Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

Inspection

OMB No. 1545-0047

<u> </u>	Of tile 2	to calendar year, or tax year beginning OOD 1, 2015 and ending O			70M 30, 2014	
B Check if applicable:		C Name of organization		D Employer identification number		
	Address change	ANCHOR POINT, INC.				
	Name change	Doing Business As		26-2090520		
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/suit		Room/suite		
	Termin- ated				240-876-5000	
	Amende	City or town, state or province, country, and ZIP or foreign postal code			G Gross receipts \$ 471,523.	
	Applica-				H(a) Is this a group return	
	pending	F Name and address of principal officer: ALAN W. MCRAE			for subordinates? Yes X No	
		1012 WILLOWMERE LANE, CA				
17	ax-exen		(insert no.) 4947(a)(1)			ist. (see instructions)
	Website: ► ALANMCRAE@ANCHORPOINTMD.ORG				H(c) Group exemption number ▶	
K Form of organization: X Corporation						State of legal domicile: MD
Part I Summary						
ri)	1 B	Briefly describe the organization's mission or most significant activities: TO PROVIDE MENTORING AND				
2	C	CHARACTER BUILDING EXPERIENCES FOR YOUTH AND ADULTS THROUGH OUTDOOR				
raa	2 C	Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.				
Activities & Governance		Number of voting members of the governing body (Part VI, line 1a)				
	4 N	Number of independent voting members of the governing body (Part VI, line 1b)				0
		Total number of individuals employed in calendar year 2013 (Part V, line 2a)				0
¥	6 T	Total number of volunteers (estimate if necessary)			6	0
Acti		otal unrelated business revenue from Part VIII, column (C), line 12				0.
		Net unrelated business taxable income from Form 990-T, line 34				0.
		Contributions and grants (Part VIII, line 1h)			Prior Year	Current Year
0	8 C				82,210.	339,211.
Revenue		Program service revenue (Part VIII, line 2g)			16,334.	41,189.
eve	10 In	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			-21,283.	-100,118.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			455.	1,734.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			77,716.	282,016.
	13 G	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
Fund Balances Expenses	15 S	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	0.
	16a P	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
		otal fundraising expenses (Part IX, column (D), line 25)				
	17 C	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			67,209.	168,267.
	18 T	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			67,209.	168,267.
	19 R	Revenue less expenses. Subtract line 18 from line 12			10,507.	113,749.
					eginning of Current Year	End of Year
	20 T	otal assets (Part X, line 16)			272,674.	386,806.
	21 T	otal liabilities (Part X, line 26)			20,120.	20,503.
		Net assets or fund balances. Subtract line 21 from line 20			252,554.	366,303.
		Signature Block			· ·	
		ies of perjury, I declare that I have examined this return, in				knowledge and belief, it is
true	, correct,	and complete. Declaration of preparer (other than officer	is based on all information of w	hich prepare		
		islan womekal			5-1	5-15
Sig	n	Signature of officer Date				
Here ALAN W. MCRAE, EXECUTIVE DIRECTOR						
		Type or print name and title			<u> </u>	
	. 1		reparer's signature	100	Date Check	PTIN
Paid		JYNNE ABSHER	1	W/W	05/15/15 self-employe	
	-	Firm's name PMR ASSOCIATES, LTD. Firm's EIN 52-1518473				
Use	Only	Firm's address 5709 GRANBY ROAD				
i in the same of t		ROCKVILLE, MD 208			Phone no. 3 0	1-840-0438
Ma	y the IR	S discuss this return with the preparer shown above	e? (see instructions)		************	X Yes No
2000		12 IHA For Panerwork Reduction Act Notice	and the congrete instruct	ione		Form 990 (2013)