# ggn

**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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

and ending A For the 2018 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization Address change BRANCH 15, INC. Name change 46-3951499 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 405-896-0033 4600 E. 2ND STREET termin-ated 297,027. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return EDMOND, OK 73034 H(a) Is this a group return Applica-F Name and address of principal officer: AMY GROESCHEL Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.BRANCH15.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 2013 M State of legal domicile: OK Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE CHRIST-CENTERED Activities & Governance TRANSITIONAL HOUSING WITH INDIVIDUALIZED CARE AND SUPPORT FOR WOMEN Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 5 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 38 7b **Prior Year Current Year** 160,700. 241,311. Contributions and grants (Part VIII, line 1h) Revenue 45,854. 26,635. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 7,092. 9.479. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 196,814. 294,257. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Ō. Benefits paid to or for members (Part IX, column (A), line 4) 89,488. 71,909. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 87,469 123,918. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 159,378. 213,406. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 37,436. 80,851. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 544,947. 481,833. 20 Total assets (Part X, line 16) 142,976. 125,239. 21 Total liabilities (Part X, line 26) 338,857. 419,708. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign AMY GROESCHEL, PRESIDENT Here Type or print name and title PTIN Preparer's signature Print/Type preparer's name if self-employed SANDRA F. SIEGFRIED, CPA |SANDRA F. SIEGFRIED, 110/17/19 P00037377 Paid ► STANFIELD + O'DELL, P.C. 73-1293433 Preparer Firm's name Firm's EIN ▶ Firm's address 1350 S. BOULDER AVE. STE 800 Use Only TULSA, OK 74119 Phone no. 918-628-0500

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO PROVIDE CHRIST-CENTERED TRANSITIONAL HOUSING WITH INDIVIDUALIZED
	CARE AND SUPPORT FOR WOMEN ON THEIR PATHS TO RECOVERY AND INDEPENDENT,
	SUSTAINABLE LIVING.
	DODIATINADEE ELVING:
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ?  LYes X No  If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
 4а	(Code: ) (Expenses \$ 213,406 · including grants of \$ ) (Revenue \$ 47,354 · )
	MENTORING AND PROVIDING TRANSITIONAL HOUSING FOR THOSE INDIVIDUALS WHO
	ARE EXPERIENCING CRISES SUCH AS HOMELESSNESS, ADDICTION, VICTIMS OF
	TRAFFICKING, RELEASE FROM INCARCERATION AND OTHER NEEDS. WHILE LIVIG
	AT THE RESIDENTIAL FACILITY, PROGRAM PARTICIPANTS RECEIVE DAILY
	MENTORING FOR SUCCESSFUL LIVING, CHARACTER DEVELOPMENT, AND LIFE
	CHANGE.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
<u></u>	Other program continue (Decerbe in School de O.)
4d	Other program services (Describe in Schedule O.)
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ► 213,406.
4e	TOTAL PLOYER TO SELVICE EXPENSES F

# Form 990 (2018) BRANCH 15, INC. Part IV Checklist of Required Schedules

1 le the organization described in section 501c(s)(3) or 4947(s)(1) (other than a private foundation?  1				Yes	NO
2 Is the organization required to complete Schedule 8, Schedule of Contributions 2  3 Did the organization gragin in direct or indeed political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  4 Section 501(kg) signal particular organization engage in libbrying activities, or have a section 501(h) section in effect during the tax year? If "Yes," complete Schedule C, Part II  5 Is the organization asceton 501(kg) 501(kg) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19 If "Yes," complete Schedule C, Part III  6 Did the organization markatin any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II  7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land rease, or historic activatures II "Yes," complete Schedule D, Part III  8 Did the organization markatin collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  9 Did the organization markation of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV  10 Did the organization and part of the following questions is "Yes," complete Schedule In application, directly or through a related organization than any organization report an amount for though a related organization to Part III in It to organization report an amount for though a related organization to Part III in III to organization report an amount for investments - program related in Part I, line 19 If "Yes," complete Schedule D, Part IV III  10 Did the organization report an amount for other assets in Part IV, line 11 that is 5% or more of its total assets reported in Part I, line 19 If "Yes," complete Schedule D, Part IV III III	1			x	
3 Dt the organization engage in direct or ndirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II  4 Section 501(c)(S) organizations. Did the organization engage in lobbying activities, or have a section 501(fi) decition in effect during the tax year? If "Yes," complete Schedule C, Part III  5 Is the organization a section 501(c)(4), 501(c)(6), 501(c)(6)	2	Is the organization required to complete Schedule B. Schedule of Contributors			
public office? If "Yes," complete Schedule C, Part II  Section 501(s)3 regainstation. Did the organization engage in lobbying activities, or have a section 501(s)4 section in effect during the tax year? If "Yes," complete Schedule C, Part II  S is the organization a section 501(s)4), 501(s)5, or 501(s)5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts of "Yes," complete Schedule D, Part II  Did the organization receive or hold a conservation essentiant, including easements to preserve open space, the environment, historic land rease, or historic art increase? If "Yes," complete Schedule D, Part II  Did the organization maintain and collections of works of art, historical treasures, or other similar asserts? If "Yes," complete Schedule D, Part II  Did the organization maintain and part II "Yes," complete Schedule D, Part II  Did the organization report an amount in Part X, line 21, for escrove or custodial account liability, serve as a custodial ror amounts not listed in Part X, or though a related organization, hold assets in temporarily restricted endowments, or quasi-sendowments? If "Yes," complete Schedule D, Part VI  If the organization resport an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII  If the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part X III  Did the organization is sport an amount					
4 Schola 5016(3) or ganizations. Did the organization engage in lobbying activities, or have a section 501(in) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization a section 501(is)4, 501(is)5, or 501(is)6) organization that receives membership dues, assessments, or similar amounts as defined in Reviews Procedure 98-191 if "Yes," complete Schedule C, Part II is Did the organization related any done advated funds or any similar funds or accounts for which dinones have the right to provide advice on the distribution or investment of amounts in such funds or accounts If If "Yes," complete Schedule D, Part II is Did the organization releave no hold a conservation essement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II is Did the organization majorition collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II is Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV if the organization and its part in any of the foliowing questions is "Yes," then complete Schedule D, Part VI if the organization sanswer to any of the foliowing questions is "Yes," then complete Schedule D, Part VI if the organization report an amount for investments - other securities in Part X, line 12 If "Yes," complete Schedule D, Part VI if the organization report an amount for investments - other securities in Part X, line 12 If that is 5% or more of its total assets reported in Part X, line 16 If If "Yes," complete Schedule D, Part X in 19 If Yes, "complete Schedule D, Part X in 19 If Yes, "complete Schedule D, Part X in 19 If Yes, "complete Schedule D, Part X in 19 If Yes, "complete Schedule D, Part X in 19 If Yes, "co	3		ا ء		x
during the tax year? If "Yes," complete Schedule C, Part II  5 Is the organization a section 50 (10(4), 501(6)(6), or 501(6)(6) or 501(6)(6)  6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advised on maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II  7 Did the organization report and areas, or historical structures? If "Yes," complete Schedule D, Part II  8 Did the organization report an amount in Part X, line 21, for secrov or custodial account liability, serve as a custodian for amounts in serve its feet and the serve its serve of serve its serve its serve its serve or or its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII  1 bid bid the organization report an amount for investments - program related in Part X, line 157 If "Yes," complete Schedule D, Part XII  1 bid bid the organization report and amount for serve its serve its serve its serve its serve its serve its serve	4		۰		
5 Is the organization a section SO1(c)(4), SO1(c)(6) or SO1(c)(6) or SO1(c)(6) or Solid (6) or SO1(c)(6) or Solid (6) or S	-				x
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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 amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV  Did the organization or quasi-endowments? If "Yes," complete Schedule D, Part V or Did the organization in service or or the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI  Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X  Title X  Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X  Title X  Did the organization orband and additional assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X  Title X  Did the organization orband assets reported in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X  Title X  Did the organization orband and XIII  by Was the organization orband and XIII  by Was the	8		<u> </u>		
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amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  ## 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? ## 17%s, "complete Schedule D, Part V  ### 11 If the organization in report and amount for land, buildings, and equipment in Part X, line 10? ## 17%s, "complete Schedule D, Part V  ### 11	9		١		
If "Yes," complete Schedule D, Part N   9   X	Ū				
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15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  21 X		or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II					X
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X			20b		
defined government on rate in, default (v), and r. a. e., complete constant y, and r. a. e.	21				٦,
		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	

# Form 990 (2018) BRANCH 15, INC. Part IV Checklist of Required Schedules (continued)

			Yes	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		X
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	000		x
07	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			١
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			. v
00	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
0.7	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pal	Tt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check if Contours Contains a response of note to any line in this rail v			NI.
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
ıa b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Center the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
ט	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c		
	10 U U I	<del></del>	000	(0040

# BRANCH 15, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	<b>2</b> a 5							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X				
b	If "Yes," enter the name of the foreign country: ►								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		Х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
6a	Does the organization have annual gross receipts that are normally greater than $$100,000$ , and did the second se	ne organization solicit							
	any contributions that were not tax deductible as charitable contributions?		6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	ions or gifts							
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set		7a		X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w								
	to file Form 8282?	I I	7с		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year		7e		Х				
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of the year, pay premiums, directly or indirectly, on a personal benefit contribution.		7f		Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g						
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, ai		7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained								
_	sponsoring organization have excess business holdings at any time during the year?		8						
9	Sponsoring organizations maintaining donor advised funds.		0-						
a			9a 9b						
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		an						
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
	Section 501(c)(12) organizations. Enter:	100							
		11a							
	Gross income from other sources (Do not net amounts due or paid to other sources against	114							
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	124						
	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
			14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eration or							
	excess parachute payment(s) during the year?		15		Х				
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X				
	If "Yes," complete Form 4720, Schedule O.								

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

1a Enter the number of voting members of the governing body at the end of the tax year  1 if there are number of voting members of the governing body at the end of the tax year  1 if there are number of voting members of the governing body of a five governing body dependent  2 before the number of voting members included in line 1a, above, who are independent  2 Did any officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person?  2 Did any officer, director, trustees, or key employees to a management company or other person?  3 Did the organization nearement synthesis or its governing documents since the prior Form 900 was filed?  4 Did the organization nearements or stockholders or its governing odcourants since the prior Form 900 was filed?  5 Did the organization have members as stockholders?  6 Did the organization have members as stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5 Did the organization conferionization selected for subject to approval by) members, stockholders, or persons other than the governing body?  5 Did the organization conferionizations of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5 Did the organization conferionizations of the organization reserved to (or subject to approval by) members, stockholders, or persons of the than the governing body?  5 Did the organization conferionizations of the organization reserved to (or subject to approval by) members, stockholders, or the power of the					Х					
a Enter the number of voting members of the governing body at the end of the tax year  If there are naterial differences in voting rights among members of the governing body, or if the governing body delegated bread authority to an executive committee or similar committee, explain in Schedule 0.  b Enter the number of voting members included in line 1s, above, we not independent 0.  b Enter the number of voting members included in line 1s, above, we not independent 0.  c Did any officer, director, trustee, or key employee a new analy relationship or a business relationship with any other officer, director, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, director, so, trustees, or key employees to a management company or other person?  c Did the organization make any significant changes to its governing documents since the prior Form 900 was fleat?  4 Did the organization have members or stockholders?  5 Did the organization have members or stockholders?  7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Did the organization name members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Did the organization managements of the organization reserved to (or subject to approval by) members, stockholders, or persons often than the governing body?  5 Did the organization name members or stockholders, or opersons often than the governing body?  5 Did the organization name members or stockholders, or operson often than the governing body?  5 Did the organization name that persons the names and addresses in Schedule O.  5 Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to mismar thair persons, or rustices, and key employees required the process or such chapters, affiliates, and branches to insure thair pers		Check if Schedule O contains a response or note to any line in this Part VI			Δ					
til the are ambied differences in using rights among members of the governing body, or the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.  b Firster the number of voting members and included in line 1s, above, who are independent  2 Do any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person?  3 Dot the organization ofelegate control over management duries customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  4 Dot the organization have members or stockholders or this operation of other person?  5 Dot the organization have members at stockholders?  6 Dot the organization have members or stockholders?  7 Dot and the organization have members or stockholders?  8 Dot the organization have members or stockholders?  9 Dot the organization have members or stockholders?  10 Dot the organization have members or stockholders?  11 Dot the organization have members or stockholders?  12 Dot the organization have members or stockholders?  13 Dot the organization have members or stockholders?  14 Dot the organization have members or stockholders?  15 Dot the organization have members or stockholders?  16 Dot the organization have members or stockholders?  17 Dot the organization have members or stockholders?  18 Did the organization order paraecustry becamen the meetings had or written actions undertaken during the year by the following:  19 Did the organization have written proficers or stockholders or stockholders or have been been stocked at the organization or have the stocked at the organization or have the stocked or have been stocked at the organization have written actions to the stocked stocked or ha	Sec	tion A. Governing Body and Management								
the there are material differences in voting rights among members of the governing body, of if the governing body dislegated broad authority to an executive committee, explain in Schedule 0.  b Enter the number of voting members included in line 1a, above, who are independent  2 Did any officer, director, trustee, or key employee?  3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, director, trustees, or key employees?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  4 Did the organization have members or stockholders?  5 Did the organization have members or stockholders?  6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5 Bid the organization have members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5 Bid the organization organization to act on behalf of the governing body?  6 Bid the organization have without the meetings had or written actions undertaken during the year by the following:  8 Bid X  5 Did the organization have been been subject in the power of the governing body?  9 Bid there any officer, director, rustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is mailing address? If Yes, Provide the names and addresses in Schedule O.  10 Did the organization have be local chapters, branches, or affiliates?  10 Did the organization have a written official organization follows this provided a complete copy of this Form 900 to a				Yes	No					
be Enter the number of voting members included in line 1a, above, who are independent 1. 1b 3  2 Did any officer, director, trustee, or key employee?  2 X  2 Did any officer, director, trustee, or key employee?  3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management duties outstandly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management duties outstandly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  3 D to the organization become aware during the year of a significant diversion of the organization's assessing the performance decisions of the organization related to the performance decisions of the organization related to the organization related to the persons who had the power to elect or appoint one or more members of the governing body?  5 A rea may operanance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 D differ the granization cerelampenance subject to approval by) members, stockholders, or persons other than the governing body?  8 D Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization in selling addresses? If Yes, 'granization relatives and paraches to ensure their persons in selling addresses in Schedulbe O enganization trustee, or key employee is the form 900 to all members of its governing body before filling the form?  10a Did the organization have a written organization and enforce compliance with the policy? If 'Yes,' describe in Schedule O the progenization have a written whistleblower policy?  11a Has the organization new a written whistleblower policy?  12b Describe in Sc	1a		-							
b Enter the number of voling members included in line 1a, above, who are independent										
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors, or mustees, or key employees to a management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  3 Did the organization become aware during the year of a significant diversion of the organization assests?  5 Did the organization become aware during the year of a significant diversion of the organization assests?  5 Did the organization have members or stockholders?  7a Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 A any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5 Did the organization between the meetings held or written actions undertaken during the year by the following:  a The governing body?  5 Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization is maling addresse? If Yes's, provide the names and addresses in Schedule O  8 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates?  b if Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to onsure their operations are consistent with the organization sewapt purposes?  10b Describe in Schedule Ot the process, if any usees required to discoles amoulty interests that could give rise to conflicts?  11c Is the organization have a written organization or the following persons include a review and approval by independent persons, comparability data, and cont										
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b Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  9 X  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)    Yes   No	8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
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Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)    Ves   No	b		8b	Х						
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)    Ves   No	9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
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Ves   No   No   No   No   No   No   No   N	Sec									
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11a   Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   1		and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
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14 Did the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  15 The organization's CEO, Executive Director, or top management official  15 The organization's CEO, Executive Director, or top management official  15 The organization is CEO, Executive Director, or top management official  15 The organization follow a corporate the process in Schedule O (see instructions).  16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16 Diff "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  16 Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶OK  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶  LANITA LUKENS - 405-896-0033	13		13	Х						
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  Diff "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶OK  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records ▶  LANITA LUKENS - 405-896-0033			14		Х					
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Dother officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  Did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶OK  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶  LANITA LUKENS - 405-896-0033	15									
a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a X  16a										
b Other officers or key employees of the organization	а		15a		х					
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exempt status with respect to such arrangements? 16b  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶OK  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶  LANITA LUKENS - 405-896-0033										
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for public inspection. Indicate how you made these available. Check all that apply.  X Own website			s only	avail	able					
<ul> <li>X Own website</li></ul>	.5		S Siny,	arunt						
<ul> <li>Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records ► LANITA LUKENS - 405-896-0033</li> </ul>										
statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records LANITA LUKENS - 405-896-0033	19		d finan	cial						
20 State the name, address, and telephone number of the person who possesses the organization's books and records ► LANITA LUKENS - 405-896-0033				J.41						
LANITA LUKENS - 405-896-0033	20									
	20									
TOVO D. DINDDI, DDINDD, ON /JUJE		4600 E. 2ND STREET, EDMOND, OK 73034								
	20	LANITA LUKENS - 405-896-0033								

BRANCH 15, INC.

#### Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

Check this box if neither the organization (A)	(B)			((	C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week	$\vdash$	Cer ar	iu a u	recio	or/trus	iee)	from	from related	other 
	(list any hours for	lirecto				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	96 Or 0	stee			ısatec		(W-2/1099-MISC)	(***2/1099***********************************	organization
	organizations	trust	ıal tru		oyee	ompe		,		and related
	below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations
	line)	iğ iğ	Inst	Officer	Key	Hig	For			
(1) AMY GROESCHEL	5.00	١,,		,,				0		0
PRESIDENT	F 00	Х		Х				0.	0.	0
(2) SUSAN ESCO	5.00	١,,		,,				0		0
VICE PRESIDENT	F 00	Х		Х				0.	0.	0
(3) TY YATES	5.00	٠,,		,,				_		0
TREASURER	5.00	Х		Х				0.	0.	0
(4) ROXANNE PARKS	3.00	X		x				0.	0.	0
SECRETARY	5.00	1		^				0.	0.	0
(5) JESSICA CORNELIUS	3.00	X		x				0.	0.	0
CHAPLAIN, BOARD OF DIRECTORS (6) STEFANNIE POWELL	35.00	^		^				0.	0.	0
EXECUTIVE DIRECTOR	33.00	X		x				xx,xxx.	0.	0
EARCOTIVE DIRECTOR		12		<u> </u>				AN, ANN	0.	0
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Page 7

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, an	d Hi	ighe	st C	compensated Employe	es (continued)				
(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average	(do not check more than one					one	Reportable	Reportable	,	Es <sup>-</sup>	timate	d
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation compens				ount o	of
	week	<del></del>	Lei ai	iu a u	III ecit	Jiruus	iee)	from	from related			other	
	(list any hours for	irecto						the	organization			oensat	
	related	or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		om the anizati	
	organizations	rustee	l trus		ee	nben		(***2/1099*****130)				relate	
	below	dualt	rtiona	L	nploy	st co	in 1					nizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
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		<u> </u>						7777 77777					_
1b Sub-total								XX,XXX.		0.			0.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								XX,XXX.		0.			0.
2 Total number of individuals (including but n	ot limited to th	ıose	liste	ed al	bove	e) wł	no r	eceived more than \$100	0,000 of reportab	ile			0
compensation from the organization		_									I	Yes	No
O Diel He a supplied in the boundary of in	-U				1 -			L'aland a anno ann a de d		ı		162	INO
3 Did the organization list any <b>former</b> officer,			-	•	•	•	-	•					х
line 1a? If "Yes," complete Schedule J for s											3		
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	•							·	the organization		4		Х
5 Did any person listed on line 1a receive or a			•						idual for comicos		4		
rendered to the organization? If "Yes," com	=				-					'	5		Х
Section B. Independent Contractors	piete ochedui	001	OI SI	ucn	pers	3011					<u> </u>		<del></del>
Complete this table for your five highest co	mnensated in	den	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of cor	nnens	ation f	rom	
the organization. Report compensation for											200111	. 5	
(A)	ino caloridar y	<u> </u>	orran	<u>g</u> .	*****	0, 11		(B)	your.		(C	:)	
Name and business	address	NO	INC	Ξ				Description of s	services	С	omper		1
2 Total number of independent contractors (i		ıot lir	mite	d to	tho	se li	stec	d above) who received n	nore than				
\$100,000 of compensation from the organic	zation 🕨				(	U							

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII ... (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues ..... 1b 21,871. c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and 219,440. similar amounts not included above ..... g Noncash contributions included in lines 1a-1f: \$ 241,311. h Total. Add lines 1a-1f ...... Business Code 531110 45,854. 2 a PROGRAM RENTAL INCOME 45,854 Program Service Revenue С f All other program service revenue ..... 45,854. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ...... c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ 21,871. of contributions reported on line 1c). See 8,362. Part IV, line 18 a Other b Less: direct expenses \_\_\_\_\_ b 5,592. 5,592. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances \_\_\_\_\_a b Less: cost of goods sold \_\_\_\_\_ b **c** Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a OTHER TYPES OF INCOME: 900099 1,500. 1,500. b d All other revenue 1,500. e Total. Add lines 11a-11d

294,257.

47,354.

Total revenue. See instructions

# Form 990 (2018) BRANCH 15, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must comple	ilete columi	n (A).
--	--------------	--------

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		ехрепзез	general expenses	ехрепзез
'	and domestic governments. See Part IV, line 21				
•	· · · · · · · · · · · · · · · · · · ·				
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	F1 001	F1 001		
7	Other salaries and wages	71,291.	71,291.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	10 510	10 510		
9	Other employee benefits	12,743.	12,743.		
10	Payroll taxes	5,454.	5,454.		
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	2,925.	2,925.		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	5,560.	5,560.		
14	Information technology				
15	Royalties				
16	Occupancy	76,647.	76,647.		
17	Travel	5,269.	5,269.		_
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	40.000	40.000		
22	Depreciation, depletion, and amortization	10,933.	10,933.		
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)	46 656	4.6 . 5 . 5		
а	OTHER EXPENSES-PROGSERV	12,873.	12,873.		
b	AUTO: INSURANCE	5,539.	5,539.		
С	AUTO: MAINTENANCE	1,619.	1,619.		
d	AUTO:REPAIR	1,516.	1,516.		
е	All other expenses	1,037.	1,037.		
25	<b>Total functional expenses</b> . Add lines 1 through 24e	213,406.	213,406.	0.	0.
26	<b>Joint costs</b> . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
83301	0 12-31-18				Form <b>990</b> (2018)

Ра	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			127,939.	1	200,016.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec					
ţ		employees' beneficiary organizations (see instr)	. Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
ğ	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	363,373.			
	b	Less: accumulated depreciation		20,512.	363,794.	10c	342,861.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	100.	15	2,070.		
	16	Total assets. Add lines 1 through 15 (must equ	481,833.	16	544,947.		
	17	Accounts payable and accrued expenses			3,041.	17	8,307.
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV o	of Schedule D	0.	21	0.
es	22	Loans and other payables to current and forme	r officers	s, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and o	disqualified persons.			
iab		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ated thir	d parties	139,935.	23	116,932.
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	ıyables t	o related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X of			
		Schedule D			4.40.056	25	105.000
	26	Total liabilities. Add lines 17 through 25			142,976.	26	125,239.
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 📖 and			
es		complete lines 27 through 29, and lines 33 ar					
Fund Balances	27	Unrestricted net assets				27	
Bal	28	Temporarily restricted net assets				28	
pu	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117 (A	SC 958	), check here ▶ 🔼			
ğ		and complete lines 30 through 34.			^		^
set	30	Capital stock or trust principal, or current funds			0.	30	0.
As	31	Paid-in or capital surplus, or land, building, or ed			0.	31	0.
Net Assets	32	Retained earnings, endowment, accumulated in		<b>—</b>	338,857.	32	419,708.
_	33	Total net assets or fund balances			338,857.	33	419,708.
	34	Total liabilities and net assets/fund balances			481,833.	34	544,947.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,2				
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,4	06. 51.			
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33	8,8	57.			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	41	9,7	08.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				Ш			
				Yes	No			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

# **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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number BRANCH 15, INC. 46-3951499 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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 III, Type III functionally integrated, or Type III 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 listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Section A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	_			
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	59,210.	43,843.	173,912.	160,700.	329,191.	766,85	<u> 5                                   </u>			
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge							_			
4	Total. Add lines 1 through 3	59,210.	43,843.	173,912.	160,700.	329,191.	766,85	<u>5 •</u>			
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)						92,489	<u>) .</u>			
	Public support. Subtract line 5 from line 4.						674,36	<u>/ •</u>			
	ction B. Total Support	1			·	1					
	ndar year (or fiscal year beginning in)	(a) 2014 59, 210.	(b) 2015 43,843.	(c) 2016 173, 912.	(d) 2017	(e) 2018 329, 191.	(f) Total	_			
	Amounts from line 4	39,410.	43,843.	1/3,914.	160,700.	349,191.	766,85	<u> </u>			
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
_	and income from similar sources										
9	Net income from unrelated business										
	activities, whether or not the										
40	business is regularly carried on							—			
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)						766,850	<del></del>			
11		-t- ( int				40	85,383	<del>] •</del>			
12	Gross receipts from related activities,		,	d fourth or fifth to		12   n 501(a)(2)	05,50.	<u> </u>			
13	<b>First five years.</b> If the Form 990 is for organization, check this box and <b>stop</b>	-			•			$\neg$			
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					_			
	Public support percentage for 2018 (			column (f))		14	87.94	%			
	Public support percentage from 2017					15		%			
	33 1/3% support test - 2018. If the						x and				
	stop here. The organization qualifies						▶□	X			
b	33 1/3% support test - 2017. If the						nis box				
	and <b>stop here.</b> The organization qual						▶□				
17a	10% -facts-and-circumstances tes						or more,				
	and if the organization meets the "fac										
	meets the "facts-and-circumstances"		·	-	•	•	▶□				
b	10% -facts-and-circumstances tes	-					10% or				
	more, and if the organization meets the										
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶□				
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶□				

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(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						
3	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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1		1		1
	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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				1		
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	· ·			•	. , , , ,	
<u></u>	check this box and stop here ction C. Computation of Publ						<u></u>
	<u>-</u>			(f)\		145	0/
	Public support percentage for 2018 (I					15	%
	Public support percentage from 2017 ction D. Computation of Investigation					16	%
	Investment income percentage for 20					17	<u> </u>
	Investment income percentage from 2					18	
	33 1/3% support tests - 2018. If the						
136	more than 33 1/3%, check this box a						17 13 1101
L	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation If the organization						

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 12a or 12b 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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		
	3b		
	0.5		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	0-		
	9a		
	9b		
	9с		
	100		
	10a		
	10b		
m 9	90 or 99	90-EZ	2018

Par	t IV   Supporting Organizations <sub>(continued)</sub>			
			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?	l1a		
b	A family member of a person described in (a) above?	1b		
С	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.	l1c		
	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		
Sect	tion C. Type II Supporting Organizations			
000	non of Type in 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		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sact	tion D. All Type III Supporting Organizations	•		
<u> </u>	non B. All Type III Supporting Organizations		Yes	No
4	Did the expenization provide to each of its supported expenizations, by the last day of the fifth month of the		163	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u>C</u>	supported organizations played in this regard.	3		
	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).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)	ctions Î		
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			
	· · · · · · · · · · · · · · · · · · ·	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
		2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	··· • • • • • • • • • • • • • • • • • •	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	Type in real carretion, integrated cos(a)(c) capper in			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	•		Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrat	ted Type III supporting ord	anization (see
	instructions).	, 5	), ii 93	

Schedule A (Form 990 or 990-EZ) 2018

ı aı	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			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	IS		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
_	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
_	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018 BRANCH 15, INC.	46-3951499	Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a 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 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; Par Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit (See instructions.)	or 17b; Part III, line 12; s 1 and 2; Part IV, Section t V, Section B, line 1e; Par	C,

### 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.

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

OMB No. 1545-0047

2018

Organization type (check one):						
Filers of	<b>:</b>	Section:				
Form 99	0 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 99	0-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 <b>General Rule</b> or a <b>Special Rule</b> . <b>Note:</b> 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	nuie					
		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \frac{1}{2} \frac					
	· ·	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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				

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

46-3951499

BRANCH 15, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

	Continuation (coo monactions). Coo auphouse copies of fair fill additional		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$8,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,000.	Person X Payroll

Name of organization

Employer identification number

BRANCH 15, INC.

46-3951499

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7		\$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8		\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9		\$10,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
10		\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11		\$5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
12		\$5,000.	Person X Payroll		

Name of organization Employer identification number

BRANCH 15, INC.

46-3951499

Part II	Art II Noncash Property (see instructions). Use duplicate copies of Part 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		
_					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		<b>\$</b>			
(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		
		<u> </u>			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		<b></b>			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Employer identification number Name of organization BRANCH 15, INC. 46-3951499 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (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, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship 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, and ZIP + 4 Relationship of transferor to transferee

(a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BRANCH 15, INC.

Employer identification number 46-3951499

Pai	rt I Organizations Maintaining Donor Advis	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	n writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		
Pai	rt II Conservation Easements. Complete if the or		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ition (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	, , , , , , , , , , , , , , , , , , , ,		
С	Number of conservation easements on a certified historic st		
d	( / 1		ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	g, handling of violations, and enforcing cor	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, han	ndling of violations, and enforcing conserv	ation easements during the year
_			0(1-)(4)(D)(2)
8	Does each conservation easement reported on line 2(d) about a set in 4.73(h)(A)(D)(i)(2)		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conserva	•	
	include, if applicable, the text of the footnote to the organiza	ation's imancial statements that describes	s the organization's accounting for
Pai	rt III Organizations Maintaining Collections of	of Art Historical Treasures or C	Other Similar Assets
. u	Complete if the organization answered "Yes" on Forr	•	The Chima Access.
12	If the organization elected, as permitted under SFAS 116 (A		ment and halance sheet works of art
ıa	historical treasures, or other similar assets held for public ex	•	
	the text of the footnote to its financial statements that desc		ande of public service, provide, in rail XIII,
h	If the organization elected, as permitted under SFAS 116 (A		at and halance sheet works of art, historical
	treasures, or other similar assets held for public exhibition,		
	relating to these items:	oddoddon, o'r rosodron i'r raitholanoc o'r pe	able service, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical to		
_	the following amounts required to be reported under SFAS		a. ga, provido
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures,	or Other	Similar A	ssets(continued)
3	Using the organization's acquisition, accession	on, and other record	ds, checl	k any of the	following tha	at are a sig	nificant use o	f its collection items
	(check all that apply):							
а	Public exhibition	d		Loan or exc	hange progra	ams		
b	Scholarly research	е		Other				
С								
4	Provide a description of the organization's co	ollections and explai	n how th	nev further t	he organizati	ion's exem	pt purpose in	Part XIII.
5								
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No							
Pai	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or							
	reported an amount on Form 990, Par			9				,,
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	sets not ir	ncluded	
	on Form 990, Part X?							Yes No
b	If "Yes," explain the arrangement in Part XIII							•
	Amount							
С	Beginning balance						1c	
	Additions during the year						<del>                                     </del>	
e	Distributions during the year							
f	Ending balance							
	Did the organization include an amount on Fo							Yes No
	If "Yes," explain the arrangement in Part XIII.							
Pai							 )	
	2 Indownient i ander complete ii	(a) Current year		rior year	(c) Two yea		i) Three years b	pack (e) Four years back
10	Beginning of year balance	(a) Ourrent year	(6)	noi yeai	(c) two yea	13 Daok   (C	a) Tilloo yours t	den (e) i oui yours buck
_								
b	Contributions							
	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
_	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	ent year end baland	-	g, column (a	a)) held as:			
а	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	ered for the	e organization	·
	by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	Schedule R?				3b
4	Describe in Part XIII the intended uses of the		owment '	funds.				
Pai	t VI Land, Buildings, and Equipm	ent.						
	Complete if the organization answered	d "Yes" on Form 990	0, Part I\	/, line 11a. S	See Form 990	), Part X, li	ne 10.	
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	cumulated	(d) Book value
		basis (investr	ment)		(other)	depr	eciation	
1a	Land				.0,000.			10,000.
b	Buildings			34	1,381.		17,781.	323,600.
С	Leasehold improvements							
d	Equipment			1	1,992.		2,731.	9,261.
е	Other							
	. Add lines 1a through 1e. (Column (d) must e		X, colun	nn (B), line	10c.)		<b>.</b>	342,861.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 BRANCH 15,	INC.		46-3951499 Page
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes	on Form 990. Part IV. lin	e 11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1) Financial derivatives	. ,		
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)  Total (Cal /h) revest across Ferrer COO. Bort V. acl /R) line 10.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes		e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		▶
Part X Other Liabilities.			•
Complete if the organization answered "Yes	on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, lir	ne 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  $\triangleright$ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedi	ule D (Form 990) 2018 BRANCH 15, INC.		46-395149	9 Page
Part	XI Reconciliation of Revenue per Audited Financial S	tatements With Reve		
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1 1	otal revenue, gains, and other support per audited financial statements		1	
<b>2</b> /	amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a N	let unrealized gains (losses) on investments	2a		
	Oonated services and use of facilities			
	Recoveries of prior year grants			
	Other (Describe in Part XIII.)			
	odd lines 2a through 2d		2e	
	Subtract line 2e from line 1			
4 /	mounts included on Form 990, Part VIII, line 12, but not on line 1:			
a I	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> (	Other (Describe in Part XIII.)	4b		
c A	odd lines <b>4a</b> and <b>4b</b>		4c	
	otal revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 1			
Part	XII Reconciliation of Expenses per Audited Financial S	Statements With Expe	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1 7	otal expenses and losses per audited financial statements		1	
<b>2</b> /	mounts included on line 1 but not on Form 990, Part IX, line 25:			
a [	Oonated services and use of facilities	2a		
b F	Prior year adjustments	2b		
	Other losses			
	Other (Describe in Part XIII.)			
e /	Add lines <b>2a</b> through <b>2d</b>		2e	
	Subtract line <b>2e</b> from line <b>1</b>			
	mounts included on Form 990, Part IX, line 25, but not on line 1:			
a l	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> (	Other (Describe in Part XIII.)	4b		
c A	dd lines <b>4a</b> and <b>4b</b>		4c	
	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	
Part	XIII Supplemental Information.			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		Tart v, iiile 4, Tart A, iiile 2, T	art Ai,

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization Employer identification number BRANCH 15, INC. 46-3951499 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations ☐ Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Pa	rt I		-		•	
		of fundraising event contributions and gr	oss income on Form 990 (a) Event #1	0-EZ, lines 1 and 6b. List (b) Event #2	events with gross recei	pts greater than \$5,000.
			ANNUAL FUNDRAISER	(b) Event #2	NONE	(d) Total events (add col. (a) through
Revenue			(event type)	(event type)	(total number)	col. <b>(c)</b> )
	1	Gross receipts	30,233.			30,233.
	2	Less: Contributions	21,871.			21,871.
	3	Gross income (line 1 minus line 2)	8,362.			8,362.
	4	Cash prizes				
se	5	Noncash prizes				
xbens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		•		2,770.
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I			_	2,770. 5,592.
Pa	rt I			n 990, Part IV, line 19, or		373320
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
9	Ent	ter the state(s) in which the organization condu	icts daming activities.			
		the organization licensed to conduct gaming a		Yes No		
		No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax	year?	Yes No
		Yes," explain:				