-	<b>Short Form</b>									OMB No. 154	5-1150
Form			Return of Organization Exempt Under section 501(c), 527, or 4947(a)(1) of the Internal Reven							201	15
			dation	is)							
			Do not enter social security numbers on this for	m as	it may	be made pu	blic.			Open to P	ublic
		of the Treasury enue Service	Information about Form 990-EZ and its instruction	ns is	at www	.irs.gov/forn	n <b>990</b> .			Inspect	
			year, or tax year beginning		and end	ling	_				
	heck if pplicab	ole: C Na	ame of organization				D Emp	oloyer i	dentific	ation numb	er
	Addre	ess change						<i>c</i>	0 - 4		
	Name		RANCH 15, INC.			De este (estite			9514		
	_ Initial ⊐Final	rotarri	ber and street (or P.O. box, if mail is not delivered to street address)			Room/suite			numbe		
	⊥termi ⊐	nated 40	500 E. 2ND STREET or town, state or province, country, and ZIP or foreign postal code							-0033	
	٦		DMOND, OK 73034					· ·	mption		
		ation ponding						nber 🕨	_	the organi-	ation in
		nting Method:	■ Cash ■ Accrual Other (specify) ■ BRANCH15.COM							f the organiz ach Schedu	
		-	eck only one) $ X$ 501(c)(3) 501(c) ( ) $\blacktriangleleft$ (insert no.)	10	47(a)(1)	or 527	1			Z, or 990-PF	
				49 ther	47 (a)(1)		(10)	111 990	, 990-L/	2, 01 990-F1	).
		•	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or i		or if tota	l assets (Part					
			\$500,000 or more, file Form 990 instead of Form 990-EZ					<b>\$</b>		145.	683.
Pa	rt I	Revenue	e, Expenses, and Changes in Net Assets or Fund	Bala	ances	(see the instri	uctions	for Par	tl)	,	
			organization used Schedule O to respond to any question in this Part I								X
	1		gifts, grants, and similar amounts received					1			643.
	2		ce revenue including government fees and contracts					2		3,	040.
	3		ues and assessments					3			
	4		ome					4			
	5a		from sale of assets other than inventory	5a							
	b		ther basis and sales expenses	5b							
	c							5c			
	6	Gaming and fu	ndraising events								
e	a	Gross income	from gaming (attach Schedule G if greater than	-							
enu		\$15,000)		6a							
Revenue	b	Gross income	from fundraising events (not including \$	of con	itribution	S					
-		from fundraisir	ng events reported on line 1) (attach Schedule G if the sum of such								
		gross income a	and contributions exceeds \$15,000)	6b							
	C		penses from gaming and fundraising events	6c							
	d		(loss) from gaming and fundraising events (add lines 6a and 6b and subti		ne 6c)			6d			
	7a		inventory, less returns and allowances	7a							
	b	Less: cost of g	oods sold	7b				_			
	C		(loss) from sales of inventory (Subtract line 7b from line 7a)					7c			
	8		(describe in Schedule 0)					8		1/5	683.
	9 10		Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					9 10		та),	005.
	10 11		ilar amounts paid (list in Schedule O) o or for members					11			
6	12	Salaries other	compensation, and employee benefits					12		34	761.
ISe	13		es and other payments to independent contractors					13		4	435.
Expenses	14	Occupancy re	nt, utilities, and maintenance SEE	S	CHED	ULE O		14			925.
ы	15	Printina. public	ations, postage, and shipping					15		,	
	16	Other expenses	s (describe in Schedule O)	S	CHED	ULE O		16		13.	151.
	17		s. Add lines 10 through 16				. 🕨	17			272.
	18		cit) for the year (Subtract line 17 from line 9)					18			411.
sets	19		und balances at beginning of year (from line 27, column (A))								
Ast			th end-of-year figure reported on prior year's return)					19		38,	701.
Net Assets	20		in net assets or fund balances (explain in Schedule O)					20			0.
~	21		und balances at end of year. Combine lines 18 through 20				~ I	21		121,	112.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2015)

	n 990-EZ (2015) BRANCH 15, INC.			46-3	39514	<b>99</b> Page <b>2</b>
Pa	<b>Balance Sheets</b> (see the instructions for Part II)					
	Check if the organization used Schedule O to res					X
			A) Beginning of year		<b>(B)</b> E	nd of year
22	, , , , , , , , , , , , , , , , , , , ,		39,068			25,509.
23			0			92,875.
24	Other assets (describe in Schedule 0) SEE SCHEDULE C	)	100			3,520.
25			39,168			121,904.
26		)	467			792.
27			38,701	• 27		121,112.
Pa	art III Statement of Program Service Accomplishme		,			penses
	Check if the organization used Schedule O to res		n in this Part III	X		for section and 501(c)(4)
Wha	at is the organization's primary exempt purpose? <b>SEE SCHEDULE (</b>	)			organizatio	ons; optional for
	ribe the organization's program service accomplishments for each of its three largest program		es. In a clear and concise		others.)	
	her, describe the services provided, the number of persons benefited, and other relevant inform					
	MENTORING AND PROVIDING TRANSITION	AL HOUSING FOR	R THOSE			
	INDIVIDUALS THAT ARE IN NEED.					
	(Grants \$ ) If this amount includes foreign	grants, check here			28a	59,002.
29						
	(Grants \$ ) If this amount includes foreign	grants, check here			29a	
30						
	(Grants \$ ) If this amount includes foreign	grants, check here			30a	
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount includes foreign	grants, check here			31a	
32	Total program service expenses (add lines 28a through 31a)			►	32	59,002.
Pa	art IV List of Officers, Directors, Trustees, and Key I					
				see the i	nstructions for	or Part IV)
	Check if the organization used Schedule O to res			see the i	nstructions f	or Part IV)
		pond to any question (b) Average hours	n in this Part IV (c) <sub>Reportable</sub>	( <b>d</b> ) <sub>Hea</sub>	Ith benefits,	(e) Estimated
		pond to any question (b) Average hours per week devoted to	(C) Reportable compensation (Forms W-2/1099-MISC)	(d) Hea contril employ	Ith benefits, butions to yee benefit	(e) Estimated amount of other
	Check if the organization used Schedule O to res	pond to any question (b) Average hours	n in this Part IV (C) Reportable compensation (Forms	(d) Hea contril employ plans, a	Ith benefits, butions to	(e) Estimated
AM	Check if the organization used Schedule O to res (a) Name and title IY GROESCHEL	pond to any question (b) Average hours per week devoted to position	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Hea contril employ plans, a	Ith benefits, butions to yee benefit and deferred bensation	(e) Estimated amount of other
AM	Check if the organization used Schedule O to res (a) Name and title IY GROESCHEL ESIDENT	pond to any question (b) Average hours per week devoted to	(C) Reportable compensation (Forms W-2/1099-MISC)	(d) Hea contril employ plans, a	Ith benefits, butions to yee benefit ind deferred	(e) Estimated amount of other
AM PR JE	Check if the organization used Schedule O to res (a) Name and title IY GROESCHEL ESIDENT SSICA CORNELIUS	bond to any question (b) Average hours per week devoted to position 5.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) Hea contril employ plans, a	Ith benefits, butions to yee benefit and deferred pensation 0 •	(e) Estimated amount of other compensation 0 •
AM PR JE SE	Check if the organization used Schedule O to res (a) Name and title IY GROESCHEL ESIDENT SSICA CORNELIUS CRETARY	pond to any question (b) Average hours per week devoted to position	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Hea contril employ plans, a	Ith benefits, butions to yee benefit and deferred bensation	(e) Estimated amount of other compensation
AM PR JE JE	Check if the organization used Schedule O to res (a) Name and title ESIDENT SSICA CORNELIUS CRETARY INNIFER CROW	pond to any question (b) Average hours per week devoted to position 5.00 5.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) Hea contril employ plans, a	lith benefits, butions to yee benefit ind deferred bensation 0 .	(e) Estimated amount of other compensation 0 . 0 .
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	990-EZ (2015) BRANCH 15, INC. 46-3951			Page <b>3</b>
Pa	<b>Other Information</b> (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V) Check if the organization used Sch. O to respond to any question in this	Part		X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			v
	activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			x
9E e	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	34		
30 a		35a		x
h	on lines 2, 6a, and 7a, among others)?	35a 35b	N/	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	330	117	<u> </u>
U	requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9 39a N/A			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 •			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any	4.01		v
_	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.			
Ч	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
u				
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
Ū	transaction? If "Yes," complete Form 8886-T	40e		x
41	List the states with which a copy of this return is filed $\triangleright OK$			L
	The organization's books are in care of ► LANITA LUKENS Telephone no. ► 405-89	6-0	033	,
	Located at $\blacktriangleright$ 4600 E. 2ND STREET, EDMOND, OK ZIP+4 $\blacktriangleright$ 7			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here		🕨	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
		1	Ver	No
44 0	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		1 03	
ττα	Form 990-EZ	44a		x
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
5	of Form 990-EZ	44b		x
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No, " provide an explanation			
-	in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

Form 990-EZ (2	015)	BRANC	н 15,	INC.							46-3	9514	99	F	Page 4
														Yes	No
	•					mpaign activities							46		х
Part VI	Section	501(c)(3	) organi	zations	only								40		<u></u>
						questions 47-4	19b and 52, a	and comple	te the ta	bles for line	es 50 an	d 51.			
			-			espond to any		-							
												-		Yes	
	-					tion 501(h) electi		• •			-		47		X
						A)(ii)? If "Yes," co							48		X
						itable related org							49a		Х
						? ated employees (							49b	jivod r	nore
-		-		-		is none, enter "N		10013, 0110010	13, 11 13101	3 and key of	npioyees	) who cau	11100	livou i	nore
		) Name and t					(b) Avera	ge hours	(C)	Reportable		h benefits,	(e)	Estim	ated
		,					per week o			sation (Forms 1099-MISC)	employe	utions to ee benefit	amo	unt of	other
				NON	Έ		posi	tion		,	plans, an compe	d deferred	con	npensa	ation
									+						
f Total num	ber of othe	r employees	paid over \$	100,000		·····							•		
-		-				ated independen	t contractors v	vho each rece	eived mor	e than \$100,	000 of co	ompensat	ion fro	om the	1
		is none, ente		NON											
(a) Na	ame and bu	usiness addro	ess of each	independe	nt contr	ractor		(b	) Type of	service		(c) Co	ompei	nsatior	1
		-			-	-			►						
	•					)1(c)(3) organiza						► IV	Ye		<b>_</b>
						including accom						<u> </u>	_		<u>No</u>
•						er) is based on all						KIIOWIEUy	e anu	Dellel,	11.15
										, 1110 11009					
Sign	Signature o	fofficer									Date				
Here	AMY	GROES	CHEL,	PRES	IDE	NT									
	,, ,	nt name and tit													
		e preparer's				rer's signature		Date		Check		PTIN			
Paid		AF.	SIEGF	RIED,		DRA F.			ا م م ر م	self- emplo	yea	<b>D</b> 000	2 -		
Preparer	CPA		<b>7 NTD T T</b>			GFRIED,		08/0	4/16			P000			
Use Only						ELL, P.C R AVE. S		<b>)</b>		Firm's EIN	010	6-129 8-628			
			JDU S ULSA,				916 90(	,		Phone no.	910	-020	-0:	000	
Maria tha IDO alla	L ouce this r					instructions						N X	Ye		No

Form 990-EZ (2015)

(Form	990	or	990-	·EZ)
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# 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.

2015
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

Nam	ame of the organization Employer identification number								
			CH 15, INC						6-3951499
Pa	rt I	Reason for Public (	Charity Status (/	All organizations must co	omplete th	is part.) Se	ee instructions	i.	
The	organ	ization is not a private found	lation because it is: (	For lines 1 through 11, o	check only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches describe	d in <b>sectio</b>	n 170(b)(*	1)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in <b>sectio</b>	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental u	nit describ	ed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	intial part of its support f	from a gov	ernmental	unit or from th	ne general	public described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9		An organization that norma							
		activities related to its exen		•	• • •				•
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	lired by the or	ganization	after June 30, 1975.
40		See section 509(a)(2). (Con		ively to test for public or	faty Caa	nontion E(	O(a)(4)		
10 11		An organization organized a An organization organized a	-	•	•			rny out the	nurnesses of one or
		more publicly supported or	-	•	-			•	
		lines 11a through 11d that	-						
а		<b>Type I.</b> A supporting orga	• •			-		-	aivina
u		the supported organization		-	•				
		organization. You must c			a majority .				apporting
b		<b>Type II.</b> A supporting org	-		tion with it	s support	ed organizatio	n(s). bv ha	vina
		control or management o	-				-		-
		organization(s). You mus			•				
с		] Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and	l an attenti	iveness
		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	s A and D,	and Part	<b>V</b> .		
е		Check this box if the orga					а Туре I, Туре	II, Type III	
		functionally integrated, or							
		er the number of supported of							
g		vide the following informatior  i) Name of supported	about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the o	ragnization	(v) Amount of	monotony	(vi) Amount of
	,	organization		(described on lines 1-9	listed i	n your	support	-	other support (see
				above (see instructions))	governing of <b>Yes</b>		instructio	-	instructions)
					165	No			

Total

## 532022 09-23-15

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
1	Gifts, grants, contributions, and	ſ					
	membership fees received. (Do not	ſ					
	include any "unusual grants.")			23,795.	59,210.	43,843.	126,848.
2	Tax revenues levied for the organ-	l					
	ization's benefit and either paid to	ſ					
	or expended on its behalf						
3	The value of services or facilities	ſ					
	furnished by a governmental unit to	ſ					
	the organization without charge						
	Total. Add lines 1 through 3			23,795.	59,210.	43,843.	126,848.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						19,889.
	Public support. Subtract line 5 from line 4.						106,959.
	ction B. Total Support			,			
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
-	Amounts from line 4			23,795.	59,210.	43,843.	126,848.
8	,	ſ					
	dividends, payments received on	ſ					
	securities loans, rents, royalties	ſ					
	and income from similar sources $\dots$						
9	Net income from unrelated business	ſ					
	activities, whether or not the	ſ					
	business is regularly carried on						
10	Other income. Do not include gain	ſ					
	or loss from the sale of capital	ſ					
	assets (Explain in Part VI.)						100 040
	Total support. Add lines 7 through 10						126,848.
	Gross receipts from related activities,		,			12	
13	First five years. If the Form 990 is for	-	s first, second, thi	rd, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and stor ction C. Computation of Publ		roontago				<b>X</b>
	•					14	
	Public support percentage for 2015 (					14	%
	Public support percentage from 2014						%
108	33 1/3% support test - 2015. If the c	-					
h	stop here. The organization qualifies						
L.	33 1/3% support test - 2014. If the c						
47-	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac		-	-	•	e e	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	•					
	more, and if the organization meets the				• •		
40	organization meets the "facts-and-circ						
IQ	Private foundation. If the organization	IT UID NOT CHECK &	<u>box on line 13, 16</u>	a, 100, 17a, 0r 17b	, check this box a	ina see instruction	s 🕨 📖

#### Schedule A (Form 990 or 990 EZ) 2015 BRANCH 15, INC. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Schedule A (Form 990 or 990-EZ) 2015

Section A. Public Support

JOHEC	
Par	t II

### 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						
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	(a) 2011	(b) 2012	(0) 2013	( <b>u)</b> 2014	(e) 2015	(I) IOLAI
<ul> <li>9 Amounts from line 6</li></ul>						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14</b> First five years. If the Form 990 is for	the organization'	s first, second. thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) oraani	zation,
check this box and <b>stop here</b>	0		, ,	,	0,00	í 🗖
Section C. Computation of Publ						······ • —
15 Public support percentage for 2015 (I			column (f))		15	%
<b>16</b> Public support percentage from 2014					16	%
Section D. Computation of Inves						/0
17 Investment income percentage for 20			ne 13. column (f))		17	%
18 Investment income percentage for 20					18	%
<b>19a 33 1/3% support tests - 2015.</b> If the						
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2014. If the						and
line 18 is not more than 33 1/3%, che			•		•	
20 Private foundation. If the organization	n ulu not check à	box on line 14, 19	a, ur 190, check ti	nis pox and see in	SUUCUONS	🟲 📖

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
3a		
0h		
3b		
3c		
4 -		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
0.		
9b		
9c		
10-		
10a		
10b		

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2		~		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-		
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. <i>Complete line 2</i> below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	<i>.</i>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
L	trustees of each of the supported organizations? Provide details in <i>Part VI.</i>	3a		
b		0		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

 1
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b> N	let short-term capital gain	1		
<b>2</b> F	Recoveries of prior-year distributions	2		
3 (	Other gross income (see instructions)	3		
<b>4</b> A	Add lines 1 through 3	4		
<b>5</b> D	Depreciation and depletion	5		
<b>6</b> F	Portion of operating expenses paid or incurred for production or			
c	ollection of gross income or for management, conservation, or			
n	naintenance of property held for production of income (see instructions)	6		
7 (	Other expenses (see instructions)	7		
8 A	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sectio	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 A	Aggregate fair market value of all non-exempt-use assets (see			
ir	nstructions for short tax year or assets held for part of year):			
a A	Average monthly value of securities	1a		
bΑ	Average monthly cash balances	1b		
сF	air market value of other non-exempt-use assets	1c		
dΤ	<b>fotal</b> (add lines 1a, 1b, and 1c)	1d		
еD	Discount claimed for blockage or other			
fa	actors (explain in detail in <b>Part VI</b> ):			
<b>2</b> A	Acquisition indebtedness applicable to non-exempt-use assets	2		
<b>3</b> S	Subtract line 2 from line 1d	3		
4 (	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
s	ee instructions).	4		
5 N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
<b>6</b> N	Aultiply line 5 by .035	6		
<b>7</b> F	Recoveries of prior-year distributions	7		
8 N	finimum Asset Amount (add line 7 to line 6)	8		
Sectio	n C - Distributable Amount			Current Year
1 A	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
<b>2</b> E	Inter 85% of line 1	2		
<b>3</b> N	Ainimum asset amount for prior year (from Section B, line 8, Column A)	3		
<b>4</b> E	Inter greater of line 2 or line 3	4		
5 li	ncome tax imposed in prior year	5		
6 C	Distributable Amount. Subtract line 5 from line 4, unless subject to			
е	mergency temporary reduction (see instructions)	6		

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

Schedule A (Form 990 or 990-EZ) 2015

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		(	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemption			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
_1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
C				
	From 2013			
-	From 2014			
-	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions). Excess distributions carryover to 2016. Add lines 3j			
7				
0	and 4c. Breakdown of line 7:			
8				
a b				
	Excess from 2013			
	Excess from 2013			
-				
e	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2015

Employer identification number

1	6	_	२	g	5	1	Δ	g	g
+	σ	-	Э	3	Э	т	4	3	3

Name of the	organization
-------------	--------------

Organization type (check one):

#### BRANCH 15, INC.

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note**. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

**X** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of org	ganization		Employer identification numbe	
BRANCI	H 15, INC.		46	6-3951499
Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	tions	(d) Type of contribution
1		\$36,	000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	tions	(d) Type of contribution
2		\$95,	.000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	tions	(d) Type of contribution
3		\$3,	800.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	tions	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	tions	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	tions	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)

me of or	ganization	Em	ployer identification number
RANC	H 15, INC.		46-3951499
art II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	BUILDING AND LAND		
		\$95,000	. 01/01/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	STORM SHELTER EQUIPMENT		
		\$3,800	01/01/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		I	I

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Page 3

Name of orga	nization			Employer identification number		
BRANCH	15, INC.			46-3951499		
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religio	e columns <b>(a)</b> through <b>(e) and</b> the fo bus, charitable, etc., contributions of \$1,00	llowing line entr	11(c)(7), (8), or (10) that total more than \$1,000 for /. For organizations		
(a) No. from	Use duplicate copies of Part III if additio	(c) Use of gift		(d) Description of how gift is held		
-		(e) Transfer of	gift			
-	Transferee's name, address,	and ZIP + 4	Relati	onship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
			<u> </u>			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
-			noida			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
  -  -		(e) Transfer of	  gift			
_	Transferee's name, address, a			onship of transferor to transferee		
-						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
-		(e) Transfer of	gift			
	Transferee's name, address, a	and ZIP + 4	Relati	onship of transferor to transferee		
-						

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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 0 (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/fi		OMB No. 154	5 Public
Name of the organizatior		Employe	er identification	
FORM 990-EZ,	PART I, LINE 14, OCCUPANCY, RENT, UTILITIES,	AND 1	MAINTENA	NCE:
DESCRIPTION	OF EXPENSES:		AMOUN	Г:
DEPRECIATION			2	,505.
OTHER EXPENS	ES		8	,420.
TOTAL TO FOR	M 990-EZ, LINE 14		10	,925 <b>.</b>
FORM 990-EZ,	PART I, LINE 16, OTHER EXPENSES:			
DESCRIPTION	OF OTHER EXPENSES:		AMOUN	Г:
PAYROLL TAXE	S		2	,659.
OPERATIONS			10	,492.
TOTAL TO FOR	M 990-EZ, LINE 16		13	<u>,151.</u>
FORM 990-EZ,	PART II, LINE 24, OTHER ASSETS:			
DESCRIPTION	BEG. OF	YEAR	END OF	YEAR
DEPOSITS		100.		100.
OTHER DEPREC	IABLE ASSETS	0.	3	,420.
TOTAL TO FOR	M 990-EZ, LINE 24	100.	3	<u>,520.</u>
FORM 990-EZ,	PART II, LINE 26, OTHER LIABILITIES:			
DESCRIPTION	BEG. OF	YEAR	END OF	YEAR
PAYROLL LIAB	ILITIES	467.		792.
FORM 990-EZ,	PART III, PRIMARY EXEMPT PURPOSE - TO PROVID	E CHR	IST-CENT	ERED
TRANSITIONAL	HOUSING WITH INDIVIDUALIZED CARE AND SUPPORT	FOR N	WOMEN ON	
THEIR PATHS	TO RECOVERY AND INDEPENDENT, SUSTAINABLE LIVI	NG.		

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Mathematical Mathematical 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/	<b>ZUID</b> Open to Public
Name of the organization BRANCH 15, INC.	Employer identification number 46-3951499
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:	
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,	
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,	
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	