Total Support				4-0-0014	(-) 0010	(f) Total
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(i) iotai
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received on	İ					
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		1				
assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities	s, etc. (see instruct	ions)			12	<u> </u>
13 First five years. If the Form 990 is for	or the organization	's first, second, the	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
organization, check this box and sto	p here				_ <del></del>	▶□
Section C. Computation of Pub	lic Support Pe	ercentage			<del></del> ·	
14 Public support percentage for 2012			column (f)) .		14	
15 Public support percentage from 201					15	<u>.</u> %
16a 33 1/3% support test - 2012. If the				14 is 33 1/3% or	more, check this b	ox and
stop here. The organization qualifie						
b 33 1/3% support test - 2011. If the	organization did n	ot check a box on	line 13 or 16a, and	a line 15 is 33 1/39	% or more, check t	NIS DOX

17a 10% -facts-and-circumstances test - 2012. 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

b 10% -facts-and-circumstances test - 2011. 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

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

and stop here. The organization qualifies as a publicly supported organization

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

Section A. Public Support	non, produce com.				-	
Calendar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
ınclude any "unusual grants.")				20,000.		20,000.
2 Gross receipts from admissions,						
merchandise sold or services per-						
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						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5				20,000.		20,000.
7a Amounts included on lines 1, 2, and		<del>                                     </del>				= 0 / 3 = 0 = 0
3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that	1					
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	1					0.
c Add lines 7a and 7b					-	0.
8 Public support (Subtract line 7c from line 6)					•	20,000.
Section B. Total Support			•			
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6				20,000.		20,000.
10a Gross income from interest,					-	
dividends, payments received on	Į			1		
securities loans, rents, royalties and income from similar sources				-		
b Unrelated business taxable income				1		
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business					-	
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV.)  13 Total support. (Add lines 9, 10c, 11, and 12)			<u> </u>	20,000.		20,000.
14 First five years. If the Form 990 is for	r the organization	's first, second, the	rd, fourth, or fifth		n 501(c)(3) organ	
check this box and stop here	and organization.		,	, ,		▶□
Section C. Computation of Publ	ic Support Pe	ercentage			•	
15 Public support percentage for 2012 (			column (f))		15	100.00 %
16 Public support percentage from 2011		•	.,,		16	100.00 %
Section D. Computation of Inve			)			
17 Investment income percentage for 20					17	.00 %
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2012. If the			on line 14, and lin	ne 15 is more than 3	3 1/3%, and line	17 is not
more than 33 1/3%, check this box a						. <b>▶</b> X
b 33 1/3% support tests - 2011. If the						-
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization		-				▶□

#### **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.

2012
Open to Public Inspection

Name of the organization

HOLLOWAY PARK FOUNDATION, INC.

Employer identification number 45-2480599

Par	t I Organizations Maintaining Donor Advis	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Iir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (dunng year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's		. Yes No
6	Did the organization inform all grantees, donors, and donor		only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose confe	erring
	impermissible private benefit?		Yes No_
Pai	rt II Conservation Easements. Complete if the o	rganization answered "Yes" to Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organiza	ition (check all that apply).	
	Preservation of land for public use (e.g , recreation or	education) Preservation of an historical	ally important land area
	Protection of natural habitat	Preservation of a certified I	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form of a c	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
С			2c
d	Number of conservation easements included in (c) acquired	d after 8/17/06, and not on a historic structure	
	listed in the National Register	•	2d
3	Number of conservation easements modified, transferred, r	eleased, extinguished, or terminated by the orga	anization during the tax
	year ▶		
4	Number of states where property subject to conservation e		
5	Does the organization have a written policy regarding the p		Yes No
_	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and Does each conservation easement reported on line 2(d) about		
8		ove satisfy the requirements of section 170(f)(4)	Yes No
_	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation.	 otion accomants in its revenue and expense stat	,—
9	include, if applicable, the text of the footnote to the organiz		
	conservation easements	ation 3 illianda statements that describes the c	riganization o docodning for
Pa	rt III Organizations Maintaining Collections	of Art. Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" to Fori		
12	If the organization elected, as permitted under SFAS 116 (A		and balance sheet works of art.
14	historical treasures, or other similar assets held for public e		
	the text of the footnote to its financial statements that desc		
b	If the organization elected, as permitted under SFAS 116 (A		balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition,		
	relating to these items:	•	-
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		. \$
2	If the organization received or held works of art, historical t	reasures, or other similar assets for financial gail	n, provide
	the following amounts required to be reported under SFAS		
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
h	Assets included in Form 990, Part X		<b>▶</b> \$

Schee Par		PARK FOUN			or Other		5-2480599	
Щ.								
3	Using the organization's acquisition, accession,	, and other records	s, cneck any or	the following th	iat are a sigi	imcant u	se of its collection i	tems
	(check all that apply):							
a	Public exhibition	đ		exchange prog	rams			
b	Scholarly research	е	Other_					
C	Preservation for future generations						D . 4 VIII	
4	Provide a description of the organization's colle	•	-	-			se in Part XIII.	
5	During the year, did the organization solicit or re				her sımılar a	ssets		<b>—</b>
<u> </u>	to be sold to raise funds rather than to be main						Yes	No_
Par	t IV Escrow and Custodial Arrange		te if the organia	tation answered	l "Yes" to Fo	orm 990,	Part IV, line 9, or	
	reported an amount on Form 990, Part >		<del> </del>	· · · · · · · · · · · · · · · · · · ·	<del> </del>			
1a	Is the organization an agent, trustee, custodian	or other intermed	ary for contribi	utions or other a	issets not in	cluded		<u> </u>
	on Form 990, Part X?						∴ LJ Yes	∟ No
þ	If "Yes," explain the arrangement in Part XIII an	d complete the fol	lowing table:			fT		
							Amount	
С	Beginning balance					1c	<u> </u>	
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance .					1f	<del></del> 1	
	Did the organization include an amount on Forr			•			L Yes	Щ No
	If "Yes," explain the arrangement in Part XIII. Cl			-				
Par	t V Endowment Funds. Complete if the	ne organization an	swered "Yes" t					<del></del>
	(	a) Current year	(b) Prior yea	r (c) Two ye	ars back (c	) Three ye	ears back (e) Four y	ears back_
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	-						
2	Provide the estimated percentage of the currer	nt year end balanc	e (line 1g, colui	nn (a)) held as:				
а	Board designated or quasi-endowment	·	%					
b	Permanent endowment	%	<del>_</del>					
С	Temporarily restricted endowment ▶	<del></del>						
	The percentages in lines 2a, 2b, and 2c should	equal 100%						
За	Are there endowment funds not in the possess	ion of the organiza	ation that are h	eld and adminis	tered for the	organiz	ation	
	by.						\	es No
	(i) unrelated organizations						. 3a(i)	
	(ii) related organizations	_					. 3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations li	sted as required o	n Schedule R?				3b	
4	Describe in Part XIII the intended uses of the o							
Pa	t VI Land, Buildings, and Equipme			)				
	Description of property	(a) Cost or o	ther (b)	Cost or other	(c) Acc	cumulate	d (d) Book	value
		basis (investr	, , ,	asıs (other)	1 ,	eciation		
1a	Land	1,515,					1,515	,000.
b	Buildings		495.	_				,495.
c	Leasehold improvements	300,						,746.
d	Equipment		999.					,999.
	Other							
	I. Add lines 1a through 1e. (Column (d) must equ	ıal Form 990, Part	X, column (B),	line 10(c))			▶ 1,872	,240.

	Econ COO Dort Y June		45-2460599 Page
Part VII Investments - Other Securities. Sec (a) Description of security or category (including name of security)	(b) Book value		luation: Cost or end-of-year market value
1) Emphasial demonstrates	(2) 2001. 74100	(5)5	2 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3
Closely-held equity interests			
n Otto			
(A)			
(B)			
(C)			
(D)			
(E)		· · · · · · · · · · · · · · · · · · ·	
(F)			
(G)			
(H)			
(1)	···		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		-	
Part VIII Investments - Program Related. Se	ee Form 990. Part X. line	13.	
(a) Description of investment type	(b) Book value		luation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line	15.		
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)		· <del></del>	
(7)		<del></del>	
(8)	<u> </u>		
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin		<del> </del>	<b>▶</b>
Part X Other Liabilities. See Form 990, Part X,	line 25.		
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)		<u></u>	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin		<u> </u>	
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the te			
liability for uncertain tax positions under FIN 48 (ASC	740). Check here if the	text of the footnote has	been provided in Part XIII

_	dule D (Form 990) 2012 HOLLOWAY PARK FOUNDATION,	INC . nts With Rever	45-2480599 Page 4
			1
1	Total revenue, gains, and other support per audited financial statements		·   -'-
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا مم ا	
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII )	2d	
e	Add lines 2a through 2d		<u>2e</u>
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1.1	1 1
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII )	4b	<del></del>
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	amaa Milah Fama	5
ra	t XII Reconciliation of Expenses per Audited Financial Statem	ents with Expe	
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	
b	Prior year adjustments	2b	
C	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII )	4b	
С	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
Pa	rt XIII Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to		

Schedule D (Form 990) 2012

## SCHEDULE M (Form 990)

#### **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047
2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Name of the organization

Employer identification number 45-2480599

Schedule M (Form 990) (2012)

	HOLLOWAY PARK FOUNDATION, INC. 45-24								
Par	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu			s 	
1	Art - Works of art								
2	Art - Historical treasures			-					
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles	· · · · · · ·							
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock	-							
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential .								
16	Real estate - Commercial								
17	Real estate - Other .	X	4	1,515,000.	APPRAISALS				
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy .								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts .								
25	Other ( <u>LAND CLEARING</u> )	X	1		COST BASIS		DON		
26	Other $\blacktriangleright$ ( <u>BUILDING</u> , <u>FEN</u> )	X	1	31,864.	COST BASIS	OF :	DON	<u>OR                                    </u>	
27	Other						_		
28	Other (			<u> </u>	<u> </u>				
29	Number of Forms 8283 received by the organ		-	1 1					
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement 29					
							Yes	No	
30a	During the year, did the organization receive to								
	at least three years from the date of the initial	contribution	n, and which is not	required to be used for exer	npt purposes for				
	the entire holding period?					30a		X	
þ	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance					31		<u> X</u>	
32a	Does the organization hire or use third parties	or related o	organizations to sol	licit, process, or sell noncast	ו			7.	
	contributions?					32a		X	
b	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c)	tor a type of prope	erty for which column (a) is c	necked,				
	describe in Part II.			-		1	L		

LHA

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

#### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

## 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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** HOLLOWAY PARK FOUNDATION, INC. 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.