Form **990**

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

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

nternal.	Пенколие:	Service	► Information abou	ut Form 990 and its instructions i	S at www.na	TON 30 2015	
A Fo	r the 20	014 calendar	year, or tax year beginning	JUL 1, 2014 and	enaing <u>J</u>	UN 30, 2015 D Employer Identification	stion number
	eck if Blicable:	C Name of c				5 Embloset regunge	MAA-1 irms.
		ļ	· ·				
	Address change		ranches, Inc.			23-70	1603 <u>37</u>
	Name change	Doing bus	iness as	1 L L d to atrest address?	Room/suite	E Telephone number	
	initlal return	Number a	nd street (or P.O. box if mail is n	ot delivered to suget address)	MODITA	(585)	235-9000
	Final return/	342 A	rnett Boulevard	i min sumin sectal and a	<u> </u>	G Gross receipts \$	1108304.
	termin- ated	City or to	wn, state or province, country,	and ZIP or foreign postal code		H(a) Is this a group ref	tu rn
	Amended return	Roche	ster, NY 14619	Pallock		for subordinates?	Yes X No
	Applice-	F Name and	d address of principal officer:	inrig Poliock		H(b) Are all subordinates in	cluded? Yes No
	pending	same a	s C above) ◀ (insert no.) 4947(a)(1	or 527		ist. (see instructions)
I Ta	x-exen	npt status: 🚨	501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1		Hic) Group exemption	number
J W	ebsite:	<u>▶ www.l</u>	isbranches org	Association Other	1. Year	of formation: 1969 M	State of legal domicile: NY
K Fo	arm of or	rganization: 🚨	Corporation Trust			- -	·
Pa	rt I 🕴	Summary		most significant activities: To	enable	and assist (<u>Christian</u>
w l	1 B	riefly describe	the organization's mission or	most significant activities. 10 s	alieve	in the sanct	tity of all
Ę,				and others who be discontinued its operations or disp			
Activities & Governance			► I I if the eracation	body (Part VI, line 1a)	DD4		10
اق	3 N	umber of voti	ng members of the governing	he governing body (Part VI, line 1b)	\\	4	10
ر ا	4 N	lumber of inde	pendent voting members of t	ndar year 2014 (Part V, line 2a)			24
8	5 T	otal number o	if individuals employed in cale	ssary)		6	0
3	6 T	otal number o	of volunteers (estimate if neces	/III, column (C), line 12		7a	865581.
3	7a T	otal unrelated	business revenue from Part	Form 990-T, line 34		7b	0.
_	þΝ	iet unrelated	ousiness taxable income from	FOITH 990-1, mile of the state			Current Year
						203588.	242723.
单	8 C	contributions	and grants (Part VIII, line III)			712325.	865581
ĕ	9 P	rogram servi	te revenue (Part VIII, IIIIe 29)	es 3, 4, and 7d)		4054.	0.
Revenue	10 1	nvestment inc	ome (Part VIII, column VV), line	6d, 8c, 9c, 10c, and 11e)		0.	0.
_	11 0	Other revenue	(Part VIII, column (A), lines of	equal Part VIII, column (A), line 12)	919967.	1108304.
_	12 7	Total revenue	· add lines 8 through 11 (must	olumn (A), lines 1-3)		2000.	2500.
	13 (Grants and sit	nilar amounts paid (Part IX, CC	urnn (A), line 4)		0.	0.
	14 E	Benefits paid	to or for members (Part IX, cor	nefits (Part IX, column (A), lines 5-1	0)	639065.	728699.
8	15 9	Salaries, othe	compensation, employee bet	n (A), line 11e)		0.	0.
Expenses	16a F	Professional f	undraising tees (Part IX, column	(D), line 25) 20	85 <u>7.</u>		
Š	b l	Total fundrais	ing expenses (Part IA, Column	1a-11d, 11f-24e)		241045.	250177.
ш	17 (Other expens	BS (Part IX, COlumn (A), intest	Part IX, column (A), line 25)		882110.	
	18	Total expense	s, Add lines 13-17 (must equa	om line 12		37 <u>85</u> 7.	126928
. 60	<u> 19 </u>	Revenue less	expenses, Subtract title 10 to			Beginning of Current Year	End of Year
25	<u> </u>		Deat V line 16\	**************************************		504401.	486556
856	20		Part X, line 16) 8 (Part X, line 26)	********************************		360002	275742 210814
Net Assets or	21	1 018) Habilities	Aust balances Subtract line!	21 from line 20		144399.	VIVOI4
22.03 10 10 10 10 10 10 10 10 10 10 10 10 10 1	22	Signatur	e Block				
	dan anna		and the second state of th	s return, including accompanying sche	dules and state	ements, and to the best of f	Ny konomisads ama neneri ir is
UII	o occess	nus or perjury: et and commist	e. Declaration of preparer (other th	an officer) is based on all information of	of which prepa	rer has any knowledge.	
<u>uu</u>	e, conet					Date	
o.	~=	Signatu	re of officer	<u> </u>		Daw	
Sig	_	i Josi	mua Moody, Trea	surer		<u> </u>	
НЕ	ere	Type or	print name and title		<u>-</u>	-Date Check	PTIN
_			eparer's name	Preparer's storature	. /	H	
Pa	ia	Ann Co.	ver'	Ann Gever	<i>I</i>	11/11/15 settemple	73-1645215
		Firm's name	▶ PROVVIDENZA	A MICTORY AND A CONTRACT OF THE PERSON OF TH	ӷ <u>҇</u> С	Firm's EIN	12-TO#22T2
	eparer ie Only	Firm'e addre	ss 121 SULLY'S	TKAID, BULLE 14		,,e	85-385-1790
u	ie chil		PITTSFORD, N	Y 14534		Phone no. 5	X Yes No
		IDO diomies t	ois return with the preparer sh	own above? (see instructions)		***************************************	<u>IAIYes </u>

	Win Bronches Inc	23	3-7060337 Page 2
<u>m 9</u>	90 (2014) His Branches, Inc. Statement of Program Service Accomplishments		- -
art	Check if Schedule O contains a response or note to any line in this Part III	***************************************	
1 E	Briefly describe the organization's mission: See Part I, line 1 and Schedule 0 contin	uation	
į	See Part 1, 11110 1 the Double		
-			
-			
	Did the organization undertake any significant program services during the year	which were not listed on	Yes X No
2 .	Did the organization undertake any significant program solvass stating the prior Form 990 or 990-EZ?		
'	If "Yes," describe these new services on Schedule O.		Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it or	inducts, any program services r	
	If "Yes," describe these changes on Schedule O.	and the second	seurad hy expeñses.
		ree largest program services, as me	the total expenses, and
•	Describe the organization's program service accomplishments for each or its the Section 501(c)(3) and 501(c)(4) organizations are required to report the amount	of grants and allocations to others,	ille total dapanessy
	revenue, if any, for each program service reported. /) (Revenue \$	404572 \
 4a	(Code) (Expenses \$ 719837 • Including grants of \$) (Revenue \$	counselors who
70	(Cods:) (Expenses \$ 719837. Including grants of \$ Enabling and assisting Christian physic	lans, clinics and	and wellness
	Enabling and assisting Christian physic believe in the sanctity of human life,	to browned hearen	f insurance
	gare for underserved people of Rockesse	r, Mi redaratess o	<u></u>
	coverage or ability to pay.		
			
		/	
		2500.) (Revenue \$	2370.)
4b	(Code:) (Expenses \$\frac{3275}{\text{supporting and encouraging a missionary}}\$	martides com	mnity health
	Supporting and encouraging a missionary and dental services and disaster relief	to Tabanese refu	ees, formerly
	in South Lebanon, and now in northern	SIGCI.	
) (Revenue	, , ,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	·
			<u></u>
	d Other program services (Describe in Schedule O.)		1
40	including grants of \$) (Revenue \$	
_	Expenses 723112.		Form 990 (2014

Form 6	990 (2014) His Branches, Inc. 23-7080	<u> </u>		400
Part	IV Checklist of Required Schedules	- Т	Yes	No.
		r— 1	100	
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	۱, ۱	x	
	The Samuel of Palachia A	2	7	X
	The state of the s	/		
	Did the experiention engage in direct or indirect political campaign activities on behalf or or in opposition to calculate	3		X
		┝╸┤		
_	To the Manager Programme The Arganization angage in lobbying activities, or have a section 55 the observer	4		X
				==
	v = FA4(=)(4) FO4(=)(6) At E01(n)(6) Other instruction that receives injections in Court	5	. 1	<u>x</u>
	The state of the property of t	-		_
	the transfer of the second standard frame of any similar fulfills of AGEQUITE 191 Willow Control of the second standard frame of the			X_
	and the distribution or investment of amounts in such tunos or accounts: if 165,	6_		<u> </u>
				X.
	The state of the s	7_		-^ -
	the environment, historic land areas, or historic structures? If "Yes, "complete Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, "complete	,		
		8	— —	X_
	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for Did the organization report and did the organization rep			l
9	Did the organization report an amount in Part X, into 21, for each of absolute an arrow and in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	}	1	
	amounts not listed in Part X; or provide credit counseling, debt management, stock of part X;	9		X
	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	Did the organization, directly or through a related organization, riold assets in temporarily control of the co	10		X
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	1975 (4) 1974 (4)	\$10.2000 \$40.0000 \$10.0000	
11	endowments, or quasi-endowments? If "riss," complete schedule 5, value of the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	100		150
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 if res, complete distribution	11a	X	1
		1		
	the reserve to a security for investments and their securities in Part X, line 12 that is 3% of more in the contract of the co	116		x
	- Let a ACD II Was I complete SCHOOLIG IT PART VII	1.10	┼──	 -
_	the same of the investments and related in Part A, line to that is 570 or interest, and		1	X
		<u>11c</u>	+	 -
	the state of an amount for other assets in Part X. line 15 that is 5% or more of its total assets in Part X.	l	1	1 -
		<u>11d</u>	\top	X
		11e	—	<u> X</u>
e	The state of the s			
f		11 <u>f</u>	┼—	X
	the organization's liability for uncertain tax positions and of investigation of the tax year? If "Yes," complete Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1		
1 2 a	Did the organization obtain separate, independent address may be separate for the tay year?	12 <u>a</u>	X	┿
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? Was the organization included in consolidated, independent audited financial statements for the tax year?	1		1 .
b	Was the organization included in consolidated, independent additional interest in the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional if "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional interest and the organization answered "No" to line 12a, then complete Schedule D, Parts XI and XII is optional interest.	12b	<u>-</u>	<u> </u>
	If "Yes," and if the organization answered "No" to line 12a, their completing controlled Schedule E Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Is the organization a school described in section 170(b)(1)(7)(ii)(1)(7)(iii)(1)(7)(7)(7)(7)(7)(7)(7)(7)(7)(7)(7)(7)(7)	148	<u>l</u> X	
148	Is the organization a school described in section 17 d(s)(1)(1)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)			
k	av even nege of more than a tuluu iluli) utalitiisaniigi tarai avang		/ 	
	the state of the control of the state of the	14t	,	X
			T	T
15	The Plant IV column (A) line 3, more than \$0,000 of grants of other adaptation to	- 1		X
	- Is the Connection Connectica Connection Connectica Connection Connection Connection Connectica Co	· ''	_	
16	· Variable And (V. column (Δ), line 3, more than \$5,000 of aggregate grants of visits assured	- 1	,	X
10	The state of the s	٠ ا		- -
	the state of many than \$15 000 of expenses for professional fundicional services of the state of		.	x
17	The second state of the se	. 17	+-	- - <u>^</u>
	then \$15,000 total of fundraising event gross income and contributions of the		. _,	/ ľ
18	A . A . I . A . I . A . I . A . I . A . A	. 18	3 X	:
	the part was the part of the p	1./	-	
19		. 19	<u>•</u>	<u> X</u>
				_ <u> X</u>
20	a Did the organization operate one or more nospital labilities? If yes, compositely to line 20a, did the organization attach a copy of its audited financial statements to this return?	. 20		
	to History to line 28s, did the organization attach a copy of its exercise.	E-	99	M (20)

omi'	190 (2014) Checklist of Required Schedules (continued)		Yes	No	_
		_			
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		X	_
				1	-
2	Did the organization report more than \$5,000 or grants of ourse assistant	22		X	-
_	Did the organization report more than \$5,000 or grants or other assistance to start of the organization report more than \$5,000 or grants or other assistance to start or a start of the organization report more than \$5,000 or grants or other assistance to start or the organization of the organization's current Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization and the organization of			l	
:3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the "Yes," complete	'		١	
	and former officers, directors, trustees, key amployees, and trustees, key amployees, key	23	L	X	_
	Schedule J		İ	1	
<u>4</u> a			1		
	that year that was issued after December of, 2002, if	24a	<u> </u>	<u> X</u>	_
	Schedule K. If "No", go to line 25a	24b	<u> </u>	ــــــ	
h					
	Did the expenization maintain an escrew account other trial a relationing	24c	1	$oldsymbol{\perp}$	_
G	any tax-exempt bonds?	24d			
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization engage in an excess benefit		Τ		
	Did the organization act as an "on behalf of issuer for bolios outstanting at the organization engage in an excess benefit Section 601(c)(3), 601(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a	_ ا	<u> </u>	
25a	Section 601(c)(3), 601(c)(4), and 501(c)(29) organizations. Did the organization resignation of the section with a disqualified person during the year? If "Yes," complete Schedule L, Part I transaction with a disqualified person in a prior year, and		1-	Т	
_	transaction with a disqualified person during the year? If "Yes," complete derivative admission with a disqualified person in a prior year, and is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and is the organization of the propriete state of the organization of the propriete state of the proprie	1		1	
ь	Is the organization aware that it engaged in an excess benefit transaction war a disquarter and the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		1 3	ζ_
	Schedule L. Part I	200	1-		
			1	ĺ	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables 10.5, or payable persons? If "Yes," former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	26	X		
	complete Schedule L, Part If	20	- -	-	
	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial				
27	Did the organization provide a grant or other assistance to an onicer, disector, destroy, and the contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	<u>ا</u>]	١,	X.
	contributor or employee thereof, a grant selection committee mentals, or of these persons? If "Yes," complete Schedule L, Part III	27	11 0 4	ार्	4
	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV Was the organization a party to a business transactions, and exceptions):				
28	Was the organization a party to a business translations, and exceptions):	12.0	:: · · ·	,2 (2) 335 ₹	27.78
	was the organization a party to the structure of the stru	28:		-	X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	281	-	╼╂╌	^-
	A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1	1	-	Ţ
	An entity of which a current or former officer, director, trustor, and the Carbodillo L. Part IV	28	$\neg \tau$	-	X.
	director, trustee, or direct or indirect owner; if "ves," complete Schedule M	29	<u> </u>		<u>X</u> _
28	Did the organization receive more than \$25,000 in non-cash contributions: "I receive contributions of art, historical treasures, or other similar assets, or qualified conservation.		1		77
30	at the appearation receive contributions of art, filstorical recessions, c.	30	2-	_+	<u>X</u>
	a tribra il apparinta MCOBOURE IVI	1	l		
3	Did the organization liquidate, terminate, or dissolve and cease operations.	3	1	_+	X
_	Did the organization liquidate, terminate, or disserve the organization liquidate, the organization liquidate is a second liquidate or disserve the organization liquidate is a second liquidate, the organization liquidate is a second liquidate or disserve the organization liquidate is a second liquidate or disserve the organization liquidate is a second liquidate or disserve the organization liquidate		1	- [
32		3	2		X
_	Did the organization sell, exchange, dispose of, or transfer more state. Schedule N, Part II		l	- 1	
3	Schedule N, Part II Bid the organization own 100% of an entity disregarded as separate from the organization under Regulations Bid the organization own 100% of an entity disregarded as separate from the organization under Regulations	. ∐3	<u>3</u>	_+	X
3	Did the organization own 100% of an entity disregarded as separate into the organization own 100% of an entity disregarded as separate into the organization own 100% of an entity disregarded as separate into the organization own 100% of an entity disregarded as separate into the organization own 100% of an entity disregarded as separate into the organization own 100% of an entity disregarded as separate into the organization own 100% of an entity disregarded as separate into the organization own 100% of an entity disregarded as separate into the organization own 100% of an entity disregarded as separate into the organization of the organization own 100% of an entity disregarded as separate into the organization of the organization own 100% of an entity disregarded as separate into the organization own 100% of an entity disregarded as separate into the organization of the or		-		
_	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule H, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule P, Part II, III, or IV, and	. з	4		<u> X</u>
3	Was the organization related to any tax-exempt or taxable entiry : Part V, line 1 The distribution the meaning of section 512(b)(13)?		5a _		X
_	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization have a controlled entity within the meaning of section 512(b)(13)?	, L		1	
3	Did the organization have a controlled entity within the meaning of section 312(0)(10). b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	3	5b	1	
	b If "Yes" to line 35a, did the organization receive any payment from or engage in any transfers to line 35a, did the organization receive any payment from or engage in any transfers to an exempt non-charitable related organization?	" ⊦ ≖		_	
			36	į	X
3	6 Section 501(c)(3) organizations. Did the organization that only the section 501(c)(3) organizations. Did the organization that is not a related organization	┈┟╩	+		
	if "Yes," complete Schedule R, Part V, line 2 The description of the organization conduct more than 5% of its activities through an entity that is not a related organization The organization conduct more than 5% of its activities through an entity that is not a related organization The organization conduct more than 5% of its activities through an entity that is not a related organization The organization conduct more than 5% of its activities through an entity that is not a related organization.	1.	37		X
3	7 Did the organization conduct more than 5% of its activities through an entity that is the Schedule R, Part VI and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11b and 19?	- إ	" +		
	and that is treated as a partnership for federal income tax purposes 177 125, 250 and that is treated as a partnership for federal income tax purposes 177 125, 250 and 199 and 199 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 199 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 199	į,	ا ۵	X.	l
;	Did the organization complete Schedule O and provide explanations in Schedule O. Note. All Form 990 filers are required to complete Schedule O.	<u>. L</u>	38 om		(O)^
	Note. All Form 990 filers are required to complete our least of the second seco	F	om	JJU	رحا

orm	990 (2014) His Branches, Inc. V Statements Regarding Other IRS Filings and Tax Compliance				9	
Par	Statements Regarding Other IRS Philips and Tax Check if Schedule O contains a response or note to any line in this Part V				<u></u>	No.
	Check if Schedule O contains a response of note to any		. 		Yes	NO_
	The County of the specific ships	<u>1a</u>	<u></u>			
ta	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1b				
b	Enter the number reported in Box 3 of Form 1050. Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	eporta	able gaming	Andrie 1	(televi)	80000
C	Did the organization comply with backup withholding rules for reportable particles.			_1c	7,53	73755
	Did the organization comply with backup withholding rules to reputation comply with backup withholding rules to reputation comply with backup withholding rules to reputation comply with backup withholding rules to reput	1	t :		*	
2 a	Enter the number of employees reported on Form W-5, transmittants, was a	2a	24	A.D.F. (*)		1831
	filed for the calendar year ending with or width the year and an arrived foderal employment tax retu	ms?,		2 b	X	7.48.H
ь	If at least one is reported on line 2a, did the organization line at required to a file (see instruction	s) ,	*******************************		Grand	
	Note, If the sum of lines 1a and 2a is greater than 250, years are during the year?	.		<u>3a</u>		<u> X</u>
За	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to explain the year? Did the organization have unrelated business gross income of \$1,000 or more during the year? Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
h	If "Yes," has it filed a Form 990-1 for this year to "Yes," has it filed a Form 990-1 for this year to	autho	ority over, a			
42	if "Yes," has it filed a Form 990-T for this year? If "No," to line so, provide an expension of the 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	acco	unt)?	42		X_
	financial account in a foreign country (such as a bank document)				90 50° 1 - 30°	
	If "Yes," enter the name of the foreign country:	Accou	ints (FBAR).	74.DY	417.3	
	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial.			<u>5a</u>		<u>X</u> _
-	See instructions for filing requirements for FINCEN Form 114, Report or Foreign Balik and that See instructions for filing requirements for FINCEN Form 114, Report or Foreign Balik and that See instructions for filing requirements for FINCEN FOR THE SECTION OF	actio:	7	5b	L	X
58	Was the organization a party to a prohibited tax shelter transaction at any time during the tax years. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transport any time during the form 8886-T?			5c		
	Did any taxable party notify the organization that it was or is a party to a party to fine 5a or 5b, did the organization file Form 8886-T? If "Yes," to fine 5a or 5b, did the organization file Form 8886-T?	the of	rganization solicit	1	1	
_	t attack being admired oroses (ecolote united and contract) of	. 10 0	· · · · · · · · · · · · · · · · · · ·	6a	X	
64	Does the organization have annual gross receipts that are contributions? any contributions that were not tax deductible as charitable contributions?		or gifts		1	ļ
	any contributions that were not tax deductible as charitable contributions: If "Yes," did the organization include with every solicitation an express statement that such contrib	ULIO IS	s or give	6b	X	
	were not tax deductible?	******				
	were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Organizations that may receive deductible contributions under section 170(c).		a arouided to the DAVOE	7a	1	X
7	Organizations that may receive deductible contributions under section 170(c). Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and a point of the organization receives provided?	SELVICE	22 brokingo to tua bayer.	75	† –	T
	Did the organization receive a payment in excess of \$75 made parity as a contribution and parity of geodes If "Yes," did the organization notify the donor of the value of the goods or services provided?			- <u>-</u> -		1
	b If "Yes," did the organization notify the donor of the value of the goods of services per which it C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	Was I	ednikan .	70		X
	c Did the organization sell, exchange, or outside the	_.		. C	700	
	to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year d if "Yes," indicate the number of Forms 8282 filed during the year	. 17	<u>d </u>	70	4 1	1
	d if "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	it con	tract?	76	┪-	
	e Did the organization receive any runds, directly or indirectly, on a personal benefit co	ntrac	17	11		
	 Did the organization receive any funds, directly or indirectly, to pay premiums on a posterior Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co If the organization received a contribution of qualified intellectual property, did the organization file 	Forn	1 8899 as required?	79		
	g If the organization received a contribution of qualifies into a property vehicles, did the organization received a contribution of qualifies in the organization of qu	nizatio	on file a Form 1098-03	7 7h	<u> </u>	17 194E
	h If the organization received a contribution of cars, boats, amplication of a donor advised fund maintain	ned be	y the	S. P. S. A.	Gergen (ad lasterio
				. <u>L e</u>	(\$ ¹ 45.)	50 54 390
	sponsoring organization have excess positions including a service of the service					(1) A 4 4 4 4
	Sponsoring organizations maintaining donor advised turious			. <u>9</u> 8		-+ -
	 Sponsoring organizations maintaining donor advised funds. Sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 			94) 1 ()	750 Book
	h Did the sponsoring organization make a distribution to a second			100		
1	0 Section 501(c)(7) organizations. Enter:	L	10a	-[~		
•	Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 for public use of club facilities	E	10b			
	h. Gross receipts, included on Form 990, Part VIII, line 12, 10, public and	_				
			11a			27일 : 지, 영기의 :521
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	<u> </u>	 -			
	- Albert not trong (TO flot DRI ampullis due of pull is a series		11b		34	Popularia.
	b Gross income from other sources (so not have amounts due or received from them.)	orm 1	041?	12	2a	
			12b			- 1200 M - 120 - 1300 M - 130
			<u></u>			
	b If "Yes," enter the attrount of taxon to tax serious of taxon to			_ _ [4	3a	
	13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state?		*******************************	38		
	a is the organization licensed to issue qualified nearth prairs in most transfer and schedule C Note. See the instructions for additional information the organization must report on Schedule C	J.		(6)		
	Note. See the instructions for additional information the organization by the states in which the b. Enter the amount of reserves the organization is required to maintain by the states in which the	ι	406			
	b Enter the amount of reserves the organization is required organization is licensed to issue qualified health plans		13b	- :]		
	organization is licensed to issue qualified fleating place. c Enter the amount of reserves on hand		<u> 13c </u>	- 1	4a	
	c Enter the amount of reserves on hand			····	4b	
	14a Did the organization receive any payments for indoor tarming services during the services during the services are explanation in School 14a Did the organization receive any payments? If "No," provide an explanation in School 14a Did the organization receive any payments for indoor tarming services during the services dur	<u>hedule</u>	<u> 0 </u>		roem	990 (20

Joshua Moody, treasurer - 585.235.9000

		23-70 <u>60337</u> _	Page 7
Form 990 (2	2014) <u>His Branches, Inc.</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensation of Officers, Directors	ompensated	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Figurest Compensation of Compensa	0111P0110====	
10-1-5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Employees, and Independent Contractors	·	
	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>

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

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

(A) Name and Title	(B) Average hours per week	box, uffic	net di	(C Posit rack m as pen d a dir	ion ore I son b	than d s both	arn I	(D) Reportable compensation from	(E) Reportable compensation from related organizations	Estimated amount of other compensation
	(list any hours for related organizations below line)	Individual trustae or directos	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Avik Ganguly	1.00	X						0.	0.	0.
ooard member	2.00									
(2) Ann L Geyer		X	<u> </u>					<u> </u>	0.	0.
board member (3) Roy W King	2.00	X			L_			0.	0.	0.
bd member and former presi (4) Christopher Pollock	3.00	X		x				0.	0.	0.
President/Chairman (5) Jennifer N Allen	1.00	X		x				0.		0.
Vice President (6) Joshua Moody	3.00	X	Γ	x		Ī		0.	0.	0.
Treasurer (7) Kerry E Luddy	2.00	X	T	X				0.	0.	0.
Secretary (8) Donna Jones	1.00	X		-	T			0	0.	0.
board member (9) Mark Mills	1.00		Ţ	T		T		0	0.	0.
board member (10) Michael Braun	1.00			\dagger			T	0	0.	0
board member		-	+		† 	-				
	-	-								
		1								
		+	1		1	1			<u> </u>	
		- -	+		T	1	1			
		+	+	-+-	+	+	+	 		

	()	Statement of Revenue Check if Schedule O contains	a response o	r note to any line	in this Part VIII	(B)	(C)	(D) Revenue excluded
		Official Control			Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
1.5		Federated campaigns	1a					
		Membership dues	····· - -					
		Fundralsing events		19079.				
C	 	Related organizations	1d					
		Government grants (contributions	s) 1e					
f	F	All other contributions, gifts, grants, a	ınd	200544				
		similar amounts not included above	<u>[1f] </u>	223644.				
	9	Noncash contributions included in fines 1a-	1f; \$		242723.			
	<u>h</u>	Total. Add lines 1a-1f		Business Code	ACTION CONTRACTOR MARKET TO CONTRACT			
			411A T	621110	802934.		802934	
2	а	Patient fees and	or med	621110	61873.	·	61873 774	
	þ	Reimbursements f Medical workshop	& mee	611600	774.		114	•
	C	Wedlcar workshop	<u>u 1100</u>			<u> </u>	├	_ _
ļ	d				<u> </u>	<u> </u>	 	
ļ		All other program service revenu	ıė		0.47.501			是一种,一种的
	1	manus Add lings 29,2f		,	865581	· 		
3	ч	Investment income (including di	vidends, inter	rest, and	\		i _	
"		-Alexandroller amounts)				- 		
4	Ĺ	Income from investment of tax-	exempt bond	procesos P			T	
5		Royalties						
1		<u> </u>	(i) Real	(ii) Personal				
6	a			 				
	b							
1	C	Rental income or (loss)			T		1	
1	d	I I I I I I I I I I I I I I I I I I I	(i) Securities	(ii) Other				
7	7 a	a Gross amount from sales of assets other than inventory	() Goodings			and the first section of the second of the s		
-		assets other than inventory						
	ľ	and sales expenses						
ı		c Gain or (loss)						
		A Met gain or (loss)			•			
. 1 ,	e :	 Gross income from fundraising 	events (not		*****			
<u> </u>	٠.	including \$190	<u>/9,</u> 0	ł				
		contributions reported on line	1c). See					
<u> </u>		Part IV, line 18		~ 	;			
		b Less: direct expenses		<u> </u>		0.		
· 1		c Net income or (loss) from fund	Haising event	s <u>,</u>				
-	9	a Gross income from gaming ac	WALLES' CAR	al			"批准"	
-		Part IV, line 19	.,	b				1,000,000
		b Less: direct expenses c Net income or (loss) from gan	ning activities			Service a Service Service	171 (0) (0) (0) (0)	
1		a Gross sales of inventory, less	returns					
	10	and allowances		a				
- }		b Less: cost of goods sold	*****	. ь			1.134 July 2018 18 14 18	
1		c Net income or (loss) from sale	es of inventor	Y				
-		Miscelianeous Reven	ue	Business C	<u>ode</u>		The state of the s	
H	11	l a		_	_+			
١	•	b		_				
1		c				4		ere i programa de la compansa de la
]		d All other revenue		\				(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
- 1		e Total, Add lines 11a-11d		***********	110830	<u> </u>	0. 8655	81. Form 990

Form 990 (2014) His Branches, Inc.
Part IX Statement of Functional Expenses

	Statement of Functional Expenses 501(c)(3) and 501(c)(4) organizations must comple	or note to any line in th	nis Part IX	18 4 4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>(D)</u>
not	Check if Schedule O contains a response include amounts reported on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
, 86,	, 9b, and 10b of Part VIII.		Expenses		
 G	rants and other assistance to domestic organizations				
а	nd domestic governments. See Part IV, line 21				
G	Frants and other assistance to domestic	ļ			
· - ir	ndividuals. See Part IV, line 22				
	Brants and other assistance to foreign	ļ	/ \		
	organizations, foreign governments, and foreign	أدمما	2500		
i	ndividuals. See Part IV, lines 15 and 16	2500			
, . , .	Benefits paid to or for members			<u> </u>	
5 (Compensation of current officers, directors,		73155.	11188.	<u> 1721.</u>
, ,	trustees, and key employees	86064.			
. 1	Compensation not included above, to disqualified		i	·	
3 1	persons (as defined under section 4958(f)(1)) and	/	. [•	
١	persons (as defined index socials foots), persons described in section 4958(c)(3)(B)			152205.	5534
	persons described in section 4550(0)(0)(0)	543132.	385393.	154205	
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				522.
	section 401(k) and 403(b) employer contributions)	45261.	32985	11754.	625.
	Other employee benefits	54242.	39531.	14086.	023.
0	Payroll taxes				
1	Fees for services (non-employees):				
а	Management			<u></u>	
ъ	Lega	5575.		5575.	
· c	Accounting	22124	 		
d	Lobbying				
	Professional fundraising services. See Part IV, line 17		() まなみが一般などのない。		
	Investment management fees		<u> </u>	 _ 	
f	- 440 - 440 amount exceeds 10% of line 25.			1216.	
g	column (A) amount, list line 11g expenses on Sch O.)	<u> 1216</u> .			299
	Advertising and promotion	3319		 	5937
12	Advertising and promotion	29683		1	1941
13	Office expenses	24736	13585	<u> </u>	
14	Information technology				132
15	Royalties	26443	21287	5024.	
16	Occupancy		<u> </u>		
17	Travel		T		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	6451	5193	1226.	32
19	Conferences, conventions, and meetings	11181			73
20	Interest	11104	<u>•</u>		
21	Payments to affiliates	26552	21375	5045.	133
22	Depreciation, depletion, and amortization	26553		·	131
23	Ingurance	26291	• <u>43/34</u>		
	Delever the senences not covered				
24	Other expenses, hermize expenses in line 24e, if line above. (List miscellaneous expenses in line 24e, if line				
	above. (List miscellaneous expenses of 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	2000 18 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	F6046		
	W-Aigel 90001188	56966			
	m-1 onhone and communica	16032		<u> </u>	3752
1	c Joint cost of combined	6253			
	c Joint Cost of Company	4946	4946		25
	d Program expense	4532	4117		2085
	e All other expenses	981376		237407.	
25	Total functional expenses. Add lines 1 through 24e		,		,
26	Loint engls. Complete this line only if the organization	'		Į.	
	reported in column (B) joint costs from a combined]		255
	educational campaign and fundraising solicitation.	6253	3. 25 <u>03</u>	0.	375:
	Check here Y if following SOP 98-2 (ASC 958-729)	<u> </u>	<u> </u>		Form 990 (20

Parl		Belance Sheet			
		Balance Sneet Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year	— [·	End of year
			68252	1	72445.
	1	Cash - non-interest-bearing		2	
- 1	2	Savings and temporary cash investments	80982.	3	72078.
1	Q	Pledges and grants receivable, net	109135	4	116325.
i		- inthis not	e Militar State (Military)	\$ 194 \$ 194 11	
	5	Accounts receivable, net Loans and other receivables from current and former officers, directors,			
1		trustees, key employees, and highest compensated employees. Complete	1986-5500 50 See 1 500 100 100 100 100 100 100 100 100 1	5	
		e + 6 - 4 Oakadula I			
	6	Loans and other receivables from other disqualified persons (as defined under	a // / / / / / / / / / / / / / / / / /		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribution			
	j	employers and sponsoring organizations of section 501(c)(9) voluntary	(Zg	6	_,
22	Ì	employers and sponsoring digarizations (see instr). Complete Part II of Sch L	·	7	
Assets	7	Notes and loans receivable, net		8	
2	8	Inventories for sale or use	41152.	9	<u> 15627.</u>
	9	Prepaid expenses and deferred charges			
	10a	Land, buildings, and equipment: cost or other 50043*	7.	Argoni P	
	[Boole Complete Part VI DI SCHOULE D		10c	206729.
	b	Long accumulated depreciation		11	
	111	Importments - publicly traded securities	··	12	
	12	Investments - other securities. See Part IV, line 11		13	
	13	Investments - program-related. See Part IV, line 11	3537.	14	3352.
	14	Intangible assets		15	
	15	Other assets. See Part IV, line 11	504401.	16	486556.
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	78416.	_17	54383.
	17	Accounts payable and accrued expenses	<u> </u>	18	
	18	Grants payable		19	
	19	Deferred revenue Tax exempt bond liabilities		20	
	20	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	21	Escrow or custodial account liability. Complete statement and other payables to current and former officers, directors, trustees,			
8	22	Loans and other payables to content and techniques, and disqualified persons. key employees, highest compensated employees, and disqualified persons.	Free Committee of the C		48201 <u>.</u>
皇	ĺ	Key employees, highest compensated completes. Complete Part II of Schedule L			173158
Liabilities	1	Secured mortgages and notes payable to unrelated third parties	185330		1731301
_	23	Unsecured notes and loans payable to unrelated third parties		24	····
	24	and the state of t		} !	
	25	Other liabilities (including leasts included on lines 17-24). Complete Part X of parties, and other liabilities not included on lines 17-24).	\		
				25_	275742.
			11 1 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	26	
_	<u> 26</u>	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ➤ X are 15 are 32 and 34	ıd ()		
		complete lines 27 through 29, and lines 33 and 34.	79649	27	1503 <u>66.</u>
9	}	Uncothisted not assets	C47EA	_	60448.
<u> </u>	27	Tamparania restricted net assets	****	29	
<u> </u>	26	at a state of ant people	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1-5	
Š	29	Organizations that do not follow SFAS 117 (ASC 958), check here			
Sanstan Anna Ralances		Inda Space 20 through 34.		30	The state of the s
Č	2 ~	- to the state of principal or current funds		31	
- 1	3 30	and building, or equipment tune		32	
4	3 3·	o Retained earnings endowment, accumulated income, or other factor	144300		210814
1	3	That art areats or fund balances	E04401	34	486556
_	1 -	4 Total flabilities and net assets/fund balances		V) VI	Form 990 (2014

		23-706	0337 Page 12
or m ro	990 (2014) His Branches, Inc.	· ·	
Par			X
<u></u>	Check if Schedule O contains a response or note to any line in this Part XI	1	
			1108304
1	Total revenue (must equal Part VIII, column (A), line 12)	2	9 <u>81376.</u>
2	A Dod IV column (A) line 25)	1	126928.
3		- 1	144399.
4	t and beleased at beginning of year (must equal teat X, line 33, colonia vy		
	" deceas on investments		4500
5	and the state of t		
6		· 	1
7		· 	-65013.
8		· - 	
9	that beloages at end of year. Combine lines 3 through a thick equal that year	1 - x l	21081 <u>4.</u>
10	column (B))	. 10	
	rt XII Financial Statements and Reporting		文
<u>. C.A.</u>	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	***************************************	Yes No
	Accounting method used to prepare the Form 990: Cash Accounting method Accounting method Accounting method Accounting method	 -	
1	Accounting method used to prepare the Form 990: Cash	ule Q.	
2a	Were the organization's financial statements compiled or reviewed by an arrangement of the year were compiled or reviewed if "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed.	wed on 2	
	If "Yes," check a box below to indicate values or both:		
	separate basis, consolidated basis, or both: Separate basis, consolidated basis Consolidated basis Both consolidated and separate basis		2b X
	Separate pasis		. 2b X
b	Were the organization's financial statements audited by an independent accommon were audited on a sep if "Yes," check a box below to indicate whether the financial statements for the year were audited on a sep	arate basis,	
	If "Yes," check a box below to indicate whether the third the the		
	consolidated basis, or both: Separate basis		
	X Separate basis Consolidates that assumes responsibility for oversight	f the audit,	
(If "Yes" to line 2a or 2b, does the organization have a committee that account account ant? review, or compilation of its financial statements and selection of an independent account ant? every experience process during the tax year, explain in		2c X
	review, or compilation of its financial statements and selection of an increase during the tax year, explain in	Schedule C.	
	If the organization changed either its oversignt process or selection process or selection process or selection process.	e Single Audit	
3	As a result of a federal award, was the organization required to strategy and		3a X
	As a result of a recent award, was a second of the second	equired audit	
1			3b
_	b If "Yes," did the organization undergo the required about of about 1 to organization undergo such audits or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Form 990 (2014)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Department of the Tressury Internal Revenue Service

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 23-7060337 His Branches, Inc. 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)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 3 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in city, and state: section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) 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.) 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 10 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type ill non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization! (v) Amount of monetary (vi) Amount of (III) Type of organization (II) EIN other support (see (i) Name of supported fisted in your support (see (described on lines 1-9 governing document? organization Instructions) above or IRC section Instructions) Yes No (see Instructions))

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Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 His Branches, Inc.

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support (f) Total (e) 2014 (d) 2013 (c) 2012 (b) 2011 Calendar year (or fiscal year beginning in) 🕨 (a) 2010 1 Gifts, grants, contributions, and membership fees received. (Do not 894559. 242769. 203589. 157286. 158136. 132779. include any *unusual grants.*) Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in 865581. 3481498. 712325. any activity that is related to the 623473. 645525 <u>634594</u> organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to 4376057. 915914. 1108350. the organization without charge 780759. 803661. 767373. 6 Total. Add lines 1 through 5 1700. 7a Amounts included on lines 1, 2, and 1700. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 1700. emount on line 13 for the year 1700 4374357. c Add lines 7a and 7b 8 Public support (Sybbacilles 7c from line 6.) (f) Total Section B. Total Support (e) 2014 (d) 2013 (c) 2012 (b) 2011 4376057. (a) 2010 Calendar year (or liscal year beginning in) ► 1108350 915914. 780759 803661 767373.9 Amounts from line 6 10a Gross income from interest. dividends, payments received on 4054 -4054 securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses 4054. acquired after June 30, 1975 4054 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 780759. 919968. 1108350. 4380111. assets (Explain in Part VI.) 803661. 767373. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization. check this box and stop here ... Section C. Computation of Public Support Percentage 99.87 <u>%</u> 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f) 99.51 % 16 16 Public support percentage from 2013 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage .09 % Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f) 17 % .10 18 Investment income percentage from 2013 Schedule A, Part III, line 17 18 19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization _______

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

Schedule A (Form 990 or 990-EZ) 2014 His Branches, Inc.

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I, If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an iRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedu	ule A (Form 990 or 990-EZ) 2014 His Branches, Inc.				
Part	N Supporting Organizations (continued)	-	Y	es N	<u>o</u>
	the following nersons?	253 253 133			
11 F	tas the organization accepted a gift or contribution from any of the following persons?	M			Goeth.
- 4	a person who directly or indirectly controls, either alone or together with potosite	Ĺ	11a		
ŀ	nelow, the governing body of a supported organization?	 _	11b 📙		—
ь	A family member of a person described in (a) above?		11c		
G /	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.				
Secti	ion B. Type I Supporting Organizations	<u></u>) 	es N	<u> </u>
	this of the or more supported organizations have the power to			1. A 3.	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	(C) (A)			
	regularly appoint or elect at least a majority of the organization is directively operated, supervised, or tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or				
	tax year? If "No," describe in Part VI now the supported organization (some supported organization, controlled the organization's activities. If the organization had more than one supported among the supported]; };			
	controlled the organization's activities. If the organization had more than the controlled the organization's activities. If the organization had more than the powers to appoint and/or remove directors or trustees were allocated among the supported describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1.			partan.
	describe how the powers to appoint and/or remove directors of treatment powers during the tax year.	<u> </u>	1	7435	70.5E
	describe how the powers to appoint another terrors discovered by applied to such powers during the tax year, organizations and what conditions or restrictions, if any, applied to such powers during the tax year,	3			#1344 44434
2	organizations and what conditions or restrictions, it dry, supported organization other than the supported Did the organization operate for the benefit of any supported organization other than the supported	ľ	1 243-112 200-081		
	Did the organization operate for the benefit of any supporting organization? if "Yes," explain in organization(s) that operated, supervised, or controlled the supported organization(s) that operated,	ļ.	30.64	55.34 S.) (45).(
	organization(s) that operated, supervised, or controlled the supported organization(s) that operated, Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	<u></u>].	_2_1		
	expensional or controlled the supporting organization.				
Sec	tion C. Type II Supporting Organizations	T		Yes	<u>No</u>
		ľ			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors Were a majority of the organization's directors or trustees during the tax year also a majority of the directors.]:	* () () () () () () () () () (
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	or management of the supporting organization was vested in the same policinal		_1_	1	
	standard omegization(s).			— т	
Sec	tion D. Type III Supporting Organizations	r		Yes	No
	to fire and the last day of the fifth month of the				
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	tax			
			100	vii la	
	organization's tax year, (1) a written notice describing the type and the date of notification, and (3) copies of the year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, to the extent not previously provided?		1	360 V V S (1)	e alian (ele
	organization's governing documents in effect on the date of hothication, to appointed or elected by the supported		01799974 3417860		
2	organization's governing documents in effect on the date of notification appointed or elected by the supported Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported when the date of the organization of the supported organization? If "No," explain in Part VI how	r		0815	1 60 (156) 1 2 2 66
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	income or assets at all times during the tax year? If Tes, describe in the state of		3_	l	L
	supported organizations played in this regard.				
Se	supported organizations played in this regard. ction E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see	instructions):			
1	and the han point to the method that the crossing base to suitely and				
:	The organization satisfied the Activities Test, Complete line 2 heliaw				
	The organization satisfied the Activities rest. complete line 3 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government or	entity (see ins	truction	s <u>}.</u>	T
	The organization supported a governmental entity. Describe in a distribution of the control of t		1	Yes	No
2	Activities Test. Answer (a) and (b) below.				
	the supported organization(s) to which the organization was respectively furthered their exempt our poses.				
	those supported organizations and explain how these activities directly further to the organization determined				3035
	have the organization was responsive to those supported organizations, and the		28	1	
	that these activities constituted substantially all of its activities.				
					3 24
	reasons for the organization's position that its supported organization by		2b		
	entivities but for the organization's involvement.				
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
•	and the accompanion have the nower to requiarly appoint of block a majority		3a		
	a Did the organization have the properties of each of the supported organizations? Provide details in Part VI. trustees of each of the supported organizations? Provide details in Part VI.	nein	200	01 (52)	
			EC 1077 127	Section 1985	
	trustees of each of the supported organizations? Provide details in the control of the supported organization exercise a substantial degree of direction over the policies, programs, and activities of each of the organization exercise a substantial degree of direction over the policies, programs, and activities of each of the organization exercise a substantial degree of direction over the policies, programs, and activities of each of the organization exercise a substantial degree of direction over the policies, programs, and activities of each of the organization exercise a substantial degree of direction over the policies, programs, and activities of each of the organization exercise a substantial degree of direction over the policies, programs, and activities of each of the organization exercise as substantial degree of direction over the policies.	2041	3b		

المصاد	de A (Form 990 or 990-EZ) 2014 His Branches, Inc.			3-7060337 Page 6
ched. Part	Viii Type III Non-Functionally Integrated 509(a)(3) SUDDO(TIN)	Orga	nizations	
1	Check here if the propriection satisfied the integral Part Test as a qualifying	i trust oi	J MOA' SO' 1810' 266 menor	etions. All
•	other Type III non-functionally integrated supporting organizations must con	nplete S	Sections A through E.	
	·	- }	(A) Prior Year	(B) Current Year
ectio	n A - Adjusted Net Income			(optional)
1 1	let short term capital galn	1	<u>·</u>	
	Recoveries of prior-year distributions	2	<u> </u>	
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4_		
5 [Depreciation and depletion	5		
6 F	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
Г	naintenance of property held for production of income (see instructions)	6		
7 (Other expenses (see instructions)	7		
8 /	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		(B) Current Year
	n B - Minimum Asset Amount		(A) Prior Year	(optional)
1 /	Aggregate fair market value of all non-exempt-use assets (see			
	nstructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a_		<u> </u>
	Average monthly cash balances	1b		
<u> 0</u>	Fair market value of other non-exempt-use assets	1c_		<u></u>
	Fotal (add lines 1a, 1b, and 1c)	1d		Transport of the second test at the Sort Malack
	Discount claimed for blockage or other	289		
	factors (explain in detail in Part VI):			
	Acquisition indebtedness applicable to non-exempt-use assats	2		<u> </u>
	Subtract line 2 from line 1d	3		
3	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	_r		
		4		
	see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
		6		
<u>_6</u>	Multiply fine 5 by .035 Recoveries of prior-year distributions	7		
<u> </u>	Minimum Asset Amount (add line 7 to line 6)	8_		
<u>8</u>	Minimum Asset Amount (200 line) to land by			Current Year
Section	on C - Distributable Amount			Ourient Tou
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	Carachy reserved (Mail Service Carachy) Carachy (Carachy) (Mail Carachy) (Mail Ca	-
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		<u> </u>
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
 -	Distributable Amount Subtract line 5 from line 4, unless subject to	ļ	Trababa Rud Yakas	.]

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

emergency temporary reduction (see instructions)

Instructions).

e Excess from 2014

	/Earth 000 44 000 ETA 001 4	Hig Branches	Inc.	23-7060337_Page 8
Part VI	(Form 990 or 990-EZ) 2014 Supplemental Infor	mation. Provide the exp	planations required by Part II, line 10; F	Part II, line 17a or 17b; and Part III, line 12.
	Also complete this part fo	r any additional informatio	on, (See instructions).	
				
				
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	<u> </u>			

Schedule A

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

2014

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2010 Amount	2011 Amount	2012 Amount	2013 Amount	2014 Amount
bert and Ann Geyer	1200.	0.	0.	0.	0.
bert and Ann Geyer gene and Judith ung	500.	0.	0.	0.	0.
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<u>· </u>	 				
-					
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					<u> </u>
Total to Schedule A,	1700				

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 111, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

	evenue Service Information about 990		23-7060337
ame	of the organization His Branches, Inc.	Gui au Olasilau Erendi	s or Accounts. Complete if the
art	His Branches, Inc. Organizations Maintaining Donor Advised Fun	ids or Other Similar Fund:	
	organization answered "Yes" to Form 990, Part IV, line 6.	(a) Donor advised funds	(b) Funds and other accounts
		(a) Donor advised taries	
-	Fotal number at end of year		
	Angregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year	what - seeds hold in donor adv	ised funds
		that the assets field in donar de-	Yes No
	Did the organization inform all donors and donor advisors in which are the organization's property, subject to the organization's exclusive are the organization.	- in writing that grant funds can be	e used only
	impermissible private benefit?	ion answered "Yes" to Form 990,	Part IV, line 7.
100	ENTER Compensation Easements. Complete it the Organization	ook all that apply).	
1	Purpose(s) of conservation easements held by the organization (ch	ion\Preservation of a his	storically important land area
	Preservation of land for public use (e.g., recreation or educate	Preservation of a ce	artified historic structure
	Protection of natural habitat	-	
	Preservation of open space Complete lines 2a through 2d if the organization held a qualified co	onservation contribution in the fort	m of a conservation easement on the last
2			Tay Your
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
a			
þ			
C	Number of conservation easements on a certified historic structure. Number of conservation easements included in (c) acquired after to	B/17/06, and not on a historic stru	icture
đ	Number of conservation easements included in (a) listed in the National Register		2d
	listed in the National Register Number of conservation easements modified, transferred, release	d, extinguished, or terminated by	the organization during the tax
3			
	Number of states where property subject to conservation easeme	ent is located	
4	Number of states where property subject to conservation states. Does the organization have a written policy regarding the periodic	monitoring, inspection, handling	of Van No
5	Does the organization have a written policy regarding the periodic violations, and enforcement of the conservation easements it hold violations, and enforcement of the conservation easements it hold violations, and enforcement deveted to manifesting, inspecting, and	ts?	Lufe the year
_	violations, and enforcement of the conservation easements it hold Staff and volunteer hours devoted to monitoring, inspecting, and	enforcing conservation easement	s during the year
6	Staff and volunteer hours devoted to monitoring, inspecting, and Amount of expenses incurred in monitoring, inspecting, and enforcement of expenses incurred in monitoring.	rcing conservation easements dur	TOWNANDAY
7		ilibily the requirement	Vac NO
8	and section 170(h)(4)(B)(ii)?	and arms	and statement and balance sheet, and
۵	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation e	asements in its revenue and expe	and the organization's accounting for
ð	lockede if applicable, the text of the toothore to the organization.		
	conservation easements. art III Organizations Maintaining Collections of A	4 Uistorical Treasures, O	r Other Similar Assets.
P	art III Organizations Maintaining Collections of A	Dort IV line 8	
, ,	Complete if the organization answered tes to the complete if the organization answered	the the response of	atement and balance sheet works of art,
1	Complete if the organization answered "Yes" to Form 990 If the organization elected, as permitted under SFAS 116 (ASC 9 historical treasures, or other similar assets held for public exhibit	to a direction or research in furth	herance of public service, provide, in Part XIII
	historical treasures, or other similar assets field for public symbol		
	the text of the footnote to its financial statements that describes	the the servence of the	ment and halance sheet works of art, historic
	the text of the footnote to its financial statements that describes b if the organization elected, as permitted under SFAS 116 (ASC § treasures, or other similar assets held for public exhibition, educ	etion or research in furtherance o	if public service, provide the following amoun
	treasures, or other similar assets held for public exhibition, cases	4	
	relating to these ftems:		S
	(i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		▶ \$
	(ii) Assets included in Form 990, Part X	res, or other similar assets for fina	ancial gain, provide
2	If the organization received of field Works Of art, historical decay	is a second of the second is a second in the second is a second in the second in	
	the following amounts required to be reported under or no 115	(100 -0-)	S
	a Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X	БЕРТ	> \$

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

Schedule D	(Form 990) 2014	His	Branches	, Inc.			<u>7000331</u>
Part VII	Investments - 0	riner at	ecurard "Yee" t	o Form 990 Part N	/ line 11b. See Form	990, Part X, line 12.	
(a) Descrip	tion of security or categor	nzation a Mindudina	name of acourity)	(b) Book value	(c) Metho	od of valuation: Cost or en	d-of-year market value
	al derivatives						<u> </u>
	held equity interests					 ;	
(3) Other			1				
(A)							_ _ _
(B)		· ·				·	<u> </u>
(C)				<u> </u>			
(D)							
(E)							<u> </u>
(F)	·			· · ·			
(G)							
<u>(H)</u>		<u> </u>	10.1	<u> </u>	\$0.500 \$200 \$ \$6		
Total. (Col. (b) must equal Form 990,	Part X, cor	. (B) line 12.) > [· · · · ·	1000 y 14,000 11 (VX 14,000 1	The second secon	
Part VIII	Investments - P	rogran	i Heisted.	n Form 000 Part II	/ line 11c See Fort	990, Part X, line 13.	
	Complete if the orga (a) Description of in	nization a nvestmen	nswered res	(b) Book value	e (c) Meth	ed of valuation: Cost or en	d-of-year market value
	(a) Description of it						
(1)							
(3)	<u> </u>						
(4)		· · · · · ·					
(5)	<u>-</u>					<u> </u>	
(6)							
(7)						<u> </u>	<u> </u>
(8)				<u>-</u>	<u> </u>		
(9)	· · · · · · · · · · · · · · · · · · ·				NAMES OF THE PROPERTY OF THE P		
	b) must egual Form 990,	Part X, co	L (B) line 13.) 📂	<u></u>	1000 A 10		rangam dag Kabut bergakasyan
Part IX	Other Assets.					500 D-4 V Bes 15	
	Complete if the orga	inization i	answered "Yes"	to Form 990, Part I	V, line 11d. See Forn	n 990, Part X, line 15.	(b) Book value
			<u> </u>	Description			
(1)							
(2)	<u> </u>		<u> </u>				
(3)		 					
(4)							
<u>(5)</u>							<u> </u>
(6)		.				<u> </u>	
<u>(7)</u> (8)					·		
(9)			.,				<u> </u>
Total (Col	umn (b) must equal Fo	m 990, F	Part X, col. (B) lin	e 15.)	***************************************	<u></u> . <u>></u>	·]
Part X	Other Liabilitie	S.					_
12.7. man 19. 3. 4. 10.	Complete if the orga	anization	answered "Yes <u>"</u>	to Form 990, Part	IV, line 11e or 11f. Se	ee Form 990, Part X, line 2	
1,	(a) De	scription	of liability		(b) Book valu	"	
(1) Fe	deral income taxes						
(2)				-			
(3)					 		
(4)	<u> </u>			·····			
(5)			· · · · · · · · · · · · · · · · · · ·		 		
(6)	····		 				
(7)							
(8)		<u> </u>	- -		 		
(9)			7 11/ 11/20	- 451			
Total. (Co.	lumn (b) must equal Fo	rm 990, i	Part X, COI. (B) III	e 25.)	stacte to the organiza	ation's financial statement	s that reports the
2. Liabilit	y for uncertain tax pos	anions, in	maπ XIII, providi	- EIN AR (ASC: 740) - LIE LEXL OI LIE 100	Check here if the te	SXL Of the toothors use nee	I DIONGEO III I SECTIONIS
organi	zation's liability for unc	cemain tar	x posicions unde	<u> </u>	- SHOWN FROM IL SERVE	Se	hedule D (Form 990) 2014

23-7060337 Page 4

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

Inspection. ployer identification number

ame of the organization					23-7060	
His Bran- Fundraising Activities.	ches, Inc.	wered "Ve	e" to	Form 990, Part IV, lis		
required to complete this part.						
 Indicate whether the organization raised a X Mail solicitations Internet and email solicitations X Phone solicitations X in-person solicitations Did the organization have a written or key employees listed in Form 990, Part of "Yes," list the ten highest paid individed. 	e X Solici f Solici g X Speci oral agreement with any Individu t VII) or entity in connection with	tation of r tation of g ial fundrai ual (includ	on-go poventising of ing of onal f	overnment grants events ficers, directors, trus undraising services?	stees or Yes	
compensated at least \$5,000 by the or	rganization.				· ·	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have du or contribu	atody	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser lieted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
			_			
		_		<u> </u>	<u> </u>	
					<u> </u>	
			<u> </u>	<u> </u>	<u> </u>	<u> </u>
				<u></u>		<u> </u>
	·	_				
otal	to soll as flaggard to soll	oit contrib	. P	 us or has been notifie	d it is exempt from (registration
 List all states in which the organization or licensing. 	is registered of licensed to some		JULIO1			<u> </u>
	<u></u>					
	<u> </u>					
	· · · · · · · · · · · · · · · · · · ·					
					_ ,,	

Schedule G (Form 990 or 990 EZ) 2014 His Branches. Inc. Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (a) Event #1 (add col. (a) through None Concerts, col. (c)) SOHL Sundayscampaign (total number) (event type) (event type) 190<u>79</u>. 19079. Gross receipts 19079. 19079 2 Less: Contributions Gross income (line 1 minus line 2) 0 Cash prizes 0 Noncash prizes Expenses ٥, 6 Rent/facility costs Food and beverages Direct 8 Entertainment Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net Income summary, Subtract line 10 from line 3, column (d) Part III Garning. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than (d) Total gaming (add \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (c) Other gaming col. (a) through col. (c)) (a) Bingo bingo/progressive bingo Revenue Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) Net garning Income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b if "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b if "Yes," explain: Schedule G (Form 990 or 990-EZ) 2014

23-7060337 Page 2

BESTERO STATES CONTRACTOR CONTRACTOR

23	<u>-7060337</u>	Page 3
hedule G (Form 990 or 990 EZ) 2014 His Branches, Inc. 23	Yes	No
Does the organization conduct gaming activities with nonmerricers;		
Does the organization conduct gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Yes	L_ No
to administer charitable ganling?	i F	6.2
indicate the percentage of gaming activity conducted in.	13a }	<u>%</u>
The organization's facility	13bl	70
The organization's facility An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Enter the name and address of the person time person t		
Name ►		
Address >		
a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[] Yes	
and the amount		
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
of geming revenue retained by the third party		•
c If "Yes," enter name and address of the third party:		
·		
Name >		
Address		
Gaming manager Information:		
Name		
Gaming manager compensation > \$		
Description of services provided		
Director/officer Employee Independent contractor	•	
Mandatory distributions:		
a is the organization required under state law to make crianizatio distributions.		s 🔲 N
a is the organization required under state law to make characters. retain the state garning license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	
b. Enter the amount of distributions required under state law to be distributed to see		
organization's own exempt activities during the tax year patient required by Part I, line 2b, columns (iii) and (v), and Po	art III, lines 9, 9b	, 106, 156,
Part IV Supplemental Information. Provide the explanations required by 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		
15c, 16, and 17b, as applicable. Also provide any additions with the second sec		
·		
		 -
	·	
Schedule	G (Form 990 o	r 990-EZ) :

Schedule G	(Form 990 or 990-EZ)	His Branches,	Inc	
Part IV	Supplemental Info	His Branches, rmation (continued)		
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. QMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 23-7060337 His Branches, Inc. Part | Questions Regarding Compensation

Га	Catestions rogardang		Yes	NO_
	over the following to or for a person listed in Form 990,	70.054 70.056		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	9.00004 0.0000		AMERIKAN Merupakan Merupakan
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use	24435.1 235.3		A. (2000) 24 (1470)
	First-class of district varieties of personal residence	72.V		OSOPA Vanasar
	1 Tayer of Companions	(15,00) (15,00)		#1,000015 #2,155,867
	Tax indefinition can be gross up payment.			
	Discretionary spending account			
	to follow a written policy recording navment of	(1256) 1268)	13 (14 %) 13 (14 %)	Paris A
þ	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	1b		
	reimbursement or provision of all of the expenses described above? If "No," complete Part ill to explain			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			L
	Did the organization require substantiation prior to reimburg at the state of the s	376		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to	7376366 246366		
	CEO/Everative Director, Check all that apply. Do not check any boxes for methods used by a related organization to			
	exteblish compensation of the CEO/Executive Director, but explain in Part III.	100 A 100 A		
	Componention committee			etyle83 Best dv
	X Compensation survey or study			
	Independent compensation committee X Approval by the board or compensation committee			
		200 A C	24	
Æ	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
-	attendention or a related organization:):23		X
-		4a	┼	<u>X</u> _
ь	a supplemental noncontraction as unplemental nonqualitied retirement plans		 - -	X
c	The state of the second transfer of the secon	4c		20220
-	If "Yes" to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III.			
		が最大が が悪いが ではよれ		
	Only section 501(c)(3), 601(c)(4), and 501(c)(29) 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			
•	continuent on the reversion of:		. .	X
а	The state of the s	<u>6a</u>	 	X
- 1	Any related organization?	5b	6 147¥6	
	and the second s	1749.3 1749.3		
6	If "Yes" to line 5a or 50, describe in Fart III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
0	contingent on the net earnings of:	1,723		X
	The assessment of the second o		+	<u> </u>
e L	Any related organization?			
	and the Park Charles deposition in Port III			
-	Beautiful in Form 000, Part VII. Section A. line 1a. did the organization provide any non-liked payments	14. Z	áz 111	X
7	= J.COMM/Ac ^a decoribe in Part III		EL 12076	
_	Dept VIII. paid or accrued pursuant to a contract triat was subject to the	" mis	5 307	
8	trial section described in Regulations section 53.4956-4(a)(3)7 (1 1 1 es, 10 escribe in the control of the con	8	- 13 TO	<u> </u>
_	Initial contract exception described in negatitions seemble by the initial contract exception described in If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	2,100		
9		<u> 9</u>		
	Regulations section 53.4958-6(c)? Sc	hedule J (Fo	rm 99	0) 2014

LHA For Paperwork Reduction Act Notice, see the Instructions for Fo

Page 2

23-7060337

His Branches, Inc.

Partil Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2014

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (ii) 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.

						Total of columns	(E) Compensation
	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	ISC compensation	(C) Retrement and other deferred	(D) Nornaxable benefits		in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			G <u>=</u>
	(E)						
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				12.00			
						Sch	Schedule J (Form 990) 2014

SCHEDULE L

Department of the Treasury

(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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Internal Revenue Service Employer identification number Name of the organization 23-7060337 His Branches, Inc. Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (d) Corrected? (b) Relationship between disqualified (c) Description of transaction (a) Name of disqualified person Yes person and organization 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization 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. h) Approved (i) Written (g) In (f) Balance due (d) Loan to or (e) Original (b) Relationship (с) Ригрозе by board or (a) Name of agreement? from the default? principal amount committee? of loan interested person with organization organization? Yes No. No Yes No Т<u>о</u> From X 48201 X X X 28996. assignme Dr Morehouse Х X 24724. 0. X X assignme Dr Auty O Х X 10746. assionme BJ Mark<u>, NP</u> (1.00) (1.00) (1.00) 48201 **\$** Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (e) Purpose of (c) Amount of (d) Type of (b) Relationship between (a) Name of interested person assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2014

	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation
	person and the organization			Yes	No
lliam R Morehouse, MD	medical director an		Dr Morehous		X
11iam R Morehouse, MD	physician in charge		cost for ad		
		<u>·</u>			
			<u> </u>	<u> </u>	
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art V Supplemental Information		······································			_
Provide additional information for re	sponses to questions on Schedule L (see i	1180 0000:10)-			
chedule L, Part II, Loa	ns To and From Interes	sted Person	ıs:		
					•
a) Name of Person: Dr M	orehouse				
			·		
c) Purpose of Loan: ass	ignment of accounts r	<u>eceivable</u>		 -	
d) Loan to or from orga	nization? = To				
			č 40201		
e) Original Principal A	mount \$ 28996. (f) B	alance Due	\$ 40201.		
g) Loan in Default? = N	o			<u> </u>	
					
h) Approved by Board or	Committee! = ies				
(i) Written Agreement? =	Yes				
					
	auty	·			
(a) Name of Person: Dr A	auty				
(a) Name of Person: Dr A		· "			
(a) Name of Person: Dr A		· "			
(a) Name of Person: Dr A	signment of accounts r	receivable			
(a) Name of Person: Dr A (c) Purpose of Loan: ass (d) Loan to or from orga	signment of accounts r	eceivable			_
(a) Name of Person: Dr A (c) Purpose of Loan: ass (d) Loan to or from orga	signment of accounts r	eceivable			_
(a) Name of Person: Dr A (c) Purpose of Loan: ass (d) Loan to or from orga (e) Original Principal A	signment of accounts ranization? = To Amount \$ 24724. (f) I	eceivable Balance Due	\$ 0.		
<pre>(a) Name of Person: Dr A (c) Purpose of Loan: ass (d) Loan to or from orga (e) Original Principal A (g) Loan in Default? = 1</pre>	signment of accounts ranization? = To Amount \$ 24724. (f) I	eceivable Balance Due	\$ 0.		·
(a) Name of Person: Dr A (c) Purpose of Loan: ass (d) Loan to or from orga	signment of accounts ranization? = To Amount \$ 24724. (f) I	eceivable Balance Due	\$ 0.		·
<pre>(a) Name of Person: Dr A (c) Purpose of Loan: ass (d) Loan to or from orga (e) Original Principal A (g) Loan in Default? = 1</pre>	signment of accounts ranization? = To Amount \$ 24724. (f) I	eceivable Balance Due	\$ 0.		

His Pronches Inc.	23-7060337_Page 2
Schedule L (Form 990 or 990 FZ) His Branches, Inc. Part V Supplemental Information	
Complete this part to provide additional information for responses to questions on Scr	
(c) Purpose of Loan: assignment of accounts receive	
(d) Loan to or from organization? = To	
(e) Original Principal Amount \$ 10746. (f) Balan	ce Due \$ 0.
(g) Loan in Default? = No	
(h) Approved by Board or Committee? = Yes	
(i) Written Agreement? = Yes	
Sch L, Part IV, Business Transactions Involving I	nterested Persons:
Sch L, Part IV, Business Transactions Involution	
(a) Name of Person: William R Morehouse, MD	
(b) Relationship Between Interested Person and Or	ganization:
medical director and current board member (non-vo	oting)
(c) Amount of Transaction \$ (d) Description o	
(d) Description of Transaction: Dr Morehouse, the	founding physician,
was paid \$86,108 as an employee in the fiscal year	ar 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 O	rganization:
physician in charge of Joy Family Medicine which	reimburses His Branches at
(c) Amount of Transaction \$ (d) Description o	
(c) Amount of Transaction 5 (d) Description 5	bushing emponence This
(d) Description of Transaction: cost for adminis	trative expenses
entity is in process of merging with His Branche	8.
(e) Sharing of Organization Revenues? = No	

482401 05-01-14

Schedule L (Form 980 or 990-EZ)

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Employer Identification number

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization His Branches, Inc.	23 - 7060337
Form 990, Part I, Line 1, Description of Organizat	tion Mission:
human life and desire to provide outreach programs	
ministries, spiritual guidance, and health and we	llness care for
persons living in underserved neighborhoods in Roo	chester and elsewhere.
Form 990, Part VI, Section B, line 11:	
The board of directors meets with the independent	auditor to discuss the
financial statements and the tax returns just before	ore the tax returns are
filed.	
<u></u>	
Form 990, Part VI, Section B, Line 12c:	
By verbal discussion at board meetings	
·	
Form 990, Part VI, Section B, Line 15:	
Business manager and medical director are paid at	below market rate and no
employee is paid over \$100,000.	
Form 990, Part VI, Section C, Line 19:	
Form 990 is available on the organization's websit	te. The other documents
Form 990, Part XI, line 9, Changes in Net Assets:	
	-4500.
Increase in allowance for doubtful accounts	-60513.
""	-650 <u>13</u> .

Schedule O (Form 990 or	990.E71 (2014)							Page 2
Name of the organization		Branches	s, Inc	•				Employer identification 23-7060335	n number
Form 990, Par	rt XT	. line 20	d .						
					b		ahanged		
The organizat	:10n's	audit i	review	proceau	<u>ire nas</u>	пос	Clianged	<u></u>	
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4562

Depreciation and Amortization (including Information on Listed Property)

990

OMB No. 1845-0172

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Attach to your tax return. Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Business or activity to which this form relates

identifying number

41.a	Branches, Inc.		For	n 990 Pa	<u>ge 10</u>	<u></u>	23-7060337
Parl	Election To Expense Certain Proper	ty Under Section 178	Note: If you have any list	ed property, co	mplete Part \	/ before yo	ou complete Part I.
	aximum amount (see instructions)	-				···	500000.
2 To	tal cost of section 179 property place	ed in service (see In	structions)			2	000000
3 Tr	reshold cost of section 179 property	before reduction in	limitation			3	2000000.
4 Re	eduction in limitation. Subtract line 3 f	rom line 2. if zero o	rless, enter-0-			4	
	May limitation for tax year. Subtract line 4 from line	1 If zaro or less enter -0	If married filing separately, see	instructions		. 5	The state of the s
<u>5 ⊅∘</u> 6	(a) Description of pro-		(b) Cost (busine	ess use only)	(c) Elected	cost	
<u> </u>							
						<u> </u>	
							
		· · · · · · · · · · · · · · · · · · ·					
	sted property. Enter the amount from	line 29		7	<u> </u>		
7 11	sted property. Enter the amount from stal elected cost of section 179 prope	ety. Add amounte i	n column (c), lines 6 and	7		8	<u> </u>
8 10	otal elected cost or section 179 proper entative deduction. Enter the smaller	of the Election 9	i colonii (c)i mice e zire		•••••	9	
9 Te	entative deduction. Enter the smaller	Of this 5 or mis o "	12 Earn 4562	***************************************		10	
10 C	arryover of disallowed deduction from		naama (nat lees than 79)	a) or line 5		11	
11 B	usiness income limitation. Enter the si	mailer of pusiness	Income that less than life	oyor 1010 0		12	
12 S	ection 179 expense deduction. Add li	nes y and 10, but t	go not enter more main m	▶ 13			
13 C	arryover of disallowed deduction to 2	015, Add lines 9 an	etend use Part V	, P 19_			
	Do not use Part II or Part III below for	r listed property. Ita	sidau, use rait v.	da lietad proper	tv.)		
Par	Special Depreciation Allows	nce and Other De	preciation (Do not include	and in coning	during		
14 S	pecial depreciation allowance for qua	lified property (othe	er than listed property) pr	aded in Service	during	14	
th	e tax year				.,,	15	
	roperty subject to section 168(f)(1) ele	ection				16	26369.
16 0	ther depreciation (including ACRS)				***************************************	10	
Par	t III MACRS Depreciation (Do no	nt include listed pro		J		<u> </u>	
			Section A				
17 M	ACRS deductions for assets placed in	in service in tax yea	rs beginning before 2014	4		<u>17</u>	
18 ar	you are electing to group any assets placed in ser	vice during the tax year in	to one or more general asset acc	ounts, check here	Domonia	<u> </u>	·
	Section B - Assets	Placed in Service	During 2014 Tax Year	Using the Gen	erai Deprecia	ilion ayar	
	(a) Classification of property	(b) Month and year placed In service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						<u> </u>
b	5-year property						
c	7-year property			<u></u>			
	10-year property					<u> </u>	ļ
_ <u>d</u>	15-year property						
<u>e</u> _						<u> </u>	
f	20-year property			25 yrs.		S/L	
	25-year property	**************************************	· · · · · · · · · · · · · · · · · · ·	27.5 yrs.	MM	S/L	<u> </u>
h	Residential rental property	- , 		27.5 yrs.	MM	S/L	T
		 '. 		39 yrs.	MM	S/L	
	Nonresidential real property	 	· · · · · · · · · · · · · · · · · · ·	1 00 yes.	MM	S/L	<u> </u>
		/	During 2014 Tax Year U	leing the Alter			stem
	Section C - Assets I	Placed in Service	Duning 2014 Tax Tea C	Sail g (10 Face)		S/L	
<u>20a</u>	Class life			10.400		S/L	
b	12-year		<u> </u>	12 yrs.	MM -	S/L	
С	40-year			40 yrs.	IVIIVI		
Par	T.W. Summary (See instructions.)			 -			
21 L	isted property. Enter amount from lin	e 28				21	
99 T	otal. Add amounts from line 12, lines	14 through 17, line	es 19 and 20 in column (g), and line 21.			26369
	nter here and on the appropriate line	s of your return. Pa	utnerships and S corpora	ations - <u>see inst</u>	<u> </u>	22	<u> </u>
93 F	or assets shown above and placed in	service during the	current year, enter the	1 1			
	portion of the basis attributable to sec	tion 263A costs		23			

1.00	Listed Proper recreation, or	ty (Include a	utomobiles, ce	rtain oti	ner vehic	cles, ceri	tain airc	r e ft, ce	rtain com	puters, a	and prop	erty use	d for er	tertainme	erit,
	Note: For any through (c) of	vehicle for wi Section A, all	hich you are us I of Section B, a	and Sec	tion C /i	f applica	bie	·	<u> </u>						nns (a)
	Section A	- Depreciati	on and Other	Informe	tion (C	aution: S	See the	instruc	tions for l	mits for	passeng	er auton	nobiles.		-
24:	a Do you have evidence to	support the bu	siness/investme	nt use cl	aimed?	Υ	es L	_ No	24b If "Y	es," is t	<u>re evide</u>	rce writ	ten? 🔔	_ Yes ∟	<u>No</u>
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag)e c1	(d) Cost or ther basis	- Labor	(e) els for depr skress/inve use ont	istment	(f) Recovery period	Me	(g) thod/ /ention	Depre	h) eciation action	Elec	n 179
25	Special depreciation all	owance for q	ualified listed	property	/ placed	in servic	ce durin	g the ta	ax year ar	d					
	used more than 50% in										, 25			Ale Sign	Pus (BOR)
<u>26</u>	Property used more that	n 50% in a c	ualified busine	ess uso:					- -						
_		1 1		6				•		_		<u> </u>		 ·	
		2		6				· · · -						 	
_	Department 500/ as l	ann la a cuali		6					<u>. </u>	Щ.	-			<u> </u>	
<u>27</u>	Property used 50% or I	ess in a quai		6		$ \top$				S/L				The Sales	. 15
_				6						S/L·					
_		-		6		 	· ·.			S/L-			-		
	Add amounts in column	/h) lines 25			e and or		. page 1				28	-			
	Add amounts in column												. 29		
<u> 23</u>	TOG ENTOGRAS (I) GOIGHI	· (1); 10:10 0:1-				mation								_	
Co to y	mplete this section for ve your employees, first ans	phicles used wer the ques	by a sole prop stions in Section	rietor, p on C to s	artner, o see if yo	or other ' u meet s	"more th an exce	an 5% otion to	owner," o completi	or related ing this s	d person section fo	. If you p or those	provideo vehicleo	j vehicles s. 	
			- · ··	(a)	(b)		· (c)	((p		9)	(1)
30	Total business/investment	miles driven d	furing the		nicle	1	hicle	V	ehicle	Vet	ricle	Veh	ricle _	Veh	icle
	year (do not include come	muting miles)				<u> </u>				<u> </u>				<u> </u>	
31	Total commuting miles														
32	Total other personal (no driven										·· - ·	· 		<u> </u>	
33	Total miles driven during	g the year.													
	Add lines 30 through 32					<u> </u>	_	<u> </u>		<u> </u>				 _	
34	Was the vehicle availab			Yes	No	Yes	No.	Yes	No.	Yes	No	Yes	No	Yes_	No
	during off-duty hours?					╁	<u> </u>	-		├──				- -	_ -
36	Was the vehicle used p						ŀ							.	
	than 5% owner or relate	-				 	\vdash	 		 -					
36	Is another vehicle availa	•				ŀ				i					
_	<u>use?</u>	Cartan C	- Questions fo	.	lovere V	Vho Dro	uide Väl	hicles:	for i lea h	v Their i	i Forniove	 183			
	swer these questions to ners or related persons.	Section C determine if y	you meet an ex	xception	to com	pleting	Section	B for v	ehicles us	ed by er	nployee	s who a	re not n	iore than	5%
	Do you maintain a writte	n policy stat	tement that pro	ohibita s	ıll perso	nal use d	of vehic	es, inc	luding co	 nmutina	, by your			Yes	No
J,	employees?													. [<u> </u>
38	Do you maintain a writte	en policy stat	tement that pr	ohibits p	ersonal	use of v	vehicles.	excep	t commu	ting, by y	our				
	employees? See the ins													.	<u> </u>
39	Do you treat all use of v													.	-
40	Do you provide more th	an five vehic	les to your em	ployees	, obtain	informat	tion fron	n your	employee	s about					İ
	the use of the vehicles,													·	┼
41	Do you meet the require											*******		· 5 7,655.53	
	Note: if your answer to	37, 38, 39 <u>,</u> 4	0, or 41 is "Yes	s," do no	ot comp	iete Sec	tion B fo	or the c	co <u>vered ve</u>	shicles				13,77,533	<u></u>
P	art VI Amortization			n. V	T	(4)			(4)		(6)			(f)	
	(a) Description o	f costs		(b) amartization begins		(C) Amortizai amouni		ļ	(d) Gode section		(e) Amortizal period or pen		A:	mortization or this year	
<u></u>	Amortization of costs th	at benine du		begins Laxve:	ar:	2011	·		2230018	.1	F-11.20 01 PSIII		<u>-</u>		
42	Amortization of costs th	er pagula do	g your 2015		<u> </u>										
		· · · · · · · · · · · · · · · · · · ·		<u> </u>					·	-					<u> </u>
 43	Amortization of costs th	at began bei	fore your 2014	tax ves	· · · · · · · · · · · · · · · · · · ·							43			185
	Total, Add amounts in a									**********		44			<u> 185</u>
	252 01-08-15												F	orm : 456	2 (2014)

His Branches, Inc. 2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

Description Description	<u></u>		W		The State of	 □ (2) (2) (3) □ (2) (3) (4) 	• 1920-95.N	■ #150 \$2 11 0 0 0 1 1 2 12 12 12 12 12 12 12 12 12 12 12 1	27. Ye 38 22. X Y Y S	0 0	ţjon
Description	Current Year Deduction	0	6266.	. 10. T	88	844 53	1149	184	3.4.1 2.0.2	16'	vitalization Deduc
Description	Current Sec 179										ommercial Re
Description	Accumulated Depreciation	40000	138785.	3438. 10410	601.	C	4021 1283	613	256		salvage, Bonus, C
Description	Basis For Depreciation	#0000	197382. 1200	3438. 40600.	3186.	5905.	8040.	7182 1246	13306	6595 7741	IC, Section 179, S
Description Delies Method Life No. Cost Of Basis	Reduction in Basis										*
Delta Delta Method Life Bus % Excl			# (F) (F) (F) (F) (F) (F) (F) (F) (F) (F)	Section Section 1995			7.4 17.8 18.8 18.8				
Delta Delta Method Life Unadjusted Gost Or Basis	40000	○	3438. 40600.	186 385	5905	8040	$ \sim$	13306		Asset dispose	
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-	Description	0	nts	ot fence	v	CURITY	HVAC FOR COMMUNITY SROOM	STRANDICAP RESTROOM NURSING STATION SCABINETS AND VENTIL	43REPLACEMENT WINDOW	CONFERENCE ROOM 45ROOF HVAC UNIT FOR FIRS	CORTEGOR SECTION SECTI
	Asset No.			H (9 89	4 64	4 6 1				

His Branches, Inc. 2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

						- mg 9%.	100.50%	- (44.7%) (34.54.7%)	0 0	0 0	ē
Current Year Deduction		28.		.0	.0	0	0	0	0	0	italization Deduct
Current Sec 179	-										mmercial Revi
Accumulated Depreciation		204985.	777 08	300.	900°	1100.	448.	3064	629.	500.	* TC. Section 179, Salvage, Bonus, Commercial Revitation Deduction
Basis For Depreciation		1166. 363931	8044.	300.	900.	1100.	448. 166	3064	629. 1480.	500.	IC, Section 179, S
* Reduction In Basis							The second secon				*
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Unadjusted Coct Or Basis	Nosi of Lasin	1166.	8044	300.	900. 5636.	1100.	448	3064	629 1480	500.	A second disperse
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(D) · Asset disposed

* TC, Section 179, Salvage, Bonus, Commercial neviralization Leads

His Branches, Inc. 2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

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(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

His Branches, Inc. 2014 DEPRECIATION AND AMORTIZATION REPORT

— CURRENT YEAR FEDERAL —

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- NEXT YEAR FEDERAL -

His Branches, Inc.

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- NEXT YEAR FEDERAL -

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CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

2014

Open to Public Inspection

1. General Information For Fiscal Year Beginning (mm/dd/yyyy) 07/01/2014 and Ending (mm/dd/yyyy) 06/30/2015							
For Fiscal Year Beginning	(mm/dd/yyyy) 07/01/20 Name of Organization:)14 and Ending (min	/dd/yyyy) 06/30/2	Employer Identification Number (EIN):			
Check if Applicable:		23-7060337					
Address Change	His Branches, It	 _	NY Registration Number:				
Name Change	Mailing Address:		01-49-76				
Initial Filing	342 Arnett Boule		Telephone:				
Final Filing	City / State / ZIP:		585 235-900 <u>0</u>				
Amended Filing	Rochester, NY	14619-1 14 7					
Reg ID Pending	Website:		Email:				
	www.hisbranches.org						
Find Your registration category in the							
registration category:	7A only EPTL on	ly 🗶 DUAL (7A & EF	TL) EXEMPT (narities Registry at www.CharitiesNYS.com			
- Characteristics							
2. Certification							
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Chief Financial Officer	or Treasurer:	<u></u>	treasurer Print Name and Title Date				
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3. Annual Reportit	ng Exemption			(74 and EDT), only filers) or both			
		organization is claiming an	exemption under the cate	gory (7A and EPTL only filers) or both fied Char500. No fee, schedules, or			
categories (DLIAI filers	that apply to your registration, o	complete only parts 1, 2, at	nd 3, and submit the certif	ied Char500. No fee, schedules, or ne exemption, you must file applicable			
additional attachments	are required. If you cannot claim	an exemption or are a DU	AL filer that claims only or	ne exemption, you must file applicable			
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Sa. 7A fil	ling exemption: Total contribution	s from NY State including	residents, foundations, go	mining anymet (FRC) to solicit			
contribu	\$25,000 <u>and</u> the organization did tions during the fiscal year. Or the	e organization qualities for	SUOTHER AN exemption (se	a (Idoposia.ia).			
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time							
during t	during the fiscal year.						
4. Schedules and Attachments							
Yes Y No. 4a Did your organization use a processional fund latest, for the latest and la							
for a checklist of for fund raising activity in NY State? If yes, complete Schedule 4a.							
SCHOOLING AND							
attachments to complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.							
Complete yearg.							
5 Fee							
See the checklist on the	ne 7A filing fee:	EPTL filing fee:	Total fee:	Make a single-check or money order			
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His Branches, Inc.

Annual Filing Checklist

Simply submit the certified CHAR50D 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.
- · 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 Schedu	les and At	techments

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 (I If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
Check the financial attachments you must submit with your CHAR500: X 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 Cont IRS Form 990-T if applicable	ributors).
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Review Report if you received total revenue and support greater than \$250,000 X Audit Report if you received total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support	ort is less than \$250,000
Note: The Audit and Review requirements are set to change in 2017 and 2021 in acc For more details, visit <u>www.CharitiesNYS.com.</u>	ordance with the Non Profit Revitalization Act of 2013.
Calculate Your Fee	Is my organization a 7A, EPTL or DUAL filer?
For 7A and DUAL filers, calculate the 7A fee: \$0, if you marked the 7A exemption in Part 3a \$25, if you did not mark the 7A exemption in Part 3a	 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.
For EPTL and DUAL filers, calculate the EPTL fee:	Check your registration category and learn more about NY law at www.charities.NYS.com
\$0, if you marked the EPTL exemption in Part 3b \$25, if the NET WORTH is less than \$50,000 \$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	Where do ! 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)).

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