Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047
2012

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

2012 JUL 1. and ending JUN 30. A For the 2012 calendar year, or tax year beginning Check if C Name of organization D Employer identification number Address change His Branches, Inc. Name change 23-7060337 Doing Business As Ilnitial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number return Termin-342 Arnett Boulevard (585)235-9000 Amended return 806893. City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-Rochester, NY 14619-1147 H(a) Is this a group return pendina F Name and address of principal officer: Chris Pollock for affiliates? same as C above H(b) Are all affiliates included? Yes) ◀ (insert no.) 4947(a)(1) or 527 If "No." attach a list. (see instructions) J Website: ▶ www.hisbranches.org **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > Year of formation: 1969 M State of legal domicile: NY Part I Summary 1 Briefly describe the organization's mission or most significant activities: To enable and assist Christian **Activities & Governance** physicians, counselors and others who believe in the sanctity of all 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 22 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. **b** Net unrelated business taxable income from Form 990-T, line 34. **Prior Year Current Year** 158136. 157285. Contributions and grants (Part VIII, line 1h) Revenue 645525. 649608. Program service revenue (Part VIII, line 2g) 0. Ō. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) O. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Ō. 806893. 803661. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1900. <u>3000.</u> Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 14 570116. 459452. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 285531. 205643. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 778759. 746883. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 28134. 56778. Revenue less expenses. Subtract line 18 from line 12 Ssets or Balances **Beginning of Current Year End of Year** 399294. 415882. 20 Total assets (Part X, line 16) 307628 296082. 21 Total liabilities (Part X. line 26) Met 91666. 119800. Net assets or fund balances. Subtract line 21 from line 20 . Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Joshua Moody, Treasurer Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature 12/05/13 self-employed P00486964 Ann Gever Ann Gever Paid ▶ PROVVIDENZA & WRIGHT CPA'S, Preparer Firm's name Firm's EIN 73-1645215 Firm's address 121 SULLY'S TRAIL, SUITE 12 Use Only PITTSFORD, NY 14534 Phone no. 585-385-1790 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

) (Revenue \$

including grants of \$

644386.

(Expenses \$

Total program service expenses ▶

Form 990 (2012) His Branches, Inc. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		Х
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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			- 21
8	Schedule D, Part III	8		х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		Х
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		- 21
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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 "Ves " complete Schedule F. Parts Land IV.	1/16		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		-22
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2012) His Branches, Inc. Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified		.,	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		х
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		21
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			7.7
	Part V, line 1	34		X
	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	051-		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36	, , , , , , , , , , , , , , , , , , , ,	36		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
J1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			- <u>-</u> -
	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form **990** (2012)

Form 990 (2012) His Branches, Inc. Part V Statements Regarding Other IRS Filings and Tax Compliance

Second S		Check if Schedule O contains a response to any question in this Part V									
1a Enter the number reported in Box 3 of Form 1006. Enter -0 if not applicable 1b 0 0 be Enter the number of Forms W.26 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 reportable gaming (gambling) winnings to prize winners? 2 Enter the number of emptyoese reported on Form W.3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with visit with the year covered by this return 1 If a least one is reported on line 2a, did the organization file all required degral emptyonent tax returns? 2 Notes. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business grees income of \$1,000 or more during the year? 3 A If Yes, 'Insist filled a Form 990 if for this year? If 'No,' 'provide an explanation in Schedule O 3 Did the organization have unrelated business grees income of \$1,000 or more during the year? 4 A At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a firmancial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 Did If Yes,' enter the number of the foreign country is used as a bank account, securities accounts or other financial accounts. 5 Was the organization a party to a prohibitot tax shelter transaction at any time during the tax year? 5 Even instructions for filing requirements for Form 10 F 90.22.1, Report of Foreign Bank and Financial Accounts. 5 Was the organization and party that was or is a party to a prohibitot as shelter transaction? 5 Even in the second second party of prohibitot as shelter transaction? 5 Even in the second second party of prohibitot as shelter transaction? 5 Even in the second second party of prohibitot as shelter transaction? 5 Even in the second second party of prohibitot as shelter transaction? 5 Even in the second second party of the				Yes	No						
be Enter the number of Forms W-26 included in line 1a. Enter 0-if not applicable	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable									
Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 22 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 23 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 25 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 36 bit the organization have unrelated business gross income of \$1,000 or more during the year? 38 b If "Yes," has if filed a Form 950-T for this year? If "No, *provide an explanation in Schedule O 39 b If "Yes," the strip of the form 950-T for this year? If "No, *provide an explanation in Schedule O 30 b If "Yes," the strip of the foreign country. ► 31 b If "Yes," the strip of the foreign country. ► 32 b If "Yes," the strip of the foreign country. ► 33 b If "Yes," the strip of the foreign country. ► 34 b If "Yes, the strip of the foreign country. ► 35 b Was the organization as party to a prohibited tax shelter transaction? 36 b See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 36 b If "Yes," the line 5a or 5b, did the organization file Form 8886 17 37 b If "Yes," the strip of the organization file Form 8886 17 38 b If "Yes," the strip of the organization file Form 8886 17 39 b If "Yes," the strip of the organization file form 880 as charitable contributions? 40 b If the organization strip of the organization file form 880 as required to the payor? 41 b If "Yes," the strip of the organization of the value of the goods or services provided? 42 b If the organization seleve a periment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 45 b If "Yes," the strip of the organization file organization file a Form 108-02											
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22 Enter the number of employees reported on Form W3, Tansamittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return. Flied for the calendar year ending with or within the year covered by this return. Note. If the sum of lines 1a and 2a is greater than 250, by un my be required to e-file (see instructions) 3 but the organization have unreated business gross income of \$1,000 or more during the year? 3a LY 3b If Yes, * has it filed a Form 980-1 for this year? If No.* provide an explanation in \$3 checkle O. 3b If Yes, * has it filed a Form 980-1 for this year? If No.* provide an explanation in \$3 checkle O. 3b If Yes, * has it filed a Form 980-1 for this year? If No.* provide an explanation in \$3 checkle O. 3c If Yes, * has it filed a Form 980-1 for this year? If No.* provide an explanation in \$3 checkle O. 3c If Yes, * has it filed a Form 980-1 for this year? If No.* provide an explanation in \$3 checkle O. 3c If Yes, * to line 5a or 5b, did the organization that It was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c If Yes, * to line 5a or 5b, did the organization file Form 888-17 6c If Yes, * to line 5a or 5b, did the organization file Form 888-17 6d Does the organization have manual gross necepits that are normally greater than \$100,000, and did the organization solicit any contributions that the ware not tax deductible as charitable contributions? 6d Did the organization state may receive deductible contributions under section 170(c). 8d If Yes,* did the organization noted with every solicitation an experse statement that such contributions or grifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If Yes,* did the organization note year year year year year year year yea			1c	Х							
filed for the calendary year ending with or within the year covered by this return 2a 22	2a										
In It aleast one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e^160 (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a A X at more during the calendary year, did the organization have an inferest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a A tan y time the hanse of the foreign country. 5b If "Yes," and the foreign country (such as a bank account, securities account, or other financial account)? 5c If "Yes," to lift organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to lift organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to lift organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," did the organization has a that it was or is a party to a prohibited tax shelter transaction solicit any contributions that were not tax deductible as charitable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If "Yes," did the organization notity the donor of the value of the goods or services provided? 6d If "Yes," indicate the number of Forms 8282 filed during the year 6d If the organization receive a payment in excess of \$75 made party is a contribution and party for goods and services provided to the payor? 7d If the organization receive a payment in excess of \$75 made party as contribution of the payor of the payment in excess of \$75 made party as contribution of the payment in excess of \$75 made party as contribution of the payment in excess of \$75 made party as contribution of the payment in excess of \$75 made party as contribution of the payment in exc											
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3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-f for this year? If "No," provide an explanation in Schedule O 3b If "Yes," which the filed a Form 990-f for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for Form TD F 902-21, Report of Foreign Bank and Financial Accounts. So Was the organization of the foreign country (such as a bank account, securities account, or other financial account). So Was the organization of the foreign country (such as a bank account, securities account, or other financial accounts. So Was the organization Accounts. So Was the organization of the organization that it was or is a party to a prohibited tax shelter transaction? So If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? So If "Yes," to line 5a or 5b, did the organization file Form 8886-17 So If "Yes," to lid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). By If "Yes," did the organization notify the donor of the value of the goods or services provided? To I bit the organization receive a payment in excess to 15'5 made party as a contribution of quantization receive a payment in excess to 15'6 made party as a contribution of party or which it was required to file Form 8282? If I "Yes," indicate the number of Forms 8282 filed during the year Did the organization received a contribution of undersective, to pay premiums on a personal benefit contract? To I bit the organization received a contribution of undiffer intellectual pr											
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4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. So Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5 C If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b C If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," did the organization to include with every solicitation and party to goods and did the organization solicit any contributions that were not tax deductible as charitable contributions under section 170(c). 6d Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7c Tyganization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the Payor? 7a X Y 7b If "Yes," indicate the number of Forms 8282 filed during the year 7c Did the organization notify the donor of the value of the goods or services provided? 7c If If Old the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7d Tyg 7f If the organization received a contribution of qualified intellectual property, did the organizations. Did the supporting organizations maintaining door adv											
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b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 13b 13c 14a X											
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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 13c 14a X	-										
organization is licensed to issue qualified health plans	b										
c Enter the amount of reserves on hand											
14a Did the organization receive any payments for indoor tanning services during the tax year?	С										
			14a		Х						
		, , , , , , , , , , , , , , , , , , , ,	14b								

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question 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	1	0			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1	0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with	any other				
	officer, director, trustee, or key employee?			2	:		Х
3	Did the organization delegate control over management duties customarily performed by or under t						
	of officers, directors, or trustees, or key employees to a management company or other person?			3			Х
4	Did the organization make any significant changes to its governing documents since the prior Form						X
5	Did the organization become aware during the year of a significant diversion of the organization's as				,		Х
6	Did the organization have members or stockholders?				;		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a						
	more members of the governing body?			7	a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	persons other than the governing body?			71	o		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?			88	а	Х	
b	Each committee with authority to act on behalf of the governing body?			81	5	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			. 9	,		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)				
					,	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10	а		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapte	rs, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			_ 10	b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy bef	ore filing the form?	11	а	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	1 ,				a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			. 12	b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," c	lescribe				
	in Schedule O how this was done			12	:c	X	
13	Did the organization have a written whistleblower policy?				3	X	
14	Did the organization have a written document retention and destruction policy?			. 14	4	X	
15	Did the process for determining compensation of the following persons include a review and approve		ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision						
	The organization's CEO, Executive Director, or top management official				a	Х	
b	Other officers or key employees of the organization			15	b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a				37
	taxable entity during the year?			16	a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anizatio	on's				
	exempt status with respect to such arrangements?			_ 16	b		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NY	T /C	Ham FO4(-)(0)	A =: "	1-1-1		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	·ı (Sec	tion 501(c)(3)s only) avai	able	9	
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain	n in C-	hadula (1)				
10	LX Own website LX Another's website LX Upon request Upon request Other (explain Describe in Schedule O whether (and if so, how), the organization made its governing documents, or			and fi		sio!	
19	statements available to the public during the tax year.	JOHNICI	or interest policy,	ariu ili	ıalıC	ııdı	
20	State the name, physical address, and telephone number of the person who possesses the books a	and re	cords of the organi	zation			
20	Joshua Moody, treasurer - 585.235.9000	and 160	oras or the organi	Lation			

14619

342 Arnett Blvd, Rochester, NY

Form 990 (2012)

232007 12-10-12

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

Check if Schedule O contains a response to any question 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.

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

(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and Title	Average hours per week	box offic	Position (do not check more than one box, unless person is both an officer and a director/trustee)					Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) William R Morehouse	50.00							0.64.05	•	•	
Executive and Medical Dire	1 00	Х		Х				86107.	0.	0	
(2) Avik Ganguly	1.00									0	
board member	2 00	Х						0.	0.	0	
(3) Ann L Geyer	2.00	,,							0	0	
board member	2 00	Х						0.	0.	0	
(4) Christopher Pollock	3.00	х		х				0.	0.	0	
President/Chairman (5) Norman Welch	28.00	Δ		_				0.	0.	0	
Business manager	20.00	х						28646.	0.	0	
(6) Jennifer N Allen	1.00	Δ						20040.	0.	U	
Vice President	1.00	Х		Х				0.	0.	0	
(7) Joshua Moody	2.00	77						0.	0.	0	
Treasurer	2.00	х		Х				0.	0.	0	
(8) Kerry E Luddy	2.00								•		
Secretary pro tem		х		х				0.	0.	0	
(9) Thomas R Zumbo	1.00										
board member		х						0.	0.	0	
(10) Steven M Hogan	1.00										
board member		Х						0.	0.	0	
(11) Michael Braun	1.00										
board member		Х						0.	0.	0	
		l			l						

	Section A. Officers, Directors, Trus (A)	(B)	, , , , , , , , , , , , , , , , , , ,		, <u>u.i.</u>		<u></u>		(D)	(E)			(F)	
	Name and title	Average			Pos	ition	1		Reportable	Reportable			timate	
	Name and title	hours per		not c	heck	more	than is bot		compensation	compensatio			nount	
		week					r/trus		from	from related			other	٠.
		(list any	ctor						the	organization			pensa	tion
		hours for	or director				pa:		organization	(W-2/1099-MIS	SC)	fr	om the	Э
		related	stee o	Institutional trustee			Highest compensated employee		(W-2/1099-MISC)			org	anizat	ion
		organizations	Individual trustee	nal tr		employee	o mp						d relat	
		below line)	ividu	fitutio	Officer	emp	hest ploye	Former				orga	anizati	ons
		line)	밀	lus	#0	Key	en Hig	윤						
	Sub total								114753.		0.			0.
	Sub-total								0.		0.			0.
									114753.		0.			0.
	Total (add lines 1b and 1c)							20 r		000 of reportable	_			
	compensation from the organization	ot ill little di to ti	1036	iiste	ou ai	DOVE	<i>5)</i> WI	10 11	eceived more than \$100	,,000 of reportable				(
													Yes	No
	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											_		Х
	For any individual listed on line 1a, is the su								her compensation from			3		
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		Х
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	unr	elat	ted organization or indiv	idual for services				
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch ,	pers	on .					5		X
	ion B. Independent Contractors													
	Complete this table for your five highest co the organization. Report compensation for	· ·	-								pens	ation 1	from	
	(A)	trie caleridar y	cai	criui	ng v	VILII	OI W		(B)	year.		(0	<u>:</u>)	
	Name and business	address	N	INC	3				Description of s	services	C		nsatio	n
								_						
2	Total number of independent contractors (including but n	ot lii	mite	d to		_	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation >				()							

His Branches, Inc. 23-7060337 Form 990 (2012) Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (B) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under sections 512, 513, or 514 exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns **b** Membership dues 1b 1c **c** Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 157285 g Noncash contributions included in lines 1a-1f: \$ 157285. h Total. Add lines 1a-1f **Business Code** 648608. 648608. Program Service Revenue 2 a Patient fees and svc r 621110 611600 1000. 1000. b Medical workshop & mee f All other program service revenue 649608. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses ______**b c** Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a

806893.

649608.

b

d All other revenue

Total. Add lines 11a-11d Total revenue. See instructions.

Form 990 (2012) His Branches, Inc. Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth		mplete column (A).	
	Check if Schedule O contains a respon		is Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	3000.	3000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	86107.	74052.	10333.	1722.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	407942.	347720.	57196.	3026.
7	Other salaries and wages Pension plan accruals and contributions (include	40/942•	341120.	37190.	3020•
8	section 401(k) and 403(b) employer contributions)	816.	696.	114.	6.
9	Other employee benefits	30736.	26199.	4309.	228.
10		44515.	37944.	6241.	330.
11	Payroll taxes Fees for services (non-employees):	44515.	377440	0241.	330.
''	Management				
b	Legal				
	Accounting	5130.		5130.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch O.)	6818.	4950.	1868.	
12	Advertising and promotion	2416.	1474.	725.	217.
13	Office expenses	21425.	10820.	9106.	1499.
14	Information technology	8843.		8843.	
15	Royalties	05051	00044	4001	106
16	Occupancy	25271.	20344.	4801.	126.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4508.	3628.	857.	23.
19	Conferences, conventions, and meetings	20441.	17216.	2894.	331.
20	Payments to affiliates	20441.	1/210•	2074.	331.
21 22	Depreciation, depletion, and amortization	20713.	16675.	3935.	103.
23	Insurance	21900.	19820.	1971.	109.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Medical supplies	35480.	35480.		
h	Telephone and communica	9901.	7970.	1881.	50.
C	Joint cost of combined	8347.	3339.		5008.
d	Program expense	6969.	6969.		
	All other expenses	7481.	6090.	203.	1188.
25	Total functional expenses. Add lines 1 through 24e	778759.	644386.	120407.	13966.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	8347.	3339.	0.	5008.

Form 990 (2012)
Part X Balance Sheet

Pal	π χ	Balance Sheet					
		Check if Schedule O contains a response to any	/ questi	on in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			45452.	1	65371.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			12015.	3	16125.
	4	Accounts receivable, net			145975.	4	132114.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see instr).				6	
ets	7	Notes and loans receivable, net		_		7	
Assets	8	Inventories for sale or use				8	
_	9	Prepaid expenses and deferred charges			5002.	9	6782.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	436319.			
	b	Less: accumulated depreciation		244032.	187029.	10c	192287.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14	3203.		
	15	Other assets. See Part IV, line 11		3821.	15		
	16	Total assets. Add lines 1 through 15 (must equ	399294.	16	415882.		
	17	Accounts payable and accrued expenses			50306.	17	47949.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
Ω	21	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Loans and other payables to current and former					
apil		key employees, highest compensated employee					
Ï					92665.	22	100310.
	23	Secured mortgages and notes payable to unrela			164587.	23	147823.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D			70.	25	0.
	26	Total liabilities. Add lines 17 through 25		_	307628.	26	296082.
		Organizations that follow SFAS 117 (ASC 958					
S		complete lines 27 through 29, and lines 33 an		·			
2	27	Unrestricted net assets			78526.	27	103225.
ala	28	Temporarily restricted net assets			13140.	28	16575.
В	29			<u></u>		29	
틸		Organizations that do not follow SFAS 117 (A					
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
SS	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			91666.	33	119800.
	34	Total liabilities and net assets/fund balances			399294.	34	415882.

Form	1990 (2012) His Branches, Inc.	23-706	0337	Pag	ge 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI				X			
			_					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		068				
2	Total expenses (must equal Part IX, column (A), line 25)	2		787 281				
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		916	<u>66.</u>			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6		162	<u>50.</u>			
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9		162	<u>50.</u>			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	1	198	<u> 00.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				L			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the							
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		. 3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		ĺ			

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

His Branches, Inc.

Employer identification number

23-7060337

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III - Non-functionally integrated **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (vi) Is the (iv) Is the organization (v) Did you notify the (iii) Type of organization (vii) Amount of monetary (i) Name of supported (ii) EIN organization in col. in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) organized in the aovernina document? (i) of your support? above or IRC section U.S.? (see instructions)) Yes No Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2012

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and	1					
	membership fees received. (Do not	1					
	include any "unusual grants.")						
2	Tax revenues levied for the organ-	1					
	ization's benefit and either paid to	1					
	or expended on its behalf						
3	The value of services or facilities	1					
	furnished by a governmental unit to	1					
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest,	1					
	dividends, payments received on	1					
	securities loans, rents, royalties	1					
	and income from similar sources						
9	Net income from unrelated business	1					
	activities, whether or not the	1					
	business is regularly carried on						
10	Other income. Do not include gain	1					
	or loss from the sale of capital	1					
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a section	n 501(c)(3)	
_	organization, check this box and stop						<u></u> ▶□
	ction C. Computation of Publ						
	Public support percentage for 2012 (I					14	%
	Public support percentage from 2011					15	%
16a	33 1/3% support test - 2012. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2011. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets th		•		• •		,
	organization meets the "facts-and-circ		•				
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s ▶∟

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sa	ction A. Public Support	elow, please comp	nete Part II.)				
		(-) 0000	(I-) 0000	(-) 0010	(-1) 0044	(-) 0010	(6) T-+-I
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	61005	110070	120770	150126	157006	620565
	include any "unusual grants.")	61285.	119079.	132779.	158136.	157286.	628565.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	462379.	622935.	634594.	645525.	623473.	2988906.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	523664.	742014.	767373.	803661.	780759.	3617471.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	3880.	14060.	1700.			19640.
r	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						0.
c	Add lines 7a and 7b	3880.	14060.	1700.			19640.
	Public support (Subtract line 7c from line 6.)						3597831.
Se	ction B. Total Support		•				
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	523664.	742014.	767373.	803661.	780759.	3617471.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.)	523664.	742014.	767373.	803661.	780759.	3617471.
	First five years. If the Form 990 is for			'			
14		· ·	,		-	. , . ,	.ation,
Sec	ction C. Computation of Publi		rcentage				<u> </u>
	Public support percentage for 2012 (li			olumn (fl)		15	99.46 %
	Public support percentage from 2011			Oldi (1)/		16	99.26 %
	ction D. Computation of Inves					10	22220 70
	Investment income percentage for 20			e 13 column (f))		17	.00 %
	Investment income percentage from 2					18	% %
	a 33 1/3% support tests - 2012. If the						
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2011. If the	nd stop here. The	organization qualit	fies as a publicly s	upported organiz	ation	X
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see ins	structions	<u></u>

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2012

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2008 Amount	2009 Amount	2010 Amount	2011 Amount	2012 Amount
Robert and Ann Geyer William and Susan	1100.	1200.	1200.	0.	0.
William and Susan	0.50				
Morehouse	250.	0.	0.	0.	0.
Eugene and Judith	2522	40760			
Young	2530.	12760.	500.	0.	0.
David Beinetti	0.	100.	0.	0.	0.
Total to Schedule A, Part III, Line 7a	3880.	14060.	1700.		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

His Branches, Inc.

Employer identification number 23 – 7060337

Pai	rt I	Organizations Maintaining Donor Advised		s or A	Accounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line (6. (a) Donor advised funds		(b) Funds and other accounts
	.	 	(a) Donor advised funds	(b) Funds and other accounts
1		number at end of year			
2		gate contributions to (during year)			
3		gate grants from (during year)			
4	-	gate value at end of year			
5		e organization inform all donors and donor advisors in w	_		
		e organization's property, subject to the organization's e			
6		e organization inform all grantees, donors, and donor ad			
		aritable purposes and not for the benefit of the donor or			• — —
D.		missible private benefit?			
Pai		Conservation Easements. Complete if the orga		Part IV,	line 7.
1	_	se(s) of conservation easements held by the organization	`		
		Preservation of land for public use (e.g., recreation or ed			ly important land area
		Protection of natural habitat	Preservation of a cer	tified hi	istoric structure
		Preservation of open space			
2		lete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a co	onservation easement on the last
	day of	the tax year.			
					Held at the End of the Tax Year
а		number of conservation easements			2a
b		acreage restricted by conservation easements			2b
С		er of conservation easements on a certified historic struc			2c
d		er of conservation easements included in (c) acquired af	,		
		in the National Register			2d
3	Numb	er of conservation easements modified, transferred, rele	ased, extinguished, or terminated by th	e orgar	nization during the tax
	year 🕨				
4		er of states where property subject to conservation ease	' 		
5		the organization have a written policy regarding the perio			
		ons, and enforcement of the conservation easements it h			
6		and volunteer hours devoted to monitoring, inspecting, a			
7		nt of expenses incurred in monitoring, inspecting, and er			
8		each conservation easement reported on line 2(d) above	satisfy the requirements of section 170)(h)(4)(E	
					Yes No
9		t XIII, describe how the organization reports conservation	•		
		e, if applicable, the text of the footnote to the organization	on's financial statements that describes	the or	ganization's accounting for
D		rvation easements.	Ant Historical Transcourse on C	\ .	Cincilar Assats
Pai	τIII	Organizations Maintaining Collections of		ner	Similar Assets.
		Complete if the organization answered "Yes" to Form 9			
1a		organization elected, as permitted under SFAS 116 (ASC			
		cal treasures, or other similar assets held for public exhib		ance of	public service, provide, in Part XIII,
		xt of the footnote to its financial statements that describe			
b		organization elected, as permitted under SFAS 116 (ASC			
		res, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pu	ıblic se	rvice, provide the following amounts
		g to these items:			
		evenues included in Form 990, Part VIII, line 1			. • \$
	(ii) As	ssets included in Form 990, Part X			. ▶ \$
2		organization received or held works of art, historical treas		al gain,	provide
		llowing amounts required to be reported under SFAS 116			
а		ues included in Form 990, Part VIII, line 1			
b	Asset	s included in Form 990, Part X			. • \$

	t III Organizations Maintaining C	collections of A	rt, Historical T	reasures, o	r Other	Similar A	ssets(c	ontin	ued)	<u></u>
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of th	e following that	are a sigr	nificant use	of its colle	ctior	ı item	ıs
	(check all that apply):									
а	Public exhibition	d	Loan or ex	change progra	ms					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further	the organization	on's exemp	pt purpose ii	n Part XIII			
5	During the year, did the organization solicit o	r receive donations	of art, historical tre	easures, or othe	er similar a	ssets			_	_
	to be sold to raise funds rather than to be ma						Ye			<u> No</u>
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the organizat	ion answered "	Yes" to Fo	orm 990, Par	t IV, line 9	, or		
	Is the organization an agent, trustee, custod		liary for contribution	ons or other ass	sets not in	cluded				
	on Form 990, Part X?		•				☐ Ye	s		□No
h	If "Yes," explain the arrangement in Part XIII						— .	•		_ 110
	Too, explain the arrangement in rate xiii	and complete the re	nowing table.				Am	ount		
С	Beginning balance					1c	7	<u> </u>		
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance									
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?				Ye	 s		No
	If "Yes," explain the arrangement in Part XIII.]
	t V Endowment Funds. Complete i									
	·	(a) Current year	(b) Prior year	(c) Two years	s back (d) Three years	back (e)	Four	years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column	(a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	<u></u> %								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administer	red for the	organization	า	_		
	by:							Ц	Yes	No
	(i) unrelated organizations						3	a(i)		
	(ii) related organizations						3a	ı(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?				🚨	3b		
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm		 							
	Description of property	(a) Cost or of basis (investre		st or other s (other)		umulated eciation	(d)	300k	k valu	е
	Land			21636.	•				216	36.
	Buildings			263750.	1	L43796				54.
	Leasehold improvements									
	Equipment									
	Other			150933.	1	L00236	,		506	97.
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line	10(c).)				19	922	87.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

(10) (11)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

23-7060337 Page 4 His Branches, Inc. Schedule D (Form 990) 2012 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Part XI 823143. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990. Part VIII. line 12: a Net unrealized gains on investments 16250. Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIII.) 2d 16250. 2e Add lines 2a through 2d 806893. Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 4h 4c 80689 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 795009. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 16250. Donated services and use of facilities Prior year adjustments 2b c Other losses 2c 2d Other (Describe in Part XIII.) 16250. Add lines 2a through 2d 2e 778759. Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2012

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. See separate instructions. OMB No. 1545-0047

Open to Public . Inspection

Name of the organization

Part I | Questions Regarding Compensation

Department of the Treasury Internal Revenue Service

His Branches, Inc. Employer identification number 23-7060337

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
D		41.		
•		1b		
2				
	trustees, and the GEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any of the following the filing organization used to establish the compensation of the organization's			
Ŭ				
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	First-class or charter travel Travel for companions Taxel for companions Taxel for companions Taxel for companions Taxel for companions Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Compensation committee X Compensation survey or study X Form 990 of other organizations X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retermines of: The organization? Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization povide any non-fixed paymen			Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only position 504(a)(a) and 504(a)(4) approximations much complete lines 5.0			
_				
3				
_		5a		х
		5b		X
D		35		
6	,			
U				
а		6a		х
h		6b		X
J	If "Yes" to line 6a or 6b, describe in Part III			
7				
-		7		х
8				
-		8		х
9				
		9		

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

Schedule J (Form 990) 2012

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

His Branches, Inc.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(I)-(D)	in prior Form 990
	(i)							
(i	ii)							
(
(i								
	(i)							
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	(i)							
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Schedule J (Form 990) 2012 His Branches, Inc.	23-7060337	Page 3
Part III Supplemental Information	-	
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8 additional information.	3, and for Part II. Also complete this part for a	any

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

His Branches, Inc.

Employer identification number

23-7060337

Ра			•		•	section 501(c)(4) orga art IV, line 25a or 25b	• •	art V	line 41	Ωh			
1	•	(b) F	Relationship bety			lified				<u> </u>	(d)	Corre	cted?
	(a) Name of disqualified p	person	person and or	ganiz	ation	(с) Description of tran	sactio	n			es	No
											+	\dashv	
											+	-+	
											+	\dashv	
2	Enter the amount of tax i	incurred by the o	organization man	agers	or disc	qualified persons dur	ing the year under						
									> \$				
3	Enter the amount of tax,	if any, on line 2,	above, reimburs	ed by	the or	ganization			> \$				
Pa	rt II Loans to and	d/or From Int	terested Pers	sons	<u> </u>								
						, Part V, line 38a or F	orm 990 Part IV lin	ne 26:	or if th	ne oraz	anizati	on	
	reported an amo	-				, , , , , , , , , , , , , , , , , , , ,	om 000, r are 11, m	10 20,	01 11 11	io orga	ar nizaci	011	
	(a) Name of	(b) Relationship with	(c) Purpose	(d) Lo	oan to or	(e) Original	(f) Balance due	(g)	In	(h) Ap	proved ard or	(i) W	/ritten
	interested person	organization	of loan		n the ization?	principal amount	.,	defa	ult?	comn	nittee?	agree	ment?
					From			Yes	No	Yes	No	Yes	No
	Morehouse		assignme			28996.	47256.		X	X	<u> </u>	X	
	Auty		assignme			24724.	36981.		Х	X	<u> </u>	Х	
BJ	Mark, NP		assignme	Х		10746.	16073.		Х	X	↓	Х	
											├─	 	┼
											-	-	+
											1		+
													+
Tota		····				> \$	100310.						
Pa	rt III Grants or As		•										
	Complete if the o												
	(a) Nama of interacted	n a ra a ra				(a) Amount of	(d) Type	~ŧ	- 1	- 1-	1 Durn		+

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
IIA For Denominaris Deduction Act No	tion and the Implumetions for Fo	000 av 000 F7	Calaadula I /F	000 as 000 EZ\ 001

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

Schedule L (Form 990 or 990-EZ) 2012

See Part V for Continuations

Part IV	Business Tran	sactions Inv	volving Interested	Persons.

(a) Name of interested person	"Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
				Yes	No
William R Morehouse, MD	medical director an	0.	Dr Morehous		Х
Part V Supplemental Information					
	al information for responses to questions	s on Schedule L (see	instructions).		
Schedule L, Part II, Loans	To and From Interes	sted Person	ıs:		
(a) Name of Person: Dr Mor	rehouse				
(c) Purpose of Loan: assign	rnmont of aggounts re	agairrahla			
		cervable			
(d) Loan to or from organi					
(e) Original Principal Amo	ount \$ 28996. (f) Ba	alance Due	\$ 47256.		
(g) Loan in Default? = No					
(h) Approved by Board or (Committee? = Yes				
(i) Written Agreement? = Y	es.				
(a) Name of Person: Dr Aut	CV				
	-				
(c) Purpose of Loan: assig	enment of accounts re	ageivable			
		scervabre			
(d) Loan to or from organi					
(e) Original Principal Amo	ount \$ 24724. (f) Ba	alance Due	\$ 36981.		
(g) Loan in Default? = No					
(h) Approved by Board or (Committee? = Yes				
(i) Written Agreement? = Y	es.				

(a) Name of Person: BJ Mark, NP

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

His Branches, Inc. Employer identification number 23-7060337

Form 990, Part I, Line 1, Description of Organization Mission: human life and desire to provide outreach programs, family-oriented ministries, spiritual guidance, and health and wellness care for persons living in underserved neighborhoods in Rochester and elsewhere. Form 990, Part VI, Section B, line 11: The board of directors meets with the independent auditor to discuss the financial statements and the tax returns just before the tax returns are filed. Form 990, Part VI, Section B, Line 12c: By verbal discussion at board meetings Form 990, Part VI, Section B, Line 15a: Business manager and medical director are paid at below market rate and no employee is paid over \$100,000. Form 990, Part VI, Section C, Line 19: Form 990 is available on the organization's website. The other documents are available at the office upon request. Form 990, Part XI, line 9, Changes in Net Assets: Donated professional services -16250.Form 990, Part XI, line 2c

The organization's audit review procedure has not changed

The organization's audit review procedure has not changed

Schedule O (Form 990 or 9	990-EZ) (2	2012)		 	Page 2
Name of the organization		Branches,	Inc.		Employer identification number 23-7060337

2012 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquire	d Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	Land	1215	30L			21636.			21636.			0.
		1215	30SL	15.00	16	40000.			40000.	40000.		0.
	Furniture and equipment	Vari	esSL	5.00	16	8044.			8044.	8044.		0.
4	Improvements	Vari	esSL	31.50	16	197382.			197382.	126253.		6266.
5		0611	94SL	5.00	16	300.			300.	300.		0.
6	Conference room tables and chairs	0430	95SL	7.00	16	2632.			2632.	2632.		0.
7		0927	97SL	7.00	16	900.			900.	900.		0.
8	Computer, network and peripherals	0501	9SL	5.00	16	5636.			5636.	5636.		0.
9	Copier	1013	00sL	5.00	16	1100.			1100.	1100.		0.
10	Refrigerator	0215)1SL	7.00	16	494.			494.	494.		0.
11	Samsung monitor	0718)1SL	5.00	16	448.			448.	448.		0.
12	Network components	0731)1SL	5.00	16	166.			166.	166.		0.
	Computer components	0731)1SL	5.00	16	3064.			3064.	3064.		0.
	SECRETARY'S OFFICE BLINDS	0115)2SL	7.00	16	200.			200.	200.		0.
		0618)2SL	20.00	16	1200.			1200.	630.		60.
	PREPAID MORTGAGE COSTS	0607) 2	180м	43	7344.			7344.	4888.		490.
17	COMPUTER	1231	3SL	5.00	16	629.			629.	629.		0.
18	SERVER	0216)4SL	5.00	16	1480.			1480.	1480.		0.

2012 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	Parking lot fence	09230	4SL	7.00	16	3438.			3438.	3438.		0.
20	Parking lot	11160	4SL	39.00	16	40600.			40600.	8328.		1041.
21	Knitting machine	12210	4SL	7.00	16	500.			500.	500.		0.
		12210	4SL	5.00	16	200.			200.	200.		0.
	LIGHTING IMPROVEMENTS	02210	7SL	39.00	16	3186.			3186.	437.		82.
		03070	7SL	39.00	16	385.			385.	52.		10.
	PREPAID MORTGAGE COSTS	06270	7	180M	43	2059.			2059.	685.		137.
	HST billing system	12270	7SL	3.00	16	11500.			11500.	11500.		0.
	KEYSTONE SECURITY SYSTEM	06211	SL	7.00	16	5905.			5905.	2110.		844.
		09101	SL	7.00	16	369.			369.	79.		53.
	HVAC FOR COMMUNITY ROOM	11161	SL	7.00	16	8040.			8040.	1723.		1149.
30	CARPETING AND TILE	10261	SL	39.00	16	15015.			15015.	513.		385.
		12141	SL	39.00	16	7182.			7182.	245.		184.
32		12211	SL	7.00	16	757.			757.	216.		108.
	NURSING STATION CABINETS AND VENTIL	08291:	ısı	7.00	16	1246.			1246.	89.		178.
34	ULTRASOUND MACHINE	05011	2SL	5.00	16	27330.			27330.	2733.		5466.
35	CAMERA	09281	2SL	7.00	16	460.			460.			49.
36	NETWORK UPGRADE	10261	2SL	5.00	16	573.			573.			76.

990

Form 990 Page 10

Asset No.	Description	Date Acquir	e red	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	SOFTWARE NON CASH DONATION	1101	12	SL	3.00	16	12741.			12741.			2831.
38	SERVER	0115	13	SL	5.00	16	2875.			2875.			288.
39	PRINTERS	0115	13	SL	5.00	16	350.			350.			35.
		0115	13	SL	5.00	16	7636.			7636.			764.
41		0515	13	SL	5.00	16	720.			720.			24.
	* Total 990 Page 10 Depr & Amort						445722.		0.	445722.	229712.	0.	20520.

Exclusion Codes

General Exceptions

- **01 -** Income from an activity that is not regularly carried on (section 512(a)(1))
- 102 Income from an activity in which labor is a material income-producing factor and substantially all (at least 85%) of the work is performed with unpaid labor (section 513(a)(1))
- 03 Section 501(c)(3) organization Income from an activity carried on primarily for the convenience of the organization's members, students, patients, visitors, officers, or employees (hospital parking lot or museum cafeteria, for example) (section 513(a)(2))
- 04 Section 501(c)(4) local association of employees organized before May 27, 1969 Income from the sale of work-related clothes or equipment and items normally sold through vending machines; food dispensing facilities; or snack bars for the convenience of association members at their usual places of employment (section 513(a)(2))
- 05 Income from the sale of merchandise, substantially all of which (at least 85%) was donated to the organization (section 513(a)(3))

Specific Exceptions

- Section 501(c)(3), (4), or (5) organization conducting an agricultural or educational fair or exposition - Qualified public entertainment activity income (section 513(d)(2))
- O7 Section 501(c)(3), (4), (5), or (6) organization Qualified convention and trade show activity
 income (section 513(d)(3))
- 08 Income from hospital services described in section 513(e)
- 09 Income from noncommercial bingo games that do not violate state or local law (section 513(f))
- 10 Income from games of chance conducted by an organization in North Dakota (section 311 of the Deficit Reduction Act of 1984, as amended)
- Section 501(c)(12) organization Qualified pole rental income (section 513(g)) and/or member income (described in section 501(c)(12)(H))
- 12 Income from the distribution of low-cost articles in connection with the solicitation of charitable contributions (section 513(h))
- 13 Income from the exchange or rental of membership or donor list with an organization eligible to receive charitable contributions by a section 501(c)(3) organization; by a war veterans' organization; or an auxiliary unit or society of, or trust or foundation for, a war veterans' post or organization (section 513(h))

Modifications and Exclusions

- 14 Dividends, interest, payments with respect to securities loans, annuities, income from notional principal contracts, other substantially similar income from ordinary and routine investments, and loan commitment fees, excluded by section 512(b)(1)
- 15 Royalty income excluded by section 512(b)(2)
- 16 Real property rental income that does not depend on the income or profits derived by the person leasing the property and is excluded by section 512(b)(3)

- 17 Rent from personal property leased with real property and incidental (10% or less) in relation to the combined income from the real and personal property (section 512(b)(3))
- 18 Gain or loss from the sale of investments and other non-inventory property and from certain property acquired from financial institutions that are in conservatorship or receivership (sections 512(b)(5) and (16)(A))
- 19 Gain or loss from the lapse or termination of options to buy or sell securities or real property, and on options and from the forfeiture of good-faith deposits for the purchase, sale, or lease of investment real estate (section 512(b)(5))
- 20 Income from research for the United States; its agencies or instrumentalities; or any state or political subdivision (section 512(b)(7))
- 21 Income from research conducted by a college, university, or hospital (section 512(b)(8))
- 22 Income from research conducted by an organization whose primary activity is conducting fundamental research, the results of which are freely available to the general public (section 512(b)(9))
- 23 Income from services provided under license issued by a federal regulatory agency and conducted by a religious order or school operated by a religious order, but only if the trade or business has been carried on by the organization since before May 27, 1959 (section 512(b)(15))

Foreign Organizations

24 - Foreign organizations only - Income from a trade or business NOT conducted in the United States and NOT derived from United States sources (patrons) (section 512(a)(2))

Social Clubs and VEBAs

- 25 Section 501(c)(7), (9), or (17) organization -Non-exempt function income set aside for a charitable, etc., purpose specified in section 170(c)(4) (section 512(a)(3)(B)(i))
- 26 Section 501(c)(7), (9), or (17) organization -Proceeds from the sale of exempt function property that was or will be timely reinvested in similar property (section 512(a)(3)(D))
- 27 Section 501(c)(9) or (17) organization -Nonfunction income set aside for the payment of life, sick, accident, or other benefits (section 512(a)(3)(B)(ii))

Veterans' Organizations

- 28 Section 501(c)(19) organization Payments for life, sick, accident, or health insurance for members or their dependents that are set aside for the payment of such insurance benefits or for a charitable, etc., purpose specified in section 170(c)(4) (section 512(a)(4))
- 29 Section 501(c)(19) organization Income from an insurance set-aside (see code 28 above) that is set aside for payment of insurance benefits or for a charitable, etc., purpose specified in section 170(c)(4) (Regs. section 1.512(a)-4(b)(2))

Debt-Financed Income

- 30 Income exempt from debt-financed (section 514) provisions because at least 85% of the use of the property is for the organization's exempt purposes. (Note: This code is only for income from the 15% or less non-exempt purpose use.) (section 514(b)(1)(A))
- Gross income from mortgaged property used in research activities described in section 512(b)(7), (8), or (9) (section 514(b)(1)(C))
- 32 Gross income from mortgaged property used in any activity described in section 513(a)(1),
 (2), or (3) (section 514(b)(1)(D))
- 33 Income from mortgaged property (neighborhood land) acquired for exempt purpose use within 10 years (section 514(b)(3))
- 34 Income from mortgaged property acquired by bequest or devise (applies to income received within 10 years from the date of acquisition) (section 514(c)(2)(B))
- 35 Income from mortgaged property acquired by gift where the mortgage was placed on the property more than 5 years previously and the property was held by the donor for more than 5 years (applies to income received within 10 years from the date of gift (section 514(c) (2)(B))
- **36** Income from property received in return for the obligation to pay an annuity described in section 514(c)(5)
- 37 Income from mortgaged property that provides housing to low and moderate income persons, to the extent the mortgage is insured by the Federal Housing Administration (section 514(c)(6)). (Note: In many cases, this would be exempt function income reportable in column (e). It would not be so in the case of a section 501(c)(5) or (6) organization, for example, that acquired the housing as an investment or as a charitable activity.)
- 38 Income from mortgaged real property owned by: a school described in section 170(b)(1) (A)(ii); a section 509(a)(3) affiliated support organization of such a school; a section 501(c)(25) organization; or by a partnership in which any of the above organizations owns an interest if the requirements of section 514(c)(9)(B)(vi) are met (section 514(c)(9))

Special Rules

- 39 Section 501(c)(5) organization Farm income used to finance the operation and maintenance of a retirement home, hospital, or similar facility operated by the organization for its members on property adjacent to the farm land (section 1951(b)(8)(B) of Public Law 94-455)
- 40 Annual dues, not exceeding \$148 (subject to inflation), paid to a section 501(c)(5) agricultural or horticultural organization (section 512(d))

Trade or Business

I1 - Gross income from an unrelated activity that is regularly carried on but, in light of continuous losses sustained over a number of tax periods, cannot be regarded as being conducted with the motive to make a profit (not a trade or business)

Other

- Receipt of qualified sponsorship payments described in section 513(i)
- 43 Exclusion of any gain or loss from the qualified sale, exchange, or other disposition of any qualifying brownfield property (section 512(b)(19))

Form CHAR500

This form used for

Annual Filing for Charitable Organizations

New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway

2012

Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)	http		Inspection				
1. General Information							
a. For the fiscal year beginning	ng (mm/dd/yyyy) $07/01/201$	2 and ending (mm/dd/yyyy)	06/30/20	013			
b. Check if applicable for NYS: Address change	c. Name of organization His Branches, Inc.	,	d. Fed. employer ID no. (EIN) 23-7060337				
Name change Initial filing				e. NY Sta 01-49	ate registration no. 9 – 7 6		
Final filing Amended filing	Number and street (or P.O. box if ma 342 Arnett Bouleva		Room/suite		none number 235 – 9000		
NY registration pending	City or town, state or country an Rochester, NY 146			g. Email			
-				_			
2. Certification - Two Signa	<u>_</u>						
	f perjury that we reviewed this report n accordance with the laws of the St			our knowle	edge and belief, they are		
a. President or Authorized Office	Cer Signature	Chris Pollock Printed Name		pres	sident Date		
b. Chief Financial Officer or Tre		Joshua Moody		trea	asurer		
	o ignaturo						
3. Annual Report Exemption	on Information						
Check if total of \$25,000	t exemption (Article 7-A registrants a contributions from NY State (includir 0 <u>and</u> the organization did not enga utions during this fiscal year.	ng residents, foundations, corpo	. •	•			
federati \$25,000	An organization may claim this exen ed fund, United Way or incorporated 0 or 2) it received all or substantially report similar to that required by Art	i community appeal <u>and</u> contrib all of its contributions from one	utions from oth	her source	s did not exceed		
	mption (EPTL registrants and dual re receipts did not exceed \$25,000 <u>ar</u>		exceed \$25,00	00 at any ti	me during this fiscal year.		
report exemptions under bot	nts claiming the annual report exemption th laws, simply complete part 1 (General ubmit a fee, _{do not} complete the foli	nformation), part 2 (Certification) ar	nd part 3 (Annual	l Report Exe	emption Information) above.		
4. Article 7-A Schedules							
If you did not check the Artic	cle 7-A annual report exemption abo	· · · · · · · · · · · · · · · · · · ·	-				
* If "Yes", complete Sched			-				
 b. Did the organization receive * If "Yes", complete Sched 	government contributions (grants)?				Yes* X No		
5. Fee Submitted: See last	page for summary of fee requirem	ents.					
	are submitting along with this form:						
	are submitting along with this form.	\$	25. Sub	mit only on	e check or money order for the		
-				-	ble to "NYS Department of Law"		
c. Total fee		\$	75.	, ,,	,		

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments



His Branches, Inc.

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type Fee Instructions Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0. Article 7-A **EPTL** Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0. Dual Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

All Filers							
ng Fee							
Single check or money order payable to "NYS Department of Law"							
pies of Internal Revenue Service Forms							
IRS Form 990 All required schedules (including Schedule B) IRS Form 990-EZ All required schedules (including Schedule B) IRS Form 990-T IRS Form 990-T IRS Form 990-T IRS Form 990-PF All required schedules (including Schedule B) IRS Form 990-T IRS Form 990-T							
ditional Article 7-A Document Attachment Requirement							
dependent Accountant's Report							
Audit Report (total support & revenue more than \$250,000)							
Review Report (total support & revenue \$100,001 to \$250,000)							
No Accountant's Report Required (total support & revenue not more than \$100,000)							