

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



OMB No 1545-0047 Return of Organization Exempt From Income Tax Form 2014 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Public Do not enter social security numbers on this form as it may be made public. Department of the Treasury ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection , and ending For the 2014 calendar year, or tax year beginning C Name of organization D Employer identification number Holly Frederick Reynolds Support Check if applicable Foundation for Animal Welfare Address change Doing business as 31-1537157 Name change Number and street (or P O box if mail is not delivered to street address) Room/suite Apt.B8 4604 Perkins Rd. Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated 86,000 Baton Rouge 70808 G Gross receipts Amended return Name and address of principal officer Yes X No H(a) Is this a group return for subordinates Application pending Holly Federick Reynolds 4604 Perkins Rd, Apt.B8 H(b) Are all subordinates included? If "No," attach a list (see instructions) Baton Rouge 70808 X 501(c)(3) Tax-exempt status 4947(a)(1) or 527 N/A Website. H(c) Group exemption number X Corporation Form of organization Year of formation M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities HAC GANNACIONES & Governance The Holly Frederick Reynolds Support Fundation for Animal Welfare's mission is to support animal welfare programs in 503(c)(3) organizations. 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 2 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-1, line 34. 0 Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 30 ,004 40 9 Program service revenue (Part VIII, line 2g) O AUG 2 0 2015 10 Investment income (Part VIII, column (A), lines 3, 4, and 70 36,644 646 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .993 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column, A) (line 12) 66,648 13 Grants and similar amounts paid (Part IX, column (A), lines=1-3)€ 9,250 9,01 5 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16aProfessional fundraising fees (Part IX, column (A), line 11e) 0 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 4,964 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,445 14,460 14,214 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 52,434 19 Revenue less expenses Subtract line 18 from line 12 67,533 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 687,910 754 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 687 910 754,767 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge راووا Sign Date Here Type or print name and title Print/Type preparer's name Preparer's signature Date X f Check Paid Timothy Paddock self-employed Timothy Paddock 07/30/15 Preparer

01701-4689

Timothy C. Paddock CPA

971 Concord St Ste 6

Framingham, MA

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Firm's name

Firm's address

Use Only

Form **990** (2014)

508-879-8840

X Yes No

Firm's EIN ▶

Phone no

Form 990 (2014) Holly Freder			·	Page 2
	m Service Accomplishme			
Check if Schedule O o Briefly describe the organization's mi	contains a response or note	to any line in this Part III	· · · · · · · · · · · · · · · · · · ·	
The Holly Frederick		Foundation for	Animal Welfare	e's
mission is to suppos	rt animal welfare	programs in 50	1(c)(3) organiz	ations.
		_		
2 Did the organization undertake any s	Ignificant program convices during	the weer which were not listed a	in the	
prior Form 990 or 990-EZ?	ignificant program services during	the year which were not listed o		es X No
If "Yes," describe these new services	on Schedule O.			
3 Did the organization cease conducting	ig, or make significant changes in t	now it conducts, any program		
services?	Pahadula O			∕es X No
If "Yes," describe these changes on \$ 4 Describe the organization's program		of its three largest program sen	vices as measured hy	
expenses. Section 501(c)(3) and 501				
the total expenses, and revenue, if a			·	
1- (0-1-	0.015	0.015		
4a (Code) (Expenses \$ The Organization su	9,015 including grain) (Revenue \$)
organization by iss	pported a number uing small grants	for programs in	n the following	areas:
Spray/Neuter progra	ms, programs that	care for injure	ed and disabled	animal
and animal adoption	programs.	-		
4b (Code) (Expenses \$	including grai	nte of\$) (Revenue \$	·····
у (Ехропософ	modumy gran	ιι 3) (Itevenue v	,
,				
4c (Code) (Expenses \$	including grai	nts of\$) (Revenue \$)
			•	
				•
			•	
•		••	• •	
	• •		• • • • • • • • • • • • • • • • • • • •	
· · · · · · · · · · · · · · · · · · ·		· · · ·	····	•
4d Other program services (Describe in	-			
(Expenses \$	including grants of\$) (Revenue \$)	
4e Total program service expenses ▶	9,015			

			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 (see instructions)?	2	$\frac{x}{x}$	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	ĺ	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		I	
	Part III	5	l	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		$\neg \neg$,
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		ŀ	
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? 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	1	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		1	
	VII, VIII, IX, or X as applicable		Ì	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		- 1	
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		1	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more		- [
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		ŀ	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		ŀ	
L	Schedule D, Parts XI and XII	12a		<u>X</u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	أعمدا		v
13	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 Did the organization maintain an office, employees, or agents outside of the United States?	13	\dashv	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		<u> </u>
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	,40		41
-	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			- 21
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		T	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	- 1	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	ł	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			990	

Form 990 (2014) Holly Frederick Reynolds Support 31-1537157

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X 21 domestic government on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 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 X through 24d and complete Schedule K If "No," go to line 25a 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 Schedule L. Part I 25b Х 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II X 26 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 X 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28b c 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 Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Х 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 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-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 X 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 X

Da	990 (2014) Holly Frederick Reynolds Support 31-15371	<u> </u>		P	age 5
га	rt V Statements Regarding Other IRS Filings and Tax Compliance	\			Г"
	Check if Schedule O contains a response or note to any line in this Part	<u>V</u>			
	<u></u>	1		Yes	No
	· · · · · · · · · · · · · · · · · · ·	<u>a</u>	-		
		b	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and				۱
	reportable gaming (gambling) winnings to prize winners?		1c		X
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				1
	Statements, filed for the calendar year ending with or within the year covered by this return	a	4		1
	If at least one is reported on line 2a, did the organization file all required federal employment tax reti		2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	is)	1		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fi	nancial			ŀ
	account)?		4a		X
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			1
	(FBAR)				ł
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	iction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	he			
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ons or			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods			
	and services provided to the payor?		7a		
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 w	as .			
	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7	d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e		1
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f		
	If the organization received a contribution of qualified intellectual property, did the organization file F		7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain				
	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		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
	Section 501(c)(7) organizations. Enter.				
)a			
	<u>-</u>)b	1		
	Section 501(c)(12) organizations. Enter		1		1
	Gross income from members or shareholders	la			ĺ
b	Gross income from other sources (Do not net amounts due or paid to other sources		1		i
		ıь			l
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of For		12a		1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
	Section 501(c)(29) qualified nonprofit health insurance issuers.		1		
	Is the organization licensed to issue qualified health plans in more than one state?		13a	├	\vdash
	Note. See the instructions for additional information the organization must report on Schedule O		134	\vdash	\vdash
	Enter the amount of reserves the organization is required to maintain by the states in which				
	· · · · · · · · · · · · · · · · · ·	вь			
	Enter the amount of reserves on hand				l
	erner are universe or reserves on hand	/U	il	\vdash	
C			142		v
с 14а	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu		14a 14b	-	X

Forn	990 (2014) Holly Frederick Reynolds Support 31-1537157		Р	age 6
	irt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and fo	or a "	No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See	instru	uction
	Check if Schedule O contains a response or note to any line in this Part VI			_X_
Sec	tion A. Governing Body and Management			,
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 2			
	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 [1b 2]			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			.
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<u>4</u> 5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint	•		
'a	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	/ a		1
•	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow			
а		8a	х	
b		8b	X	
9	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	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ie Co	ode.)	
			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, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		ı	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
а	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	45-		
	Other officers or key employees of the organization	15a		X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	104	-	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶ LA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	olly Frederick Reynolds 4606 Perkins Rd			
Ba	ton Rouge LA 70808 225	-92	8 - 4	060

LYFREDER										
Form 990 (2014) Holly Fr	odori ak	D.		1	4.	ď		nort 31-153	27157	Page 7
Part VII Compensation	of Officers	. Di	rec	tor	s. T	rus	tee	es. Kev Employees.	Highest Compens	Page 7 ated Employees, and
Independent (, – .			-, .			, , , , o,p.o, ooo,	go. oopoo.	
•		ns a	a re	spo	nse	e or	not	te to any line in this l	Part VII	
Section A. Officers, Director	rs, Trustees, Ke	у Е	mple	oyee	es, a	nd F	ligh	est Compensated Empl	oyees	
1a Complete this table for all pers organization's tax year.	ons required to	be li	sted.	. Re	port	com	pen	sation for the calendar ye	ar ending with or within th	ne
 List all of the organization's compensation. Enter -0- in column 	ns (D), (E), and (F) ıf	no c	comp	pens	ation	ı wa	s paid	•	ount of
List all of the organization's		_			•				• • •	
 List the organization's five or who received reportable compens organization and any related organization. 	ation (Box 5 of F									
 List all of the organization's s \$100,000 of reportable compensation 									ees who received more th	nan
 List all of the organization's organization, more than \$10,000 c List persons in the following order 	of reportable con	nper	ısatı	on fr	om i	the o	rgar	nization and any related o	rganızations	f the
compensated employees, and for			or un	COL	JI 5, I	nsuu	utioi	iai trustees, onicers, key	employees, mgnest	
X Check this box if neither the oi	ganization nor a	iny r	elate	ed o	rgan	ızatı	on c	ompensated any current	officer, director, or trustee).
(A) Name and Title	Name and Title Average hours per week				rson	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below dotted line)	or director		Officer	Key employee	Highest compensated employee	e) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Holly Frederick		ls								
Dun ad damb com-	5.00									
President&Treasurer (2) Robert S Cummin	0.00	X		X	-	\vdash		0	0	0
(2) ROBETT S CUMMIT	1.00									
Vice President	0.00	x		x				0	0	0
(3)										<u> </u>
(4)										
(5)		-								
(6)					_					
(7)										

DAA

(11)

(8)

(9)

(10)

Form 990 (2014)

(12)	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	offi	cer ar	ss pe	ition more	than o	20	(D) Reportable	(E) Reportable		ted	
(13)		related organizations below dotted	Individu or direc	=	10 a u		is both ir/truste	one compensation an from ee) the		Reportable compensation from related organizations	Estimated amount of other compensation		
(13)			Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from organiz and rel organiz:	ation ated	
							À					_	
													
(14)			-										
(15)								•					_
(16)													
(17)											·	•	
(18)													
(19)								<u></u>					
d 2	Sub-total Total from continuation sh Total (add lines 1b and 1c) Total number of individuals (including but no	t lım	ited		ose	listed	▶ ▶ d ab	pove) who received more	than \$100,000 of			
	reportable compensation fro	m the organizat	on 🕨	<u>•0</u>								Yes	No
3	Did the organization list any employee on line 1a? If "Yes	former officer,	direc	tor, d	or tru	uste	e, key	y en	nployee, or highest comp	ensated	3		X
4	For any individual listed on li organization and related org individual	ine 1a, is the su	m of	repo	rtab	le c	ompe	ensa	ation and other compensa		4		х
	Did any person listed on line for services rendered to the									on or individual	5		X
Section	on B. Independent Contrac	tors											
		nization. Report							endar year ending with o	r within the organization's ta			
	(A) Name and business address						Descri	(B) ption of services	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(C) impensa	ition		
													
2	Total number of independen	t contractors (in	clud:	no h	ut s	ot li-	nuted	to *	those listed above) who				

	m 99 art \		lly Frede		Reynold	Support	31-1537157		Page 9
г	11 L Y				ns a respons	e or note to any l	ine in this Part VI	11	
10.10			XII OSIIOGAIO X		io di respond	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue Contributions, Giffs, Grants	1a b d e f		dues events nizations s (contributions) ons, gifts, grants, its not included above	1a	295 40,052 40,052 Busn. Code	40,347			
Program Service Reve	2a b c d e f		gram service reve nes 2a–2f	nue					
	3 4 5	Investment in and other sim	icome (including onliar amounts) investment of tax	-exempt be	•	40,702			40,702
	b d	Gross amount from sales of assets other than inventor Less cost or other basis & sales exps Gain or (loss) Net gain or (loss)	(i) Securities , 4,5 4,0 (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	007	(ii) Other	944	944		
Other Revenue	b c 9a b c 10a	(not including \$ of contributions See Part IV, line Less direct e Net income o Gross income fr See Part IV, line Less direct e Net income o Gross sales of returns and a Less cost of Net income o	reported on line 1c) e 18 expenses r (loss) from fund rom gaming activities e 19 expenses r (loss) from gam of inventory, less llowances	a b raising everage a b ling activities a b	es >				
	11a b c d	All other rever		· .					
	е	Total. Add lin			•				
	12	Total revenu	e. See instruction	s.	•	81,993	944	0	40,702

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b. Management and general expenses Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 9,015 9,015 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. 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 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) Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees) a Management b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 5,794 5,794 Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Administration fees -349 -349 h C d e All other expenses 25 Total functional expenses Add lines 1 through 24e 14,460 9,015 5,445 Joint costs. Complete this line only if the 26 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)

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 5,078 4,561 Cash-non-interest bearing 2 Savings and temporary cash investments 2,046 2 987 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 employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 11 Investments—publicly traded securities 680,786 749,219 11 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 687,910 16 754,767 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 0 0 26 Organizations that follow SFAS 117 (ASC 958), check here ▶X and **Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 687,910 27 754,767 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 687,910 33

> 754,767 Form 990 (2014)

687,910

Total liabilities and net assets/fund balances

orn	n 990 (2014) Holly Frederick Reynolds Support 31-1537157			Pag	<u>je 12</u>	
Pa	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				\Box	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			993	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	4,4	460	
3	Revenue less expenses. Subtract line 2 from line 1	3	6	7,	533	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	68	7,	<u>910</u>	
5	Net unrealized gains (losses) on investments	5		-676		
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	75	4,	767	
Pa	art XII Financial Statements and Reporting	·				
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990 Cash X Accrual 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		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		X	
	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		1 1			
	Separate basis Consolidated basis Both consolidated and separate basis		1 1			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?		3a			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b			
			Form	990	(2014)	

SCHEDULE A (Form 990 or 990-EZ) **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

Holly Frederick Reynolds Support Foundation for Animal Welfare

Employer identification number 31-1537157

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 X 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d | X | Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 24 Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (II) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-9 listed in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes Nο (A) Riverlands SPCA 72-1249242 X 150 0 People for the Ethical Treatment of Animals 52-1218336 7 250 0 the Deaf Dogs for 7 93-0681311 X 100 0 In Defense of Animals 7 68-0008839 X 200 0 St Tammahy Humane Society 72-0543369 X 1,000 0

Total

9,015

Sche	dule A (Form 990 or 990-EZ) 2014 Hol	.lv Frede	rick Rev	nolds Sur	port 31	-1537157	Page
Pa	rt II Support Schedule for C	Organizations	Described in	Sections 17	0(b)(1)(A)(iv)	and 170(b)(1)(
	(Complete only if you ch						
	Part III. If the organization						,
Sect	tion A. Public Support	_					-
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")				_		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	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)						
6	Public support. Subtract line 5 from line 4				- '		
	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Net income from unrelated business activities, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	. (see instruction	s)			12	
13	First five years. If the Form 990 is for th	e organization's f	irst, second, third	, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop he	еге					 ▶∫
Sect	tion C. Computation of Public S	Support Perce	entage				_
14	Public support percentage for 2014 (line	6, column (f) divid	ded by line 11, co	lumn (f))		14	9
15	Public support percentage from 2013 Sc	hedule A, Part II,	line 14			15	9/
16a	33 1/3% support test—2014. If the orga	inization did not c	heck the box on I	ine 13, and line 1	4 is 33 1/3% or m	ore, check this	
	box and stop here. The organization qua	alifies as a publici	y supported orga	nization			▶ [
b	33 1/3% support test—2013. If the orga	nization did not c	heck a box on lin	e 13 or 16a, and	line 15 is 33 1/3%	or more,	·
	check this box and stop here. The organ	nization qualifies a	as a publicly supp	orted organizatio	n		▶ [
	10%-facts-and-circumstances test—20					nd line 14 is	,
	10% or more, and if the organization med						
	Part VI how the organization meets the "						
	organization			•	,	• •	> !
b	10%-facts-and-circumstances test—20	013. If the organiz	ation did not che	ck a box on line 1	13, 16a, 16b, or 17	7a, and line	
	15 is 10% or more, and if the organization						

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

instructions

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

Sec	tion A. Public Support	- quanty and					
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	(2) 20 10	(, 5		(2) 2010	(3),2211	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's fax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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		-				
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					1	
500	line 6.)		l		<u> </u>	<u> </u>	
	ndar year (or fiscal year beginning in)	(=) 2010	(h) 2014	(-) 2042	(4) 0040	(-) 0044	(D. T. t.)
9	Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
10a							
	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						
С	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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)			,			,
14	First five years. If the Form 990 is for the organization, check this box and stop he		first, second, third	, fourth, or fifth tax	x year as a section	n 501(c)(3)	
Sec	tion C. Computation of Public S		entage	<u> </u>	· · · · · · · · · · · · · · · · · · ·	 	<u> </u>
15	Public support percentage for 2014 (line			lumn (f))		15	%
16	Public support percentage from 2013 Sci			1011117 (17)		16	
	tion D. Computation of Investm	ent Income F	Percentage				
17	Investment income percentage for 2014			13, column (f))		17	%
18	Investment income percentage from 201	3 Schedule A, Pa	art III, line 17	,		18	%
19a	33 1/3% support tests—2014. If the org						
	17 is not more than 33 1/3%, check this I						▶ □
b	33 1/3% support tests—2013. If the org						nd
20	line 18 is not more than 33 1/3%, check the private foundation. If the appointment of						. 🏲 📙
<u>20</u>	Private foundation. If the organization of	nu not check a bo	on line 14, 19a,	or 190, check thi	is box and see ins	tructions	🟲 📗

Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and co	mplete Pa	art V.)	
Sect	ion A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	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	1		X
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).	2		X
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		X
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.	3b		
С	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	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		х
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	74		- **
_	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	1-40		
•	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.	40		
5a		4c		
Ja	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	_		77
L	was accomplished (such as by amendment to the organizing document).	5a		X
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
_	Part VI.	6		<u> </u>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
_	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		<u> </u>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990).	8		Х
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.	9a		Х
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9Ь		X
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		<u> </u>
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below.	10a		<u> </u>
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

	dule A (Form 990 or 990-EZ) 2014 Holly Frederick Reynolds Support 31-15371	<u> 57 </u>		Page 5
<u>Par</u>	rt IV Supporting Organizations (continued)			
			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		Х
b	A family member of a person described in (a) above?	11b		Х
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	l .	X
Sect	tion B. Type I Supporting Organizations		,	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	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	1		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	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		
<u>Sect</u>	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			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		X
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).	2		X
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		X
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
а	The organization satisfied the Activities Test. Complete line 2 below.	-		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structio	ons).	
2 /	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2014 Holly Frederick Reynolds Support 31-1537157 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions, All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 7,847 944 Net short-term capital gain 1 0 2 Recoveries of prior-year distributions 28,797 40,702 Other gross income (see instructions) 3 Add lines 1 through 3 41,646 4 36,644 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 9,015 maintenance of property held for production of income (see instructions) 6 <u>9,250</u> 4,964 5,445 Other expenses (see instructions) 7 27,186 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 22,430 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) 715,002 a Average monthly value of securities 625,434 1a b Average monthly cash balances 1b 17,618 6,336 c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 643,052 721,338 1d e Discount claimed for blockage or other 0 factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt-use assets 2 0 Subtract line 2 from line 1d 3 643,052 721,338 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 9,646 10,820 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 633,406 710,518 5 Multiply line 5 by 035 6 22,169 24,868 Recoveries of prior-year distributions 7 0 O Minimum Asset Amount (add line 7 to line 6) 22,169 24,868 8 Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 22,430 1 Enter 85% of line 1 19,066 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 22,169 3 Enter greater of line 2 or line 3 4 22,169 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 22,169

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

Schedule A (Form 990 or 990-EZ) 2014

instructions)

Schedule A (Form 990 or 990-EZ) 2014 Holly Frederick Reynolds Support 31-1537157 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 9,015 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions 14,460 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2014 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions Underdistributions** Distributable Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C. line 6 22,169 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2014 b C d e From 2013 . . f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) 0 j Remainder Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2014 from Section 14,460 D. line 7 a Applied to underdistributions of prior years Ö b Applied to 2014 distributable amount 14,460 c Remainder. Subtract lines 4a and 4b from 4. 0 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount 0 greater than zero, see instructions) Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) 7,709 Excess distributions carryover to 2015. Add lines 3 and 4c Breakdown of line 7 а b 0 d Excess from 2013. e Excess from 2014 0

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 Holly Frederick Reynolds Support 31-1537157 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

Part I, Line 11h - List of Suppor	ted Organ	izations Cont	inued	
Name and EIN Type In Gov Doc	Amount	Other		
Humane Society of Louisana				
58-1795272 7	\$	2,000	\$	0
Primarily Primates				
74-2164756 7	\$	200	\$	0
Save the Chimps				
65-0789748 7	\$	800	\$	0
Humane Society of the United State	es			
53-0225390 7	\$	200	\$	0
American SPCA				
13-1623829 7	\$	100	\$	0
Humane Farming Association				
68-0087989 7	\$	100	\$	0
INternational Fund for Animal Wel	fare			
31-1594197 7	\$	150	\$	0
Last Chance for Animals				
95-4013155 7	\$	150	\$	0
Dian Fossey Gorilla Fund				
52-1118866 7	\$	100	\$	0
Tiger Haven				
62-1536897 7	\$	300	\$	0
Lifesavers, Inc.				
95-4631906 7	\$	100	\$	0
Best Friends Animal Society				
23-7147797 7	\$	150	\$	0
The Fund for Animals			, .	

Schedule A (Form 990 or 990-EZ) 2014 Holly Frederick				
Part VI Supplemental Information. Provide the expla Part III, line 12. Also complete this part for any				
1 art III, line 12. Also complete this part for any	additiona	rimormation. (Occ.)	113(140110113.)	
13-6218740 7	\$	150	. \$	0
East Coast Exotic Animal Rescue				
23-3055373 7	\$	100	\$	0
Animal Welfare Institute				
13-5655952 7	\$	1,000	\$	0
World Aimal Protection				
04-2718182 7	\$	1,500	\$	0
Anial Protection and Welfare Societ	-y			
72-1385410 7	\$	100	. \$	0
Animal Legal Defense Fund				
94-2681680 7	\$	100	\$	0
Capital Area Animal Welfare Society	7			
72-0892509 7	\$	15	\$	0

Part IV, Line 1 - Supported Organizations Not Listed by Name
All supported organization are nonprofit 501(c)(3)animal welfare
organizations.

Part IV, Section D, Line 2 - Explanation of Working Relationship
Supported organizations submit requests for grants to the Holly Frederick
Reynolds Support Foundation for Animal Welfare annually. Grants are
approved by the Board.

œ
ш
0
w
æ
Œ
⋝
_
_
9
I

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part

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

2014

% X Open to Public Inspection. Employer identification number Yes 31-1537157 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. Holly Frederick Reynolds Support Foundation for Animal Welfare General Information on Grants and Assistance the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Domestic Org nat received mo	anization ıre than \$	s and Domestic 5,000. Part II can	Governments. be duplicated if	Complete if the additional spar	organization a	answered "Yes" to Form 990
1 (a) Name and address of organization or government	(p) EIN	(c) IRC secton if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Various			9,015				
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(6)							
2 Enter total number of section 501(c)(3) and government organizations I3 Enter total number of other organizations listed in the line 1 table	tions li	sted in the line 1 table	ne 1 table				A A

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

Schedule I (Form 990) (2014)

Schedule I (Schedule (Form 990) (2014) Holly Frederick Reynolds Support 31-1537157	ick Reynolds	Support 3	1-1537157		Page 2
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	to Domestic Individ	uals. Complete if t	he organization ansv	vered "Yes" to Form 990, Part	
	Part III can be duplicated if additional space is needed.	ional space is neede	.d.	•		
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book, (f) Description of non-cash assistance	escription of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
1						
2						
3						
4						
S						
•						
Q						
7		-				
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	vide the information	required in Part I,	lne 2, Part III, colum	n (b), and any other additional	l information.

HOLLYFREDER

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

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

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization

Holly Frederick Reynolds Support Foundation for Animal Welfare

Employer identification number

31-1537157

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The Organization distributes a copy of the Form 990 to all members of its governing body by mail for review. The Board of Directors then reviews the filing and once the information is agreed by all members, the Form 990 is filed.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation The Organization makes its governing documents and financial statements available to the public upon written or verbal request.

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

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

Types of Property

Part I

Attach to Form 990.

Holly Frederick Reynolds Support Foundation for Animal Welfare

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

Inspection Employer identification number

31-1537157

		(a) Check if	(b) Number of contributions or	(C) Noncash contribution amounts reported on	(d) Method of dete	mining		
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contributi	on amounts		
1	Art — Works of art							
2	Art — Historical treasures				· · · · · · · · · · · · · · · · · · ·			
3	Art — Fractional interests				· · · · · · · · · · · · · · · · · · ·			
4	Books and publications							
5	Clothing and household						_	
	goods				<u>.</u>			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded	X	1	40,052				
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,							
	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation	İ						
	contribution — Historic							
	structures							
14	Qualified conservation							
	contribution — Other							
15	Real estate — Residential							
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(ļ						
26	Other ►(<u> </u>						
27	Other ►(,					
28	Other ►(<u> </u>						
29	Number of Forms 8283 received b	-	= :					
	which the organization completed	Form 8283	3, Part IV, Donee Ackno	owledgement	29		1	
							Yes	No
30a	During the year, did the organizati				_			
	28, that it must hold for at least thr	•		al contribution, and which	is not required			
	to be used for exempt purposes for					30a		<u> </u>
b	If "Yes," describe the arrangement							
31	Does the organization have a gift	acceptance	e policy that requires th	e review of any non-stand	ard			
	contributions?					31		<u> </u>
32a	Does the organization hire or use	third partie	es or related organization	ns to solicit, process, or s	ell noncash	•		
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization did not report a	n amount i	in column (c) for a type	of property for which colu	mn (a) is checked,			
_	describe in Part II.							