

**Return of Organization Exempt From Income Tax**

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

Department of the Treasury  
Internal Revenue Service

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

**A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b>		<b>D Employer identification number</b>
	ANCHOR POINT, INC.		26-2090520
	Doing Business As		<b>E Telephone number</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		240-876-5000
	11924 HEATHER DRIVE		<b>G Gross receipts \$</b> 134,493.
City or town, state or country, and ZIP + 4		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
HAGERSTOWN, MD 21740		<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>F Name and address of principal officer:</b> ALAN W. MCRAE		If "No," attach a list. (see instructions)	
11924 HEATHER DRIVE, HAGERSTOWN, MD 21740		<b>H(c) Group exemption number</b> ▶	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> ▶ ALANMCRAE@ANCHORPOINTMD.ORG			
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation:</b> 2009
			<b>M State of legal domicile:</b> MD

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE MENTORING AND CHARACTER BUILDING EXPERIENCES FOR YOUTH AND ADULTS THROUGH OUTDOOR</b>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3 8
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4 0
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5 0
	<b>6</b> Total number of volunteers (estimate if necessary)	6 10
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year 205,195. Current Year 100,954.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0. 2,690.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-10,874. -46,313.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	700. 1,499.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	195,021. 58,830.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0. 0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	0. 44,152.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	0. 44,152.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	195,021. 14,678.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 222,648. End of Year 245,626.
	<b>21</b> Total liabilities (Part X, line 26)	0. 8,300.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	222,648. 237,326.

**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.

<b>Sign Here</b>	Signature of officer	<i>Alan W. McRae, Exec Director</i>	Date	5-9-12
	Type or print name and title	ALAN W. MCRAE, EXECUTIVE DIRECTOR		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	Firm's name ▶	<i>Lynne Absher CPA</i>	05/07/12	
	Firm's address ▶	5709 GRANBY ROAD		Firm's EIN ▶
		ROCKVILLE, MD 20855		Phone no. 301-840-0438

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No