29492342<mark>147</mark>1 Short Form Return of Organization Exempt From Income Tax

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

2017

Open to Public

Do not enter social security numbers on this form as it may be made public.

Inspection

| Department of the Treasury | | | Nuframetran shout Form 000 F7 and its instructions i | e at www.ire.m | ov/form990 | Inspection | | |
|----------------------------|---------------|---------------|--|--------------------|--------------------|---------------------------------------|--|--|
| Internal Revenue Service | | | Information about Form 990-EZ and its instructions in repair or tax year beginning , 2017, ar | . 20 | | | | |
| | | | , | id ending | 1 D Employer | yer identification number | | |
| B Check if applicable | | | C Name of organization | 1 | | | | |
| Address change | | | ANCHOR MISSION MINISTRIES INC | Room/suite | | 179588 | | |
| Name change | | | Number and street (or PO box, if mail is not delivered to street address) | Room/suite | E Telephone number | | | |
| 二 | nitial return | | | Į. | 4070 | 1016 0400 | | |
| = | | /terminated | 207 N SEBASTIAN STREET City or town, state or province, country, and ZIP or foreign postal code | 1 | F Group Ex |) 816-0408 | | |
| \equiv | Amended re | | | | Number | • | | |
| _ | Application | | WEST HELENA, AR 72390-3530 | | | | | |
| | | ng Method | Cash | " | | tach Schedule B | | |
| | Nebsite - | | | —nl | • | | | |
| _ | | | theck only one) - 501(c)(3) | or 527 | (FOIII 990, 98 | 90-EZ, or 990-PF) | | |
| | | organization | ☐ Corporation ☐ Trust ☐ Association ☐ Other | | | | | |
| | | | 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or r | | | b f 00.075 | | |
| <u> </u> | | mn (B) below | | | | | | |
| Pa | art I | | e, Expenses, and Changes in Net Assets or Fund Bala | | ie instructions | · · · · · · · · · · · · · · · · · · · | | |
| | 1 4 | | the organization used Schedule O to respond to any question in | this Part I | ····· | | | |
| ת | 1 | | s, gifts, grants, and similar amounts received | | <u> </u> | 29,975 | | |
| R107 | 2 | • | vice revenue including government fees and contracts | | <u> </u> | | | |
| | 3 | | dues and assessments | | }_ | 3 4 | | |
| 3 | 4 | Investment II | nt from sale of assets other than inventory | _ | | 4 | | |
| - ✓ | | | | | | | | |
| MAK | | | | b | | | | |
| 2 | 1 _ | | s) from sale of assets other than inventory (Subtract line 5b from line 5a) | | | 5c | | |
| | 6 | • | fundraising events | | | | | |
| 및 | a | | e from gaming (attach Schedule G if greater than | _ 1 | | · , | | |
| SREAMINED | ١. | \$15,000) | | | | | | |
| \ <u>\</u> | 6 | | ne from fundraising events (not including \$ | _ of contributio | ilis | | | |
| K | | | sing events reported on line 1) (attach Schedule G if the | . 1 | 1 | 2 | | |
| | _ | | <u> </u> | b | | | | |
| | 1 | | expenses from gaming and fundraising events · · · · · · · · · <u>6</u> | | - | | | |
| | 0 | | or (loss) from gaming and fundraising events (add lines 6a and 6b and sub | uracı | | | | |
| | | line 6c) · | of inventory, less returns and allowances | | | | | |
| | 1 | | | b | | * | | |
| | 1 | Less cost of | 9000000 | <u> </u> | | 7c | | |
| | 1 . | • | or (loss) from sales of inventory (Subtract line 7b from line 7a) · · · · | | | 8 | | |
| | 8 | | ue (describe in Schedule O) ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | <u> </u> | 9 29,975 | | |
| | 10 | | similar amounts paid (list in Schedule O) RECEIVED. | | | 10 | | |
| | 11 | | d to or for members | | | 11 | | |
| | 12 | Salarine oth | er compensation, and employee benefits S. NOV · 2.1 · 2018 · . | | ⊢ | 12 | | |
| es | 13 | | fees and other payments to independent contractors | | <u> </u> | 13 100 | | |
| Expenses | 14 | | and utilities and maintanance | 1 | | 14 8,245 | | |
| ă | 15 | | plications, postage, and shipping |] | | 15 | | |
| ш | 16 | • • • | uses (describe in Schedule O) | ·- · · · · · · · · | } | 16 28,099 | | |
| | 17 | • | ises. Add lines 10 through 16 | | | 17 36,444 | | |
| | 18 | | deficit) for the year (Subtract line 17 from line 9) | | | 18 (6,469) | | |
| ħ | 19 | | or fund balances at beginning of year (from line 27, column (A)) (must agre | ewith | | . (8,409 | | |
| sse | 13 | | figure reported on pnor year's return) | | | 19 428,734 | | |
| Net Assets | 20 | - | ges in net assets or fund balances (explain in Schedule O) | | | 20 | | |
| S | 21 | | | | . – | | | |
| | | ואכו מצצעוצ נ | in runu valances at enu ut year Compine illes to through 20 | | | 21 422,265 | | |

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

Form 990-EZ (2017)



| Form 990-EZ (2017) ANCHOR MISSION MINISTRIES INC 47-43 | | | | | | 179 | 588 Page 2 | | |
|--|--|---|---------------------------------------|---------------|--|----------|---|--|--|
| Pa | art II Balance Sheets (see the instructions for Part II) | | | | | | _ | | |
| | Check if the organization used Schedule O to res | pond to any questio | n in this Pai | <u>t II .</u> | <u> </u> | <u> </u> | <u> </u> | | |
| | 4 7 | | ļ | (A) Be | ginning of year | <u> </u> | (B) End of year | | |
| 22 | Cash, savings, and investments | | | | 4,462 | 22 | 3,393 <u></u> | | |
| | Land and buildings | | | | 300,172 | 23 | 294,638 | | |
| | Other assets (describe in Schedule O) | | 7- | | 124,100 | 24 | 124,234 | | |
| | Total assets | | ⊢ | | 428,734 | 25 | 422,265 | | |
| | Total national (additional and additional additional and additional additio | | - | | 0_ | 26 | 0 | | |
| _ | Net assets or fund balances (line 27 of column (B) must agree w | | · · · · · · · · · · · · · · · · · · · | | 428,734 | 27 | 422,265 | | |
| P | Statement of Program Service Accomplishme | | | | | | Expenses | | |
| | Check if the organization used Schedule O to re- | | | | | (Red | quired for section | | |
| Wh | at is the organization's primary exempt purpose? HELP HOMELE | ESS ADULTS REST | TART THEI | R LI | <u>ÆS</u> | 501(| 01(c)(3) and 501(c)(4) | | |
| Des | cribe the organization's program service accomplishments for each | of its three largest pro- | gram services | i, | | orga | organizations, optional for | | |
| | neasured by expenses. In a clear and concise manner, describe the | | number of | | | othe | rs) | | |
| | sons benefited, and other relevant information for each program title | | | | | ├ | T | | |
| 28 | PROVIDED FOOD, SHELTER, MEDICAL AND OTHER | | - | | | 1 | | | |
| | OR HOMELESS ADULTS. TO HELP THEM TO RESTA | ART THEIR LIVES | 5. | | | | | | |
| | (Consta C | studes fersion grants, of | hook hore | | | 28a | 36,444 | | |
| 29 | (Grants 5) If this amount inc | (Grants \$) If this amount includes foreign grants, check here · · · · · · · ▶ □ | | | | | | | |
| 23 | | | | | | | | | |
| | | | | | | | | | |
| | (Grants \$) If this amount inc | cludes foreign grants, c | hack here | | • 🗖 | 29a | | | |
| 30 | (Grants 5) If this amount inc | dudes loreign grants, c | ileux ileie . | | <u> </u> | 234 | | | |
| • | | <u></u> , | | | | | | | |
| | | | | | | | | | |
| | (Grants \$) If this amount inc | 30a | | | | | | | |
| 31 | (Grants \$) If this amount includes foreign grants, check here · · · · · · ▶ ☐ Other program services (describe in Schedule O) · · · · · · · · · · · · · · · · · · | | | | | | | | |
| • | | cludes foreign grants, c | | | _ | 31a | | | |
| 32 | Total program service expenses (add lines 28a through 31a) | | | | | 32 | | | |
| | art IV List of Officers, Directors, Trustees, and Key Employ | | | | | tions i | | | |
| _ | Check if the organization used Schedule O to respond to | | | | | | | | |
| | | (b) Average | (c) Reportat | le | (d) Health benefits | s, | | | |
| | (a) Name and title | hours per week | (Forms W-2/109 | | | - 1 | (e) Estimated amount of other compensation | | |
| _ | | devoted to position | (if not_paid, e | | 1 | | - Compensation | | |
| LI | SA H ROBBINS | | | | | | | | |
| SE | CRETARY | 20.00 | | 0 | <u> </u> | o | 0 | | |
| DAI | NNY O VONDRAN | | | | | | | | |
| VI | CE-PRESIDENT | 2.00 | | 0 | | 0 | 0 | | |
| SUI | CARTER | | 1 | | } | l | | | |
| TRI | EASURER | 2.00 | | 0 | | 0 | 0 | | |
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Form 990-EZ (2017)

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 33 X detailed description of each activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed 34 copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the Χ change on Schedule O (see instructions) 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a 35b b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, 35c Χ reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 36 during the year? If "Yes," complete applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37b b Did the organization file Form 1120-POL for this year? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were 38a any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations Enter 39a a Initiation fees and capital contributions included on line 9 39b **b** Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under , section 4912 🕨 section 4911 ▶ , section 4955 🕨 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b X c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed 42 a The organization's books are in care of ▶ LISA H ROBBINS Telephone no 870-816-0408 Located at ▶ 207 N SEBASTIAN STREET, WEST HELENA, AR ZIP + 4 ▶ 72390-3530 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes Nο Χ a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be X completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d 45a Χ 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of

| Form 9 | 90-EZ (2017 | ANCHOR MISSION | MINISTRIES INC | | | 47-417 | 9588 | | age 4 | |
|--------------|---------------------------|--|----------------------------------|---|--|-------------------------------|-------------------------|-------|-----------------------------|--|
| | _ | | | | | | <u> </u> | Yes | No | |
| 46 | | organization engage, directly or indirectly, in | | | | | 46 | | | |
| Dar | | dates for public office? If "Yes," complete S | | | <u> </u> | | 46 | | | |
| Par | | Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51 | | ions 47 - 49b and 5 | 2, and compl | ete the ta | bles for | line | S | |
| | C | Check if the organization used Sc | hedule O to respond | to any question in | this Part VI | <u></u> | | | . 🔲 | |
| | · · | | | | | | | Yes | No | |
| 47 | | organization engage in lobbying activities or | have a section 501(h) ele | ection in effect during the | tax | | | | <u>, , </u> | |
| | • | real combines communication of the communication | | | | | 47 | | X | |
| 48 | | ganization a school as described in section | | | | | 48 49a | | X | |
| 49a | | organization make any transfers to an exem | | organization / · · · | | | 49a 49b | - | | |
| b En | | was the related organization a section 527 in this table for the organization's five highe | - | e (other than officers dir | ectore trustees | and kev | 430 | | l | |
| 50 | | es) who each received more than \$100,00 | | | | | | | | |
| | | (a) Name and title of each employee | (b) Average hours per week | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health bene contributions to er benefit plans, and compensation | ofits, nployee deferred | s, loyee (e) Estimat | | ited amount of compensation | |
| | | | devoted to position | (FOINS VV-2/1099-WISC) | Compensari | - | | | | |
| NON | r. | | | | | - | | | | |
| 11011 | | | | | | | | | | |
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| f 51 — | Complet | mber of other employees paid over \$100,00 te this table for the organization's five highe 0 of compensation from the organization | st compensated independ | | received more t | han | | | | |
| | (a) | Name and business address of each independent conti | ractor | (b) Type of servic | θ | (c) (| Compensatio | n | | |
| | | | | | | | | | | |
| NON | E | | | | | | | | | |
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| | | | | | | | | | | |
| d | Total nu | mber of other independent contractors each | h receiving over \$100,000 | · · · · > | | | | | _ | |
| 52 | Did the | organization complete Schedule A? Note: A | All section 501(c)(3) organ | izations must attach a | | | - | | | |
| | | ed Schedule A · · · · · · · · · · · · · · · · · · | | | • • • • • • • • | · · · · > | X Yes | | No | |
| | | of perjury, I declare that I have examined this rel | | | | ny knowledge | and belief, | ıt ıs | | |
| true, | correct, and | d complete Declaration of preparer (other than | officer) is based on all informa | ation of which preparer has a | ny knowledge | //1- | 2018 | | | |
| Sig | Signature of officer Date | | | | | 170 | . 0 / 5 | ≥ | | |
| Her | | FRANCES J VONDRAN, PRESIDENT | | | | | | | | |
| | | Type or print name and title | Parameter and a second | | Т | | DTIN | _ | | |
| Pai | d | Print/Type preparer's name BRENDA L KNAPP CPA | Proparer's signature | app / PA 11-14-20 | | k 🗶 if mployed | PTIN P000065 | 544 | | |
| Pre | parer | Firm's name BRENDA L KNAPP | CPA INC | 1// | Firm's EIN | > | | | | |
| Use | Only | Firm's address > 207 N SEBASTIAN | STREET | | | | | | _ | |
| | | WEST HELENA AR | 72390-2447 | | Phone no | 870-57 | 72-5222 | ! | | |
| May | the IRS d | iscuss this return with the preparer shown | above? See instructions | | <u> </u> | <u></u> ▶ | X Yes | | No | |
| EEA | | | | | | | Form 99 | 0-EZ | (2017) | |

SCHEDULE A

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.

OMB No 1545-0047

2017

Open to Public

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

Employer identification number

ANCHOR MISSION MINISTRIES INC 47-4179588 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 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). 4 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 5 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) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) 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 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 a 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. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d 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. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) Name of supported organization (iv) is the organization (v) Amount of monetary (iii) Type of organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? instructions) above (see instructions)) instructions) Yes No (A) (B) (C) (D) (E)

47-4179588

ANCHOR MISSION MINISTRIES INC

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

| Sec | tion A. Public Support | | | | | | | | | |
|-------|---|------------------|----------|-------------------------|---------------------|----------|-----------|--|--|--|
| Caler | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total | | | |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | 13,908 | 458,908 | 29,975 | 502,791 | | | |
| 2 | Tax revenues levied for the organization'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 · · · · · · | | | 13,908 | 458,908 | 29,975 | 502,791 | | | |
| 5 | The portion of total contributions by | | , | | | | | | | |
| | each person (other than a | , | | | | | | | | |
| | governmental unit or publicly | | ĺ | | | | | | | |
| | supported organization) included on | | \ \ \ | , | | | | | | |
| | line 1 that exceeds 2% of the amount | | } | 1 | | , | | | | |
| | shown on line 11, column (f) | | | | | | 299,944 | | | |
| 6 | Public support. Subtract line 5 from line 4 · · | | | | | | 202,847 | | | |
| Sec | tion B. Total Support | | | <u> </u> | | | | | | |
| Caler | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total | | | |
| 7 | Amounts from line 4 · · · · · · · · · · · · · · · · · · | | | 13,908 | 458,908 | 29,975 | 502,791 | | | |
| 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 business is regularly carried on | | | | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | | | | |
| 11 | Total support. Add lines 7 through 10 | , | T | | , , | | 502,791 | | | |
| 12 | Gross receipts from related activities, etc. (s | ee instructions) | | | | 12 | | | | |
| 13 | First five years. If the Form 990 is for the o organization, check this box and stop here | | | h, or fifth tax year as | a section 501(c)(3) | | ▶ 🏻 | | | |
| | tion C. Computation of Public St | | | | | 44 | | | | |
| 14 | Public support percentage for 2017 (line 6, or Public support percentage from 2016 Scheol | | | | ` · · · · · - | 14 | <u>%</u> | | | |
| 15 | | | | | _ | | | | | |
| 16a | 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this | | | | | | | | | |
| b | box and stop here. The organization qualifies as a publicly supported organization | | | | | | | | | |
| U | | | | | | | . □ | | | |
| 172 | this box and stop here. The organization qu | • | | | | | | | | |
| 1/4 | 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is | | | | | | | | | |
| | 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported | | | | | | | | | |
| | Organization · · · · · · · · · · · · · · · · · · · | | _ | | | | ▶ □ | | | |
| b | _ | | | | | | | | | |
| U | 10%-facts-and-circumstances test - 2016 15 is 10% or more, and if the organization m | • | | | | | | | | |
| | _ | | | | • | | | | | |
| | Explain in Part VI how the organization mee supported organization | | | - | | | | | | |
| 18 | Private foundation. If the organization did i | | | | | | 🗀 | | | |
| | Instructions | | | | | | ▶ 🔲 | | | |

SCHEDULE O

Department of the Treasury

Internal Revenue Service

Name of the organization

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer Identification number

47-4179588 ANCHOR MISSION MINISTRIES INC 01. Description of other expenses (Part I, line 16) AMOUNT DESCRIPTION 1,179 ACCOUNTING FEES 4,800 AUTO REIMB-DENNIS WILSON 150 DUES AND SUBSCRIPTIONS 4,987 FOOD FOR RESIDENTS MISCELLANEOUS 216 OFFICE SUPPLIES 34 343 POSTAGE REPAIRS AND MAINTENANCE 2,609 OPERATING SUPPLIES 5,011 TELEPHONE 2,814 TRAVEL FOR INDIGENT 122 5.754 DEPRECIATION FOR BLDG AMORTIZATION EXP 80 02. Description of other assets (Part II, line 24) CATEGORY BEGINNING OF YEAR END OF YEAR 124,100 120,500 NOTE REC-LISA ROBBINS 0 3,734 EQUIPMENT LESS DEPR

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