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SCANNED JUN 1 9 2017

632001 11-11-16

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

OMB No 1545-0047 6

Department of the Tre Internal Revenue Service

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

Open to Public Inspection

AI	or the	2016'calendar year, or tax year beginning and	d ending		
В	Check if upplicable	C Name of organization		D Employer identifi	cation number
	Addre chang	HOLLOWAY PARK FOUNDATION, INC.		_	
	Name chang	Doing business as	_	45-2	480599
<u> </u>	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
Ш	Final return/ termin		<u></u>	863-	<u>665-1601</u>
_	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	200,755.
LX	Ameno return Applic			H(a) Is this a group re	
	tion pendir	F Name and address of principal officer: EMMETT E HOLLOWAY	22010	for subordinates	
-		2925 SANLAN RANCH DRIVE, LAKELAND, FL		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1 '	list (see instructions)
		e: > HOLLOWAYPARK • ORG organization: X Corporation Trust Association Other >	I Voor	H(c) Group exemption	n number ► 1 State of legal domicile: FL
	art I	Summary	L Year	oriormation. ZUIII	A State of legal domicile, F Li
	, , , '	Briefly describe the organization's mission or most significant activities: ESTA	BLISHI	NG AND MATN	TAINING
Activities & Governance		PUBLIC PARK AND WILDLIFE SANCTUARY FOR E			
гJа		Check this box if the organization discontinued its operations or dispose			
Ş		Number of voting members of the governing body (Part VI, line 1a)		3	5
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	0
s	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	0
Σ	6	Total number of volunteers (estimate if necessary)	******	6	0
Acti	7 a	Total unrelated business revenue from Part VIII, column (CRIPE (CEIVED).		<u>7a</u>	0.
_	<u>b</u>	Net unrelated business taxable income from Form 990-1, line 34	<u> </u>	. 7b	0.
		Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
ě				135,000.	150,452.
Revenue		Program service revenue (Part VIII, line 2g)		37,498.	48,653.
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7dOGDEN, UT		0.	0.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,725.	1,650.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		180,223. 0.	200,755.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	· · · · -	0.	0.
40	1	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	·····	124,234.	123,021.
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)	' ···· 	0.	0.
ben	1	Total fundraising expenses (Part IX, column (D), line 25)	o. –		
Щ	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		58,452.	80,130.
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	·	182,686.	203,151.
	19	Revenue less expenses Subtract line 18 from line 12		-2,463.	-2,396.
Ses			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	[2,023,422.	2,023,778.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	\square	150.	2,902.
캺	22	Net assets or fund balances. Subtract line 21 from line 20	<u> </u>	2,023,272.	2,020,876.
P	art II	Signature Block		····	
		lties of perjury, I declare that I have examined this return, including accompanying schedul			y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of v	vhich preparer	has any knowledge.	
		Emonth & Hollows		Data	
Sig		Signature of officer		Date	
Hei	е	EMMETT E HOLLOWAY, DIRECTOR Type or print name and title			
			,	Date Check	PTIN
Dai		Print/Type preparer's name Vicaiona C. Harris Preparer's signature League Automatical Preparer's signature	·	5/25/17 self-employ	
Paid Pres	parer	Firm's name NARRIS & WRIGHT, P.A.	IC	Firm's EIN	26-0036070
	Only	Firm's address 720 S. MISSOURI AVENUE		THIN S LIN	20 0030070
JJ0	J,	LAKELAND, FL 33815-4738		Phone no. (8	63) 687-2695
Ma	v the is	RS discuss this return with the preparer shown above? (see instructions)		1	X Yes No
	01 11-1		ions.		Form 990 (2016)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

orm	990 (2016) HOLLOWAY PARK	FOUNDATION, I	NC.	45-2480599	Page 2
Par	t III Statement of Program Service Acc	omplishments			
	Check if Schedule O contains a response or n	ote to any line in this Part III			
1	Briefly describe the organization's mission:		 		
	ESTABLISHING AND MAINTAINI	NG PUBLIC PARK	AND WILDLIFF	SANCTUARY FO	₹
	ENVIRONMENTAL EDUCATION.				
	ZAVIRONIBATED EDUCATION.				
	Dud the same of th		1.1.1		
2	Did the organization undertake any significant progr	am services during the year v	vhich were not listed on th		(35)
	prior Form 990 or 990-EZ?			∟ jYe:	x X No
	If "Yes," describe these new services on Schedule (D.			
3	Did the organization cease conducting, or make sign	nificant changes in how it con	ducts, any program servi	ces?Ye	s X No
	If "Yes," describe these changes on Schedule O.				
4	Describe the organization's program service accomp	olishments for each of its thre	e largest program service	s, as measured by expense	s.
	Section 501(c)(3) and 501(c)(4) organizations are rec				
	revenue, if any, for each program service reported.	janea to report the amount of	granio ana anovanono te	othors, the total expenses	,
4		5		FO	202
4a		5. including grants of \$			<u>,303.</u>)
	ESTABLISHING AND MAINTAINI	NG PUBLIC PARK	AND WILDLIFE	SANCTUARY FO	<u> </u>
	ENVIRONMENTAL EDUCATION.	·			
					
					
					
					
		· -			
4b	(Code) (Expenses \$	including grants of \$	١.	Revenue \$	
	ESTABLISHING AND MAINTAINI				₹ ′
	ENVIRONMENTAL EDUCATION.	NG FUBLIC TAKE	WHO MIDDRIFT	DANCIONICI IO	
	ENVIRONMENTAL EDUCATION.				
					
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4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
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40	(Code) (Expenses \$	including grants of \$) (Revenue \$	
	(Code) (Expenses \$	including grants of \$		Revenue \$	
		ts of \$) (Revenue \$	Revenue \$	
	Other program services (Describe in Schedule O.)			Revenue \$	

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х 1 Is the organization required to complete Schedule B, Schedule of Contributors? X 2 2 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 X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5_ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 6 X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D. Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? X If "Yes," complete Schedule D, Part IV . . Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent 10 X 10 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X 11 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X 1<u>1e</u> 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 X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D. Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X 16 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 X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

complete Schedule G, Part III

Part IV | Checklist of Required Schedules (continued) No Yes 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **X** ~ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 X 23 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 25a X 24a 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 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 X Schedule L. Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," X complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 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 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b 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 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 X If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? 36 X If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 01 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return 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) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O **3**b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 7 X 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 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 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h 8 Sponsoring organizations maintaining donor advised funds, Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a 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

14a

14b

X

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

Form 990 (2016) HOLLOWAY PARK FOUNDATION, INC. 45-2480599 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 or note to any line in this Part VI Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b 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 X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 5 Did the organization have members or stockholders? X 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 X 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: 8a . . . X **b** 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? X 15a The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a . . . 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? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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 ___ Other (explain in Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records: EMMETT E HOLLOWAY - 863-665-1601 33812 2925 SANLAN RANCH DR, LAKELAND,

			FOUNDATION		
Part VIII Commonation	of Officers	Dinastana	Taurata and Mark	Employees	Highest Comme

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

 Cueck ii Schednie (o contains a	response or	note to any iin	e in this Part vii	

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

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

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

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

(A)	(B)	Oig.			C) itior		isat	(D)	(E)	(F)
Name and Title	Average hours per week	box	not c	heck ss pe	more rson	than is bot or/trus	han	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) EMMETT E HOLLOWAY DIRECTOR	0.00	X						0.	0.	0.
(2) MARY ANN HOLLOWAY DIRECTOR	0.00	x						0.	0.	0.
(3) CHRISTOPHER C WEGLEY DIRECTOR	0.00	x						0.	0.	0.
(4) TERRY PARKER DIRECTOR	0.00	x						0.	0.	0.
(5) REINIER MUNGUIA DIRECTOR	0.00	х						0.	0.	0.
21.110101										
		-								

	1 990 (2016) HOLLOWAY	PARK FO	<u>נטכ</u>	ND2	<u>\T.</u>	[0]	ν,	I	NC.	45-24	805	<u> 599</u>	Р	age 8
rai	T VII Section A. Officers, Directors, Trus (A)	tees, Key Em	ploy	ees	<u>an</u>	<u>d Hi</u> C)	ghe	st C	Compensated Employe (D)	es (continued) (E)	\neg		(F)	
	Name and title	Average hours per week (list any	box	not c	Pos heck ss pe	nore rson	than is bot or/trus	h an	Reportable	Reportable compensation from related		am	timate nount other	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	2)	fro orga and	pensa om th anızat d relat ınızati	e ion ied
								L.						
										_				
											\dashv			
								-			\dashv			
					_						-			
1b	Sub-total		L	<u> </u>	L	L			0.		0.			0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A				<i>,</i> 	•	▶	0.		0.			0.
2	Total number of individuals (including but recompensation from the organization	ot limited to th	ose	liste	ed a	bov	e) wh	no r	eceived more than \$100	0,000 of reportable				0
_		d									٦		Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	such individual										3_		х
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sche	edule	ə J f	for such individual			4		х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				•		elat	ted organization or ındiv	idual for services		5		x
Sec 1	ction B. Independent Contractors Complete this table for your five highest co	mnensated in	dene	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of comp	nensa	ation f	rom	
	the organization. Report compensation for	-							n the organization's tax					
	(A) Name and business	address	N	ONI	E			_	Description of	services	Co	(Compe		n
								_						
									·					
									·					
2	Total number of independent contractors (is \$100,000 of compensation from the organic	_	ot li	mite	d to		se lis	stec	d above) who received n	nore than				
	9100,000 or compensation from the organi	Lanon		_				_				Form	990 (2016)

Total revenue. See instructions.

50,303

Form 990 (2016)

200,755.

9

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıviduals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				· -
7	Other salaries and wages	113,885.	113,885.		
8	Pension plan accruals and contributions (include	i			
	section 401(k) and 403(b) employer contributions)		2 4 2 6		
9	Other employee benefits	9,136.	9,136.		
10	Payroll taxes				
11	Fees for services (non-employees):				
_	Management				
b	9 1 11 1 1 1 1	200		200	
C	Accounting	200.		200.	
	Lobbying	 			
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)			-	
12	Advertising and promotion	10,364.		10,364.	
13	Office expenses Information technology	10,304.		10,304.	
14 15	Royalties				
15 16	Occupancy	22,131.	22,131.		
17	T	275.	275.		
18	Payments of travel or entertainment expenses	2/3	273.		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22 22	Depreciation, depletion, and amortization	16,557.	16,557.		
 23	Insurance	5,683.		5,683.	
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	EVENT EXPENSES	22,793.	22,793.		
b	TAXES, PROPERTY	1,231.		1,231.	
С	MISC RACE EXPENSES	895.	895.		
d	ROUNDING	1.		1.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	203,151.	185,672.	17,479.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	j			
	educational campaign and fundraising solicitation.			ļ	
	Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 10,312. 13,354. Cash - non-interest-bearing 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 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 Assets employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 39. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 2,060,988. basis. Complete Part VI of Schedule D 10a 2,013,110. 2,010,385. b Less: accumulated depreciation 10b Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets . . . 14 15 Other assets. See Part IV, line 11 15 2,023,422 2,023,778. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 2,902. 17 Accounts payable and accrued expenses 18 Grants payable .. 18 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 150. Schedule D 25 150. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. or Fund Balances 27 Unrestricted net assets Temporarily restricted net assets . . . 28 28 Permanently restricted net assets . . . 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Net Assets Capital stock or trust principal, or current funds 0. Paid-in or capital surplus, or land, building, or equipment fund 0. 31 31 Retained earnings, endowment, accumulated income, or other funds 2,023,272. 2,020,876. 32 2,023,272. 33 <u>2,020,876.</u> 33 2,023,778. 2,023,422 Total liabilities and net assets/fund balances

Form 990 (2016)

<u>Form</u>	990 (2016) HOLLOWAY PARK FOUNDATION, INC.	45-248 <u></u>	<u> </u>	Page 12
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,755.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,151.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>,396.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>2,023</u>	<u>,272.</u>
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	<u>2,020</u>	<u>,876.</u>
Pai	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	:	• •	<u></u>
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	res No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		1 1	- 1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	1 1	
2a			2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both:		1	
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	- 1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	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 Sch			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit	1 1	
	Act and OMB Circular A-133?		_3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u> 3b </u>	200
			Form S	990 (2016)

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. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

_	HOLLOWAY PARK FOUNDATION, INC. 45-2480599										
Pa	rt I	t I Reason for Public Charity Status (All organizations must complete this part.) See instructions.									
The	organ	zation is not a private found									
1	آ	A church, convention of chi					VΑVi)				
2	$\overline{}$	A school described in secti					N-N-I				
3	一	A hospital or a cooperative					:\				
	H	•					•	Entori	ha hasaital'a nama		
4		A medical research organiza	ation operated in cor	ijuriction with a nospital	described	i iii sectio	n 170(b)(1)(A)(iii).	EIII (ne nospitai s name,		
_		city, and state:				1 1-					
5	ш	An organization operated for		lege or university owner	or opera	ed by a go	overnmentai unit o	Jescribi	ea in		
		section 170(b)(1)(A)(iv). (C									
6	닏	A federal, state, or local gov	-				•				
7	ш	An organization that normal	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from the g	eneral _l	public described in		
	section 170(b)(1)(A)(vi). (Complete Part II.)										
8	Ш	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Parl	: II.)						
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college										
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the	college	or		
		university:		,		•					
10	X	An organization that normal	Ilv receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership	fees. ar	nd gross receipts from		
_		activities related to its exem		•	•		•		-		
		income and unrelated busin	-	•					=		
		See section 509(a)(2). (Cor		(1000 000 110 11 tax) III	JIII DUUIIIO	oooo aoqa	nod by the organi	2011011			
11		An organization organized a	•	valu to test for public sa	faty Saa i	eaction 50	0(2)(4)				
	一	-	•	- ·	-			out tha	nurnosas of one or		
12											
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in										
	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
а	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving										
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting										
		organization. You must c		•							
b			•				•	-	-		
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ntrol or manage t	he sup	ported		
	_	organization(s). You mus	t complete Part IV,	Sections A and C.							
C	L	Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally in	tegrate	ed with,		
		its supported organization	n(s) (see instructions). You must complete F	Part IV, Se	ctions A,	D, and E.				
d		Type III non-functionally	, integrated. A supp	orting organization oper	ated in co	nnection v	/ith its supported	organiz	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a disti	ribution red	quirement and an	attentr	veness		
		requirement (see instructi	ions). You must con	plete Part IV, Sections	A and D,	and Part	V.				
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, T	ype III			
		functionally integrated, or						•			
f	Ente	er the number of supported of	organizatione								
·		ride the following information		d organization(s)		••••			<u> </u>		
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga		(v) Amount of mor	netary	(vi) Amount of other		
		organization		(described on lines 1-10	In your governo	No	support (see instru	ctions)	support (see instructions)		
				above (see instructions))							
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						1					

(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.)

Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total membership fees received. (Do not include any "unusual grants.") 2 Tax revenues leveed for the organization is benefit and either paid to or expended on ins behalf and either paid to or expended on ins behalf and either paid to or expended on ins behalf and either paid to or expended on this behalf and either paid to or expended on this behalf and either paid to or expended on the behalf and either paid to the organization without charge 4. Total. Add inset 1 through 3. 5 The portion of total continuous 5 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, Settler time 5 too ler 4 Soction B. Total Support 7 Amounts from line 4. 8 Gross recomb from interest, dividender, payments received on securities loans, rents, royalines and income from similar sources 9 Net income from unrelated business activities, whether or not the business activities, whether or not marked business acti	Sec	tion A. Public Support						
1 Girls, 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 or the organization's benefit and either paid to or expended on its behalf or the organization without charge furnished by a governmental unit to the organization without charge furnished by a governmental unit to the organization without charge furnished by a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, organization without charge and the organization included on line 1 that exceeds 2% of the amount shown on line 11, organization grants are seen to the amount shown on line 11, organization included on line 1 that exceeds 2% of the amount shown on line 11, organization grants, g	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
include any *unusual grants*] 2 Tax revenues leved for the organization's benefit and either paut to or expended on its behalf 3 The value of services or facilities furnished by a governmental unt to the organization without charge 4 Total. Add lines 1 through 3 5 The potino of total contributions by each person (other than a governmental unt or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (i) 6 Public support. Sebred line 8 tentines Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 8 Gross income from interest, dividends, payments received on securities loans, rents, revailties and norme from unrelated business activities, whether or not the business are regularly carried on 10 Other income, Do not include gian or loss from the sale of capital assess (Explain in Part VI). 11 Total support. Add lines 7 Brough 10 12 Gross recepts from related activities, etc. (see instructions) 13 First five years, if the Form 990 is for the organization with site, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Explain part VI) 14 Public support percentage from 2015 Schedule A, Part II, line 14 15 Public support percentage from 2015 Schedule A, Part II, line 14 16 Subject support sets – 2016. If the organization old 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 meets the *facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 63, 61, 180, or 180, and line 14 is 10% or more, and if the organization meets the *facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 63, 61, 180, 190, or 17a, and line 15 is 10% or more, and if the organization meets the *facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 163, 61,	1	Gifts, grants, contributions, and						
2 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf 3 The value of services or fractifies furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by sach 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, Satinate the 5 the lines 5 Section B. Total Support Calendar year (or fleat) year beginning in) > (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from smillar sources on securities loans, rents, royalities and income from smillar sources on Net income from unrelated business activities, whether or not the business are singularly carried on 10 Other income. Do not include gain or loss from the sale of capital assats (Epilanin Part VI) 11 Total support. Add lines? Tirrough 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Stoplanin Part VI) 15 Public support percentage from 2015 Gross ception flowed by line 11, column (f)) 15 Public support percentage from 2015 Schedule A, Part II, line 14 16 a 33 1/3% support test - 2016. If the organization did not check has 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 meets the "facts-and-circumstances test - 2016. If the organization qualifies as a publicly supported organization meets the "facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 61, 61, 61, 717a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances test - 2016. If the organization		membership fees received. (Do not			İ			
cation'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. 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) 8. Public support, subtract lines 5 ton lines 4. Section B. Total Support Section B. Section C. Computation of Public Support Percentage		include any "unusual grants.")						
a 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, subsection 8. Total Support Calendar year (of fiscal year beginning in) ★ (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 7. Amounts from line 4. 8. Gross income from increast, dividends, payments received on securities loans, rents, royalties and income from increast, dividends, payments received on securities loans, rents, royalties and income from increast, dividends, payments received on securities loans, rents, royalties and income from increast dividends, payments received on securities loans, rents, royalties and income from unrelated business activities, whether or not the business is repularly carried on Other income. Do not include gain or loss from the sale of capital assess activities, whether or not the business is repularly carried on Other income. Do not include gain or loss from the sale of capital assess (Explain in Part VI). 11. Total support. Add lines 7 through 10 12. Gross receipts from related activities, etc. (see instructions) 13. First five years, if the Form 990 is for the organization fixe, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization of Public Support Percentage 14. Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 15. Public support percentage from 2015 Schedule A, Part II, line 14 16. 33. 1/3% support test 2-0916. If the organization did not check a box on line 13, 16a, or 16a, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization and the organization meets the "facts and-circumstances test - 2016. If the organization did not check a box on line 13, 16a,	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3		ızatıon's benefit and either paid to						
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, Setrest ins 5 frontines Section B. Total Support Calendar year (or fiscal year beginning in) (g) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, roysities and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support, Add lines 1 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization 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 2016 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 16 33 1/3% support test 2016. 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 meets the "facts and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts and-circumstances" test. The organization did not check a box on line 13, 16a, or 15a, and line 14 is 10% or more, and if the organization meats the "facts and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and sea ins		or expended on its behalf		[<u> </u>			
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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		•				-		,
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	18	rrivate joundation, ii the organization	п он пот спеск а	DOX ON HITH 13, 10	ia, 100, 174, 01 17			

Schedule A (Form 990 or 990-EZ) 2016 HOLLOWAY PARK FOUNDATION, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	low, please com	piete Part II.)						
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
1 Gifts, grants, contributions, and		12,20.0		1	157.55			
membership fees received. (Do not						i		
include any "unusual grants.")		J		J				
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			1					
the organization without charge		ĺ	ĺ					
6 Total. Add lines 1 through 5								
7a Amounts included on lines 1, 2, and			_					
3 received from disqualified persons								
b Amounts included on lines 2 and 3 received								
from other than disqualified persons that								
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		[[
c Add lines 7a and 7b								
8 Public support. (Subtract line 7c from line 6)						0.		
Section B. Total Support		,		•				
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
9 Amounts from line 6								
10a Gross income from interest,								
dividends, payments received on securities loans, rents, royalties								
and income from similar sources								
b Unrelated business taxable income								
(less section 511 taxes) from businesses								
acquired after June 30, 1975			İ					
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					ĺ	1		
12 Other income. Do not include gain								
or loss from the sale of capital assets (Explain in Part VI.)								
13 Total support. (Add lines 9, 10c, 11, and 12)						0.		
14 First five years, If the Form 990 is for	the organization'	s first, second, thu	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organiz			
check this box and stop here			,			. ▶ □		
Section C. Computation of Public	c Support Pe	rcentage						
15 Public support percentage for 2016 (lir	ne 8, column (f) d	livided by line 13,	column (f))		15	.00_%		
16 Public support percentage from 2015	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·			16	100.00 %		
Section D. Computation of Inves								
17 Investment income percentage for 201	16 (line 10c, colui	mn (f) divided by lii	ne 13, column (f))		17	.00 %		
18 Investment income percentage from 2	015 Schedule A,	Part III, line 17			18	%		
19a 33 1/3% support tests - 2016. If the			on line 14, and lin	e 15 is more than	33 1/3%, and line 1	7 is not		
more than 33 1/3%, check this box an						▶□		
b 33 1/3% support tests - 2015. If the o						and		
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
20 Private foundation. If the organization						▶□		

Part IV Supporting Organizations

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

	Organizations

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

		Yes	No
	1		
	,		
	2		
	3a		
	3b		
	,		
	3c		
	4a		
	4b		
	4c	:	
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		<u>45-248059</u>	9 Pa	age 5
Ра	rt IV Supporting Organizations (continued)		·	T
_			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		_
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c	L	L
<u>000</u>	tion b. Type r Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		,	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		'	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			ļ
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	ļ	ļ]
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			i
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a		i	
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3	}	i
Sec	supported organizations played in this regard. Ition E. Type III Functionally Integrated Supporting Organizations		<u> </u>	l
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee Inst	ructions)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	, 40.1107.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	ty (see instructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify	,])
	those supported organizations and explain how these activities directly furthered their exempt purposes,		Ì	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		L
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			\
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these		}	1
	activities but for the organization's involvement.	2b	<u> </u>	<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.		1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	ì	}	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	ļ	<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u> </u>	L
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	dule A (Form 990 or 990-EZ) 2016 HOLLOWAY PARK FOUNDATIO			45-2480599 Page 6
Pa	Type in their talletterially integrated decitates capper the			
_1	Check here if the organization satisfied the Integral Part Test as a qualifying			in Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3_		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	1 1		
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount, Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	اءا		I

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

instructions).

<u>Sche</u> Par	dule A (Form 990 or 990-EZ) 2016 HOLLOWAY PARK t V Type III Non-Functionally Integrated 509			5-2480599 Page 7
	on D - Distributions	(a)(o) oupporting orga	dinzationo (continaca)	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	·	·	
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	•	
	(provide details in Part VI). See instructions		 	· · · · · · · · · · · · · · · · · · ·
9_	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	r · · · · · · · · · · · · · · · · ·		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
_	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i_	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			<u> </u>
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions		· · · · · · · · · · · · · · · · · · ·	
6	Remaining underdistributions for 2016. Subtract lines 3h			1
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3			
	and 4c			
8	Breakdown of line 7:			
<u>a</u>	Evene from 2012			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

Schedule A	(Form 990 or 990-EZ) 2016	HOLLOWAY	PARK	FOUNDATION.	INC.	45-2480599 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 -line-1; Part-IV, Section D, Section D, lines 5, 6, and	mation. Provide to , 2, 3b, 3c, 4b, 4c, 5 lines 2-and 3; Part-N	he explan a, 6, 9a, 9 /-Section	ations required by Part b, 9c, 11a, 11b, and 11 E-lines 1c, 2a, 2b-3a-	II, line 10; Part II, c; Part IV, Section and-3b; Part-V,-lin	line 17a or 17b; Part III, line 12; n B, lines 1 and 2; Part IV, Section C, e 1;-Part V,-Section-B,-line-1e;-Part-V, — — ny additional information.
	(See instructions)					
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Department of the Treasury

(Form 990)

Supplemental Financial Statements

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

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

Internal Revenue Service Name of the organization **Employer identification number** HOLLOWAY PARK FOUNDATION, INC. 45-2480599 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of 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? Yes 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" on 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 a 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 a Total number of conservation easements . . . 2a b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d 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? Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under 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 XIII, 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: (i) Revenue included on Form 990, Part VIII, line 1 (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 Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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Par	t III Organizations Maintaining C	ollections of A	rt, Historica	l Treasures,	or Othe	r Similar A	ssets(continu	ed)
_3 _	Using the organization's acquisition, accession	on, and other recor	ds, check any of	the following that	at are a si	gnıficant use d	of its collection i	items
	(check all that apply):							
а	Public exhibition	•	Loan or	exchange progr	ams			
b	Scholarly research		Other_					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and expla	in how they furth	ner the organizati	ion's exe	mpt purpose II	n Part XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, historical	treasures, or oth	er sımılar	assets		
	to be sold to raise funds rather than to be ma	aintained as part of	the organization	's collection?			Yes	□ No
Par	t IV Escrow and Custodial Arrangereported an amount on Form 990, Par		ete if the organi	zation answered	"Yes" on	Form 990, Pa	rt IV, line 9, or	
1a	Is the organization an agent, trustee, custodi		diany for contribi	itions or other as	seets not	ıncluded		
	on Form 990, Part X?		•				Yes	□ No
h	If "Yes," explain the arrangement in Part XIII				• •			
•	in roo, explain the arrangement in rail xiii	and complete the h	onowing table.				Amount	
С	Beginning balance					1c	Amount	
	Additions during the year				• •	1d		
	Date to the second second					1e		
f					••	1f		
-	Ending balance				 ount liabil		Yes	□ No
	If "Yes," explain the arrangement in Part XIII.							
Par							•	<u> </u>
L	- January Complete	(a) Current year					back (e) Four y	ears hack
1a	Beginning of year balance	(a) Odnoni year	(b) i noi yea	i (C) (Wo yea	II S DUON	(d) Thice years	back (e) roar j	cars back
	Contributions							
0	Net investment earnings, gains, and losses							
d	Grants or scholarships		 					
_	Other expenditures for facilities						- 	
e								
	and programs			- - ·				
	Administrative expenses	l <u></u>						
g	End of year balance							
2	Provide the estimated percentage of the curr	•	• •	nn (a)) neid as:				
a	Board designated or quasi-endowment	%	%					
b	Permanent endowment							
С	Temporarily restricted endowment							
•	The percentages on lines 2a, 2b, and 2c sho	•					_	
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that are he	aria aaministe	erea tot th	ne organizatioi		/aa Na
	by:							es No
	(i) unrelated organizations					• • • • •	3a(i)	
•-						• ••	3a(ii)	-
	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?							
Par			owment tunas.					
[F ai	Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.							
							(a) Oast	
	Description of property	(a) Cost or o	, , ,	Cost or other		ccumulated preciation	(d) Book	value
	1	basis (invest	· · · · · · · · · · · · · · · · · · ·	asis (other)	l net	Jeciation	1 055	210
	Land		<u> </u>	955,218.	ļ	15 275	1,955	
	Buildings			29,581.		15,375	14	<u>,206.</u>
	Leasehold improvements			76 100	<u> </u>	25 222	1	061
	Equipment			76,189.	 	35,228	40	,961.
	Other				L		2.010	205
Tatal	- ugg upge 19 through 10 // olumn (d) muet 0	augi Farm UDA Dan	r x column (R) l	ine luci		-		

HOLLOWAY PARK FOUNDATION,

45-2480599 Page 3

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

24

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Schedule D (Form 990) 2016

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

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

Attach to Form 990 or 990-EZ.

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

16

Open to Public Inspection

Name of the organization HOLLOWAY PARK FOUNDATION, INC.	Employer identification number 45-2480599
FORM 990, PART VI, SECTION B, LINE 11B:	
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.	