

EXTENDED TO MAY 15, 2017

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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.

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable:

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **ANCHOR POINT, INC.**

Doing business as: _____

Number and street (or P.O. box if mail is not delivered to street address): **P.O. BOX 545**

Room/suite: _____

City or town, state or province, country, and ZIP or foreign postal code: **CAMBRIDGE, MD 21613**

D Employer identification number: **26-2090520**

E Telephone number: **240-876-5000**

G Gross receipts \$: **191,288.**

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ _____

F Name and address of principal officer: **ALAN W. MCRAE**
714 MEADOW AVENUE, CAMBRIDGE, MD 21613

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **ALANMCRAE@ANCHORPOINTMD.ORG**

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **2009** **M** State of legal domicile: **MD**

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Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE MENTORING AND CHARACTER BUILDING, JOB TRAINING AN EDUCATION EXPERIENCES FOR YOUTH				
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	6	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0	
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0	
	6 Total number of volunteers (estimate if necessary)	6	0	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	59,521.	69,087.
9 Program service revenue (Part VIII, line 2g)		62,999.	63,986.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-99,913.	-61,260.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,994.	8,050.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		26,601.	79,863.	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
		16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 220.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	154,418.	113,958.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	154,418.	113,958.	
19 Revenue less expenses. Subtract line 18 from line 12	-127,817.	-34,095.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 259,369.	End of Year 206,212.	
	21 Total liabilities (Part X, line 26)	20,882.	1,820.	
	22 Net assets or fund balances. Subtract line 21 from line 20	238,487.	204,392.	

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.

Sign Here

Signature of officer: *Alan W. McRae* Date: **3-1-17**

ALAN W. MCRAE, EXECUTIVE DIRECTOR
Type or print name and title

Paid Print/Type preparer's name: **LYNNE ABSHER** Preparer's signature: *Lynne Absher* Date: **02/21/17** Check self-employed PTIN: **P01067526**

Preparer Use Only Firm's name: **PMR ASSOCIATES, LTD.** Firm's EIN: **52-1518473**

Firm's address: **5709 GRANBY ROAD
ROCKVILLE, MD 20855** Phone no. **301-840-0438**

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