SCANNED AUG 0 2 2018

(CFolm	990
O Departm	ent of the Treasury Revenue Service

2949316011903 8
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2017 Open to Public Inspection

<u>A</u>	For the	e'2017	calendar year, or tax year beginning	, and ending							
B Check if applicable C Name of organization Holly Frederick Reynolds Support D Employer identification number											
П	Address c										
$\equiv$		_	Doing business as		l 31-1	.537157					
닏	Name cha	nye	Number and street (or P.O box if mail is not delivered to street address)  Room/suite  E Telephone number								
$\overline{}$	Initial retur		4604 Perkins Road Apt			l					
	Final return terminated		City or town, state or province, country, and ZIP	or foreign postal code							
$\overline{}$			Baton Rouge	LA 70808			G Gross re	ceipts\$ 201,163			
닏	Amended	retum	F Name and address of principal officer				- <b>.</b>	subordinates Yes X No			
Ш	Application	n pending	Cathy Liss			H(a) Is this a g	roup return tor	subordinates Yes No			
						H(b) Are all su	bordinates in	cluded? Yes No			
			•		A -	g If "No	," attach a list	t (see instructions)			
$\overline{}$	Tax-exen	npt status	X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1) or	527()	71					
<u> </u>	Website:	<b>▶</b> N	I/A	· · · · · · · · · · · · · · · · · · ·	D	H(c) Group ex	emption numi	ber <b>&gt;</b>			
ĸ		rganization		Other ▶	l L	Year of formation		M State of legal domicile			
_	art I		ımmary		)			<u> </u>			
	<del></del>		escribe the organization's mission or m	ost significant activities							
æ	ļ		Holly Frederick Reynold		ion for	Animal We	elfare	's			
ä	1		sion is to support anima								
e.				······································							
Governance	2 0	heck th	nis box if the organization disconti	nued its operations or dispose	d of more tha	ın 25% of its ne	 t assets				
٥	1		of voting members of the governing bo	· · · · · · · · · · · · · · · · · · ·	2 0	2070 07 100 110	3	3			
SS			of independent voting members of the	- · · · · · · · · · · · · · · · · · · ·	 h)		4	3			
Ę			mber of individuals employed in calendary		<i>.</i> ,		5	0			
Activities &	1		• •	•			. 6	0			
ĕ			mber of volunteers (estimate if necessa related business revenue from Part VIII					0			
							7a	0			
	D N	let unre	lated business taxable income from Fo	rm 990-1, line 34		Prior Ye	. 7b	Current Year			
4.	8 (	Contribu	tions and grants (Part VIII, line 1h)				5,000	64,342			
Revenue			service revenue (Part VIII, line 2g)	T DEOLIVED			<u> </u>	01/012			
Æ		_	ent income (Part VIII, column (A), lines	RECEIVED	<u></u>	4	8,000	42,861			
æ	1		venue (Part VIII, column (A), lines 5, 60		<u>ାଧା</u>		0,000	12,001			
	12 T	otal rev	venue – add lines 8 through 11 (must ed	113 21 VIMAY 135 2018	댔었		3,000	107,203			
			and similar amounts paid (Part IX, colum		12/1001		6,000				
			paid to or for members (Part IX, colum				0,000	4,376			
	1		, other compensation, employee benefit			-		0			
Expenses	15 5			, , ,	-10)			0			
ĕ	loar b T		onal fundraising fees (Part IX, column (A					<del></del>			
X	47.6		idraising expenses (Part IX, column (D)		•	-	A 011	8,188			
	1 11 6		penses (Part IX, column (A), lines 11a-				$\frac{4,811}{0.011}$				
			penses. Add lines 13–17 (must equal P	-			0,811 2,189				
58	19 F	kevenue	e less expenses. Subtract line 18 from l	ine 12		Beginning of Cu		94,637 End of Year			
Net Assets or	20 T	otal ass	sets (Part X, line 16)				1,815				
ASS	21 7		pilities (Part X, line 26)				0	0.207,550			
Set Set	22 1		ets or fund balances. Subtract line 21 fro	om line 20		78	1,815	940,993			
	art II		gnature Block	on me 20			<u> </u>	340,333			
			perfuly, I declare that I have examined this	return including accompanying of	hedules and a	statements and to	the heet o	f my knowledge and holief it is			
tr	ue, corre	ect, and	complete. Declaration of preparer (other than	n officer) is based on all informatio	n of which pre	parer has any kn	owledge	in in Knowledge and belief, it is			
			Tille 7. M	·		•	<u> </u>	10. 7 7018			
Sig	nn l	<b>7</b> 5	Signature grofficer				Date	1 2-010			
He			Cathy Liss		Drog	ident/Se	crets				
116	16	7	ype or print name and title	<del></del>	rres.	rdeirc/ se	CLEC	шу			
			pe preparer's name	Preparer's signature		Date	Check	t T pTIN			
Pai	id		ew J. Bernier			į.		mployed P01985049			
	parer		· · · · · · · · · · · · · · · · · · ·	ernier CPA, LLC				82-4748087			
	e Only	Firm's na	971 Concord S				Firm's EIN ▶	04-4/4000/			
	- ~,	F						508-879-8840			
Mar	v the IP	Firm's ac		<del> </del>			Phone no.				
			ss this return with the preparer shown a fuction Act Notice, see the separate instr			<del></del>		Yes No Form <b>990</b> (2017)			
DAA		IJIK KEC	nuction Act notice, see the separate instr	ucuOIIS.				Form 33U (2017)			
								401 4			

orm 990 (2017) Holly Frederick		ort 31-1537157	Page 2
Part III Statement of Program Service	vice Accomplishmen	ts	
Check if Schedule O contain	ns a response or note t	o any line in this Part III	<u></u>
1 Briefly describe the organization's mission:			
The Holly Frederick Rey			
mission is to support a	nimal welfare	programs in 501(c)(3)	organizations
			······································
2 Did the organization undertake any significan	nt program services during th	ne year which were not listed on the	
prior Form 990 or 990-EZ?			Yes 🗶 No
If "Yes," describe these new services on Sch	edule O		
B Did the organization cease conducting, or ma	ake significant changes in ho	ow it conducts, any program	
services?			Yes 🕱 No
If "Yes," describe these changes on Schedule			
Describe the organization's program service	accomplishments for each of	f its three largest program services, as meas	ured by
expenses. Section 501(c)(3) and 501(c)(4) or	rganizations are required to	report the amount of grants and allocations to	o others,
the total expenses, and revenue, if any, for ea	ach program service reporte	ed.	
la (Code: ) (Expenses \$	4,378 including grant	ts of \$ 4,378 ) (Revenue	
The foundation supporte	d a number of	501(c)(3) animal welfa	are
organizations by issuin	g small grants	for programs in the	following area
Spay/Neuter programs, p	rograms that o	care for injured and d	isabled animal
programs to prevent ani	mal suffering,	and animal adoption	programs.
<b>₽</b> ₹ ₽ <b>₽</b> ₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽			
• • • • • • • • • • • • • • • • • • • •			
b (Code. ) (Expenses \$	including grant	s of\$ ) (Revenue	\$
(O.d. \(\sigma\)	:	) (D	<u> </u>
C (Code. ) (Expenses \$	including gran	ts of\$ ) (Revenue	<b>a</b>
d Other program services (Describe in Schedu	ile O.)		
(Expenses \$ inclu	uding grants of\$	) (Revenue \$	)
le Total program service expenses ▶	4,378		

Form 990 (2017) Holly Frederick Reynolds Support 31-1537157

Checklist of Required Schedules

Page 3

## Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." X complete Schedule A X is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues. 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, X 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 X "Yes," complete Schedule D, Part I 6 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 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." X complete Schedule D. Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 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 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 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 169 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 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 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 ....... X 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II X 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,

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

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

	n 990 (2017) Holly Frederick Reynolds Support 31-1537157 art V Statements Regarding Other IRS Filings and Tax Compliance	<del></del>	P	age <u>5</u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 1		1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	-		ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	40		ĺ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		<u> </u>
	Statements, filed for the calendar year ending with or within the year covered by this return  2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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 O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		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 the	1 1		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1 . 1	l	
7	gifts were not tax deductible?	6b		
' a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		- 1	
a	and services provided to the payor?	7a		l
ь	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	<u>                                   </u>		
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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		ļ	
9	sponsoring organization have excess business holdings at any time during the year?	8		
a	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?			
b	Did the engreging organization make a distribution to a depart depart of water as mileted name?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	90		—
а	Initiation fees and capital contributions included on Part VIII, line 12		ŀ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1 1		
11	Section 501(c)(12) organizations. Enter.	1	j	
а	Gross income from members or shareholders 11a			
þ	Gross income from other sources (Do not net amounts due or paid to other sources		i	
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	-		·
đ	Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
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		
DAA		Form	990	(2017)

Form	1990 (2017) Holly Frederick Reynolds Support 31-1537157			age <b>6</b>
Pa	rt VI 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 i	nstru	
	Check if Schedule O contains a response or note to any line in this Part VI			_X_
<u>Sec</u>	tion A. Governing Body and Management			<del></del> -
			Yes	No
1a		1		
	If there are material differences in voting rights among members of the governing body, or		i	
	of the governing body delegated broad authority to an executive committee or similar	ļ	ì	
	committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent		ļ	
Ъ		- 1	1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			x
2	any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct	ا ء ا		х
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6 72	• • • • • • • • • • • • • • • • • • • •	-		
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
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	'a		_
b	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	The governing body?	8a	X	
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	1	x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	ie Co	ide.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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		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,"			
	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			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	]		İ
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).			j
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
þ	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	1		
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17				
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 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			
00	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	^^		000
	aton Rouge LA 70808 225	-92	<b>ʊ−4</b>	:U

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Form 9 <u>90</u> (20	Holly Frederick Reynolds Support 31-1537157	Page <b>7</b>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees	oyees, an
	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 n. Enter -0- in columns (D), (E), and (F) if no compensation was paid	
<ul> <li>List all c</li> </ul>	of the organization's current key employees, if any. See instructions for definition of "key employee."	
<ul> <li>List the who received organization a</li> </ul>	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.	
• List all o	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 c	of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the	

organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees, highest

compensated employees; and former such persons K Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (F) (A) (B) (C) Reportable Estimated Reportable Name and Title Average Position (do not check more than one compensation compensation from amount of hours per box, unless person is both an related other week officer and a director/trustee) the organizations compensation (list any hours for organization (W-2/1099-MISC) (W-2/1099-MISC) from the organization related ndividual trustee stitutional trustee and related organizations employee organizations below dotted line) (1) Holly Frederick Reynolds 2.00 Treasurer 0.00 X 0 0 0 (2) Cathy Liss 0.20 0 President/Secretary 0.00 X X 0 0 (3) Cynthia Wilson 0.10 0 Vice President 0.00 X X 0 0 (4) (5) (6) (7) (8) (9) (10)(11)

Form 990 (2017)

		(2017) Holly Fred			eynolds	s Support	31-1537157		Page 9
Par	rt V	III Statement of Rev Check if Schedule	enue O co	ntains	a respons				
<b>10</b>		`				(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 and Other Similar Amounts	1a	Federated campaigns	1a						
ള		Membership dues	1b						
35	C	Fundraising events	1c						
5.0	d	Related organizations	1d						
	е	Government grants (contributions)	1e					,	
3.9	f	All other contributions, gifts, grants,							
떮		and similar amounts not included above			64,342				
	_	Noncash contributions included in lines 1	la-1f	\$ <sub>.</sub>	64,242				
اقر	<u>h</u>	Total. Add lines 1a-1f			🕨	64,342		····	<del></del>
<b>E</b>	_				Busn. Code				
<u>§</u>	2a				<u> </u>				
8	b					,			
<u> </u>	C								
S	d		• • • •						
<u>g</u>	9	All other program consists rev			<del></del>				
8		All other program service rev Total. Add lines 2a–2f							
_		Investment income (including							
	J	and other similar amounts)			<b>.</b>	36,059			36,059
ļ	4	Income from investment of ta				33,7333			
-	5	Royalties		•					
		(i) Real			Personal	<u> </u>			
	6a	Gross rents							
	-	Less rental exps							
		Rental inc or (loss)							
	d	Net rental income or (loss)							
j	7a	Gross amount from (i) Securities sales of assets	S	<b>(</b> II)	) Other				
Į		other than inventor 100	, 762						
į	b	Less cost or other					,		
		· <del></del>	, 960	<del></del>					:
	С	Gain or (loss) 6	, 802	<u> </u>					
	d	Net gain or (loss)		<u></u>	<u> ▶</u>	6,802	6,802		
9	8a	Gross income from fundraising ev	ents/						
ē		(not including \$		ĺ					
<u> </u>		of contributions reported on line 1		Ì					
Other Revenue	_	See Part IV, line 18	a	<del> </del>	<del>.</del>				
됩		Less direct expenses	b	L			Į		
		Net income or (loss) from ful		ng event:	<u>s</u>				
	ya	Gross income from gaming activities 10	_						
ļ		See Part IV, line 19		ļ ———		ļ			
ļ		Less direct expenses							
		Net income or (loss) from ga Gross sales of inventory, les		Cuvilles					
	Tua	returns and allowances							ı
	<b>h</b>	Less cost of goods sold	. a b						
		Net income or (loss) from sa	• • •			1			
ŀ	<u>- ب</u>	Miscellaneous Revenue		inventory	Busn. Code				
ŀ	112		-		1	1			
- 1	b								
	C						<del></del>		
		4.4							
- 1		T.A.I. A.I.I			<b></b>				
		Total revenue. See instruct				107,203	6,802	0	36,059

**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 Do not include amounts reported on lines 6b. Fundraising Program service Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 4,378 4,378 Grants and other assistance to domestic ındıvıduals. 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 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 salanes and wages ..... 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): 1,000 1,000 C Lobbying Professional fundraising services. See Part IV, line 17 7,188 7,188 Investment management fees ..... Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule () 12 13 Office expenses Information technology ..... 14 Royalties .... 15 Occupancy ..... 16 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 20 Payments to affiliates ........ 21 22 Depreciation, depletion, and amortization 23 Insurance .......... Other expenses. Itemize expenses not covered 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 þ C All other expenses .... е 12,566 4,378 8,188 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕨 🧻 if following SOP 98-2 (ASC 958-720) DAA Form 990 (2017)

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 3,144 6,572 Cash—non-interest bearing 1 Savings and temporary cash investments 5,126 2 15,842 Pledges and grants receivable, net 3 3 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 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 6 Notes and loans receivable, net 7 8 Prepaid expenses and deferred charges ..... 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 10c 773,545 918,579 11 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 781,815 940,993 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . 16 17 Accounts payable and accrued expenses ..... 17 18 18 Deferred revenue ....... 19 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties ..... 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 0 Total liabilities. Add lines 17 through 25 ... 26 Organizations that follow SFAS 117 (ASC 958), check here ►X and **Fund Balances** complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets ..... 781,815 940,993 27 27 Temporarily restricted net assets 28 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and ō complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds Net 32 32 33 Total net assets or fund balances 781,815 940,993 33 Total liabilities and net assets/fund balances. 781,815 940,993

Form 990 (2017)

Forn	1990 (2017) HOLLY Frederick Reynolds Support 31-153/15/			Page 12
Pa	rt 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		7,203
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	2,566
3	Revenue less expenses Subtract line 2 from line 1	3	9	4,637
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	78	1,815
5	Net unrealized gains (losses) on investments	5	6	4,541
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Pnor penod 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	94	10,993
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	. <u> </u>		🗆
				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			1
	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		1 1	
	Separate basis Consolidated basis Both consolidated and separate basis		-	
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the 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 (2017)

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Frederick Reynolds Support

Open to Public

Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Holly Frederick Reynolds Support Foundation for Animal Welfare Employer identification number 31–1537157

	airi	Reas	on for Public Charity	Status (All organizatio	<u>115 111u5</u>	COMP	ete tilis part.) See ilistiu	CHOITS.				
he	orga	nization is no	t a private foundation beca	use it is. (For lines 1 through,	12, check	only one	box.)					
1	Ň	A church, co	nvention of churches, or as	ssociation of churches describe	ed in sec	tion 170(	(b)(1)(A)(i).	<b>}</b>				
2	Н	•	•	)(A)(ii). (Attach Schedule E (F								
3	Н			vice organization described in			•					
4	Н	-	= = = = = = = = = = = = = = = = = = = =	ed in conjunction with a hospi				he hospital's na	ame.			
•		city, and stat	•			JCG 111 JC			3.7.0,			
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
	_		(b)(1)(A)(iv). (Complete Pa	The state of the s								
6	Щ			governmental unit described i								
7	Ш	•	tion that normally receives a section 170(b)(1)(A)(vi). (	a substantial part of its suppor Complete Part II)	t from a g	overnme	ntal unit or from the general p	ublic				
8		A community	y trust described in <b>section</b>	170(b)(1)(A)(vi). (Complete F	Part II)							
9				escribed in section 170(b)(1)( e of agriculture (see instruction								
		university	or a non land gram conege	. cge (000 men = 100)	,		.,,	-				
10		receipts from support from	n activities related to its exe i gross investment income a	(1) more than 33 1/3% of its sempt functions—subject to certain unrelated business taxable 30, 1975. See section 509(a)	taın excep e income	otions, an (less sec	d (2) no more than 33 1/3% o tion 511 tax) from businesses	f its	•			
11		•	=	d exclusively to test for public								
12	$\overline{\mathbf{x}}$	•	•	d exclusively for the benefit of,	•		, ,, ,	urposes				
		of one or mo	re publicly supported organ	nizations described in <b>section</b> that describes the type of sup	509(a)(1	or <b>secti</b>	on 509(a)(2). See section 50	9(a)(3).				
	а	_	_	perated, supervised, or contro		-	·	_				
		the supp	orted organization(s) the po	ower to regularly appoint or elections A	ect a majo							
	b		• •	supervised or controlled in con		rith its su	pported organization(s), by ha	ving				
		control o	r management of the suppo	orting organization vested in the Part IV, Sections A and C.	ne same p							
	С	Type III	functionally integrated. A	supporting organization operations. You must compl	ated in co			ed with,				
	d	Type III	non-functionally integrate	ed. A supporting organization	operated	ın conne	ction with its supported organi					
				he organization generally mus i must complete Part IV, Sec				veness				
	е	Check th	nis box if the organization re	eceived a written determination	n from the	IRS that	titis a Type I, Type II, Type III					
	f		mber of supported organiza	on-functionally integrated support	porung on	ganizado	n.	ł	- 1			
	g		• • • • •	the supported organization(s)	· · · · · ·	·· · ·						
_,		e of supported	T	<del></del>	T	rganization	(v) Amount of monetary	(vi) Amoun				
,	•	ganization	(b) EIN	(iii) Type of organization (described on lines 1–10		ir governing	support (see	other support				
				above (see instructions))	docu	ment?	instructions)	ınstruction				
					Yes	No						
(A)	) Va	rious				47	4 270					
(B		<u>.</u>			<del>                                     </del>	X	4,378	· · ·	0			
(6)	, 											
(C)	)											
(D	)							-				
(E)	)					-			<u> </u>			
—							, <u>.</u>					
Γot	al_		L		1		4,378		O			

	or 1990 or 990-EZ) 2017 Holint II Support Schedule for C (Complete only if you che	Organizations	rick Reyr Described in Con line 5, 7, 0	Sections 17	0(b)(1)(A)(iv)	and 170(b)(1)	Page 2 (A)(vi) \ qualify under
	Part III. If the organization	n fails to qual	ify under the te	ests listed belo	w, please cor	mplete Part III.	)/
Sec	tion A. Public Support						/
Caler	dar year (or fiscal year beginning in)	(a) 2013\	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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.			\ /			
Sec	tion B. Total Support			\/			
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4					T	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		,		\		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10		<u> </u>		\	<u> </u>	
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	ie organizatijon's i	first, second, third	, fourth, or fifth tax	k year as a sectio	n 501(c)(3)	
	organization, check this box and stop he	эге <u></u> //		<del> </del>	<u> </u>	<u> </u>	
Sec	tion C. Computation of Public S					\	
14	Public support percentage for 2017 (line			lumn (f))		14	%_
15	Public support percentage from 2016 Sc					15	<u>%</u>
16a	33 1/3% support test—2017. If the orga				4 is 33 1/3% or m	iore, chèck this	
	box and stop here. The organization qu					\	▶ 🔲
b	33 1/3% support test-2016. If the orga				ine 15 is 33 1/3%	or more, check	
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test-2	_			3, 16a, or 16b, aı	nd line 14 is	
	10% or more, and if the organization me				•	•	
	Part VI how the organization meets the "	facts-and-circum	stances" test. The	organization qua	ifies as a publicly	y supported	_
b	organization  10%-facts-and-circumstances test—2  15 is 10% or more, and if the organization						\\ <b>▶</b> □
	Explain in Part VI how the organization r						\
	cupported organization						\ ▶□
18	Private foundation. If the organization on instructions	did not check a bo	ox on line 13, 16a	, 16b, 17a, or 17b	, check this box a	and see	
					5	Schedule A (Form 9	990 or 990-EZ) 2017

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

20

Schedule A (Form 990 or 990-EZ) 2017 Holly Frederick Reynolds Support 31-1537157

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 Supporting 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?
- 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)

		Yes	No
		;	
			_x_
	1		
	2		X
	١.		72
	3a		<u> </u>
	3b		
	3c		<del></del>
	4a		X
	İ		
	4b		
	4c		
	5a	х	
	5b	Х	
	5c		X
	6		<u> </u>
	7		v
	_7		
	8		_X_
			v
ļ	9a		<u> </u>
	9b		X
ı	9с		<u> </u>
	10a		x
ł		···	
	10b	or 990-E	
(For	m 990	or 990-E	Z) 2017

Sched	ule A (Form 990 or 990-EZ) 2017 Holly Frederick Reynolds Support 31-153	7157		Page 5
Pai	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)	1 1		Ì
	below, the governing body of a supported organization?	11a		Х
b	A family member of a person described in (a) above?	11b		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.	11c		X
	ion B. Type I Supporting Organizations	1:10	•	
	John 27 Type 1 dapper sing digametration		Yes	No
4	Did the directors tructors or membership of one or more currented emeritations have the never to	<del>-  </del>	162	140
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	, l		į
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1 1		
	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	<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported	i I		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1 1		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	l i		Ì
	supervised, or controlled the supporting organization	2		X
Sect	ion 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	1 1		
	or management of the supporting organization was vested in the same persons that controlled or managed	1 1		1
	the supported organization(s).	1 4 1		]
Sect	tion D. All Type III Supporting Organizations	<del></del>		
000.	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	<del></del>	Voc	No
4	Did the emergation provide to each of the connected emerginations, but the least day of the Effit wenth of the	<u></u>	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, (i) a written notice describing the type and amount of support provided during the prior tax			ŀ
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			ŀ
	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			1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1 1		i
	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			ŀ
	significant voice in the organization's investment policies and in directing the use of the organization's	1 1		1
	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	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 ins	structions).		
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 (s	see instructic	nne)	
	The organization deposition a government entity is seen to a government entity is	,00 ,,,00,000,0	,,,,,	
2 /	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		108	140
a		li		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			ļ
	those supported organizations and explain how these activities directly furthered their exempt purposes,	į l		
	how the organization was responsive to those supported organizations, and how the organization determined	1 . 1		
_	that these activities constituted substantially all of its activities.	2a		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			<b>,</b>
	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			<u> </u>
	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		

Schedi	ule A (Form 990 or 990-EZ) 2017 Holly Frederick Reynolds			7157 Page 6			
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organ	izations				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See						
	instructions. All other Type III non-functionally integrated supporting organizations	s must c	omplete Sections A thro	ugh 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						
co	lection of gross income or for management, conservation, or	1 1					
ma	aintenance 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)			
1	Aggregate fair market value of all non-exempt-use assets (see						
ıns	tructions for short tax year or assets held for part of year).						
	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	1					
	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,						
se	e instructions)	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	<del></del>				
6	Multiply line 5 by 035	6					
	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	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 pnor year (from Section B, line 8, Column A)	3					
4_	Enter greater of line 2 or line 3.	4					
5	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	1 1					
em	ergency temporary reduction (see instructions).	6	·····				
7	Check here if the current year is the organization's first as a non-functionally integri	ated Tvr	e III supporting omaniza	ition (see			

instructions)

	t V Type III Non Expedience by Interested 500(a)(							
Par		s) Supporting Organ	izations (continued)	Current Year				
	Section D - Distributions							
1	Amounts paid to supported organizations to accomplish exempt pu							
2	Amounts paid to perform activity that directly furthers exempt purpo							
	organizations, in excess of income from activity	<u></u>						
3	Administrative expenses paid to accomplish exempt purposes of st	apported organizations	·					
<u>4</u> 5	Amounts paid to acquire exempt-use assets	<del></del>						
6	Qualified set-aside amounts (pnor IRS approval required)  Other distributions (describe in Part VI) See instructions							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the organizations							
O	(provide details in Part VI). See instructions.							
9	Distributable amount for 2017 from Section C, line 6							
10	Line 8 amount divided by line 9 amount	<del></del>						
10	Line o amount divided by line 9 amount	1 (1)	/::\	/:::\				
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017				
1	Distributable amount for 2017 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2017:							
а								
b	From 2013							
С	From 2014							
d	From 2015							
е	From 2016							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2017 distributable amount							
i_	Carryover from 2012 not applied (see instructions)							
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2017 from							
	Section D, line 7 <sup>-</sup> \$							
а	Applied to underdistributions of prior years							
b	Applied to 2017 distributable amount							
С	Remainder, Subtract lines 4a and 4b from 4							
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2018. Add lines 3j							
	and 4c.			· · · · · · · · · · · · · · · · · · ·				
8	Breakdown of line 7.							
	Excess from 2013							
b	Excess from 2014							
	Excess from 2015							
	Excess from 2016							
e	Excess from 2017			· <del>- · · · · · · · · · · · · · · · · · ·</del>				

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.)					
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 2017:					
- Equine Voices Rescue					
- Coalition of LA Animal Advocates					
- Humane Society of Louisiana					
- Tiger Haven					
Charities ADDED during tax year 2017:					
- Touched by an Animal, Inc. (36-4204496)					
- Animal Legal Defense Fund (94-2681680)					
- Riverlands Society for Cruelty to Animals (72-1249242)					
- Animal Protection & Welfare Society (72-1385410)					
- Equine Advocates (11-3313534)					
Equine advocaces (II 5515554)					
(ii)					
All changes were made to ensure support of these organizations with the					
most urgent need during the current year.					
,.					

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, 2 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.)
(iii)
The foundation is authorized to support any such 501(c)(3) working to
prevent the cruelty to animals.
(iv)
The foundations 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. Grants are approved by th
Board.

## SCHEDULE M (Form 990)

**Noncash Contributions** 

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

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.

Holly Frederick Reynolds Support

Open To Public Inspection

Foundation for Animal Welfare 31-1537157 Part I Types of Property (c) (d) (a) (b) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art — Historical treasures Art - Fractional interests Books and publications Clothing and household goods 6 Cars and other vehicles 7 Boats and planes Intellectual property 64,242 9 Securities — Publicly traded 10 Securities — Closely held stock Securities — Partnership, LLC, 11 or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution — Historic structures Qualified conservation 14 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 Other ►( 25 26 Other ▶( 27 Other ►( 28 Other ►( 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? X 30a b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a ... . .. .

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

If "Yes," describe in Part II.

describe in Part II

**SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information. Name of the organization Holly Frederick Reynolds Support

OMB No 1545-0047

Open to Public Inspection Employer identification number

Foundation for Animal Welfar	<u>e                                      </u>	31-1537157				
Form 990, Part VI, Line 11b - Organizat	ion'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 Direc	ctors 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 Disc	losure Explanation				
The Organization makes its governing do	cuments and fir	nancial statements				
available to the public upon written or	verbal request	<u>t.</u>				