

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



E	990	
Form		

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

	artment of i	the Treasury ue Service		security numbers on this form as it m form 990 and its instructions is at ww		•	Open to Public Inspection
\overline{A}	For the	2016 cale	endar year, or tax year beginning	, and ending			<u>,p</u>
В	Check if ap			rick Reynolds Support		D Employer id	entification number
	Address ch	nange	Foundation	for Animal Welfare			
\exists	Name chan	nge L	Doing business as			31-153	37157
=			Number and street (or P O box if mail is not delivered in		Room/suite	E Telephone nu	mber
-	Initial return		4604 Perkins Road Apt. B City or town, state or province, country, and ZIP or fore				
Ш	terminated						. 205 772
	Amended r		Baton Rouge LA Name and address of principal officer	70808		G Gross receipt:	\$ 305,773
\Box	Application		Cathy Liss		H(a) Is this a gr	oup return for subc	ordinates Yes X No
ш		' "	cathy hiss		H(h) Are all suit	ordinates include	d2 Yes No
		1			1	attach a list (se	
$\overline{}$	Tax-exem	nt status	X 501(c)(3) 501(c) () ◀ (inse	rt no) 4947(a)(1) or 527	 `	•	•
÷	Website:	= 7		(110) (4947(4)(1) 07	H(c) Group eve	emption number	•
ĸ	Form of or			Other >	L Year of formation		State of legal domicile
	Part I		mary	34131	L TOUR OF TOTAL COLO		Oute or logal derivative
			ibe the organization's mission or most significant	onificant activities			
9			lly Frederick Reynolds		r Animal We	lfare's	
ğ			on is to support animal w				ions.
ern							
õ	2 C	heck this b	oox if the organization discontinued	its operations or disposed of more	han 25% of its net	assets.	
ಹ	1		oting members of the governing body (Pa			3 3	3
ΘS			ndependent voting members of the gover	-		4	3
Activities & Governance	5 To	otal numbe	er of individuals employed in calendar yea	ar 2016 (Part V, line 2a)		5 ()
Act	6 To	otal numbe	er of volunteers (estimate if necessary)			6 ()
	7a To	otal unrela	ted business revenue from Part VIII, colu		7a	0	
_	_ b N	et unrelate	d business taxable income from Form 99	00-T, line 34		7b	0
				RECEIVED	Prior Yes		Current Year
Revenue	8 C		s and grants (Part VIII, line 1h)			0,050	15,000
Ven	9 Pi		vice revenue (Part VIII, line 2g)	MAY TO COLT	35	5,501	48,000
æ	10 10		ncome (Part VIII, column (A), lines 3, 4, a ue (Part VIII, column (A), lines 5, 6d, 8c, 9	and (MAY 1 0 2017	<u> </u>	3,301	40,000
			ue (Part VIII, Column (A), lines 5, 6d, 6c, s le – add lines 8 through 11 (must equal P	ec, loc, and Te)	<u> </u>	5,551	63,000
_			similar amounts paid (Part IX, column (A)			1,050	6,000
			d to or for members (Part IX, column (A),		~} ~~~~~	1/030	0,000
ø	1	-	er compensation, employee benefits (Pa				0
Expenses	16aPr		fundraising fees (Part IX, column (A), lin				0
ē	b To		ising expenses (Part IX, column (D), line				
ũ	17 0		ses (Part IX, column (A), lines 11a-11d,	•	(5,763	14,811
	18 To	otal expen	ses Add lines 13-17 (must equal Part IX	, column (A), line 25)	3(813	20,811
	19 R	evenue les	s expenses. Subtract line 18 from line 12)		1,738	42,189
Net Assets on				· 	Beginning of Cu		End of Year
SSE	g 20 To		(Part X, line 16)		720	0,091	781,815
et	21 10		es (Part X, line 26)	- 00	720	0	701 015
			or fund balances. Subtract line 21 from lin	<u>e 20</u>	120	0,091	781,815
_	Part II				d at-t	45 - 5 - o4 of	the surface and ball of the
tr	ue, correc	ct, and com	pury, I diclare that I have examined his return plete Declaration of preparer (other than office	er) is based on all information of which i	o statements, and to preparer has any kno	the best of my wiedge	knowledge and belief, it
_	-		talle USI			~~5	/~//~
Sig	an	Signa	ture of officer			Date	
He		. C	athy Ligs	Pre	sident/Se	cretar	7
			or print name and title		<u> </u>	<u> </u>	
		Print/Type pre	eparer's name Pre	parer's signature	Date	Check	if PTIN
Pai	id	Matthew	J. Bernier		05/02	/17 self-employ	J
Pre		Firm's name	Matthew J. Bern	ier CPA		irm's EIN	81-4767679
Us	e Only		971 Concord St		<u>_</u>		
		Firm's addres		01701-4689	l F	hone no 5	08-879-8840
Ma			his return with the preparer shown above				X Yes No
For	Paperwo		on Act Notice, see the separate instruction				Form 990 (2016)
DAA	4						

DAA

			537157	Page 2
	tatement of Program Ser	vice Accomplishments is a response or note to any li <u>ne in th</u> i	s Dart III	
	ribe the organization's mission.	is a response of flote to any line in the	<u> </u>	
The Hol	ly Frederick Rey	nolds Support Foundatio		
mission	is to support a	nimal welfare programs	in 501(c)(3) org	anizations
2 Did the orga	anization undertake any significan	t program services during the year which were	not listed on the	
•	990 or 990-EZ?			Yes X No
	scribe these new services on Sch	edule O. Ike significant changes in how it conducts, any	program	
services?		0.3	p g	Yes X No
	scribe these changes on Schedule			
		accomplishments for each of its three largest p		
•	bection 501(c)(3) and 501(c)(4) of benses, and revenue, if any, for e	ganizations are required to report the amount of each program service reported.	or grants and allocations to others	••
4a (Code:) (Expenses \$	6,000 including grants of\$	6,000) (Revenue \$	
		d a number of 501(c)(3)		
organiz	ations by issuin	g small grants for prog rograms that care for i	rams in the foll	owing area
program	s to prevent ani	mal suffering, and anim	al adoption prog	rams.
P 9	<u> </u>			
41- (O-d	\ /F	and advance arounts of the) (Payanya \$	
4b (Code:) (Expenses \$	including grants of\$) (Revenue \$	
4c (Code:) (Expenses \$	including grants of\$) (Revenue \$	
	ram services (Describe in Schedu		evenue \$	1
(Expenses	am service expenses ▶	uding grants of\$) (F	CVEHUE Ø	
A				Form 990 (2016

Form 990 (2016) Holly Frederick Reynolds Support 31-1537157 Part IV Checklist of Required Schedules

			L Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	1		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>_x</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	1	1	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
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.	1		
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		<u>X</u>
þ	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		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			7.7
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	, , , , , , , , , , , , , , , , , , , ,	المما	i	v
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
6		11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		v
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
120	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1		
_	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			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to 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			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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	لـــا	X
		For	_n 990	(2016

			Yes	No
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	ł l		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		i	
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1 1		
	employees? If "Yes," complete Schedule J	_23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1 1		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		ļ	_
	through 24d and complete Schedule K If "No," go to line 25a	24a		_ <u>X</u>
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	l l		
	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	1 1	1	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior))	ì	
	year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ?	[[
	If "Yes," complete Schedule L, Part I	25b		<u>X</u>
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	l l		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1 1	1	37
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	1 1		
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	205		X
_	Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		<u>,,,</u>
-	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1 30 1		
•	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	[X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		$\neg \neg$	
	or IV, and Part V, line 1	34	j	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ь	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	}	1	
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		1	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
		Form	990	(2016

	990 (2016) HOLLY Frederick Reynolds Support 31-153/15/		Pa	age 5
Pa	ort 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		–	
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the area in the set of th			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			-
0-	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, filed for the calendar year ending with or within the year covered by this return [2a]	2b		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		
За	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		-22
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	F 55		
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
ь	If "Yes," enter the name of the foreign country	<u> </u>		
-	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		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a_		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	,	_		ļ
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	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		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	╎。		1
•	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	-8-		
9 a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	<u> </u>		l
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b]		
11	Section 501(c)(12) organizations. Enter:	1	l	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	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?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	Į		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	L
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 _	
	Note. See the instructions for additional information the organization must report on Schedule O.		1	
ь	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	-		
C	Enter the amount of reserves on hand	 	<u> </u>	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	<u> </u>

	1990 (2016) HOLLY Frederick Reynolds Support 31-153/15/			age o
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See	ınstru	
_	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 3			
	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			ĺ
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3	. '		
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 customanly performed by or under the direct			l
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4_		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		X_
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	One or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	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	ing:		
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	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		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	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	
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		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			1
	describe in Schedule O how this was done	12c		<u> </u>
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1	l	i
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement]	l	l
	with a taxable entity during the year?	16a		X_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	l	l	
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
Sec	ction C. Disclosure			
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:			
H	olly Frederick Reynolds 4606 Perkins Rd			
_B	aton Rouge LA 70808 225	-92	8-4	1060

•		
YFREDER 05/02/	2017 12 02 PM	
,		
Form 990 (20	16) Holly Frederick Reynolds Support 31-1537157	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Emp	loyees, and
	Independent Contractors	_
	Check if Schedule O contains a response or note to any line in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1a Complete organization's	this table for all persons required to be listed. Report compensation for the calendar year ending with or within the stax year.	
	of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of in. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	
 List all o 	of the organization's current key employees, if any. See instructions for definition of "key employee."	
who received	organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the and any related organizations.	
	of the organization's former officers, key employees, and highest compensated employees who received more than reportable compensation from the organization and any related organizations	
 List all organization, 	of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the more than \$10,000 of reportable compensation from the organization and any related organizations.	
	n the following order: individual trustees or directors; institutional trustees; officers; key employees; highest	

compensated employees; and former such persons.

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

(A) Name and Title	(B) (C) (D) Average Position Reportable compensation week box, unless person is both an (list any officer and a director/trustee) the		e Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Holly Frederick	Reynol	ls							
Treasurer	2.00 0.00	x		x		1 1	0	o	0
(2) Cathy Liss	0.00	1	\vdash			\vdash		ļ — — — — — — — — — — — — — — — — — — —	<u> </u>
_	0.20				ŀ				
President/Secretary	0.00	X	L.	X		<u> </u>	0	0	0
(3) Cynthia Wilson	0 10	1							
Vice President	0.10 0.00	x		x			0	o	o
(4)	0.00	^	┢╌	^	-		·		<u>_</u>
(5)									
(6)				i					
(7)									
(8)									
(9)									
(10)			_						
(11)									
DAA	<u></u>							<u></u>	Form 990 (2016)

DAA

▶

63,000

20,246

All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions

3601	ion 501(c)(3) and 501(c)(4) organizations mus Check if Schedule O contains a res			Complete Column (A).	
	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	6,000	6,000		
2	Grants and other assistance to domestic				
	ındividuals. 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				<u>.</u>
6	Compensation not included above, to disqualified			ì	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management				
b	Legal	7,960		7,960	
C	Accounting				
d	Lobbying	_	<u> </u>		
e	Professional fundraising services. See Part IV, line 1				
Ť	Investment management fees	5,851		5,851	
g	Other (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	· · · · · · · · · · · · · · · · · · ·			
13	Office expenses			·	
14	Information technology				
15 16	Royalties				
17	Occupancy Travel		 -		 -
18	Payments of travel or entertainment expense				
10	for any federal, state, or local public officials	P			
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance			·	
24					·
	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)				
а	Accounting fees	1,000		1,000	
b	-				
C					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	20,811	6,000	14,811	0
26				•	

P	art 2	X Balance Sheet				
_		Check if Schedule O contains a response or no	te to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		814	1	3,144
	2	Savings and temporary cash investments	•	10,061	2	5,126
	3	Pledges and grants receivable, net	•		3	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and former				
	l	trustees, key employees, and highest compensated e				
	ĺ	Complete Part II of Schedule L	•		5	-
	6	Loans and other receivables from other disqualified p	ersons (as defined under section)		
	ļ	4958(f)(1)), persons described in section 4958(c)(3)(E	·			
	1	sponsoring organizations of section 501(c)(9) voluntar			1	
8	l	organizations (see instructions) Complete Part II of S			6	
Assets	7	Notes and loans receivable, net			7	
Ä	8	Inventones for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or	1 1			
	l	other basis. Complete Part VI of Schedule D	10a			
	ь	Less: accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities		709,216	11	773,545
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line	: 34)	720,091	16	781,815
	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	
8	22	Loans and other payables to current and former office	ers, directors,			
Liabilities	1	trustees, key employees, highest compensated emplo	yees, and		1	
abi		disqualified persons. Complete Part II of Schedule L			22	
=	23	Secured mortgages and notes payable to unrelated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities (including federal income tax, payable	s to related third			
	}	parties, and other liabilities not included on lines 17-24	4). Complete Part X			
	ŀ	of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0	26	0
9		Organizations that follow SFAS 117 (ASC 958), che	eck here ▶X and			-
5		complete lines 27 through 29, and lines 33 and 34.				
<u>a</u>	27	Unrestricted net assets		720,091	27	<u>781,815</u>
ã	28	Temporanly restricted net assets			28	
Ĕ	29	Permanently restricted net assets			29	
Ē	<u> </u>	Organizations that do not follow SFAS 117 (ASC 9	58), check here ▶ and		- 1	
Š		complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or equipme	ent fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income,	or other funds		32	
_	33	Total net assets or fund balances		720,091	33	781,815
	34_	Total liabilities and net assets/fund balances		720,091	34	781,815

Forn	n 990 (2016) HOLLY Frederick Reynolds Support 31-1537157			Pa	<u>ge 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				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			000
2	Total expenses (must equal Part IX, column (A), line 25)	2			811
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> 189</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			<u>091</u>
5	Net unrealized gains (losses) on investments	5		<u>19,</u>	<u>535</u>
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	7	81,	<u>815</u>
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\perp \! \! \perp$
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		}	1	ł
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O		ŀ		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2a	<u> </u>	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.			l	Į
	Separate basis Consolidated basis Both consolidated and separate basis				ŀ
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			Ţ	
	separate basis, consolidated basis, or both.		ŀ	1	
	Separate basis Consolidated basis Both consolidated and separate basis		ĺ	_	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			1	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	<u></u>	<u></u>
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O]	1]
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	<u> </u>	<u>L</u>
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		<u> </u>
			Fo	m 99 (0 (2016)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Holly Frederick Reynolds Support Foundation for Animal Welfare

Employer identification number 31-1537157

Schedule A (Form 990 or 990-EZ) 2016

									_
Par	_			y Status (All organization				ctions.	_
The or	ga			use it is: (For lines 1 through					
1	╛	A church, co	onvention of churches, or a	ssociation of churches descri	bed in sec	tion 170(b)(1)(A)(i).		
2	╛	A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990	or 990-EZ	<u>(</u>).)		
3 [╛	A hospital or	r a cooperative hospital ser	vice organization described ii	n section	170(b)(1)	(A)(iii).		
4 [A medical re	esearch organization operat	ted in conjunction with a hosp	otal descri	bed in sec	ction 170(b)(1)(A)(iii). Enter	the hospital's name,	
_	_	city, and sta	te:						
5	╛	An organiza	tion operated for the benefi	t of a college or university ow	ned or ope	erated by	a governmental unit describe	d ın	
_	_	section 170	(b)(1)(A)(iv). (Complete Pa	art II.)					
6		A federal, st	ate, or local government or	governmental unit described	ın sectioi	n <mark>170(b)(</mark> 1	I)(A)(v).		
7			tion that normally receives section 170(b)(1)(A)(vi).	a substantial part of its suppo Complete Part II.)	ort from a g	governmei	ntal unit or from the general p	ublic	
8		A community	y trust described in sectio r	170(b)(1)(A)(vi). (Complete	Part II)				
9 [] _			escribed in section 170(b)(1) e of agriculture (see instruction					
10		receipts from	n activities related to its exe in gross investment income	(1) more than 33 1/3% of its empt functions—subject to ce and unrelated business taxab 30, 1975. See section 509(a	rtain excep ble income	ptions, and (less sec	d (2) no more than 33 1/3% o tion 511 tax) from businesses	fits	
11]	An organiza	tion organized and operate	d exclusively to test for public	safety. Se	ee sectio	n 509(a)(4).		
12	X	of one or mo	ore publicly supported organ	d exclusively for the benefit on izations described in section that describes the type of su	n 509(a)(1) or section	on 509(a)(2). See section 50	9(a)(3).	
a	1	X Type i. / the supp	A supporting organization of sorted organization(s) the posterior of the p	perated, supervised, or contrower to regularly appoint or e complete Part IV, Sections	olled by its	s supporte	d organization(s), typically by	•	
t	,	control o	or management of the supp	supervised or controlled in co orting organization vested in te Part IV, Sections A and C	the same p				
c	;	Type III	functionally integrated. A	supporting organization openstructions). You must comp	rated in co			ed with,	
c	j	Type III that is no	non-functionally integrate of functionally integrated. T	ed. A supporting organization he organization generally mu- must complete Part IV, Sec	operated st satisfy a	ın connec distribution	ction with its supported organion requirement and an attenti		
•	€			eceived a wntten determination					
f	•		mber of supported organiza						1
	<u>, </u>	Provide the	following information about	the supported organization(s	s)				
		e of supported anization	(iı) EIN	(III) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
	_				Yes	No			
(A) \(\frac{7}{2}\)	7a	rious							
	_					X	6,000		0
(B)					;				
(C)									
(D)									_
(E)	_	<u> </u>							_
Total							6 000		

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

	dule A (Form 990 or 990-EZ) 2016 HO art II Support Schedule for C (Complete only if you ch Part III. If the organization	Organizations ecked the box	on line 5, 7, o	n Sections 17 or 8 of Part I or	0(b)(1)(A)(iv) or if the organiz	and 170(b)(1)(/ ation failed to q	
Sec	tion A. Public Support	in raijs to quai	iny under the t	ests listed beit	ow, piease coi	ilpiele Fait III.)	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		L	<u> </u>	<u> </u>		
	tion B. Total Support		T	T	·		
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	c. (see instruction	ns)			12	
13	First five years. If the Form 990 is for the	•	first, second, third	l, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop he						<u> </u>
	tion C. Computation of Public S			<u> </u>			
14	Public support percentage for 2016 (line	• •	-	olumn (f))		14	<u> %</u>
15 16a	Public support percentage from 2015 Sc			line 12 and line 4	A ic 22 1/20/	ore check this	%_
IOA	33 1/3% support test—2016. If the organization qu				4 15 33 1/3 /6 01 111	ore, creck this	▶ □
h	33 1/3% support test—2015. If the organization qu				line 15 is 33 1/3%	or more check	
-	this box and stop here . The organization					J	▶ □
17a				-	3, 16a, or 16b, ar	nd line 14 ıs	
	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
	organization				10.40- 401	•	
b	10%-facts-and-circumstances test—2	•					
	15 is 10% or more, and if the organization resplain in Part VI how the organization r				•		
	supported organization	neets une lacts-a	and-distance:	s lest. The organ	ization qualifies a	s a publicy	▶ □
18	Private foundation. If the organization of	did not check a b	ox on line 13. 16a	, 16b, 17a, or 17b	o, check this box a	ind see	- [_]
	instructions						>

D	
Pane	

Schedule A (Form 990 or 990-EZ) 2016 Holly Frederick Reynolds Support 31-1537157 Page 3

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.)

~	ti the organization rails to	quality under	THE LESIS JISLE	u below, plea	se willpiete r	ait II.)		
	tion A. Public Support	/=\ 2012	(b) 2012	(=) 2014	(4) 2015	(a) 201	<u> </u>	(f) Total
	, (,	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2010	' - 	(I) I Otal
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the 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							<i>,,</i>
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b						-	
8	Public support. (Subtract line 7c from						ł	
	line 6.)	<u> </u>	<u> </u>	_	ļ	<u>. </u>		
	tion B. Total Support ndar year (or fiscal year beginning in)	(=) 2012	(h) 2012	(a) 2014	(d) 2015	(e) 201	e T	(f) Total
	• • • • • •	(a) 2012	(b) 2013	(c) 2014	(u) 2015	(8) 201	- 	(i) Total
9	Amounts from line 6		 		-			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			7-7				
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)			L				
13	Total support. (Add lines 9, 10c, 11,	<u> </u>						
	and 12.)	L						
14	First five years. If the Form 990 is for the		first, second, third	, fourth, or fifth ta	x year as a section	n 501(c)(3)		, 🗀
	organization, check this box and stop h							<u> </u>
Sec	tion C. Computation of Public							
15	Public support percentage for 2016 (line			olumn (f))			15	<u>%</u>
16	Public support percentage from 2015 Sc				· · · · · · · · · · · · · · · · · · ·		16	%_
	ction D. Computation of Investn			- 401 (0)			4-1	
17	Investment income percentage for 2016			e 13, column (t))			17	<u>%</u> _
18	Investment income percentage from 201			ال 44 مصا	15 10 mars than 1	2 1/20/	18	<u></u>
19a								▶ □
4.	17 is not more than 33 1/3%, check this 33 1/3% support tests—2015. If the organization							
b	line 18 is not more than 33 1/3%, check							▶ □
20	Private foundation. If the organization							<u> </u>

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.)

Section A. All	Suppo	orting (Organizations
----------------	-------	----------	---------------

- 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.
- 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
- 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?
- 6 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.
- 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.**
- 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)

piete Part V.)				
	Yes	No		
1		X		
2		X		
3a		X		
3b		-		
35				
3c				
4a		x		
40				
4b				
4c		,		
		+		
_	 v	_		
5a	Х			
5b	х			
5c		X		
6		X		
7		x		
8		X		
9a	<u> </u>	X		
9b		х		
an				
9c		X		
10a		х		
		_ <u></u> _		
10b	or 990-	E7\ 2014		
ושפ ווווט	, OI 220-	-2, 2010		

	tle A (Form 990 or 990-EZ) 2016 Holly Frederick Reynolds Support 31-153715	<u>.7</u>		Page 5
Par	t 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)	ا ء ۽ ا		v
L	below, the governing body of a supported organization?	11a		X
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Ves" to a bore provide detail in Part VI	11b 11c		$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
	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. on B. Type I Supporting Organizations	1101		
		$\neg \neg$	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities If the organization had more than one supported organization,	1 1		
	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	X	
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	i 1		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		-	
	supervised, or controlled the supporting organization.	2		X
Sect	on 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	i		
	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			
Sooti	the supported organization(s).	_1_		
Sect	on 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	-	162	140
•	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	. 1		
	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)	2		
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_		
Sect	on 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 instruction)	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instance)	structi	ons).	
		1		
	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	1 1		
	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	'	l .
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	L	L

Schedule A (Form 990 or 990-EZ) 2016 HOLLY Frederick Reynolds			157 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust of			
instructions. All other Type III non-functionally integrated supporting organization	is must c	omplete Sections A throu	igh E
Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current 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):			<u></u>
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)	[
2 Acquisition indebtedness applicable to non-exempt-use assets	2		· · · · · · · · · · · · · · · · · · ·
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	_	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section 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)	6		
7 Check here if the current year is the organization's first as a non-functionally integri	rated Typ	oe III supporting organiza	tion (see

	ule A (Form 990 or 990-EZ) 2016 HOLLY Frederick I						
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
	ion D - Distributions	Current Year					
	Amounts paid to supported organizations to accomplish exempt pur						
2	Amounts paid to perform activity that directly furthers exempt purpo	ses of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations					
	Amounts paid to acquire exempt-use assets			 			
5	Qualified set-aside amounts (pnor IRS approval required)						
	Other distributions (describe in Part VI). See instructions.						
	Total annual distributions. Add lines 1 through 6.	 					
8	Distributions to attentive supported organizations to which the organ	nization is responsive					
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2016 from Section C, line 6		<u> </u>				
10	Line 8 amount divided by Line 9 amount						
	Section 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						
	Underdistributions, if any, for years prior to 2016						
2	(reasonable cause required-explain in Part VI). See						
	instructions	<u> </u>	<u></u>	<u> </u>			
3	Excess distributions carryover, if any, to 2016						
a							
b	<u> </u>						
	From 2013						
	From 2014						
	From 2015						
	Total of lines 3a through e						
	Applied to underdistributions of prior years						
	Applied to 2016 distributable amount						
	Carryover from 2011 not applied (see instructions)			ļ			
	Remainder. Subtract lines 3g, 3h, and 3ı from 3f.						
4	Distributions for 2016 from						
	Section D, line 7:			<u> </u>			
	Applied to underdistributions of prior years						
	Applied to 2016 distributable amount	i					
_	Remainder. Subtract lines 4a and 4b from 4			<u> </u>			
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						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2017. Add lines 3j]					
	and 4c.						
	Breakdown of line 7:						
_ <u>a</u>	Evenes from 2012			 			
	Excess from 2013						
	Excess from 2014 Excess from 2015						
	Excess from 2016	 		 			
-	EAGGG ITOILLEVIO						

Part VI
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

Part IV, Section A, Line 5a - Changes to Supported Organizations
(i)

Charities REMOVED during tax year 2016:

- Riverlands SPCA
- Friends of Animals
- Stop Animal Exploitation
- PCRM
- Freedom Services Dogs of America
- Castleton Ranch Horse Rescue
- Defenders of Wildlife
- World Animal Protection
- PETA
- ASPCA
- Farm Sanctuary
- In Defense of Animals
- Primarily Primates
- Dogs for the Deaf
- IFAW
- Last Chance for Animals
- CASWS
- Animal Legal Defense Fund
- Pen Pals

Part VI
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Charities ADDED during tax year 2016:

- Equine Voices Rescue (74-3127794)
- Precious Souls Canine Rescue (47-2776531)

(ii)

All changes were made to ensure support of those organizations with the most urgent need during the current year.

(iii)

The Foundation is authorized to support any such 501(c)(3) working to prevent the cruelty to animals.

(iv)

The Foundation's board authorized such changes by a majority vote.

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.

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.

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

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

Open to Public

OMB No 1545-0047

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.