(Rev January 2020)

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.

Open to Public

| Inter                          | nal Reve                | nue Service                             | î'',        | ► Go to wv                             | vw.irs.gov/Form99             | 90 for instructions a | nd the lates    | t information.      |                    | Inspection                     |
|--------------------------------|-------------------------|---|-------------|--|-------------------------------|-----------------------|-----------------|---------------------|--------------------|--------------------------------|
| Α                              | For th                  | e 2019 c                                | alenda      | year, or tax year beginni              |                               | , and ending          |                 |                     |                    |                                |
| В                              | Check if a              | applicable                              | C Name o    | of organization Holly I                | rederick                      | Reynolds Su           | pport           |                     | D Employe          | er identification number       |
|                                | Address of              | change                                  |             | Foundat                                | tion for A                    | nimal Welfa:          | re              |                     |                    |                                |
| $\exists$                      |                         | ľ                                       | Doing t     | usiness as                             |                               |                       |                 |                     | 31-1               | 537157                         |
| $\Box$                         | Name cha                | ange                                    |             | r and street (or P O box if mail is no |                               | dress)                |                 | Room/suite          | E Telephor         |                                |
| $\sqcup$                       | Initial retu            | ern                                     | 460         | <u>4 Perkins Road A</u>                | pt. B8                        |                       |                 |                     |                    |                                |
|                                | Final retu<br>terminate |   | City or     | lown, state or province, country, and  | ZIP or foreign postal of      | code                  |                 |                     |                    | •                              |
| $\Xi$                          |                         |   | Bat         | on Rouge                               | LA 7080                       | 8                     |                 |                     | <b>G</b> Gross red | ceipts\$ 467,213               |
| $\sqsubseteq$                  | Amended                 | return                                  | F Name a    | ind address of principal officer       |                               |                       |                 |                     |                    |                                |
|                                | Application             | on pending                              | Cat         | hy Liss                                |                               |                       |                 | H(a) Is this a gr   | oup return for     | subordinates Yes No            |
|                                |                         |   |             | -                                      |                               |                       |                 | H(b) Are all sub    | ordinates inc      | cluded? Yes No                 |
|                                |                         |   |             |  |                               | ,                     |                 | if "No,             | " attach a list    | (see instructions)             |
| $\overline{}$                  | Tay avar                | mpt status                              | X           | 501(c)(3) 501(c) (                     | ) <b>(</b> insert no )        | 4947(a)(1) or         | 1 do 2          | <b>≯</b> ′          |                    |                                |
| ÷                              | Website                 |   | /A          | 301(0)(3)   [ 301(0) (                 | ) 4 (miserino)                | ( 4347(8)(1) 01 )     | <del>'U''</del> | H/o) Croup ove      | matica aumh        |                                |
| <del>-</del>                   |                         |   |             | rporation Trust Associa                | tion Other                    |                       | <u> </u>        | H(c) Group exe      | ampaon num         |                                |
|                                | art I                   | organization                            |             |  | uon   Ouler                   |                       |                 | Year of formation   |                    | M State of legal domicile      |
|                                | ĭ                       |   | mmar        | ·                                      |                               | \                     |                 |                     |                    |                                |
| d)                             | 1 6                     |   |             | ne organization's mission or           |                               |                       |                 |                     | 16                 | • _                            |
| ဋ                              | 1                       |   | -           | Frederick Reyno                        |                               |                       |                 |                     |                    |                                |
| Ë                              | İ                       | miss                                    | ion i       | s to support ani                       | mai welfai                    | re programs           | in 501          | (c)(3) or           | ganıza             | ations.                        |
| Š                              |                         |   |             | بعم                                    |                               |                       |                 |                     |                    |                                |
| တိ                             | 2 (                     | Check the                               | s box 🕨     | If the organization disco              | ontinued its opera            | ations or disposed o  | of more tha     | n 25% of its net    | assets             |                                |
| ∞ಶ                             | 1 8                     | Number o                                | of voting   | members of the governing               | body (Part VI, lin            | ie 1a)                |                 |                     | 3                  |                                |
| es                             | 4 1                     | Number c                                | of indepe   | endent voting members of the           | he governing bod              | ly (Part VI, line 1b) |                 |                     | 4                  | 3                              |
| ₹                              | 5 7                     | Total num                               | nber of I   | ndividuals employed in cale            | ndar year 2019 (              | Part V, line 2a)      |                 |                     | 5                  | 0                              |
| Activities & Governance        | 6 7                     | Total num                               | nber of v   | olunteers (estimate if neces           | ssary)                        |                       |                 |                     | 6                  | 0                              |
| •                              | 7a1                     | Total unre                              | elated be   | usiness revenue from Part \            | الرر colum <del>a (C) ا</del> | me-12                 |                 |                     | 7a                 | 0                              |
|                                |                         |   |             | siness taxable income from             |                               |                       |                 |                     | 7b                 | 0                              |
|                                | 1                       |   |             |  |                               |                       |                 | Prior Yea           |                    | Current Year                   |
| <b>₽</b>                       | 8 (                     | Contributi                              | ions and    | grants (Part VIII, line 1h)            | [2]                           | 1111 0 4              | S-OSC           | 100                 | 0,912              | 60,851                         |
| Revenue                        | 9 F                     | Program :                               | service     | revenue (Part VIII, line 2g)           | 181                           | JUL 2 1 2020          | n IÖI I         |                     |                    | 0                              |
| ě                              | 10 1                    | nvestme                                 | nt incom    | e (Part VIII, column (A), line         | es 3, 4, and 7d)_             |                       | , IS            | 57                  | 7,349              | 47,891                         |
| œ                              | 11 0                    | Other rev                               | anua (P     | art VIII. column (A) lines 5           | 6d 8c 9c 10c                  | and Mite L            |                 | •                   |                    | 0                              |
|                                | 12 7                    | Total reve                              | enue – a    | dd lines 8 through 11 (musi            | t equal Part VIII.            | column (A) line 12    | 1               | 158                 | 3,261              | 108,742                        |
|                                | 13 (                    | Grants an                               | nd simila   | r amounts paid (Part IX, co            | lumn (A), lines 1-            | -3)                   |                 |                     | 5,550              | 7,900                          |
|                                | 1                       |   |             | r for members (Part IX, colu           |                               | -,                    |                 |                     | ,                  | 0                              |
| s                              |                         |   |             | mpensation, employee ben               |                               | umn (A) lines 5–10    | O)              |                     |                    | 0                              |
| Expenses                       |                         |   |             | raising fees (Part IX, colum           |                               | umm (7 1), mico o 1 1 | ,               |                     |                    | 0                              |
| je C                           | 1                       |   |             | expenses (Part IX, column              |                               |                       | 0               |                     |                    |                                |
| X                              |                         |   |             |  |                               | `                     | •               |                     | 722                | 10,328                         |
|                                | 1                       |   |             | Part IX, column (A), lines 1           |                               |                       |                 |                     | 5,272              | 18,228                         |
|                                | I .                     |   |             | Add lines 13–17 (must equa             |                               | (A), line 25)         |                 |                     |                    |                                |
| <b>E</b> 8                     | 19 F                    | <u>revenue</u>                          | iess exp    | enses Subtract line 18 from            | m line 12                     |                       |                 | Eeginning of Cur    | L,989              | 90,514<br>End of Year          |
| Net Assets or<br>Fund Balances | ד חכ                    | Fotal acc                               | ete (Do-    | X, line 16)                            |                               |                       |                 |                     | 7,902              | 1,250,289                      |
| ASS(                           | 24 7                    |   | -           | art X, line 26)                        |                               |                       |                 | 301                 | 7,702              | 1,230,203                      |
|                                | 21 1                    |   | •           |  | from line 20                  |                       |                 | 005                 | 7,902              | 1 250 200                      |
|                                | 22 1                    |   |             | d balances Subtract line 21            | from line 20 .                |                       |                 | 301                 | , 302              | 1,250,289                      |
|                                | art II                  |   | •           | e Block                                |                               |                       |                 |                     |                    |                                |
| U                              | nder per                | naities of p                            | perjury, I  | declare that I have exampled to        | his return, including         | g accompanying sche   | edules and si   | tatements, and to   | the best of        | my knowledge and belief, it is |
|                                | Je, come                | T A                                     | Jilpieje    | rectaration of prepared others         | A                             | -                     | or writer bret  | arei ilas aliy kilo | wieuge             | =/11/20                        |
|                                |                         | _                                       |             | CARY LIS                               |                               | _                     |                 |                     | كيل                | 417100                         |
| Sig                            |                         | '                                       | gnature of  | ,                                      |                               |                       |                 |                     | Date               | <i>'</i>                       |
| He                             | re                      |   |             | y Liss                                 | _                             |                       | Presi           | .dent/Se            | <u>creta</u>       | ry                             |
|                                |                         | Ту                                      | pe or print | name and title                         |                               |                       |                 |                     |                    |                                |
|                                |                         | Print/Type                              | preparers   | name                                   | Preparer's sign               | $\sim$                |                 | Date                | Check              | f PTIN                         |
| Pai                            | d                       | Matthe                                  | w J. В      | ernier                                 | / COTTAGE                     | <u> </u>              |                 | 07/13               | /20 self-em        | ployed P01985049               |
| Pre                            | parer                   | Firm's nam                              | ne 🕨        | Matthew J.                             | Bernier (                     | CPA, LLC              |                 | F                   | ırm's EIN ▶        | 82-4748087                     |
| Use                            | Only                    |   | ·           | 971 Concord                            |                               |                       |                 | 1                   |                    |                                |
|                                |                         | Firm's add                              | iress 🕨     | Framingham,                            |                               | 01-4689               |                 | . ا                 | hone no            | 508-879-8840                   |
| May                            | the IR                  |   |             | turn with the preparer show            |                               |                       |                 |                     | _                  | X Yes No                       |
|                                |                         |   |             | t Notice, see the separate in          |                               |                       |                 |                     |                    | 7 5 m 990 (2019)               |
| DAA                            |                         | · • · · · · · · · · · · · · · · · · · · | JUION AL    | Juot, see the separate III             | on uonona.                    |                       |                 |                     |                    | 19 Sorm 330 (2019)             |

| Form 990 (2019) | Holly Frederick   | Reynolds Support 31-                                      | 1537157                                | Page 2       |
|-----------------|---|---|--|--------------|
|                 | Statement of Program Se   |   | Alexan Dec. 4 III                      |              |
|                 | Check if Schedule O contains the organization's mission               | ns a response or note to any line in                      | this Part III                          | <u></u>      |
|                 |   | nolds Support Foundat                                     | ion for Animal Wei                     | lfare's      |
| mission         | is to support   | nimal welfare program                                     | s in 501(c)(3) or                      | ganizations. |
|                 |   |   | ,                                      | ,            |
| 2 Did the ora:  | anization undertake any significa                                     | int program services during the year which w              | ere not listed on the                  |              |
| -               | 990 or 990-EZ?  | int program services during the year which w              | ere not listed on the                  | Yes X No     |
| •               | scribe these new services on Sc                                       | hedule O  |  |              |
|                 |   | nake significant changes in how it conducts, a            | any program                            |              |
| services?       |   |   |  | Yes X No     |
|                 | scribe these changes on Schedu  |   |  |              |
|                 |   | accomplishments for each of its three larges              |  |              |
|                 | Section 501(c)(3) and 501(c)(4) (<br>penses, and revenue, if any, for | organizations are required to report the amou             | int of grants and allocations to other | rs,          |
| the total ex    | periods, and revende, it arry, for                                    | coon program service reported                             |  |              |
| 4a (Code        | ) (Expenses \$  | 7,900 including grants of\$                               | 7,900 ) (Revenue \$                    | )            |
| The fou         | indation supporte   | ed a number of 501(c)(                                    | 3) animal welfare                      |              |
|                 |   | ng small grants for proprograms that care for             |  |              |
|                 |   | mal suffering, and an                                     |  |              |
| P5              | oo paotono uni  | J u 1 2 2 2 2 2 3 7 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |  | ,            |
|                 |   |   |  |              |
|                 |   |   |  |              |
|                 |   |   |  |              |
|                 |   |   |  |              |
|                 |   |   |  |              |
|                 |   |   |  |              |
| 4b (Code        | ) (Expenses \$  | including grants of\$                                     | ) (Revenue \$                          | )            |
| N/A             |   |   |  |              |
|                 |   |   |  |              |
|                 |   |   |  |              |
|                 |   |   |  |              |
|                 |   |   |  |              |
|                 |   |   |  |              |
|                 |   |   |  |              |
|                 |   |   |  |              |
|                 |   |   |  |              |
|                 |   |   |  |              |
| 4c (Code        | ) (Expenses \$  | including grants of\$                                     | ) (Revenue \$                          | )            |
| N/A             |   |   |  |              |
|                 |   |   |  |              |
|                 |   |   |  |              |
|                 | •   |   |  |              |
|                 |   |   | •                                      |              |
|                 |   |   |  |              |
|                 |   |   |  |              |
|                 |   |   |  |              |
|                 |   |   |  |              |
|                 |   |   |  |              |
| 4d Other progr  | ram services (Describe on Sched                                       | ule O )   | <del> </del>                           |              |
| (Expenses       |   |   | (Revenue \$                            |              |
| 4e Total progra | am service expenses ▶   | 7,900   |  |              |

|          | `  |                  | Yes | No         |
|----------|--|------------------|-----|------------|
| 1        | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"  |                  |     |            |
|          | complete Schedule A  | 1                | X   |            |
| 2        | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 2                | 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,   | _                |     | v          |
| 6        | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | _ 5              |     | X          |
| 0        | 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,  | -                |     | Α_         |
| •        | 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,"  | <del>'</del>     |     |            |
|          | complete Schedule D, Part III  | 8                |     | X          |
| 9        | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a  |                  |     |            |
|          | custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or   |                  |     |            |
|          | debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9                |     | X          |
| 10       | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments   |                  |     |            |
|          | or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10               |     | X          |
| 11       | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,   |                  |     |            |
|          | VII, VIII, IX, or X as applicable.   |                  |     |            |
| а        | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"   |                  |     |            |
|          | complete Schedule D, Part VI   | 11a              |     | <u> </u>   |
| b        | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more  |                  |     |            |
|          | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b              |     | X          |
| С        | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more   |                  |     |            |
|          | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c              |     | <u> </u>   |
| d        | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets  |                  |     | v          |
| е        | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d              | -   | X          |
| f        | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e              |     | X          |
| •        | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f              |     | x          |
| 12a      | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  | <u>  ' ' '  </u> |     | <u> </u>   |
|          | Schedule D, Parts XI and XII   | 12a              |     | X          |
| b        | Was the organization included in consolidated, independent audited financial statements for the tax year? If   | 124              |     |            |
|          | "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               | Ì   | Х          |
| 14a      | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a              |     | X          |
| b        | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,   |                  |     |            |
|          | fundraising, business, investment, and program service activities outside the United States, or aggregate  |                  |     |            |
|          | foreign investments valued at \$100,000 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               |     | <u>X</u> _ |
| 17       | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on   | [                | ı   |            |
| 40       | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)   | 17               |     | <u>X</u> _ |
| 18       | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on  |                  |     | v          |
| 40       | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | 18               |     | <u>X</u>   |
| 19       | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?   | 4.               | l   | v          |
| 20a      | If "Yes," complete Schedule G, Part III  Did the graphyation operate one or more hospital facilities? If "Yes," complete Schedule H.   | 19               | +   | X          |
| zva<br>b | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                      | 20a<br>20b       | -   | <u> </u>   |
| 21       | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  | 200              | +   |            |
|          | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21               |     | X          |
|          |  |                  |     |            |

Form **990** (2019)

| <u> P</u> | art IV Checklist of Required Schedules (continued)  |          | Τ            | 1              |
|-----------|---|----------|--------------|----------------|
| 22        | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on   |          | Yes          | No             |
|           | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22       | l            | x              |
| 23        | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the   |          |              | Τ              |
|           | organization's current and former officers, directors, trustees, key employees, and highest compensated   |          |              |                |
|           | employees? If "Yes," complete Schedule J  | 23       |              | X              |
| 24a       | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than   |          | 1            |                |
|           | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b   |          |              | 1              |
|           | through 24d and complete Schedule K If "No," go to line 25a   | 24a      | <u> </u>     | <u> </u>       |
| b         | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b      | ļ            | ↓_             |
| С         | 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      |              |                |
|           | 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  | 05-      |              | ٠,             |
| b         | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a      |              | X              |
| D         | 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? |          |              | ľ              |
|           | If "Yes," complete Schedule L, Part I   | 25b      | ł            | x              |
| 26        | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current   | 230      |              | <del>  ^</del> |
|           | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%   | ľ        |              |                |
|           | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  | 26       |              | x              |
| 27        | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key   |          |              |                |
|           | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee  |          |              |                |
|           | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these  |          | İ            |                |
|           | persons? If "Yes," complete Schedule L, Part III  | 27       |              | X              |
| 28        | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part  |          |              |                |
|           | IV instructions, for applicable filing thresholds, conditions, and exceptions)  |          |              |                |
| а         | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  |          |              |                |
|           | "Yes," complete Schedule L, Part IV   | 28a      |              | X              |
| b         | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   | 28b      |              | X              |
| С         | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If   |          |              | l              |
|           | "Yes," complete Schedule L, Part IV   | 28c      | <del> </del> | 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  |          |              | ٠,             |
| 24        | conservation contributions? If "Yes," complete Schedule M   | 30       |              | X              |
| 31<br>32  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"   | 31       |              | _^             |
| 32        | complete Schedule N, Part II  | 32       |              | x              |
| 33        | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  | 32       |              | <u> </u>       |
| •         | 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, Part II, III,  | "        |              |                |
|           | or IV, and Part V, line 1   | 34       |              | х              |
| 35a       | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a      |              | Х              |
| b         | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a   |          |              |                |
|           | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b      |              |                |
| 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  |          |              | l              |
|           | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37       |              | X              |
| 38        | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and  |          |              |                |
|           | 19? Note: All Form 990 filers are required to complete Schedule O   | 38_      | X            | Щ              |
| 78        | art 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  | i        | Yes          | <u> </u>       |
| 12        | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0  |          | 162          | No             |
| 1a<br>b   | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0  |          |              |                |
| C         | Did the organization comply with backup withholding rules for reportable payments to vendors and  | $\dashv$ |              | 1              |
| •         | reportable gaming (gambling) winnings to prize winners?   | 1c       |              |                |
|           |   |          |              |                |

| Pa  | art V Statements Regarding Other IRS Filings and Tax Compliance (continued)   |               |     |                      |
|-----|---|---------------|-----|----------------------|
| 20  | Enter the number of employees reported an Earm M. 2. Transmitted of Mana and Tay  |               | Yes | No                   |
| Zd  | 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 0                          |               |     |                      |
| b   | Statements, filed for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b            |     |                      |
| D   | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)  | 20            |     | $\vdash$             |
| 3a  |   | 3a            |     | x                    |
|     | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O   | 3b            |     | <del></del>          |
|     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,   | 55            |     | ╁                    |
| 70  | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 4a            |     | x                    |
| h   | If "Yes," enter the name of the foreign country   | <del></del> - |     | <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            |     | $\mathbf{x}_{\perp}$ |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b            |     | X                    |
| c   |   | 5c            |     | <del></del>          |
| 6a  |   |               |     | $\vdash$             |
| ••  | 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  | <u> </u>      |     | <u> </u>             |
| -   | gifts were not tax deductible?  | 6b            |     |                      |
| 7   | Organizations that may receive deductible contributions under section 170(c).   | <u> </u>      |     |                      |
| a   | - To  |               |     |                      |
| _   | and services provided to the payor?   | 7a            |     |                      |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b            |     |                      |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was  |               |     |                      |
| •   | required to file Form 8282?   | 7c            |     |                      |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year   |               |     |                      |
| е   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 1 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  |               |     |                      |
|     | sponsoring organization have excess business holdings at any time during the year?  | 8             |     |                      |
| 9   | Sponsoring organizations maintaining donor advised funds.   |               |     |                      |
| а   | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a            |     |                      |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b            |     |                      |
| 10  | Section 501(c)(7) organizations. Enter  |               |     |                      |
| а   | 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   |               |     |                      |
| 11  | Section 501(c)(12) organizations. Enter   |               |     | 1                    |
| 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 )   | l l           |     |                      |
| 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 12b   |               |     |                      |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.  | ļ             |     | <u> </u>             |
| а   | Is the organization licensed to issue qualified health plans in more than one state?  | 13a           |     | <u> </u>             |
|     | Note: See the instructions for additional information the organization must report on Schedule O.   |               |     |                      |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which  |               |     |                      |
|     | the organization is licensed to issue qualified health plans  |               |     |                      |
| C   | Enter the amount of reserves on hand  | $\sqcup$      |     | <u> </u>             |
| 14a |   | 14a           |     | X                    |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O   | 14b           |     | <u> </u>             |
| 15  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or   |               |     | 1                    |
|     | excess parachute payment(s) during the year?  | 15            |     | X                    |
|     | If "Yes," see instructions and file Form 4720, Schedule N   |               |     | 1                    |
| 16  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?   | 16            |     | X                    |
|     | If "Yes," complete Form 4720, Schedule O.   |               |     | Щ.                   |
|     |   | _             | 000 | 1,0040               |

|            | 990 (2019) Holly Frederick Reynolds Support 31-1537157  |            |                                       | age <b>6</b> |
|------------|---|------------|---------------------------------------|--------------|
| Pa         | irt 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 on Schedule O  | . See      | ınstri                                |              |
|            | 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  |            |                                       |              |
|            | committee, explain on Schedule O  |            |                                       |              |
| b          | Enter the number of voting members included on line 1a, above, who are independent  1b 3  |            | l                                     |              |
| 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          |                                       | <u> </u>     |
| 3          | Did the organization delegate control over management duties customarily performed by or under the direct   |            |                                       | 7.           |
| _          | supervision of officers, directors, trustees, or key employees to a management company or other person?   | 3          |                                       | <u>X</u>     |
| 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          | $\dashv$                              | <u>X</u>     |
| 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,   |            |                                       | 3.5          |
| _          | stockholders, or persons other than the governing body?   | 7b         |                                       | <u> </u>     |
| 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                                     | <del></del>  |
| 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  |            |                                       | v            |
| 500        | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O   | 9          | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | <u>X</u>     |
| Sec        | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue   | ie Co      |                                       | N            |
| 40-        | Did the committee have lead shouton broughes as officetoe?  | 400        | Yes                                   | No<br>X      |
|            | Did the organization have local chapters, branches, or affiliates?  | 10a        |                                       |              |
| D          | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,  | 405        | ŀ                                     |              |
| 44.        | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | 10b<br>11a | х                                     |              |
|            | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   | 11a        | ^                                     |              |
| b<br>120   | Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a        |                                       | х            |
| 12a        | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   | 12b        | +                                     |              |
| b          |   | 120        |                                       |              |
| С          | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done                                    | 120        | i                                     |              |
| 13         | Did the organization have a written whistleblower policy?   | 12c        |                                       | X            |
| 14         | Did the organization have a written document retention and destruction policy?  | 14         |                                       | X            |
| 14<br>15   | Did the process for determining compensation of the following persons include a review and approval by  |            |                                       |              |
| 15         | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |            |                                       |              |
| а          | The organization's CEO, Executive Director, or top management official  | 15a        |                                       | <u>x</u>     |
| a<br>b     | Other officers or key employees of the organization   | 15b        | -+                                    | X            |
| IJ         | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  | .50        |                                       |              |
| 16a        |   |            |                                       |              |
| IVa        | with a taxable entity during the year?  | 16a        |                                       | x            |
| h          | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its  |            |                                       |              |
| -          | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the   |            |                                       |              |
|            | organization's exempt status with respect to such arrangements?   | 16b        |                                       |              |
| Sec        | tion C. Disclosure  | 100        |                                       |              |
| <u> 17</u> | 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 (1024 or 1024-A, 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 on Schedule O)  |            |                                       |              |
| 19         | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and   |            |                                       |              |
| . 3        | 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   |            |                                       |              |
|            | aton Rouge LA 70808 225   | -92        | 8 - 4                                 | 060          |
|            | 223   |            |                                       |              |

| Form 990 (2 | 019) Holly Frederick                                | Reynolds        | Support           | 31-1537157           |                     | Page <b>7</b> |
|-------------|---|-----------------|-------------------|----------------------|---------------------|---------------|
| Part VII    | Compensation of Officers,                           | Directors, Trus | stees, Key En     | nployees, Highest Co | ompensated Employee | s, and        |
|             | Independent Contractors Check if Schedule O contain | s a response o  | r note to any lir | ne in this Part VII  |                     |               |
|             |   |                 |                   |                      |                     |               |

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above

| (A)<br>Name and title | (B) Average hours per week (list any                           | bo                             | k, unle               | Pos<br>heck<br>ss pe | rson<br>Irecto | than one<br>is both an<br>ir/trustee) | (D) Reportable compensation from the organization | (E)  Reportable compensation from related organizations | (F) Estimated amount of other compensation from the |
|-----------------------|--|--------------------------------|-----------------------|----------------------|----------------|---------------------------------------|---|---|---|
| ·                     | hours for<br>related<br>organizations<br>below<br>dotted line) | Individual trustee or director | Institutional trustee | Officer              | Key employee   | Former Highest compensated employee   | (W-2/1099-MISC)                                   | (W-2/1099-MISC)   | organization and related organizations              |
| (1) Cathy Liss        |  |                                |                       |                      |                |                                       |   |   |   |
|                       | 0.20   |                                |                       |                      |                |                                       |   |   |   |
| President/Secretary   | 0.00   | X                              |                       | X                    |                |                                       | 0   | 0   | C   |
| (2) Holly Frederick   |  | ls                             |                       | 1                    | l              |                                       |   |   |   |
|                       | 2.00   | l                              |                       |                      |                |                                       |   |   |   |
| Treasurer             | 0.00   | X                              |                       | X                    |                |                                       | 0   | 0   | 0   |
| (3) Cynthia Wilson    | 0.10   |                                |                       |                      |                |                                       |   |   |   |
|                       | 0.10   | ٠,                             |                       | ,,                   |                |                                       | _   |   | •   |
| Vice President (4)    | 0.00   | X                              | $\vdash$              | X                    | ┝              | $\vdash$                              | 0   | 0   | 0   |
| (4)                   |  |                                |                       |                      |                |                                       |   |   |   |
| (5)                   |  |                                |                       |                      |                |                                       |   |   |   |
| (6)                   |  |                                |                       |                      | ļ              |                                       |   |   |   |
| (7)                   |  |                                | _                     |                      |                |                                       | :   |   |   |
| (8)                   |  |                                |                       |                      |                |                                       |   |   |   |
| (9)                   |  |                                |                       |                      |                |                                       |   |   |   |
| 10)                   |  |                                |                       |                      |                |                                       | :   |   |   |
| 11)                   | <u>.</u>   |                                |                       |                      |                |                                       |   |   | <u> </u>  |

0

received more than \$100,000 of compensation from the organization

| Pa   | art V |  | t of Revenue<br>schedule O cor | ntains a    | respor       | nse or no    | ote to any line in   | this Part VIII                               |                                      | П  |
|--|-------|--|--------------------------------|-------------|--------------|--------------|----------------------|--|--------------------------------------|--|
|  |       |  |                                |             | •            |              | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a    | Federated campai                               | gns                            | 1a          |              |              |                      |  |                                      |  |
| S, E   | D     | Membership dues                                |                                | 1b          |              |              |                      |  |                                      |  |
| ift.   | ام    | Fundraising events                             |                                | 1c          |              |              |                      |  |                                      |  |
| S,E  | u     | Related organization Government grants (contri |                                | 1e          |              |              |                      |  |                                      | ļ  |
| io S   | f     | All other contributions, gift                  |                                | 16          |              |              |                      |  |                                      |  |
| but<br>He  | •     | and similar amounts not in                     |                                | 1f          |              | 60,851       |                      |  |                                      |  |
| Öğ   | a     | Noncash contributions inc                      | luded in lines 1a-1f           | 1g \$       |              | 60,851       |                      |  |                                      | :  |
| Se   | h     | Total. Add lines 1a                            |                                | - 2 1+      |              | <u> </u>     | 60,851               |  |                                      |  |
|  |       |  |                                |             | В            | usiness Code |                      |  |                                      |  |
| 9  | 2a    |  |                                |             |              |              |                      |  |                                      |  |
| . <u>∑</u> e   | ь     | ı  |                                |             |              | ·            |                      |  |                                      |  |
| S  | С     |  |                                |             |              |              |                      |  |                                      |  |
| Rev  | d     |  |                                |             | L            |              |                      |  |                                      |  |
| Program Service<br>Revenue                             | e     |  |                                |             | L            |              |                      |  |                                      |  |
|  | f     | All other program s                            |                                |             | L            |              |                      |  | ·                                    |  |
|  |       | Total. Add lines 2a                            | • -                            |             |              |              |                      |  |                                      | <del></del>  |
|  | 3     | Investment income                              |                                | nds, intere | est, and     |              | 42 200               |  |                                      | 42 200   |
|  | ١.    | other similar amou                             | •                              |             |              |              | 43,380               |  |                                      | 43,380   |
|  | 4     | Income from inves                              | tment of tax-exem              | ipt bona p  | proceeds     |              | -                    |  |                                      |  |
|  | 5     | Royalties                                      | (ı) Real                       | 1           | (II) Pers    | eonal        | +                    |  |                                      |  |
|  | 62    | Gross rents 6                                  |                                |             | (11) ( 61.   | Sorial       |                      |  |                                      |  |
|  | b     | -  | <del></del>                    |             |              |              |                      |  |                                      |  |
|  |       |  | _                              |             |              |              |                      |  |                                      |  |
|  | ď     |  |                                |             |              | <b>•</b>     |                      |  |                                      |  |
|  | 7a    | Gross amount from                              | (i) Securities                 | , T         | (II) Ot      | her          |                      |  |                                      |  |
|  |       | sales of assets other than inventory 7         | a 362,                         | 982         |              |              |                      |  |                                      |  |
| Ĕ  | b     | Less cost or other                             |                                |             |              |              |                      |  |                                      |  |
| Ver  |       | basis and sales exps 7                         |                                | 471         |              |              |                      |  |                                      |  |
| Other Revenue  | c     | Gain or (loss) 7                               | c 4,                           | 511         |              |              |                      |  |                                      |  |
|  | •     | Net gain or (loss)                             |                                |             |              |              | 4,511                | 4,511  |                                      |  |
| ō  | 8a    | Gross income from fu                           | ndraising events               |             |              |              | ]                    |  |                                      |  |
|  |       | (not including \$                              |                                |             |              |              |                      |  |                                      |  |
|  |       | of contributions report                        | ed on line 1c)                 |             |              |              |                      |  |                                      |  |
|  | ١,    | See Part IV, line 18 Less direct expens        | cac                            | 8a  <br>8b  |              |              |                      |  |                                      |  |
|  |       | Net income or (loss                            |                                |             |              | <b>•</b>     |                      |  |                                      |  |
|  |       | Gross income from ga                           |                                | 1 1         |              |              |                      |  |                                      |  |
|  |       | See Part IV, line 19                           | <b>g</b>                       | 9a          |              |              |                      |  |                                      |  |
|  | b     | Less direct expens                             | ses                            | 9b          |              |              |                      |  |                                      |  |
|  | С     | Net income or (loss                            | s) from gaming ac              | tivities    |              | <b>•</b>     |                      |  |                                      |  |
|  | 10a   | Gross sales of inve                            | entory, less                   |             |              |              |                      |  |                                      |  |
|  |       | returns and allowa                             | nces                           | 10a         |              |              |                      |  |                                      |  |
|  |       | Less cost of goods                             |                                | 10b         |              |              |                      |  |                                      | _  |
|  |       | Net income or (loss                            | s) from sales of in            | ventory     | <del> </del> | •            |                      |  |                                      |  |
| Snc  |       |  |                                |             | Bu           | usiness Code |                      |  | ·                                    |  |
| ne<br>Tue  | 11a   |  |                                |             | <u> </u>     |              | ·                    |  |                                      |  |
| ella   | b     |  |                                |             | $\vdash$     |              | <del></del>          |  | <del> </del>                         |  |
| Miscellaneous<br>Revenue                               | 6     | All other recent                               |                                |             | $\vdash$     |              |                      |  |                                      |  |
| Σ  |       | All other revenue  Total. Add lines 11         | a_11d                          |             | L            | <b>•</b>     |                      |  |                                      | <u>.</u>   |
| _  |       | Total revenue. Se                              |                                |             |              | <b>—</b>     | 108,742              | 4,511  | 0                                    | 43,380   |
|  | 14    | John 164611ue. 36                              | C manuchons                    |             |              |              |                      |  |                                      | 5 990 (2010)   |

|          | _ Check if Schedule O contains a res   | sponse or note to any line | in this Part IX                    |   |                                |
|----------|--|----------------------------|------------------------------------|---|--------------------------------|
|          | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses      | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses |
| 1        | Grants and other assistance to domestic organizations  |                            |                                    |   |                                |
|          | and domestic governments See Part IV, line 21  | 7,900                      | 7,900                              |   |                                |
| 2        | Grants and other assistance to domestic  |                            |                                    |   |                                |
|          | individuals See Part IV, line 22   |                            |                                    |   |                                |
| 3        | Grants and other assistance to foreign   |                            |                                    |   |                                |
|          | organizations, foreign governments, and foreign  |                            |                                    |   |                                |
|          | individuals See Part IV, lines 15 and 16   |                            |                                    |   |                                |
| 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  |                            |                                    |   |                                |
|          | 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 (nonemployees)   |                            |                                    |   |                                |
| a        |  |                            | . = .                              |   |                                |
| b        | J  | 1 000                      |                                    | 1 000                                     |                                |
|          | Accounting   | 1,000                      |                                    | 1,000                                     |                                |
| d        | Lobbying   | _                          |                                    |   |                                |
| e        | Professional fundraising services See Part IV, line  |                            |                                    | 0 220                                     |                                |
| T        | Investment management fees   | 9,328                      |                                    | 9,328                                     |                                |
| g        | Other (If line 11g amount exceeds 10% of line 25, column   |                            |                                    |   |                                |
| 40       | (A) amount, list line 11g expenses on Schedule O)  |                            |                                    |   |                                |
|          | Advertising and promotion  |                            |                                    |   |                                |
| 13       | Office expenses  |                            |                                    |   |                                |
| 14       | Information technology   |                            |                                    | -   |                                |
| 15       | Royalties  |                            |                                    |   | - "                            |
| 16       | Occupancy<br>Travel  |                            |                                    |   |                                |
| 17       |  |                            |                                    |   |                                |
| 18       | Payments of travel or entertainment expense for any federal, state, or local public officials  | 13                         |                                    |   |                                |
| 10       |  |                            |                                    |   |                                |
| 19<br>20 | Conferences, conventions, and meetings Interest  |                            | <del></del>                        |   |                                |
| 21       | Payments to affiliates   | -                          |                                    |   |                                |
| 22       | Depreciation, depletion, and amortization  |                            |                                    |   |                                |
| 23       | Insurance  |                            | ··· ··· ·                          |   |                                |
| 24       | Other expenses Itemize expenses not covered  |                            |                                    |   |                                |
|          | above (List miscellaneous expenses on line 24e If  |                            |                                    |   |                                |
|          | line 24e amount exceeds 10% of line 25, column   |                            |                                    |   |                                |
|          | (A) amount, list line 24e expenses on Schedule O)  |                            |                                    |   |                                |
| а        | ( ) amount has mid a to appoint on our our outlead of  |                            |                                    |   |                                |
| b        |  |                            |                                    |   | <u> </u>                       |
| c        |  |                            |                                    | 7   |                                |
| d        |  |                            |                                    |   |                                |
| e        | All other expenses   |                            |                                    |   |                                |
| 25       | Total functional expenses. Add lines 1 through 24e   | 18,228                     | 7,900                              | 10,328                                    | 0                              |
| 26       | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and |                            | .,,,,,,                            | 20,020                                    |                                |
|          | fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)  |                            |                                    |   |                                |

| Part                 | X Balance Sheet Check if Schedule O contains a response or note to any line in this Pa |                       |                    |
|----------------------|--|-----------------------|--------------------|
|                      |  | (A) Beginning of year | (B)<br>End of year |
| 1                    | Cash—non-interest-bearing  | 7,304 1               | 6,657              |
| 2                    | Savings and temporary cash investments   | 14,569 2              | 5,555              |
| 3                    | Pledges and grants receivable, net   | 3                     |                    |
| 4                    | Accounts receivable, net   | 4                     |                    |
| 5                    | Loans and other receivables from any current or former officer, director,              |                       |                    |
| -                    | trustee, key employee, creator or founder, substantial contributor, or 35%             |                       |                    |
|                      | controlled entity or family member of any of these persons                             | 5                     |                    |
| 6                    | Loans and other receivables from other disqualified persons (as defined                |                       |                    |
| <u>ဒ</u>             | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)              | 6                     |                    |
| Assets               | Notes and loans receivable, net  | 7                     |                    |
| ž   8                | Inventories for sale or use  | 8                     |                    |
| 9                    | Prepaid expenses and deferred charges  | 9                     |                    |
| 10                   | a Land, buildings, and equipment cost or other   |                       |                    |
|                      | basis Complete Part VI of Schedule D 10a   |                       |                    |
| l t                  | Less accumulated depreciation 10b  | 10c                   |                    |
| 11                   | Investments—publicly traded securities   | 966,029 11            | 1,238,077          |
| 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 33)                              | 987,902 16            | 1,250,289          |
| 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                    |                    |
| ဖ္မ 22               | Loans and other payables to any current or former officer, director,                   |                       |                    |
| Liabilities 22       | trustee, key employee, creator or founder, substantial contributor, or 35%             |                       |                    |
| <u> </u>             | controlled entity or family member of any of these persons                             | 22                    |                    |
| <b>2</b> 3 ا         | Secured mortgages and notes payable to unrelated third parties                         | 23                    |                    |
| 24                   | Unsecured notes and loans payable to unrelated third parties                           | 24                    |                    |
| 25                   | Other liabilities (including federal income tax, payables to related third             |                       |                    |
|                      | parties, and other liabilities not included on lines 17-24) Complete Part X            |                       |                    |
|                      | of Schedule D  | 25                    |                    |
| 26                   | Total liabilities. Add lines 17 through 25   | 0 26                  | 0                  |
| ပ္သ                  | Organizations that follow FASB ASC 958, check here 🔀                                   |                       |                    |
| 뿔                    | and complete lines 27, 28, 32, and 33.   |                       |                    |
| g   27               | Net assets without donor restrictions  | 987,902 27            | 1,250,289          |
| 28                   |  | 28                    |                    |
| <u> </u>             | Organizations that do not follow FASB ASC 958, check here ▶                            |                       |                    |
| -                    | and complete lines 29 through 33.  |                       |                    |
| 27 28 29 30 31 32 32 | Capital stock or trust principal, or current funds                                     | 29                    |                    |
| 30                   | Paid-in or capital surplus, or land, building, or equipment fund                       | 30                    |                    |
| 31                   | Retained earnings, endowment, accumulated income, or other funds                       |                       |                    |
| <u>ق</u> 32          | Total net assets or fund balances  | 987,902 32            | 1,250,289          |
| 33                   | Total liabilities and net assets/fund balances   | 987,902 33            | 1,250,289          |

1,250,289 Form 990 (2019)

| Forr | n 990 (2019) Holly Frederick Reynolds Support 31-1537157  |    |     | Pa     | <u>ige 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  | 1   | .08,   | 742           |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2  |     | 18,    | 228           |
| 3    | Revenue less expenses Subtract line 2 from line 1   | 3  |     | 90,    | 514           |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                       | 4  | 9   | 87,    | 902           |
| 5    | Net unrealized gains (losses) on investments  | 5  | 1   | .71,   | 873           |
| 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 on Schedule O)  | 9  |     |        |               |
| 10   | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line                   |    |     |        |               |
|      | 32, column (B))   | 10 | 1,2 | 50,    | 289           |
| Pa   | art XII Financial Statements and Reporting  |    |     |        |               |
|      | Check if Schedule O contains a response or note to any line in this Part XII                                    |    |     |        | Ш             |
|      |   |    |     | Yes    | No            |
| 1    | Accounting method used to prepare the Form 990 🔲 Cash 🔀 Accrual 🔲 Other   |    |     |        | ŀ             |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in           |    |     |        |               |
|      | Schedule O  |    |     |        |               |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                 |    | 2a  |        | <u> </u>      |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or          |    |     |        |               |
|      | reviewed on a separate basis, consolidated basis, or both   |    |     |        |               |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |    |     |        |               |
| b    | Were the organization's financial statements audited by an independent accountant?                              |    | 2b  |        | 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   |    | ĺ   |        |               |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |    |     |        |               |
| 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  |        | <u> </u>      |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on   |    |     |        |               |
|      | 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 on Schedule O and describe any steps taken to undergo such audits         |    | 3b  |        |               |
|      |   |    | Fo  | rm 990 | (2019)        |

# SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

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

Holly Frederick Reynolds Support | Employed Foundation for Animal Welfare | 31

Employer identification number

|     |        |                               |  | TOT WITHIGH MELL  |                       |                        |   | <u>/13/</u>                             |    |
|-----|--------|-------------------------------|--|---|-----------------------|------------------------|---|---|----|
| Pá  | art I  | Reas                          | son for Public Charit  | y Status (All organizatio   | ns mus                | t comp                 | lete this part.) See instru                                 | uctions.                                |    |
| Гһе | orga   | nization is no                | ot a private foundation beca                                 | ause it is (For lines 1 through   | 12, check             | only one               | box)  |   |    |
| 1   |        | A church, co                  | onvention of churches, or a                                  | ssociation of churches describ  | ed in sec             | tion 170               | (b)(1)(A)(i).   |   |    |
| 2   | П      | A school de                   | scribed in section 170(b)(1                                  | I)(A)(ii). (Attach Schedule E (F  | orm 990               | or 990-E               | Z))   |   |    |
| 3   | $\Box$ | A hospital o                  | r a cooperative hospital sei                                 | vice organization described in  | section               | 170(b)(1               | )(A)(iii).  | 1                                       |    |
| 4   | П      | A medical re                  | esearch organization opera                                   | ted in conjunction with a hospi   | tal descri            | bed in se              | ection 170(b)(1)(A)(iii). Enter                             | the hospital's name.                    |    |
|     |        | city, and sta                 |  | ,   |                       |                        |   | • |    |
| 5   |        | An organiza                   | ition operated for the benef                                 | it of a college or university owr   | ned or op             | erated by              | a governmental unit describe                                | ed in                                   |    |
|     | ш      |                               | )(b)(1)(A)(iv). (Complete Pa                                 |   |                       |                        | <b>3</b>  |   |    |
| 6   |        |                               |  | governmental unit described i   | n sectio              | n 170(b)(              | 1)(A)(v).   |   |    |
| 7   |        | An organiza                   |  | a substantial part of its suppor  |                       |                        |   | public                                  |    |
| 8   |        |                               |  | 170(b)(1)(A)(vi). (Complete F   | Part II)              |                        |   |   |    |
| 9   | П      |                               |  | escribed in section 170(b)(1)(  |                       | erated in              | conjunction with a land-grant                               | college                                 |    |
|     |        |                               |  | e of agriculture (see instruction   |                       |                        |   |   |    |
| 10  |        | receipts from<br>support from | n activities related to its exe<br>n gross investment income | (1) more than 33 1/3% of its sempt functions—subject to cert and unrelated business taxable 30, 1975 See section 509(a) | tain exce<br>e income | ptions, ar<br>(less se | nd (2) no more than 33 1/3% oction 511 tax) from businesses | of its                                  |    |
| 11  | $\Box$ |                               |  | d exclusively to test for public  |                       |                        |   |   |    |
|     | _      | _                             |  | d exclusively for the benefit of,   | -                     |                        | . , . ,   | urnosas                                 |    |
| -   |        | of one or mo                  | ore publicly supported organ                                 | nizations described in section  | 509(a)(1              | ) or sect              | ion 509(a)(2). See section 50                               | )9(a)(3).                               |    |
|     |        | Check the b                   | ox in lines 12a through 12d                                  | that describes the type of sup  | porting o             | ,<br>rganizati         | on and complete lines 12e, 12                               | f, and 12g                              |    |
|     | а      | X Type I. /                   | A supporting organization o                                  | perated, supervised, or contro  | lled by its           | support                | ed organization(s), typically by                            | / giving                                |    |
|     |        |                               | orted organization(s) the p                                  | ower to regularly appoint or ele  | ect a maj             | ority of th            | e directors or trustees of the                              |   |    |
|     |        | supportii                     | ng organization. You must                                    | complete Part IV, Sections A  | A and B.              |                        |   |   |    |
|     | b      |                               | · · · · · · · · · · · · · · · · · · ·                        | supervised or controlled in con   |                       |                        |   | •                                       |    |
|     |        |                               |  | orting organization vested in th  | ie same į             | persons t              | hat control or manage the sup                               | ported                                  |    |
|     |        |                               | •  | te Part IV, Sections A and C.   |                       |                        |   |   |    |
|     | C      | ts suppo                      | orted organization(s) (see ir                                | supporting organization operanstructions) You must complete   | ete Part              | IV, Secti              | ons A, D, and E.  |   |    |
|     | d      | that is no                    | ot functionally integrated Ti                                | ed. A supporting organization of the organization generally must  | t satisfy a           | distribut              | ion requirement and an attent                               |   |    |
|     | _ 1    | _                             |  | must complete Part IV, Sect   |                       |                        |   |   |    |
|     | е      | Check th                      | is box if the organization really integrated or Type III n   | eceived a written determination<br>on-functionally integrated supp  | from the              | RS that                | tit is a Type I, Type II, Type II                           |   |    |
|     | f      |                               | mber of supported organiza                                   |   | Joining of            | gamzano                | "   |   | 1  |
|     |        |                               | •  | the supported organization(s)   |                       |                        |   |   | _= |
| (1) |        | of supported                  | (II) EIN   | (III) Type of organization  | (iv) is the (         | organization           | (v) Amount of monetary                                      | (vi) Amount of                          |    |
| (-, |        | inization                     | (,   | (described on lines 1–10  | 1, ,                  | or governing           | support (see  | other support (see                      |    |
|     |        |                               |  | above (see instructions))   | docu                  | ment?                  | instructions)   | instructions)                           |    |
|     |        |                               |  |   | Yes                   | No                     |   |   |    |
| (A) | Va     | rious                         |  |   |                       |                        |   |   |    |
|     |        |                               |  |   |                       | Х                      | 7,900   |   | 0  |
| (B) |        |                               |  |   |                       |                        |   |   |    |
|     |        |                               |  |   |                       |                        |   |   |    |
| (C) |        |                               |  |   |                       |                        |   |   |    |
| (D) |        |                               |  |   |                       |                        |   |   |    |
| (E) |        |                               |  |   | <u> </u>              |                        |   | · <del></del>                           | _  |
|     |        |                               |  |   |                       |                        |   |   |    |
|     |        | 1                             |  |   |                       |                        |   |   | _  |
| -4- |        | I                             | 1  | İ   | I                     | 1 1                    | E 000   |   | _  |

|      |   | <u>ly Frede</u>            |                    |                      |                       | <u>-1537157</u>                       | Page 2        |  |
|------|---|----------------------------|--------------------|----------------------|-----------------------|---------------------------------------|---------------|--|
| Pa   | art II Support Schedule for C   |                            |                    |                      |                       |                                       |               |  |
|      | · (Complete only if you ch  |                            |                    |                      |                       |                                       | qualify under |  |
|      | Part III If the organization  | n fails to qual            | ify under the t    | ests listed beli     | ow, please cor        | nplete Part III)                      |               |  |
|      | tion A. Public Support  |                            |                    |                      |                       | · · · · · · · · · · · · · · · · · · · |               |  |
| Cale | ndar year (or fiscal year beginning in)   | (a) 2015                   | (b) 2016           | (c) 2017             | (d) 2018              | (e) 2019                              | ୁ(f)́ Total   |  |
| 1    | Gifts, grants, contributions, and   |                            |                    |                      |                       |                                       |               |  |
| •    | membership fees received. (Do not   |                            |                    |                      |                       | /                                     |               |  |
|      | ınclude any "unusual grants`")  |                            | <u> </u>           |                      |                       |                                       |               |  |
| 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   |                            |                    |                      |                       | /                                     |               |  |
| 3    | furnished by a governmental unit to the   |                            |                    |                      | _                     | <b> </b>                              |               |  |
|      | organization without charge   |                            |                    |                      |                       |                                       |               |  |
| 4    | Total. Add lines 1 through 3  |                            |                    |                      |                       |                                       |               |  |
| 5    | The portion of total contributions by   |                            |                    |                      |                       |                                       |               |  |
|      | each person (other than a   |                            |                    |                      |                       | İ                                     |               |  |
|      | governmental unit or publicly supported organization) included on   |                            | ]                  |                      |                       |                                       |               |  |
|      | line 1 that exceeds 2% of the amount  |                            | İ                  |                      |                       |                                       |               |  |
|      | shown on line 11, column (f)  |                            |                    |                      |                       |                                       |               |  |
| 6    | Public support. Subtract line 5 from line 4   |                            |                    |                      |                       |                                       |               |  |
| _    | tion B. Total Support   |                            | T                  |                      |                       |                                       |               |  |
|      | ndar year (or fiscal year beginning in)   | (a) 2015                   | (b) 2016           | (c)/2017             | (d) 2018              | (e) 2019                              | (f) Total     |  |
| 7    | Amounts from line 4   |                            |                    |                      |                       |                                       |               |  |
| 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  |                            |                    |                      |                       |                                       |               |  |
| 11   | (Explain in Part VI)  Total support. Add lines 7 through 10   |                            |                    | <u></u>              | <u> </u>              |                                       |               |  |
| 12   | Gross receipts from related activities, etc   | /acc instruction           | <u> </u>           | l                    |                       | 12                                    |               |  |
| 13   | First five years. If the Form 990 is for th   |                            |                    | fourth or fifth to   | v vear as a section   |                                       | <del></del>   |  |
|      | organization, check this box and stop he  | -/                         | nst, second, tima  | , lourers, or men ta | x year as a section   | 1 30 1(0)(3)                          | ▶ □           |  |
| Sec  | tion C. Computation of Public S   |                            | entage             |                      |                       |                                       |               |  |
| 14   | Public support percentage for 2019 (line  |                            | <del>-</del>       | lumn (f))            |                       | 14                                    | %             |  |
| 15   | Public support percentage from 2018 Sc  |                            |                    |                      |                       | 15                                    | %             |  |
| 16a  |   |                            |                    |                      |                       |                                       |               |  |
|      | box and stop here. The organization qua   |                            |                    |                      |                       |                                       | ▶ □           |  |
| b    | b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check |                            |                    |                      |                       |                                       |               |  |
|      | this box and stop here. The organization qualifies as a publicly supported organization                                       |                            |                    |                      |                       |                                       |               |  |
| 17a  | 10%-facts-and-circumstances test—20   | <b>019.</b> If the organiz | zation did not che | ck a box on line 1   | 3, 16a, or 16b, an    | d line 14 is                          |               |  |
|      | 10% or more, and if the organization med  | ets the "facts-and         | -cırcumstances" t  | est, check this bo   | x and stop here.      | Explain in                            |               |  |
|      | Part VI how the organization meets the "  | facts-and-circums          | stances" test. The | organization qua     | ilifies as a publicly | supported                             | _             |  |
|      | organization  |                            |                    |                      |                       |                                       | ▶ ∐           |  |
| b    | ,   | •                          |                    |                      |                       |                                       |               |  |
|      | 15 is 10% or more, and if the organization  |                            |                    |                      | •                     |                                       |               |  |
|      | Explain in Part VI how the organization n   | neets the "facts-a         | nd-circumstances   | " test. The organ    | ization qualifies as  | a publicly                            |               |  |
|      | supported organization  |                            |                    |                      |                       |                                       | ▶ ∐           |  |
| 18   | Private foundation. If the organization of  | lid not check a bo         | x on line 13, 16a  | , 16b, 17a, or 17b   | , check this box a    | nd see                                | , _           |  |
| //   | /instructions   |                            |                    |                      |                       |                                       | ▶ ∐           |  |

Schedule A (Form 990 or 990-EZ) 2019

Holly Frederick Reynolds Support 31-1537157 Schedule A (Form 990 or 990-EZ) 2019 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Totál Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's fax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 1 and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 % Public support percentage from 2018 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 17 % Investment income percentage from 2018 Schedule A, Part III, line 17 18 18 % 19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### 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**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 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)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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
- 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
- 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.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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)
- 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)
- 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.
- Did one or more disgualified 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
- 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 )

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|    |  | Yes      | No               |
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| Sched       | ule A (Form 990 or 990-EZ) 2019 Holly Frederick Reynolds Support 31-15371  | <u>57                                    </u> |          | Page 5   |
|-------------|--|---|----------|----------|
| <u> Pa</u>  | rt IV Supporting Organizations (continued)   |   |          |          |
|             | ·  |   | Yes      | No       |
| 11          | Has the organization accepted a gift or contribution from any of the following persons?                                    |   |          |          |
| а           | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)               |   |          |          |
|             | below, the governing body of a supported organization?   | 11a   |          | X        |
| 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   | L        | X        |
| Sect        | tion B. Type I Supporting Organizations  |   |          |          |
|             |  |   | 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              |   | ĺ        |          |
|             | controlled the organization's activities If the organization had more than one supported organization,                     | 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            |   |          |          |
|             | VI how providing such benefit carried out the purposes of the supported organization(s) that operated,                     |   |          |          |
|             | supervised, or controlled the supporting organization  | 2   | <u> </u> | <u> </u> |
| Sect        | tion C. Type II Supporting Organizations   |   |          |          |
|             |  |   | Yes      | No       |
| 1           | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors           |   |          |          |
|             | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control              |   |          |          |
|             | or management of the supporting organization was vested in the same persons that controlled or managed                     |   |          |          |
|             | the supported organization(s).   | 1   |          |          |
| Sect        | ion D. All Type III Supporting Organizations   |   |          |          |
|             |  |   | Yes      | No       |
| 1           | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the             |   |          |          |
|             | organization's tax year, (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     | /   |          |          |
|             | 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   |          |          |
| <u>Sect</u> | 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 instruc | tions)  |          |          |
| а           | The organization satisfied the Activities Test Complete line 2 below.  |   |          |          |
| þ           | The organization is the parent of each of its supported organizations. Complete line 3 below                               |   |          |          |
| C           | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in        | nstructi:                                     | ons)     |          |
|             |  | 1   |          |          |
| 2 /         | Activities Test Answer (a) and (b) below.  |   | Yes      | No       |
| а           | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of         |   |          |          |
|             | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify                 |   |          |          |
|             | those supported organizations and explain how these activities directly furthered their exempt purposes,                   |   |          |          |
|             | how the organization was responsive to those supported organizations, and how the organization determined                  |   |          |          |
|             | that these activities constituted substantially all of its activities  | 2a  |          |          |
| b           | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more        |   |          |          |
|             | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the               |   |          |          |
|             | reasons for the organization's position that its supported organization(s) would have engaged in these                     |   |          |          |
|             | activities but for the organization's involvement  | 2b  |          |          |
| 3           | Parent of Supported Organizations Answer (a) and (b) below.  |   |          |          |
| а           | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or                |   |          |          |
|             | trustees of each of the supported organizations? Provide details in Part VI.   | 3a  |          |          |
| b           | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each        |   |          |          |
|             | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard           | 3b  | :_ :     |          |

| Schedule A (Form 990 or 990-EZ) 2019 HOLLY Frederick Reynolds                                 |              |                            | LD/ Page 6                     |  |
|---|--------------|----------------------------|--------------------------------|--|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (                            | <u>Organ</u> | <u>izations</u>            |                                |  |
| 1 · ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust o | n Nov        | 20, 1970 (explain in Part  | VI) See                        |  |
| instructions. All other Type III non-functionally integrated supporting organizations         | s must c     | complete Sections A throu  | ıgh 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<br>(optional) |  |
| Aggregate fair market value of all non-exempt-use assets (see                                 |              |                            | ,                              |  |
| instructions for short tax year or assets held for part of year)                              |              |                            |                                |  |
| a Average monthly value of securities   | 1a           |                            |                                |  |
| b Average monthly cash balances   | 1b           |                            |                                |  |
| 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            |                            | <u> </u>                       |  |
| 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                        |              |                            | - <u> </u>                     |  |
| emergency temporary reduction (see instructions).   | 6            |                            |                                |  |
| 7 Check here if the current year is the organization's first as a non-functionally integra    | ated Typ     | e III supporting organizat | tion (see                      |  |

instructions)

|          | ule A (Form 990 or 990-EZ) 2019 Holly Frederick 1<br>tV Type III Non-Functionally Integrated 509(a)(3               |                        |                             |                               |  |  |  |  |
|----------|---|------------------------|-----------------------------|-------------------------------|--|--|--|--|
| Sec      | tion D - Distributions  |                        | •                           | Current Year                  |  |  |  |  |
| 1        |   |                        |                             |                               |  |  |  |  |
| 2        |   |                        |                             |                               |  |  |  |  |
| 3        |   |                        |                             |                               |  |  |  |  |
| 4        |   |                        |                             |                               |  |  |  |  |
| 5        | Qualified set-aside amounts (prior IRS approval required)   |                        |                             |                               |  |  |  |  |
| 6        |   |                        |                             |                               |  |  |  |  |
| 7        | Total annual distributions, Add lines 1 through 6   |                        |                             |                               |  |  |  |  |
| 8        | Distributions to attentive supported organizations to which the orga  | nization is responsive |                             |                               |  |  |  |  |
| •        | (provide details in Part VI). See instructions  | zacion lo responsivo   |                             |                               |  |  |  |  |
| 9        | Distributable amount for 2019 from Section C, line 6  |                        |                             |                               |  |  |  |  |
| 10       | Line 8 amount divided by line 9 amount  |                        |                             |                               |  |  |  |  |
|          | ,   | (i)                    | (ii)                        | (iii)                         |  |  |  |  |
|          | Section E - Distribution Allocations (see instructions)   | Excess Distributions   | Underdistributions Pre-2019 | Distributable Amount for 2019 |  |  |  |  |
| 1_       | Distributable amount for 2019 from Section C, line 6  |                        |                             |                               |  |  |  |  |
| 2        | Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI) See instructions |                        |                             |                               |  |  |  |  |
| 3        | Excess distributions carryover, if any, to 2019   |                        |                             |                               |  |  |  |  |
|          | From 2014   |                        |                             |                               |  |  |  |  |
|          | From 2015   |                        |                             |                               |  |  |  |  |
|          | From 2016   | -                      |                             |                               |  |  |  |  |
|          | From 2017   |                        |                             |                               |  |  |  |  |
|          | From 2018   |                        |                             |                               |  |  |  |  |
|          | Total of lines 3a through e   | -                      |                             |                               |  |  |  |  |
|          | Applied to underdistributions of prior years  |                        |                             |                               |  |  |  |  |
|          | Applied to 2019 distributable amount  |                        |                             |                               |  |  |  |  |
|          | Carryover from 2014 not applied (see instructions)  |                        |                             |                               |  |  |  |  |
| <u>;</u> | Remainder Subtract lines 3g, 3h, and 3i from 3f   |                        | -                           |                               |  |  |  |  |
| 4        | Distributions for 2019 from   |                        |                             | <del>`</del>                  |  |  |  |  |
| •        | Section D, line 7 \$  |                        |                             |                               |  |  |  |  |
| a        | Applied to underdistributions of prior years  |                        |                             |                               |  |  |  |  |
|          | Applied to 2019 distributable amount  |                        | -                           |                               |  |  |  |  |
|          | Remainder Subtract lines 4a and 4b from 4   |                        |                             |                               |  |  |  |  |
| 5        | Remaining underdistributions for years prior to 2019, 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 2019 Subtract lines 3h   |                        |                             |                               |  |  |  |  |
| -        | and 4b from line 1. For result greater than zero, explain in  |                        |                             |                               |  |  |  |  |
|          | Part VI See instructions  |                        |                             |                               |  |  |  |  |
| 7        | Excess distributions carryover to 2020. Add lines 3j  |                        |                             |                               |  |  |  |  |
|          | and 4c  |                        |                             |                               |  |  |  |  |
| 8        | Breakdown of line 7   |                        |                             |                               |  |  |  |  |
|          | Excess from 2015  |                        |                             |                               |  |  |  |  |
|          | Excess from 2016  |                        |                             |                               |  |  |  |  |
| С        | Excess from 2017  |                        |                             |                               |  |  |  |  |
| d        | Excess from 2018  |                        |                             |                               |  |  |  |  |
|          | Excess from 2019  | 1                      |                             |                               |  |  |  |  |

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 organizations are nonprofit 501(c)(3)animal welfare organizations.

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

Charities REMOVED During Tax Year 2019:

- Rescue, Rehome, Repeat (26-3969206)
- Capital Area Animal Welfare Society (72-0892509)
- Primarily Primates (74-2164756)
- In Defense of Animals (68-0008936)
- Save the Chimps (65-0789748)

### Charities ADDED During Tax Year 2019:

- International Fund for Animal Welfare (31-1594197)
- People for the Ethical Treatment of Animals (52-1218336)
- Tiger Haven (62-1536897)
- Animal Protection & Welfare Society (72-1385410)
- Pets for Life (53-0225390)
- Roleaux Foundation (84-2361678)
- Global Animal Rescue (87-0773320)
- World Wildlife Fund (52-1693387)
- Angel's Grove Ranch (46-0547285)
- Second Chance for Blind Dogs (46-5473787)
- Wounded Paw Project (81-1272489)
- Touched by an Animal (36-4204496)
- Gorilla Foundation (94-2386151)

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.)

(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 cruelty to animals.

(iv)

The foundation's board authorizes 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 the
Board.

# SCHEDULE M (Form 990)

# **Noncash Contributions**

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

2019

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Open To Public Inspection

Name of the organization

Holly Frederick Reynolds Support Foundation for Animal Welfare Employer identification number

31-1537157 Part I Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g 1 Art -- Works of art Art — Historical treasures 2 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes R Intellectual property 9 X 1 60,851 Securities - Publicly traded 10 Securities — Closely held stock Securities — Partnership, LLC, 11 or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution — Historic structures 14 Qualified conservation contribution — Other Real estate — Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶( 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 X to be used for exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II 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 b If "Yes," describe in Part II

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

describe in Part II

Page 2

Schedule M (Form 990) 2019 Holly Frederick Reynolds Support 31-1537157 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received. or a combination of both Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

Open to Public

Inspection

Internal Revenue Service 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 or email 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.