Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990



AF	A For the 2013 calendar year, or tax year beginning $ m JUL1$, 2013 and ending $ m JUN$ 30 , 2014						
B c	Check if pplicable:	able: C Name of organization D Employer identification number					
	Address change	change HIS Branches, Inc.					
					060337		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe			
	Termin- ated	342 Arnett Boulevard		(585)235-9000		
	Amended return	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	919967.		
	Applica- tion pending	Rochester, NY 14619-1147		H(a) Is this a group re			
	P9	F Name and address of principal officer: Chris Pollock		for subordinates			
		same as C above		H(b) Are all subordinates in			
		pt status: $X 501(c)(3) 501(c) () \neq (insert no.) 4947(a)(1) ()$	or 527		list. (see instructions)		
		▶ www.hisbranches.org		H(c) Group exemptio			
			L Year (of formation: 1909	State of legal domicile: NY		
Pa		Summary iefly describe the organization's mission or most significant activities: To explanation explanation of the second se	nahlo	and aggint	Christian		
e	1 Bri	hysicians, counselors and others who be		in the canc	tity of all		
nan		neck this box \blacktriangleright if the organization discontinued its operations or disposed					
ver					10		
ဗိ					10		
کە د							
itie		tal number of volunteers (estimate if necessary)			24		
Activities & Governance		tal unrelated business revenue from Part VIII, column (C), line 12			0.		
A		et unrelated business taxable income from Form 990-T, line 34			0.		
		,		Prior Year	Current Year		
e	8 Co	ontributions and grants (Part VIII, line 1h)		157285.	139838.		
nue		ogram service revenue (Part VIII, line 2g)		649608.	776075.		
Revenue	10 Inv	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	4054.		
ш	11 Ot	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
	12 To	tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		806893.	919967.		
		ants and similar amounts paid (Part IX, column (A), lines 1-3)		3000.	2000.		
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ses		laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		570116.	639064.		
Expenses		ofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ц.		tal fundraising expenses (Part IX, column (D), line 25)		205642	241045		
		her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		205643.	241045.		
		tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		778759.	882109.		
<u> </u>	19 Re	evenue less expenses. Subtract line 18 from line 12	······	28134.	37858.		
ts or ances				ginning of Current Year	End of Year		
Sse Bala		tal assets (Part X, line 16)		415882. 296082.	504401. 360002.		
Net Assets (Fund Balanc		tal liabilities (Part X, line 26)		119800.	144399.		
		et assets or fund balances. Subtract line 21 from line 20 Signature Block		119000.	144399.		
		Signature Diock			ulunguuladara and haliaf it ia		

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.

Sign Here	Signature of officer Joshua Moody, Treasure Type or print name and title	r	Date				
Paid	Print/Type preparer's name Ann Geyer	Fieparer S Signature	late Check PTIN 1/11/14 self-employed P00486964				
Preparer	Firm's name 🕞 PROVVIDENZA & WR		Firm's EIN 73-1645215				
Use Only	Firm's address 121 SULLY'S TRAI	L, SUITE 12					
	PITTSFORD, NY 14534 Phone no.585-385-1790						
May the IRS discuss this return with the preparer shown above? (see instructions)							
332001 10-2	332001 10-29-13LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2013)						

See Schedule O for Organization Mission Statement Continuation

Exclusion Codes

General Exceptions

- 01 Income from an activity that is not regularly carried on (section 512(a)(1))
- 02 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))
- O3 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

- 06 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)
- O9 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

- 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))
- 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))
- 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 nonexempt 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))
- Gross income from mortgaged property used in any activity described in section 513(a)(1), (2), or (3) (section 514(b)(1)(D))
- Income from mortgaged property (neighborhood land) acquired for exempt purpose use within 10 years (section 514(b)(3))
- 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))
- 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

 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

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

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	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1		
	See Part I, line 1 and Schedule 0 continuation	
2	Did the organization undertake any significant program services during the year which were not listed o	n
	the prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3		ervices? Yes X No
5	If "Yes," describe these changes on Schedule O.	
4		vices as measured by expenses
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	
		s to others, the total expenses, and
40	revenue, if any, for each program service reported. a (Code:) (Expenses \$ 639295 • including grants of \$) (Revenue \$ 780129.
4a	a (Code:) (Expenses \$639295. including grants of \$ Enabling and assisting Christian physicians, clinics	
	believe in the sanctity of human life, to provide h	
	care for underserved people of Rochester, NY regard	
	coverage or ability to pay.	less of insurance
	coverage of ability to pay.	
4b	D (Code:) (Expenses \$) (Revenue \$
	Supporting and encouraging a missionary who provide	s community health
	and dental services and disaster relief to Lebanese	refugees, formerly
	in South Lebanon, and now in northern Israel.	
4c	C (Code:) (Expenses \$ including grants of \$) (Revenue \$
4d		
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 642218 .	- 000
		Form 990 (2013

 Form 990 (2013)
 His Branches, Inc.

 Part IV
 Checklist of Required Schedules

1			Yes	
1			103	No
•	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	
•	If "Yes," complete Schedule A	1 2	Λ	x
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u></u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		<u></u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		x
~	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		<u></u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u></u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			<u></u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	444		x
16	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 other assistance to or for any	14b		<u> </u>
15		15		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			<u> </u>
	complete Schedule G, Part III	19		х
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
20a				

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 Form 990 (2013)
 His Branches, Inc.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		<u> </u>
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			v
	Schedule K. If "No", go to line 25a	24a		X
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	04-		
h	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
258	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	disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schodula I. Dart I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	250		<u> </u>
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	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	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X X
35a	o o o o	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05		
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		x
27	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	36		- 22
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- 57		<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	38	x	

Form **990** (2013)

Form	990 (2013) His Branches, Inc.	23-7060	337	Р	age 5
Pa				-	3
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 6			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and r				
-	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 24			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions				
3a		,	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial	•	4a		X
b	If "Yes," enter the name of the foreign country:	,			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
		-	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				
	were not tax deductible?	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contraction	ract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D				
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		_		
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	40-			
a L	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	11a			
a b	Gross income from members or shareholders				
b		116			
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10412	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.				
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
2	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul		14b		

Form 990	(2013)
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Form 990 (
Part VI	Gov

His Branches, Inc.

23-7060337 Page 6

VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response	se
	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 or note to any line in this Part VI

	Y
1	1 1

Sec	tion A. Governing Body and Management					
	terra determing body and management				Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year	1a	10		163	
Id	If there are material differences in voting rights among members of the governing body at the end of the tax year	la	±0			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
L		46	10			
b	Enter the number of voting members included in line 1a, above, who are independent	1b		-		
2				•		x
~	officer, director, trustee, or key employee?		at auronviaian	2		
3	Did the organization delegate control over management duties customarily performed by or under the officiary directory or the performance of the p			2		x
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form			4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5 6		X
6	Did the organization have members or stockholders?			0		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			7-		x
	more members of the governing body?			7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members,	STOCK	olders, or			x
-	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	-	-		v	
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached	at the			77
			<u> </u>	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Revenu	e Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X	
	Ia Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			11a	X	
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.				37	
12a				12a	X	
b				12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," a	escribe		37	
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and appro-		ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				37	
а	The organization's CEO, Executive Director, or top management official			15a	X	37
b	Other officers or key employees of the organization			15b		X
46	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					37
	taxable entity during the year?			16a		<u>x</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anizatio	on's			
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NY$					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-T (Sec	tion 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.		:			
	X Own website Another's website X Upon request Other (explained)					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an				ncial	
	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books	and red	ords of the organiza	tion: 🕨	<u>-</u>	
	Joshua Moody, treasurer - 585.235.9000					
	342 Arnett Blvd, Rochester, NY 14619					

Enter -0- in columns (Ď), (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 an or the organization's current key employees, if any. See instructions for definition of "key employee."
 List the organization's five current highest componented employees (other than an efficient director tructure to the other than the other the other the other the other than the other the other the other than the other the other than the other the o

• 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.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	box	, unle	ss pe	rson	than is bot pr/trus	h an	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 em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Avik Ganguly	1.00								•	
board member		X						0.	0.	0.
(2) Ann L Geyer	2.00									
board member		X						0.	0.	0.
(3) Christopher Pollock	3.00									
President/Chairman	1 00	X	<u> </u>	X				0.	0.	0.
(4) Jennifer N Allen	1.00								0	•
Vice President		X		Х				0.	0.	0.
(5) Joshua Moody	2.00								0	•
Treasurer		X		Х				0.	0.	0.
(6) Kerry E Luddy	2.00								0	•
Secretary	1 0 0	X		X				0.	0.	0.
(7) Thomas R Zumbo	1.00	.,							0	0
board member	1 0 0	X						0.	0.	0.
(8) Steven M Hogan	1.00							0	0.	•
board member (9) Michael Braun	1.00	X						0.	0.	0.
(9) Michael Braun board member	1.00	x						0.	0.	0.
board member								0.	0.	0.
		1								
		-								
			-							
		1		1	1	1		1		1

	ls Branches, 1								23-70	603	37	Page 8
Part VII Section A. Officers, Di	rectors, Trustees, Key Er	mploy	vees,	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	box	not cl , unles cer an	ss pei	ition more rson i	than o is botl	n an	(D) Reportable compensation from	(E) Reportable compensatior from related	1	Estin amo	F) nated unt of her
	(list any hours for related organization below line)	S Individual trustee or director	Institutional trustee	Officer	Key employee	High est com pensated em ployee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fron organ and r	ensation n the ization related zations
										_		
										_		
										_		
										_		
										_		
										_		
										_		
1b Sub-total						 	•	0.		0.		0.
c Total from continuation she d Total (add lines 1b and 1c).								0.		0. 0.		0.
2 Total number of individuals (ir compensation from the organ	-	those	liste	ed al	sove	e) wh	io r	eceived more than \$100	,000 of reportable)		0
3 Did the organization list any f			e, ke	ey en	nplo	yee,	or	highest compensated e	mployee on	Г	Y	es No
line 1a? <i>If</i> "Yes," <i>complete</i> Sc 4 For any individual listed on lin	e 1a, is the sum of reporta	uble co	ompe	ensa	atior	n anc	l ot				3	X
and related organizations greDid any person listed on line	1a receive or accrue comp	ensat	ion f	rom	any	unr			idual for services		4	X
rendered to the organization? Section B. Independent Contract		ule J f	or su	lch	oers	son .					5	X
1 Complete this table for your f the organization. Report com	ive highest compensated i									oensa	tion fro	m
	(A) and business address		ONE		vicii	01 11		(B) Description of s		Со	(C) mpens	ation
2 Total number of independent \$100,000 of compensation from	· •	not li	mite	d to		se lis)	stec	d above) who received m	nore than			

His Branches, Inc.

\$100,000 of compensation from the organization

23-7060337 Page 8

Form 990 (20	13)	Hls	Bra
Part VIII	Statement	of Re	venue

His Branches, Inc.

Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) Revenue excluded from tax under (A) (C) Total revenue Related or Unrelated exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1a **1 a** 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 139838. 1f g Noncash contributions included in lines 1a-1f: \$ 139838. h Total. Add lines 1a-1f ► Business Code 705912. 705912. Program Service Revenue 2 a Patient fees and svc r 621110 b Reimbursements for med 621110 69082. 69082. c Medical workshop & mee 611600 1081. 1081. d е f All other program service revenue 776075. g Total. Add lines 2a-2f ► Investment income (including dividends, interest, and 3 4054. 4054. other similar amounts) Income from investment of tax-exempt bond proceeds 4 ► 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 \$ of contributions reported on line 1c). See Part IV, line 18 a 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 h c Net income or (loss) from gaming activities ► 10 a Gross sales of inventory, less returns and allowances а b Less: cost of goods sold b c Net income or (loss) from sales of inventory ► Miscellaneous Revenue Business Code 11 a b С d All other revenue Total. Add lines 11a-11d е 780129. Total revenue. See instructions. 919967. 0. Ο.

	rt IX Statement of Functional Expense				
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			<u>3</u>	
	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	2000.	2000.		
	United States. See Part IV, lines 15 and 16	2000.	2000.		
4	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees	86108.	69748.	11194.	5166
6	Compensation not included above, to disqualified	001000	037100		5100
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	471777.	331025.	125479.	15273
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	29385.	21109.	7199.	1077
10	Payroll taxes	51794.	37208.	12688.	1898
11	Fees for services (non-employees):				
а	Management				
b	Legal				
с	Accounting	6087.	712.	5375.	
d	, , , , , , , , , , , , , , , , , , ,				
е					
f	Investment management fees				
g		1 C 4 0	004	010	
	column (A) amount, list line 11g expenses on Sch 0.)	1640.	824.	<u>816.</u> 2549.	765
12	Advertising and promotion	8496. 24849.	5182.		765 4969
13	Office expenses	19447.	9940. 11863.	9940. 5889.	1695
14	Information technology	1944/•	11003.	5005.	1095
15	Royalties	53161.	42794.	10101.	266
16		724.	724.	10101.	200
17 10	Travel Payments of travel or entertainment expenses	1210	/ 2 4 •		
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6267.	4904.	1328.	35
20	Interest	2398.	2050.	300.	48
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	26664.	21465.	5066.	133
23	Insurance	22891.	20717.	2060.	114
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	32316.	32316.		
b	Telephone and communica	9756.	7805.	1951.	
с	Joint cost of combined	8623.	3449.		5174
d	Program expense	6386.	6386.		
е	All other expenses	11340.	9997.	1284.	59
25	Total functional expenses. Add lines 1 through 24e	882109.	642218.	203219.	36672
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 K if following SOP 98-2 (ASC 958-720)	8623.	3449.	0.	5174

33

34

	990 (; rt X	2013) His Branches, Balance Sheet	Inc.			23-	7060337 _{Ра}
Га	17			line in this Davit V			
		Check if Schedule O contains a response or no	te to any	line in this Part X			(B)
					(A) Beginning of year		End of year
	1	Cash non interest bearing			65371.	1	682
	2	Cash - non-interest-bearing Savings and temporary cash investments			000710	2	
	3	Pledges and grants receivable, net			16125.	3	809
	4	Accounts receivable, net			132114.	4	1091
	5	Loans and other receivables from current and f			1001110	7	1051
		trustees, key employees, and highest compens		, ,			
		Part II of Schedule L	-			5	
	6	Loans and other receivables from other disgual		5			
		section 4958(f)(1)), persons described in section	•				
		employers and sponsoring organizations of sec					
6		employees' beneficiary organizations (see instr)	-			6	
Assets	7	Notes and loans receivable, net	-			7	
As	8					8	
	9	Inventories for sale or use Prepaid expenses and deferred charges			6782.	9	411
		Land, buildings, and equipment: cost or other			0,021	9	
	104	basis. Complete Part VI of Schedule D	102	468682.			
	h	Less: accumulated depreciation		267339.	192287.	10c	2013
	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			3203.		35
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	415882.	16	5044		
	17	Accounts payable and accrued expenses		47949.		784	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
s	22	Loans and other payables to current and forme					
itie		key employees, highest compensated employe					
Liabilities		Complete Part II of Schedule L			100310.	22	962
Ë	23	Secured mortgages and notes payable to unrel			147823.	23	1853
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	•				
		Schedule D	-			25	
	26	Total liabilities. Add lines 17 through 25			296082.	26	3600
		Organizations that follow SFAS 117 (ASC 95					
S		complete lines 27 through 29, and lines 33 a					
ů.	27	Unrestricted net assets			103225.	27	1433
Net Assets or Fund Balances	28	Temporarily restricted net assets		Г	16575.	28	10
В	29			<u></u> [29	
Fun		Organizations that do not follow SFAS 117 (A					
or		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds	3			30	
SS	31	Paid-in or capital surplus, or land, building, or e				31	
et A	32	Retained earnings, endowment, accumulated ir				32	
ž	22	Total not aposto or fund balances	-	·····	119800	22	144

Total net assets or fund balances

Total liabilities and net assets/fund balances

68252.

80982. 109135.

41152.

201343.

3537.

504401. 78416.

96256. 185330.

360002.

143399. 1000.

504401. Form **990** (2013)

33

34

119800.

415882.

144399.

2	Total expenses (must equal Part IX, column (A), line 25) 2		821				
3	Revenue less expenses. Subtract line 2 from line 1		378				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	1	198	00.			
5	Net unrealized gains (losses) on investments 5						
6	Donated services and use of facilities 6		120	00.			
7	Investment expenses 7						
8	Prior period adjustments 8						
9	Other changes in net assets or fund balances (explain in Schedule O)		252	59.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))						
Ра	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		X			
			Yes	No			
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🛣 Accrual 🔲 Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?	2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,						
	consolidated basis, or both:						
	X 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 audit,						
	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 Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit						
	Act and OMB Circular A-133?	3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit						
	or audits. explain why in Schedule O and describe any steps taken to undergo such audits	3b					

Form 990 (2013)

Check if Schedule O contains a response or note to any line in this Part XI

Total revenue (must equal Part VIII, column (A), line 12)

1

X

9199<u>67</u>.

882109.

	Form 990 (2				Branc
1	Part XI	Reconciliation	of	Net	Assets

1

Total

332021 09-25-13

Name of the organization Employer (dertification number 23-7060337 Part1 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A church, convention of particle on operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: - S 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)(ii). (Complete Part II.) 6 A norganization that normally receives a substantial part of its support from a governmental unit described in section 170(b)(1)(A)(i). (Complete Part II.) 7 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 gonazization that normally receives: (1) more than 33 1/3% of its support from gonazization attra normally receives: (1) more than 33 1/3% of its support from gonazization attra due solutions stazable income (less section 509(a)(2). See section 509(a)(2). (Complete Part III.) 8 An organization dran doperated exclusively to test for public safety. S		epartment of the Treasury ternal Revenue Service ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <u>www.irs.gov/form990</u> .									Open to Inspe				
Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(ii). 3 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(i)(). (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)(V). Comparization schipet the att II.) A community trust described in section 170(b)(1)(A)(V). Comparization angenization angenization angenization activities related to schipsively to test for public sately. Or no more than 33 13% of its support from granization after June 30, 1975. See section 509(a)(2). Complete Part III.) An organization angenized and operated exclusively to test for public sately. See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11 th trough 111.	Nar	ne of t	the organizati		, in the second s							identificati	ion nu	umber	
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)(ii). 2 A school described in section 170(b)(1)(A)(ii). (Litch Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 6 A fedral, state, or local government and unit described in section 170(b)(1)(A)(V). 7 A norganization 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)(V). 8 A community trust described in section 170(b)(1)(A)(V). 9 X A norganization 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 form gross investment income and unrelated business taxable income (less section 509(a)(4). 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively to the torpublic safety. See section 509(a)(3). Check the box that describes the type of				His Bra	nches, Inc.						2	3-7060	337	7	
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(i). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 X 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 509(a)(2). 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box that described in section 509(a)(2). 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. <td>Pa</td> <td>art I</td> <td>Reason</td> <td>for Public Char</td> <td>ity Status (All organiz</td> <td>ations mu</td> <td>st complet</td> <td>te this par</td> <td>t.) See inst</td> <td>ructions.</td> <td></td> <td></td> <td></td> <td></td>	Pa	art I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	ructions.					
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and 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.) 9 X An organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box that described in section 509(a)(1) or section 509(a)(2). (Complete Part III.) 10 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 public/ supported organization described in section 509(a)(2). (Complete Part III.) 10 An organizetion organized and operated exclusively for the benefit of, to	The	organ	nization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)						
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii). Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 A norganization 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.) 9 X 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 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box that describes the type of supporting organization ado complete lines 11e through 11h. a B y they in b bo. Type II c Type III. Functionally integrated d Type III. Non-functionally integrated d a go 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 public/supported organi	1		A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i)						
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii). Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 A n 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)(v). 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A norganization 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 501(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 organization a described in section 509(a)(1) or section 509(a)(2). Check the box that describes the type of supporting organization is described in section 509(a)(1) or section 509(a)(2). Check the box that describes the type of supporting organization is described in general section 509(a)(2). Fore IIII. e <	2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)									
city, and state:	3						in section	170(b)(1)	(A)(iii).						
 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)(v). (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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community fue to be even that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III · Functionally integrated d Type III · Non-functionally integrated in section 509(a)(2). Type III · Supporting organization accepted any gift or contribution from any of the following persons? f If the organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either	4		A medical res	search organization of	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(i	ii). Enter	the hospital	's nar	ne,	
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). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 X 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 organization and complete lines 11e through 11h. a Type II c Type III. a Type II c Type III. Type III. a Type II c Type III. Type III. Type III. a Type II c Type III. Type III. Type III. <td></td> <td></td> <td>city, and stat</td> <td>e:</td> <td></td>			city, and stat	e:											
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 X 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 organization and complete lines 11e through 11h. a Type I b Type III c Type III + Non-functionally integrated e 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 organization section 509(a)(1) or section 509(a)(2). f If the organization received a written determinatin from the IRS that it is a Type I, Type III<	5		An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governr	nental un	it describ	oed in			
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(W). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(W). (Complete Part II.) 9 X 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 organization adcomplete lines 11e through 11h. a Type I b Type II c Type III · C Type III · Functionally integrated d Type III · Non-functionally integrated ee D 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 organization scepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). 			section 170(b)(1)(A)(iv). (Complete Part II.)												
section 170(b)(1)(A)(vi). (Complete Part II.) 9 A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) 9 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). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I c Type III - Functionally integrated d Type III - Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than toundation managers and other than one or more publicly supported organizations described in withen the IRS that it is a Type II, Type III or Type III Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (ii	6		A federal, sta	te, or local governm	ent or governmental unit	t described	d in sectio	on 170(b)(⁻	1)(A)(v).						
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 9			section 170(b)(1)(A)(vi). (Comple	te Part II.)										
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 organization and complete lines 11e through 11h. a Type I b Type III c Type III - Functionally integrated e 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). f If the organization, check this box Image: section 509(a)(1) or section 509(a)(2). g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? [i) A person who directly or indirectly controls, either alone or together with persons described in [ii) and (iii) below, the governing body of the supported organization? [ii] (iii) A family member of a person described in (i) obve? [iii] 11g(ii) [iii] 11g(iii) [iii] 11g(iii) [iiii] 11g(iii) [iiii] 11g(iii) [iiii] 11g(iii) [iiii] 11g(iii) [iii] 11g(iii)	8		A community	r trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)								
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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. a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated e 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). f If the organization received a written determination from the IRS that it is a Type II, Type III or Type III supporting organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) iii) A family member of a person described in (i) above? 11g(ii) 11g(ii) h Provide the following information about the supported organization(s). (v) Did you notify the organization in col. (i) listed in your granization in col. (i) organization in col. (i) organi															
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f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? Yes No (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? 11g(iii) h Provide the following information about the supported organization(s). (iv) Is the organization in col. (bi listed in your organization in col. (i) organization in col. (i) organization in col. (i) organized in the governing document? (v) Did you notify the organization in col. (i) organized in the governing document? (vii) Amount of monetary support	e														
supporting organization, check this box											9(a)(1) or	section 509	9(a)(2)		
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? iii) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? iii) A family member of a person described in (i) above? iii) A family member of a person described in (i) above? iii) adove? iii) A 35% controlled entity of a person described in (i) or (ii) above? iii) above? iiii) above? iiiii) above? iiiii) above? iiiii) above? iiiii) above? iiiii) above? iiiiii) above? iiiiii) above? iiiiii) above? iiiiii) above? iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	f		If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	vpe I, Type	II, or Type	e					
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (iv) Is the organization in col. (i) listed in your organization in col. (i) of your support? (v) Did you notify the organization in col. (i) organization in col. (i) of your support? 				•										📖	
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? 11g(ii) h Provide the following information about the supported organization(s). 11g(ii) (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (iv) Is the organization in col. (i) listed in your governing document? (v) Did you notify the organization in col. (i) organiza	ç	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? 11g(iii) h Provide the following information about the supported organization(s). 11g(ii) (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (exercised on lines 1-9 above or IRC section (exercised on lines 1) (v) Did you notify the organization in col. (i) listed in your governing document? (vi) Is the organization in col. (i) organized in the U.S.? (vii) Amount of monetary support													Yes	No	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify the organization in col. (i) listed in your governing document? (i) Name of supported organization (iii) EIN (iiii) Type of organization (described on lines 1-9 above or IRC section (even instructions)) (v) Did you notify the organization in col. (i) listed in your governing document? (vi) of your support?														<u> </u>	
h Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (eee instructions)) (iv) Is the organization in col. (i) listed in your governing document?															
(i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (explaid to the instructions)) (iv) Is the organization in col. (i) Isted in your governing document? (v) Did you notify the organization in col. (i) of your support? (v) Did you notify the organization in col. (i) of your support? (vi) Is the organization in col. (vi) Is the organization in col. (vi) Is the organization in col. (vi) Sthe organization in col. (vi) Sthe organization in col. (vii) Amount of monetary support												11g(iii)			
(i) Value of supported (ii) Env (iii) type of organization (iv) is the organization (iv) is the organization (iv) and organization in col. (described on lines 1-9 above or IRC section governing document? (i) of your support? (i) of your support? U.S.?	r	1	Provide the f	ollowing information	about the supported or	ganization	(s).								
(i) Value of supported (ii) Env (iii) type of organization (iv) is the organization (iv) is the organization (iv) and organization in col. (described on lines 1-9 above or IRC section governing document? (i) of your support? (i) of your support? U.S.?				l		(hu) la tha a		(1) Did	, notification	(vi)	e tha				
above or IRC section (i) of your support? (i) of your support? U.S.?	(i	(i) value of supported (ii) Fix (iii) Type of organization (iv) and the value of supported (iii) and lorganization in col. (vii) Altourit of the value of supported (iii) and lorganization in col.										onetary			
(see instructions))		orga	anization							i) organii) (i)	zed in the	sup	port		
						-			No		-				

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 For

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(Form 990

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Schedule A (Form 990 or 990-EZ) 2013

2013	1
Open to Publi	0

SCHEDULE A	
(Form 990 or 990-FZ)	

I

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

OMB No. 1545-0047

Schedule A (Form 990 or 990-EZ) 2013

Concaulo	
Part II	Supp

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support		-				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (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	r the organization'؛	s first, second, thi	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	o here		<u></u>		<u></u>	
See	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2013 (line 6, column (f) d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	%
1 6a	33 1/3% support test - 2013. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱			▶∟
b	33 1/3% support test - 2012. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	his box
	and stop here. The organization qual	lifies as a publicly :	supported organiz	ation			▶∟
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the "fac	ts-and-circumstan	ices" test, check t	his box and stop h	here. Explain in Pa	rt IV how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		
b	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explair	in Part IV how the	Э
	organization meets the "facts-and-cire	cumstances" test.	The organization	qualifies as a publi	icly supported org	anization	►
18	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 His Branches, Inc.

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

Sec	ction A. Public Support	ciow, picase comp					
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and	(1) 2000	(2) 2010	(0) = 0 + +	(0) = 0 : =	(0) = 0 + 0	(1) 1010
	membership fees received. (Do not						
	include any "unusual grants.")	119079.	132779.	158136.	157286.	139838.	707118.
2	Gross receipts from admissions,						
-	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	622935.	634594.	645525.	623473.	776075.	3302602.
2	Gross receipts from activities that	0225001		0100101	0201/01	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00010011
3	are not an unrelated trade or bus-						
	iness 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	F 4 0 0 1 4		000661		01 - 01 0	4000000
6	Total. Add lines 1 through 5	742014.	767373.	803661.	780759.	915913.	4009720.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	14060.	1700.				15760.
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
с	Add lines 7a and 7b	14060.	1700.				15760.
8	Public support (Subtract line 7c from line 6.)						3993960.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	742014.	767373.	803661.	780759.	915913.	(f) Total 4009720 •
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources					4054.	4054.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
~	Add lines 10a and 10b					4054.	4054.
	Net income from unrelated business					10010	
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part IV.)	742014.	767373.	803661.	780759.	919967.	4013774.
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	-			•		
0	check this box and stop here						
	ction C. Computation of Publ						00 E1
	Public support percentage for 2013 (I					15	99.51 %
16	Public support percentage from 2012					16	99.46 %
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	13 (line 10c, colum	nn (f) divided by line	e 13, column (f))		17	.10 %
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2013. If the	organization did n	ot check the box o	n line 14, and line	15 is more than 3	3 1/3% , and line 1	
	more than 33 1/3%, check this box a	nd stop here. The	organization qualif	ies as a publicly s	upported organiza	ation	► X
b	33 1/3% support tests - 2012. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
	23 09-25-13						0 or 990-E7) 2013

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

His Branches, Inc.

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

2013

** Do Not File ** *** Not Open to Public Inspection ***

Payer's Name	2009 Amount	2010 Amount	2011 Amount	2012 Amount	2013 Amount
Robert and Ann Geyer Eugene and Judith	1200.	1200.	0.	0.	0
Young	12760.	500.	0.	0.	0
David Beinetti	100.	0.	0.	0.	0
Total to Schedule A, Part III, Line 7a	14060.	1700.			

323172 05-01-13

Schedule A

SC	HEDULE D	Supplementa	al Financia	l Statement	S		OMB No. 1545-0047
	n 990)	Complete if the org	anization answere	ed "Yes," to Form 990),		2013
Depart	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10	Attach to Form 99	90.			Open to Public
Interna	I Revenue Service	Information about Schedule D (Formation about Schedule D)	rm 990) and its ins	structions is at _{www i}	rs gov/fe		Inspection
Nam	e of the organizati	on His Branches, Inc.				Employ	yer identification number 23-7060337
Pa	rt I Organiza	ations Maintaining Donor Advise	d Funds or Ot	her Similar Fund	s or A	ccount	
1 0		n answered "Yes" to Form 990, Part IV, lin			3 01 A	ccount	
	organizatio			advised funds	()) Funds	and other accounts
1	Total number at er	nd of year				-	
2		utions to (during year)					
3		from (during year)					
4		t end of year					
5	Did the organization	on inform all donors and donor advisors in	writing that the ass	sets held in donor advi	sed fund	ds	
	are the organization	on's property, subject to the organization's	exclusive legal cor	ntrol?			🗀 Yes 🔛 No
6	0	on inform all grantees, donors, and donor a	Ũ	0		,	
		poses and not for the benefit of the donor of	,	, , ,		0	
Pa		ate benefit?					Ves 📖 No
		ation Easements. Complete if the or	•	·	Part IV,	line 7.	
1		servation easements held by the organizat n of land for public use (e.g., recreation or e	· –	Preservation of an hi	storicall	vimporta	ant land area
		of natural habitat		Preservation of a cer			
		n of open space			tineu na	Stone Stre	
2		through 2d if the organization held a quali	fied conservation o	contribution in the form	of a co	nservatio	on easement on the last
-	day of the tax yea	• •			101000		
						He	eld at the End of the Tax Year
а	Total number of co	onservation easements				2a	
b		ricted by conservation easements				2b	
с	Number of conser	vation easements on a certified historic st	ructure included in	(a)		2c	
d		vation easements included in (c) acquired					
		nal Register				2d	
3		vation easements modified, transferred, re	eleased, extinguishe	ed, or terminated by th	ie organ	ization dı	uring the tax
	year		a concept in the other of the	•			
4		where property subject to conservation ea					
5	•	tion have a written policy regarding the pe forcement of the conservation easements	•				Yes No
6		er hours devoted to monitoring, inspecting,					
7		ses incurred in monitoring, inspecting, and					
8	-	vation easement reported on line 2(d) abo	-			_	
)(4)(B)(ii)?					Yes No
9		be how the organization reports conservat					l balance sheet, and
	include, if applicat	ole, the text of the footnote to the organiza	tion's financial stat	ements that describes	the org	anizatior	n's accounting for
	conservation ease						-
Pa		ations Maintaining Collections o			Other S	Similar	Assets.
		f the organization answered "Yes" to Form					
1a	•	elected, as permitted under SFAS 116 (AS					
		s, or other similar assets held for public ex		, or research in furthera	ance of	public se	rvice, provide, in Part XIII,
L		the to its financial statements that descr		n ito kovonus statassa	+ on -1 -		
a		elected, as permitted under SFAS 116 (As					
		r similar assets held for public exhibition, e	oucation, or resear	ch in furtherance of pl	Joild Ser	vice, pro	vide the following amounts
	relating to these it	ems: luded in Form 990, Part VIII, line 1				▶ ⊄	
		ed in Form 990, Part X					
2		received or held works of art, historical tre					
_		unts required to be reported under SFAS 1			J,		
а	-	d in Form 990, Part VIII, line 1		-		▶ \$	
b		1 Form 990, Part X					
						_	

	<u>dule D (Form 990) 2013 His Bra</u>							706033		
Par	t III Organizations Maintaining C	ollection	s of Art, H	istorical T	reasures,	or Other	Similar A	ssets(cont	inued,)
3	Using the organization's acquisition, accession	on, and othe	r records, ch	eck any of the	e following th	at are a sigr	nificant use c	of its collection	on iter	ms
	(check all that apply):									
а	Public exhibition		d 🗌	Loan or ex	change progr	rams				
b	Scholarly research		e 🗌	Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and	d explain how	they further	the organizat	ion's exemp	ot purpose ir	n Part XIII.		
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma				-			Yes		No
Par	t IV Escrow and Custodial Arrang								r	
	reported an amount on Form 990, Par		·	5			,	, ,		
1a	Is the organization an agent, trustee, custodi	an or other i	ntermediarv f	or contributio	ns or other a	ssets not in	cluded			
	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII a							100		_ 110
				g table.				Amoui	nt	
~	Beginning balance						1c	Anou		
	Additions during the year						1d			
	Additions during the year						1e			
f	Distributions during the year						1f			
	Ending balance Did the organization include an amount on Fo		+ V line 212					Yes		No
_	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete if								. ∟	
ı u					-		Three years t		Ir Voor	e hack
4	Designing of your holes of	(a) Current	year (D	Prior year	(C) 1 WO yea	ITS DACK (U	Three years i		ii yeai	5 Dack
	Beginning of year balance				+					
b	Contributions				_					
с	Net investment earnings, gains, and losses									
	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	•	l balance (line	e 1g, column ((a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment		%							
	The percentages in lines 2a, 2b, and 2c should	ld equal 100	1%.							
3a	Are there endowment funds not in the posse	ssion of the	organization	that are held a	and administ	ered for the	organization	ı		
	by:								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	listed as red	quired on Sch	nedule R?				3b		
4	Describe in Part XIII the intended uses of the	organizatior	n's endowme	nt funds.						
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" to Fo	orm 990, Part	IV, line 11a. S	See Form 990), Part X, lin	e 10.			
	Description of property	(a) C	ost or other	(b) Cos	t or other	(c) Acc	umulated	(d) Boo	ok val	ue
		basis	(investment)		s (other)	depre	eciation	.,		
1 a	Land		21636	•					216	536.
	Buildings		40000	•			40000.			0.
	Leasehold improvements		315023			1	64985.	1	.500	038.
	Equipment		92023				62354.			569.
	Other									
	Add lines 1a through 1e. (Column (d) must ea		0. Part X co	lumn (R) line	10(c))	1		2	013	343.
Total			<i></i> , <i>. </i> , <i>. </i> , <i>. .</i>				Scho	dule D (For		
							Sche		111 23(ບງຂບາວ

(a) Description of Statuly or oxiding under an even description (b) Book value (c) Method of valuation: Cost or end-of-year market value (b) Francal developmentation (c) Cose of the developmentation and the development d	Complete if the organization answered "Yes" t (a) Description of security or category (including name of security)	o Form 990, Part IV, (b) Book value		
(2) Closely-held equity interests		(b) BOOK value	(C) Method of Valuation. Cos	at of end-of-year market value
(3) Other				
(A) (B) (B) (C) (C) (C) (D) (D) (E) (D) (F) (D) (G) (D) (D)				
IB Image: Constraint of the constrain				
IO IO ID IO <td>· ·</td> <td></td> <td></td> <td></td>	· ·			
(0) (1) (6) (2) (7) (3) (10) (9) Book value (11) (9) Book value (12) (9) Book value (13) (9) Book value (14) (9) Book value (15) (9) Book value (16) (9) Book value (17) (9) Book value (18) (9) Book value (19) (9) Book value (10) (9) Book value (10) (9) Book value (10) (9) Book value (10) (10) (11) (11) (12) (11) (13) (11) (14) (11) (15) (11) (10) (11) (2) (2) (3) (11) (2) (12) (3) (11) (2) (2) (3) (11) (4) (12) (5) (12) (6) (12) (12)				
(B)				
(F) (a) (b) (b) (c) (c) (c)				
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(h) Image: Control of the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (i) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (i) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (i) (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (ii) (a) (c) (c) (c) (a) (c) (c) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)				
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	(9)			
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.) ►		
	2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footno	ote to the organization's financial state	ements that reports the

Schedule D (Form 990) 2013

His Branches, Inc.	,
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Pa	rt XI Reconciliation of Revenue per Audited Financial Statem		•		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	918708.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	····· ··· ··· ··· ··· ··· ··· ··· ···				
b	Donated services and use of facilities	2 b	12000.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-13259.		
е	Add lines 2a through 2d			2e	-1259.
3	Subtract line 2e from line 1			3	919967.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
С				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	919967.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	nonte With	Exnenses ner	Doturn	
-			Expenses per	netum.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	1.			
1		1.			894109.
1	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a. 			
-	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. 2a			
2	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a. 2a			
2	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	a. 			
2 a b	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	a. 			894109.
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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.

Part XI, Line 2d - Other Adjustments:

Current year increase in allowance for doubtful accounts

-13259.

Form 990) For cartain Offices, Diverse, Trackes K toy Employees, and Highest Complete if the organization answered "Ves" on Form 990, Part IV, line 23. Complete if the organization answered "Ves" on Form 990, Part IV, line 23. Complete if the organization answered "Ves" on Form 990, Part IV, line 23. Complete if the organization answered "Ves" on Form 990, Part IV, line 23. Complete Part III. Part Chees, Track. The organization answered "Ves" on Form 990, Part IV, line 23. Complete Part III. Part Chees, Track. Part II. Complete Part III. Part Chees, Track. Part IV, Secton A, line 1a. Complete Part III. Pousing advances or residence for personal use Complete Part III. Part IV, Secton A, line 1a. Complete Part III. Pousing advances or residence for personal use Complete Part III. Part IV, Secton A, line 1a. Complete Part III. Pousing advances or complete Part III. Pousing advances or theorem 900, Part VI, Secton A, line 1a. Complete Part III. Pousing advances or theorem 900, Complete Part III. Pousing advances or theorem 900, Part VI, Secton A, line 1a. Complete Part III. Pousing advances or theorem 900, Part VI, Secton A, line 1a. Pousing advances or theorem 900, Part VI, Secton A, line 1a. Pousing advances or theorem 900, Part VI, Secton A, line 1a. Pousing advances or theorem 900, Part VI, Secton A, line 1a. Pousing advances or theorem 900, Part VI, Secton A, line 1a. Pousing advances or theorem 900, Part VI, Secton A, line 1a. Pousing advances or theorem 900, Part VI, Secton A, line 1a. Pousing advances or theorem 900, Part VI, Secton A, line 1a. Pousing advances or theorem 900, Part VI, Secton A, line 1a. Pousing advances or theorem 900, Part VI, Secton A, line 1a., with respect to the filling organization or the evenness of: Theorem900, Part VI, Secton A, line 1a., did the organization pav or a	SC	HEDULE J Compensation Information	OMB No.	1545-00	47	
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His Branches, Inc. 23-7060337 Part I Questions Regarding Compensation Image: Comparison of the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, Ine 1a, Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Payments for business use of personal residence Image: Comparison of the companions Payments for business use of personal residence Image: Comparison of a complete Part III to provide any relevant information regarding payment or reinducement or provision of all of the expenses described above? II: No." complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, the coll with approx II: No." complete Part III to explain in Part III. 3 Indicate which, if any, of the following the filing organization used to establish the compensation or the comparization is establish compensation consultant Image: With relevant Part III. Image: Compensation consultant Image: With the organization is establish in the specific or the specific organization is establish in compensation committee Image: With relevant Part III. Ouring the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a releated organizati		Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990	0 Inspe	ection		
Part 1 Questions Regarding Compensation Yes No 1a 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 terns. Yes No Importations or different travel Housing allowance or residence for personal use Housing allowance or residence of personal residence Travel for companions Health or social club dues or initiation fees The initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) It b 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 abox? If 'No', complete Part III to explain 1 2 Did the organization require substantiation prior to reimbursing or allowing expenses incured by all didectors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 3 Indicate which, if any, of the following the filing organization used to estabilish the compensation or committee Xii: Written employment contract X Compensation consultant Xi: Compensation consultant Xii: Compensation consultant Xi: Compensation or a subplemental nonqualified retirement plan? 4a Xii: Yii: Yii: Yii: Sii: Compensation con	Nan		-		mber	
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Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b 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 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/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 organization to establish compensation committee 2 Microsoft CEO/Executive Director, bot explain in Part III. Xi Compensation committee Xi Written employment contract Independent compensation committee Xi Written employment contract 4a Xi A participate in, or receive payment from, an equitybased compensation arrangement? 4a Xi b Participate in, or receive payment from, an equitybased compensation anargement? 4a Xi the verse to any of lines 4ac, list the persons and provide the applicable annusts for each item in Part III. 5a Xi Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5a Xi 5						
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Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee 4 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: a X a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, as upplemental nonqualified retirement plan? 4c X orphy section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X if "Yes" to line 5a or 5b, describe in Part III. 5b X f The organization? 6a X if "Yes" to line 6a or 5b, describe in Part III. 6b X f The organization? 6a X if "Yes" to line 6a or 5b, describe in Part III. 7 X b Any related organization? 6a X if "Yes" to line 6a or 6b, describe in Part III. 7 X						
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4 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. Image: Construct a severance payment or change-of-control payment? a Receive a severance payment or change-of-control payment? Image: Construct a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Image: Construct a severance payment from, a equity-based compensation arrangement? c Participate in, or receive payment from, an equity-based compensation arrangement? Image: Construct a severance payment from, an equity-based compensation arrangement? c Name: Construct a severance payment from, an equity-based compensation arrangement? Image: Construct a severance payment for an equity-based compensation arrangement? c Participate in, or receive payment from, an equity-based compensation pay or accrue any compensation contingent on the revenues of: Image: Construct a severance payment for a severance payment for a severance payment for an each severance payment for a severance payment for an each severance payment for a severance payment for an payment for a severance payment for a sever			nittee			
organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 0nly section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X If "Yes" to line 5a or 5b, describe in Part III. 5b X 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5b X a The organization? 5a X If "Yes" to line 6a or 6b, describe in Part III. 6a X 6 Any related organization? 6a X If "Yes" to line 6a or 6b, describe in Part III. 7 X 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 7 X		······································				
a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" to line 5a or 5b, describe in Part III. 5b X 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the ret earnings of: 6a X a The organization? 6a X 6b X b Any related organization? 6a X 6b X if "Yes" to line 6a or 6b, describe in Part III. 7 X 8 X b Any related organization? 6a X 6b X 1	4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing				
b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" to line 5a or 5b, describe in Part III. 6a X 6a X 6b X if "Yes" to line 6a or 6b, describe in Part III. 6a X 7 X X X 8 Were any amounts reported in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 7 X 7 X X X X X 9 If "Yes" to line 6a or 6b, describe in Part III. 8 X 7 X </th <th></th> <th>organization or a related organization:</th> <th></th> <th></th> <th></th>		organization or a related organization:				
c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, 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. 5 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X f "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5b X a The organization? 6a X b Any related organization? 6a X f "Yes" to line 6a or 6b, describe in Part III. 6b X f "Yes" to line 6a or 6b, describe in Part III. 6b X f "Yes" to line 6a or 6b, describe in Part III. 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presu	а	Receive a severance payment or change-of-control payment?				
If "Yes" to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III. Image: Control of Co	b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b			
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a X b Any related organization? 6a X in the organization? 6a X in the organization? in the so or 6b, describe in Part III. 7 X were any amounts reported in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III intial contract exception described in Regulations section 53.4958.4(a)(3)? If "Yes," describe in Part III intial contract exception described in Regulations section 53.4958.4(a)(3)? If "Yes," describe in Part III	с	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X	
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6a X b Any related organization? 6b X b Any related organization? 6a X b Any related organization? 6b X f "Yes" to line 6a or 6b, describe in Part III. 7 X 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 I		If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6a X f "Yes" to line 6a or 6b, describe in Part III. 7 X 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 I						
contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X If "Yes" to line 5a or 5b, describe in Part III. 5b X 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6a X b Any related organization? 6b X if "Yes" to line 6a or 6b, describe in Part III. 6b X 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Part III. 9 9						
a The organization? 5a X b Any related organization? 5b X lf "Yes" to line 5a or 5b, describe in Part III. 5b X 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X contingent on the net earnings of: 6b X a The organization? 6b X b Any related organization? 6b X lf "Yes" to line 6a or 6b, describe in Part III. 6b X 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 5b X 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" to line 6a or 6b, describe in Part III. 6b X 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9						
If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? c 6a X b Any related organization? if "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	а	The organization?	5a			
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6 X a The organization? 6a X b Any related organization? 6b X lf "Yes" to line 6a or 6b, describe in Part III. 6b X 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	b		<u>5</u> b		X	
contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" to line 6a or 6b, describe in Part III. 6b X 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9						
a The organization? 6a X b Any related organization? 6b X If "Yes" to line 6a or 6b, describe in Part III. 6b X 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	6					
b Any related organization? 6b X If "Yes" to line 6a or 6b, describe in Part III. 6b X 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9					v	
If "Yes" to line 6a or 6b, describe in Part III. 7 7 8 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 9						
 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 	b					
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 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 	(_		v	
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 9 9 9	~					
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	8				v	
Regulations section 53.4958-6(c)? 9	•					
	9					
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Schedule J (Form 990) 2013

His Branches, Inc.

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

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-MISC 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 (ii) Bonus & compensation incentive compensation		(iii) Other reportable compensation	compensation	Denents	(D)(I)-(D)	in prior Form 990	
(i)								
(ii)								
(i)								
(ii)								
(i)								
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23-7060337

Schedule J (Form 990)) 2013	His	Branches,	Inc.
Schedule 3 (LOHH 390	1/2013	1170	Dranones/	TTTO .

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L	
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(Form 990 or 990-EZ)

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.

Open To Public

OMB No. 1545-0047

Department of the freasury	
Internal Revenue Service	

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

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

Inspection Employer identification number

Name of the	organization			Employer identifie	cation n	umber	
	His Br	23-7060337					
Part I	Excess Benefit Trans	sactions (section 501(c)(3) and section	n 501(c)(4) organizations only).				
	Complete if the organization	n answered "Yes" on Form 990, Part IV,	line 25a or 25b, or Form 990-EZ, Pa	rt V, line 40b.			
1 (b) Relationship between disqualified (c) Description of tran				(d) Corr		rected?	
	or disqualmed person	person and organization	(C) Description of trains	action	Yes	No	

2	Enter the amount of tax incurred by	the organization managers or disqualifie	d persons during the year under			
	section 4958			•	\$	
3	Enter the amount of tax, if any, on I	ine 2, above, reimbursed by the organization	ion	•	\$	

Loans to and/or From Interested Persons. Part II

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization		fron	an to or n the ization?	(e) Original principal amount	(f) Balance due	(g) defa	In ault?	(h) Ap by bo comm	proved ard or hittee?	(i) W agreei	ritten nent?
			То	From			Yes	No	Yes	No	Yes	No
Dr Morehouse	2	assignme	Х		28996.	47256.		Х	Х		X	
Dr Auty		assignme	Х		24724.	34000.		Х	Х		X	
BJ Mark, NP		assignme	Х		10746.	15000.		Х	Х		X	
Total					▶ \$	96256.						

Part III

Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990. Part IV. line 27

	answered res on on on out of	urerv, mio 27.	i	i
(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

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

Schedule L (Form 990 or 990-EZ) 2013

See Part V for Continuation	ıs
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Part IV | Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Description of organization's person and the organization transaction transaction revenues? Yes No medical director an William R Morehouse, MD 86108.Dr Morehous Х William R Morehouse, MD 0.cost for ad Х physician in charge Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions). Schedule L, Part II, Loans To and From Interested Persons: (a) Name of Person: Dr Morehouse (c) Purpose of Loan: assignment of accounts receivable (d) Loan to or from organization? = To (e) Original Principal Amount \$ 28996. (f) Balance Due \$ 47256. (g) Loan in Default? = No (h) Approved by Board or Committee? = Yes (i) Written Agreement? = Yes (a) Name of Person: Dr Auty (c) Purpose of Loan: assignment of accounts receivable (d) Loan to or from organization? = To (e) Original Principal Amount \$ 24724. (f) Balance Due \$ 34000. (g) Loan in Default? = No (h) Approved by Board or Committee? = Yes (i) Written Agreement? = Yes (a) Name of Person: BJ Mark, NP

Schedule L (Form 990 or 990-EZ) His Branches, Inc. 23-7060337 Page 2
Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions).
(c) Purpose of Loan: assignment of accounts receivable
(d) Loan to or from organization? = To
(e) Original Principal Amount \$ 10746. (f) Balance Due \$ 15000.
(g) Loan in Default? = No
(h) Approved by Board or Committee? = Yes
(i) Written Agreement? = Yes
Sch L, Part IV, Business Transactions Involving Interested Persons:
(a) Name of Person: William R Morehouse, MD
(b) Relationship Between Interested Person and Organization:
medical director and current board member (non-voting)
(c) Amount of Transaction \$ 86108.
(d) Description of Transaction: Dr Morehouse, the founding physician,
was paid \$86,108 as an employee in the fiscal year ended June 30, 2014,
for medical services.
(e) Sharing of Organization Revenues? = No
(a) Name of Person: William R Morehouse, MD
(b) Relationship Between Interested Person and Organization:
physician in charge of Joy Family Medicine which reimburses His Branches at
(c) Amount of Transaction \$ -0-
(d) Description of Transaction: cost for administrative expenses. This
entity is in process of merging with His Branches.
(e) Sharing of Organization Revenues? = No

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irrs	s on ZU13 Open to Public
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, fam	mily-oriented
ministries, spiritual guidance, and health and wellnes	s care for
persons living in underserved neighborhoods in Rochest	er and elsewhere.
<u> </u>	
Form 990, Part VI, Section B, line 11:	
Explanation: The board of directors meets with the ind	ependent auditor to
discuss the financial statements and the tax returns j	ust before the tax
returns are filed.	
Form 990, Part VI, Section B, Line 12c:	
Explanation: By verbal discussion at board meetings	
Form 990, Part VI, Section B, Line 15a:	
Explanation: 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:	
Explanation: Form 990 is available on the organization	's website. The
other documents are available at the office upon reque	st.
Form 990, Part XI, line 9, Changes in Net Assets:	
Donated services corresponding expense	-12000.
Increase in allowance for doubtful accounts	-13259.
Total to Form 990, Part XI, Line 9	-25259.

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization His Branches, Inc.	Employer identification number 23-7060337
	25-7000557
Form 990, Part XI, line 2c	
Explanation: The organization's audit review procedure ha	as not changed

Form 990 Page 10

Asset No.	Description	Date Acquir		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	8 01	L			21636.			21636.			0.
		1215	808	SL	15.00	16	40000.			40000.	40000.		0.
	Furniture and equipment	Vari	es	SL	5.00	16	8044.			8044.	8044.		0.
4	Improvements	Vari	es	SL	31.50	16	197382.			197382.	132519.		6266.
		0611	94	SL	5.00	16	300.			300.	300.		0.
	Conference room tables and chairs	0430	9 5 s	SL	7.00	16	2632.			2632.	2632.		0.
7		0927	978	SL	7.00	16	900.			900.	900.		Ο.
8	Computer, network and peripherals	0501	998	SL	5.00	16	5636.			5636.	5636.		0.
9	Copier	1013	0 0	SL	5.00	16	1100.			1100.	1100.		Ο.
10	Refrigerator	0215	01	SL	7.00	16	494.			494.	494.		0.
11	Samsung monitor	0718	01	SL	5.00	16	448.			448.	448.		Ο.
12	Network components	0731	01	SL	5.00	16	166.			166.	166.		Ο.
	Computer components	0731	01	SL	5.00	16	3064.			3064.	3064.		Ο.
	SECRETARY'S OFFICE BLINDS	0115	02	SL	7.00	16	200.			200.	200.		Ο.
		0618	02	SL	20.00	16	1200.			1200.	690.		60.
	PREPAID MORTGAGE COSTS	0607	02		180M	43	7344.			7344.	5378.		490.
17	COMPUTER	1231	03	SL	5.00	16	629.			629.	629.		0.
18	SERVER	0216	04	SL	5.00	16	1480.			1480.	1480.		0.

Form 990 Page 10

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	092304	SL	7.00	16	3438.			3438.	3438.		0.
20	Parking lot	111604	SL	39.00	16	40600.			40600.	9369.		1041.
21	Knitting machine	122104	SL	7.00	16	500.			500.	500.		Ο.
		122104	SL	5.00	16	200.			200.	200.		0.
	LIGHTING IMPROVEMENTS	022107	SL	39.00	16	3186.			3186.	519.		82.
		030707	SL	39.00	16	385.			385.	62.		10.
	PREPAID MORTGAGE COSTS	062707		180M	43	2059.			2059.	822.		137.
	HST billing system	122707	SL	3.00	16	11500.			11500.	11500.		0.
	KEYSTONE SECURITY SYSTEM	062110	SL	7.00	16	5905.			5905.	2954.		844.
		091010	SL	7.00	16	369.			369.	132.		53.
	HVAC FOR COMMUNITY ROOM	111610	SL	7.00	16	8040.			8040.	2872.		1149.
30	CARPETING AND TILE	102610	SL	39.00	16	15015.			15015.	898.		385.
		121410	SL	39.00	16	7182.			7182.	429.		184.
32		122110	SL	7.00	16	757.			757.	324.		108.
	NURSING STATION CABINETS AND VENTIL	082911	SL	7.00	16	1246.			1246.	267.		178.
34	ULTRASOUND MACHINE	050112	SL	5.00	16	27330.			27330.	8199.		5466.
35	CAMERA	092812	SL	7.00	16	460.			460.	49.		66.
36	NETWORK UPGRADE	102612	SL	5.00	16	573.			573.	76.		115.

Form 990 Page 10

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
	SOFTWARE NON CASH DONATION	11011:	2SL	3.00	16	12741.			12741.	2831.		4247.
38	SERVER	01151	BSL	5.00	16	2875.			2875.	288.		575.
39	PRINTERS	01151	BSL	5.00	16	350.			350.	35.		70.
	WORKSTATIONS E O COMUPUTER	01151	BSL	5.00	16	7636.			7636.	764.		1527.
41		05151	BSL	5.00	16	720.			720.	24.		144.
	Depr & Amort					445722.		0.	445722.	250232.	0.	23197.

Form 456	52
Department of the	Treasury

Depreciation and Amortization (Including Information on Listed Property) 990

OME	3 No.	1545	-0172
-			-

Attachme

nc	u	dir	۱g	Inforr	natior	on	Li	isted	F
		-		-		-		-	

Internal Revenue Service (99)	see separate mstr	uctions.		n to your	laxi	eturn.		Sequence No. 179
Name(s) shown on return			Busin	ess or activ	ity to wh	nich this form relate	S	Identifying number
Ilia December Terr					0 5	10		
His Branches, Inc. Part Election To Expense Certain Prope	rty Under Costion 1	70 Noto: /f.w				age 10	Vboforov	23-7060337
	-							500000.
 Maximum amount (see instructions) Total cost of costion 170 property place 	ad in convice (coo							500000.
2 Total cost of section 179 property place3 Threshold cost of section 179 property							····	2000000.
4 Reduction in limitation. Subtract line 3								2000000
5 Dollar limitation for tax year. Subtract line 4 from lin							···	
6 (a) Description of p		o . Il mariloù li	(b) Cost (busir			(c) Elected		
7 Listed property. Enter the amount from	n line 29				7			
8 Total elected cost of section 179 prop	erty. Add amounts	in column (c), lines 6 and	17			8	
9 Tentative deduction. Enter the smaller								
10 Carryover of disallowed deduction from								
11 Business income limitation. Enter the s	smaller of business	s income (no	t less than ze	ro) or line	e5		11	
12 Section 179 expense deduction. Add	ines 9 and 10, but	do not ente	r more than li	ne 11			12	
13 Carryover of disallowed deduction to 2				►	13			
Note: Do not use Part II or Part III below for	or listed property. I	nstead, use	Part V.					
Part II Special Depreciation Allows	ance and Other D	epreciation	(Do not inclu	ide listed	prope	erty.)		
14 Special depreciation allowance for qua	alified property (oth	ner than liste	ed property) p	laced in a	service	e during		
the tax year							14	
15 Property subject to section 168(f)(1) el	ection						15	
16 Other depreciation (including ACRS)							16	22570.
Part III MACRS Depreciation (Do n	ot include listed pr			.)				
			ection A					1
17 MACRS deductions for assets placed	in service in tax ye	ears beginnir	ng before 201	3		·····	<u> 17</u>	
18 If you are electing to group any assets placed in set								
Section B - Assets	(b) Month and	-	or depreciation	<u> </u>		leral Deprecia	ation Syst	em
(a) Classification of property	year placed in service	(búsiness/i	nvestment use instructions)	(d) Re per	covery riod	(e) Convention	(f) Method	(g) Depreciation deduction
		,	,			_		
19a 3-year property	-							
b 5-year property c 7-year property	-							
d 10-year property	-							
e 15-year property	-							
f 20-year property	-							
	-			25	vrs		S/L	
g 25-year property	/			27.5		MM	S/L	
h Residential rental property	/			27.5		MM	S/L	
	/			39		MM	S/L	
i Nonresidential real property	/			00	y13.	MM	S/L	
Section C - Assets	Placed in Service	During 201	3 Tax Year U	I Ising the	Alter			stem
20a Class life							S/L	
b 12-year	-			12	yrs.		S/L	
c 40-year	/			40		MM	S/L	
Part IV Summary (See instructions.)				•		•		
21 Listed property. Enter amount from lin	e 28						21	
22 Total. Add amounts from line 12, lines		es 19 and 2	0 in column (<u>c</u>	g), and lin	ne 21.			
Enter here and on the appropriate line	-					r	22	22570.
23 For assets shown above and placed in	service during the	e current yea	ar, enter the	Г	T			
portion of the basis attributable to sec	tion 263A costs	<u></u>	<u></u>		23			

Form 4562			Branch										-7060		
Part V	Listed Propert amusement.)	y (Include au	utomobiles, ce	ertain ot	her vehic	eles, ce	ertain cor	nputer	s, and pro	perty us	ed for er	ntertainr	ment, rec	reation,	or
	Note: For any w through (c) of S	rehicle for wh Section A, all	hich you are u of Section B,	sing the and Se	standard ction C if	d milea applic	ge rate c able.	or dedu	cting leas	e expen	se, comp	olete _{oni}	_{ly} 24a, 24	4b, colur	nns (a)
	Section A -	Depreciatio	on and Other	Information	ation (Ca	aution:	See the	instruc	tions for li	mits for	passeng	er autor	mobiles.)		
24a Do you	have evidence to s	upport the bu	siness/investme	ent use cl	laimed?		Yes	No	24b If "Y	'es," is t	he evide	nce writ	ten?	Yes	No
	(a)	(b)	(c)		(d)		(e)		(f)		(g)		(h)		(i)
	of property	Date placed in	Business/ investment		Cost or	(h	asis for dep usiness/inv		Recovery		ethod/		eciation		cted on 179
(list ve	hicles first)	service	use percenta		ther basis	(-	use on		period	Con	vention	dea	uction		ost
25 Special	depreciation allo	wance for q	ualified listed	propert	y placed	in serv	vice durir	ng the t	ax year ar	nd					
used m	ore than 50% in	a qualified b	usiness use					-	-		. 25				
	y used more that														
		: :	ç	%											
		: :	ç	%											
		: :	ç	%											
27 Propert	ty used 50% or le	ess in a quali	fied business	use:											
			ģ	%						S/L -					
			ģ	%						S/L -					
			ç	%						S/L ·					
28 Add am	nounts in column	(h), lines 25	through 27. E	inter her	re and or	line 2	1, page 1	۱			28				
29 Add am	nounts in column	(i), line 26. E	nter here and	on line	7, page [·]	1							. 29		
			S	Section	B - Infor	matio	n on Use	e of Vel	hicles						
Complete t	his section for ve	hicles used l	by a sole prop	prietor, p	oartner, o	r other	r "more tl	han 5%	6 owner,"	or relate	d persor	n. If you	provideo	d vehicle	s
to your emp	oloyees, first ans	wer the ques	stions in Section	on C to	see if yo	u meet	an exce	ption to	o complet	ing this	section f	or those	e vehicles	6.	
								_		-					
				((a)		(b)		(c)		(d)	((e)	(1	·)
	siness/investment i		•	Ve	hicle	V	ehicle	\	/ehicle	Ve	hicle	Ve	hicle	Veh	icle
	not include comn														
31 Total co	ommuting miles o	Iriven during	the year												
32 Total of	ther personal (no	ncommuting) miles												
driven															
	iles driven during														
	es 30 through 32														
	e vehicle availabl			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	off-duty hours?														
	e vehicle used pr														
	% owner or relate						_								
_	ner vehicle availa	ble for perso	onal												
use?					<u> </u>			<u> </u>			<u> </u>				
			- Questions f	-	-					-					
	se questions to c	letermine if y	you meet an e	xceptio	n to com	pleting	Section	B for v	enicles us	sed by e	mployee	es who a	re not m	ore than	15%
	elated persons.			a la ila ita			of volsio							No.	Na
•	maintain a writte		-		-				-			r		Yes	No
employ			amont that a												
-	maintain a writte										-				
	ees? See the ins treat all use of ve														
	provide more that													•	
-	of the vehicles, a														
	meet the require														
	f your answer to 3														1
	Amortization	7,00,00,40	0, 01 41 10 10	o, ao n	or comp	010 00				incles.					
	(a)			(b)		(c)			(d)		(e)			(f)	
	Description of	costs	Date	amortization begins		Amortiz amou	able		Code section		Amortiza period or per	tion	Ar fc	nortization or this year	
42 Amortiz	ation of costs that	at begins du	ring your 201:		ar:							oonayo		, -	
		gio du		: :	T										
				<u>. :</u> : :											
43 Amortiz	ation of costs the	at began bef	fore your 2013	3 tax ve	ar					I		43			627.
	Add amounts in c											44			627.

- CURRENT YEAR FEDERAL - His Branches, Inc.

Asset No.	Description	Date Acquir		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	80	L			21636.			21636.			0.
		1215	80	SL	15.00	16	40000.			40000.	40000.		0.
	Furniture and equipment	Vari	es	SL	5.00	16	8044.			8044.	8044.		0.
4	Improvements	Vari	es	SL	31.50	16	197382.			197382.	132519.		6266.
		0611	94	SL	5.00	16	300.			300.	300.		0.
	Conference room tables and chairs	0430	95	SL	7.00	16	2632.			2632.	2632.		0.
		0927	97	SL	7.00	16	900.			900.	900.		0.
	Computer, network and peripherals	0501	99	SL	5.00	16	5636.			5636.	5636.		0.
9	Copier	1013	0 0	SL	5.00	16	1100.			1100.	1100.		0.
10	Refrigerator	0215	01	SL	7.00	16	494.			494.	494.		0.
11	Samsung monitor	0718	01	SL	5.00	16	448.			448.	448.		0.
12	Network components	0731	.01	SL	5.00	16	166.			166.	166.		0.
	Computer components	0731	01	SL	5.00	16	3064.			3064.	3064.		0.
	SECRETARY'S OFFICE BLINDS	0115	02	SL	7.00	16	200.			200.	200.		0.
		0618	02	SL	20.00	16	1200.			1200.	690.		60.
	PREPAID MORTGAGE COSTS	0607	02		180M	43	7344.			7344.	5378.		490.
17	COMPUTER	1231	.03	SL	5.00	16	629.			629.	629.		0.
18	SERVER	0216	04	SL	5.00	16	1480.			1480.	1480.		0.

- CURRENT YEAR FEDERAL - His Branches, Inc.

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	092304	SL	7.00	16	3438.			3438.	3438.		0.
20	Parking lot	111604	SL	39.00	16	40600.			40600.	9369.		1041.
21	Knitting machine	122104	SL	7.00	16	500.			500.	500.		0.
		122104	SL	5.00	16	200.			200.	200.		0.
	LIGHTING IMPROVEMENTS	022107	SL	39.00	16	3186.			3186.	519.		82.
		030707	SL	39.00	16	385.			385.	62.		10.
	PREPAID MORTGAGE COSTS	062707		180M	43	2059.			2059.	822.		137.
	HST billing system	122707	SL	3.00	16	11500.			11500.	11500.		0.
	KEYSTONE SECURITY SYSTEM	062110	SL	7.00	16	5905.			5905.	2954.		844.
		091010	SL	7.00	16	369.			369.	132.		53.
	HVAC FOR COMMUNITY ROOM	111610	SL	7.00	16	8040.			8040.	2872.		1149.
30	CARPETING AND TILE	102610	SL	39.00	16	15015.			15015.	898.		385.
		121410	SL	39.00	16	7182.			7182.	429.		184.
32		122110	SL	7.00	16	757.			757.	324.		108.
	NURSING STATION CABINETS AND VENTIL	082911	SL	7.00	16	1246.			1246.	267.		178.
34	ULTRASOUND MACHINE	050112	SL	5.00	16	27330.			27330.	8199.		5466.
35	CAMERA	092812	SL	7.00	16	460.			460.	49.		66.
36	NETWORK UPGRADE	102612	SL	5.00	16	573.			573.	76.		115.

- CURRENT YEAR FEDERAL - His Branches, Inc.

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
	SOFTWARE NON CASH DONATION	110112	2SL	3.00	16	12741.			12741.	2831.		4247.
38	SERVER	011513	SL	5.00	16	2875.			2875.	288.		575.
39	PRINTERS	011513	SL	5.00	16	350.			350.	35.		70.
		011513	SL	5.00	16	7636.			7636.	764.		1527.
41		051513	SL	5.00	16	720.			720.	24.		144.
	* Total 990 Page 10 Depr & Amort					445722.		0.	445722.	250232.	0.	23197.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

1.General Informat	ion							
For Fiscal Year Beginning		yy) 07/01/	2013 and E	Ending (m	m/dd/yyyy)	06/30/	2014	
Check if Applicable:	Name of Or		Inc.					tification Number (EIN):
Name Change	Mailing Add						NY Registratio	
Final Filing	City / State			147			Telephone: 585 235	
Reg ID Pending	Website:	hisbranch					Email:	
Check your organization's registration category:				AL (7A & E	PTL)		ind your registratic Charities Registry a	n category in the www.CharitiesNYS.com
2. Certification								
See instructions for certif	cation requi	rements. Imprope	er certification is a v	iolation o [.]	f law that ma	ay be subject	to penalties.	
			iewed this report, ir n accordance with					
President or Authorized	Officer:	Chris F	ollock			pre	sident	
		Signature				Tit	le	Date
Chief Financial Officer or	Treasurer:	Joshua	Moody			trea	asurer	
		Signature				Tit	le	Date
3. Annual Reporting	a Exempti	ion						
Check the exemption(s)			r organization is cla	aiming an	exemption ι	under the cat	egory (7A and EF	TL only filers) or both
categories (DUAL filers)	that apply to	your registration	, complete only par	rts 1, 2, ar	nd 3, and su	bmit the certi	fied Char500. No	fee, schedules, or
additional attachments a	are required.	If you cannot cla	m an exemption or	r are a DU	AL filer that	claims only o	ne exemption, yo	u must file applicable
schedules and attachme	ents and pay	applicable fees.						
exceed \$2	5,000 <u>and</u> th	ne organization di	ons from NY State i d not engage a pro he organization qua	ofessional	fund raiser (PFR) or fund	raising counsel (
	ïling exempt fiscal year.	<u>ion:</u> Gross receip	ts did not exceed \$	625,000 ar	nd the marke	et value of as	sets did not exce	ed \$25,000 at any time
4. Schedules and A	ttachmen	nts						
See the following page								
for a checklist of	Yes	🗴 No 4a. Did y	our organization us	se a profe	ssional fund	raiser, fund i	raising counsel or	commercial co-venturer
schedules and		for fund	raising activity in N	Y State? I	f yes, comp	lete Schedule	e 4a.	
attachments to								
complete your filing.	Yes L	X	he organization rec	eive gove	rnment grar	its? If yes, co	mplete Schedule	e 4b.
5. Fee								
See the checklist on the	7A filin	ng fee:	EPTL filing fee:		Total fee:		Make a single	check or money order
next page to calculate yo	ur							ayable to:
fee(s). Indicate fee(s) you are submitting here:		25	\$ 50		<u>~</u>	7.5		tment of Law"
	\$	25.	\$ 50	• 1	\$	75.		

His Branches, Inc.



Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.

Annual Filing Checklist

IRS Form 990-T if applicable

- Your organization is registered as EPTL only and marked the EPTL filing exemption in Part 3.

- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- X All additional IRS Form 990 Schedules including Schedule B (Schedule of Contributors).

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$500,000.
- $oxed{X}$ Audit Report if you received total revenue and support greater than \$500,000

ot No Review Report or Audit Report is required because total revenue and support is less than \$250,000

Note: The Audit and Review requirements are set to change in 2017 and 2021 in accordance with the Non Profit Revitalization Act of 2013. For more details, visit www.CharitiesNYS.com.

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you marked the 7A exemption in Part 3a
- X \$25, if you did not mark the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you marked the EPTL exemption in Part 3b
\$25, if the NET WORTH is less than \$50,000
\fbox \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000

\$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271 Is my organization a 7A, EPTL or DUAL filer?

- 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
- EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
- DUAL filers are registered under both 7A and EPTL.

Check your registration category and learn more about NY law at <u>www.CharitiesNYS.com</u>

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS From 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between
- Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).