Form **990**

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)

OMB No. 1545-0047 2011

Open to Public

Department of the Treasury

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Α	For the	2011 calen	dar year, or tax ye	ar beginning	, 2011, and er	ding		,
В	Check if a	applicable:	C Name of organiza	tion ANCHORPOINT COUNSEL	ING MINIST	RY INC.	D Employer Id	lentification Number
	Addı	ress change	Doing Business A	s			25-119	96957
	Nam	ne change	Number and stree	t (or P.O. box if mail is not delivered to street a	ddr) Ro	om/suite	E Telephone n	umber
	Initia	al return	800 MCKNIG	HT PARK DRIVE	81)2	(412)	366-1300
	Tern	ninated	City, town or cour	try	State ZIP code	: + 4		
	Ame	ended return	PITTSBURGH		PA 1523	37	G Gross recêio	ts\$ 410,137.
	Appl	lication pending	F Name and addres	s of principal officer:			a group return for	
	_ ··	, ,		800 MCKNIGHT PARK DRIVE PITTSBUI	RGH PA 1523		affiliates included	? Yes No
$\overline{\mathbf{I}}$	Tax-exe	empt status			947(a)(1) or 527	IT INO,	attach a list. (see	instructions)
J				UNSELINGMINISTRY.ORG	017(0)(1) 07 027	-	exemption numbe	7 ,
K				Trust Association Other	I Vascof Fo	mation: 196	98,780,989,98	of legal domicile: PA
	art I	Summar		Trost Association Otter	} ⊑ Teal Of PO	maton, 190	O Intracace	orsegat connucie: FA
1000		riefly descri	he the organizatio	n's mission or most significant activi	ties: DROWIN	INC FOIR	n-byceu 4	COUNCEL THE
•	A	AND SUPP	ORT SERVICE	S FOR YOUTH, ADULTS,	COUPLES AN	D FAMIL	IF.S.	CONSESSION
Activíties & Governance					22111111 IN		**************************************	<u></u>
Ē	_				<u>-</u>			
٥	2 C	heck this bo	x F if the ord	panization discontinued its operation	s or disposed of n	ore than 25		
Ø Af	3 N	umber of vo	ting members of t	ne governing body (Part VI, line 1a)			3	1
88	4 N	umber of inc	dependent voting r	nembers of the governing body (Par	t VI, line 1b)		4	
žį	5 To	otal number	of individuals emp	oloyed in calendar year 2011 (Part V	, line 2a)		5	
Ę	6 To	otal number	of volunteers (est	mate if necessary)			<u>6</u>	
4	7a 10	otal unrelate	d business revent	e from Part VIII, column (C), line 12	? . _{**} *********************************	· · · · · · · · • • · · · · ·		
	b Ne	et unrelated	business taxable	income from Form 990-T, line 34	<i>ABA</i>			
	, ,		I	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		P	rior Year	Current Year
<u>•</u>	8 C	ontributions	and grants (Part \	/III, line 1h)			193,482	
Revenue				VIII, line 2g)			134,133	
Š	10 ln	vestment in	come (Part VIII, co	olumn (A), lines 3, 4, and 7d)			5,837	
-				n (A), lines 5, 6d, 8c, 9c, 10c, and 1			61,787	
				ough 11 (must equal Part VIII, colum			395,239	. 387,980.
				d (Part IX, column (A), lines 1-3)	ACCUPATION OF			
				(Part IX, column (A), line 4)				
9				mployee benefits (Part IX, column (288,893	. 293,012.
25				art IX, column (A), line 11e)				
Expenses	b To	otal fundraisi	ing expenses (Par	t IX, column (D), line 25) 🛌 🔟	69,780	Sweet Parks		
ш	17 Ot	ther expense	es (Part IX, colum	n (A), lines 11a-11d, 11f-24e)			119,987	. 116,861.
	18 To	tal expense	s. Add lines 13-17	(must equal Part IX, column (A), lir	ne 25)		408,880	
				t line 18 from line 12			-13,641	
Net Assets or Fund Balances			Æ				g of Current Yea	
Stan	20 To	tal assets (F	Part X, line 16)。				816,588.	
\$ 0	21 To	otal liabilities	(Part X, line 26)	\			8,158.	
훏	22 Ne	et assets or t	fund balances, Su	otract line 21 from line 20			808,430.	
Pa		Signature						7,77,200
	and a second		Announced Control	ed his return, including accompanying schedule	s and statements, and	to the hest of m	r knowledge and h	elief it is true correct and
comp	lete. Decla	ration of prepare	er (other than officer) is	ed this return, including accompanying schedule based on all information of which preparer has	any knowledge.	to the best of my	reloritoge and b	oner, it is the, correct, and
						0.9	9/20/12	
Sig Hei	n	Signature	e of officer 🔫 🔪 🕭 🕾	j		Dat		
Hei	œ .	RICH	ARD P. BRUC	KMAN		TREAS	URER	
			print name and title.				-	
		Print/Type pre	eparer's name	Preparer's signature	Date		Check if	PTIN
Pai	d	Fabian	O'Connor		09/2	i	self-employed	P00447837
Pre	parer	Firm's name	► O'CONNO	R, PAGANO AND GRUPAC L				
Use	Only	Firm's addres		AL ST STE 412			Firm's EIN ► 2	7-3581804
			PITTSBU		15212			2) 231-6422
Mav	the IRS	discuss this		eparer shown above? (see instruction				X Yes No

		ANCHORPOINT CO						25-1	119695	7	Page 2
Par	t III Stat	tement of Program S	ervice Acco	mplishmer	nts						
	Chec	k if Schedule O contains	a response to a	ny question in	this Part	Ш					
1		ribe the organization's mis									
	PROVIDI	NG FAITH-BASED (COUNSELING	AND SUP	PORT S	ERVICES					
	FOR YOU	TH, ADULTS, COUL	PLES, AND	FAMILIES							
2	Did the orga	nization undertake any si	gnificant progra	m services du	ring the ye	ear which w	ere not listed	on the prior			
		990-EZ?							🗍 🐧	Yes X	No
	If 'Yes,' desc	cribe these new services o	n Schedule O.								
3	Did the orga	nization cease conducting	, or make sîgni	ficant changes	s in how it	conducts, a	any program	services? 🦽	×. · 🔲 '	Yes X	No
		cribe these changes on So						£.			
4	Describe the	organization's program s	ervice accompl	ishments for e	ach of its	three large	st program s	ervices, as m	easured b	y expens	es.
	others, the to	(c)(3) and 501(c)(4) organotal expenses, and revent	izations and se le. if anv. for ea	ction 4947(a)(ach program s	(I) trusts a ervice ren	are required orted	to report the	amount of g	rants and	allocation	ns to
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4a	(Code:) (Expenses \$	226 13	3 including	grants of	¢) (Revenue	\$ /	178,6	60 \
		MARITAL, INDIVI			-			_) (Nevertue		110,0	100.
		IVE, PREVENTIVE,						<u> </u>	^		
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40	(Code:) (Expenses \$		including	grants of	<u>م المناه</u>) (Revenue	ቅ)
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		m services. (Describe in S	-				\ (D)	٨			
	Expenses	\$) (Revenue	ఫ)	
_4e l	otai progran	n service expenses 🕨	22	6,133.							

25-1196957 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I...... 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 5 Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, ි6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 X Did the organization report an amount in Part X, line 21; 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 9 Х Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V. 10 X 11 If the organization's answer to any of 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 11 a b Did 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 16? If 'Yes,' complete Schedule D, Part VII 11 b X c 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 VIII Х 11 c d Did the organization report an amount for other assets 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 IX... 11 d X e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. 11 f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12a Х b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b Х 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Х b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV...... 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV 16 Х 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 (see instructions) 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 Χ 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 Х 20 aDid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H 20 Х

20 b

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 X Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete* 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25 a 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 Schedule L, Part I 25b X Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 X 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 X Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b Χ Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If Yes, 'complete Schedule M 29 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Schedule N, Part II 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3 and 301.7701-3? If 'Yes,' complete Schedule R, Part I 33 33 X Was the organization related to any tax exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a 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,' complete Schedule R, Part V, line 2 35b X 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 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

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Х Form 990 (2011)

4	Check if Schedule O contains a response to any question in this Part V			Г
	The state of the s	*	Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	Ziziez	2000 000 000 0000 0000 0000 0000	
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2	Pa 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> , (see instructions)			333
3	a 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,' provide an explanation in Schedule O	3 b	·	
4	a 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)? b If 'Yes,' enter the name of the foreign country:	4a		X
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			.,
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were	6a		X
7	not tax deductible?	6b	1920-191	
	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
	b If 'Yes,' did the organization notify the donor of the value of the goods of services provided?	7b		
	c Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		v
9	Sponsoring organizations maintaining donor advised funds		anger ange	
	a Did the organization make any taxable distributions under section 4966?	9a		X
	b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ŀ	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ē	s is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
ł	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			
			-33	
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
t	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

Form 990 (2011)

Form 990 (2011) ANCHORPOINT COUNSELING MINISTRY INC. 25-1196957 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. Check if Schedule O contains a response to any question in this Part VI..... Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 19 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х Х Did the organization make any significant changes to its governing documents X Did the organization become aware during the year of a significant diversion of the organization's assets? ... X 5 Did the organization have members or stockholders? 6 X 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? 7 a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b Х Is there any officer, director or 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 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If No, go to line 13 12a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? 14 X 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? a The organization's CEO, Executive Director, or top management official 15 a X b Other officers of key employees of the organization 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16 a 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 a X b If '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 taken steps to safeguard the 16b 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 ► Pennsylvania Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ANCHORPOINT COUNSELING MINISTRY, I 800 MCKNIGHT PARK DRIVE PITTSBURGH PA 15237 (412) 366-1300

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question 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 of 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	nor any i	related	d org	janiz	zatio	n con	nper	sate	d any current offi	cer, director, or truste	e/	
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					box, cer		(D) Reportable compensation from the organization	(E) Reportable compensation from related graanizations	(F) Estimated amount of other compensation	
	(describe hours for related organiza- tions in Schedule O)	andividual trustee or director	anstitutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2) 1099 MISC)	(N-21099-MISC)	from the organization and related organizations	
(1) REV. DR. RONALD B. BARNES						,			**			
EXEC. DIR.	50.00			Х	Х	Χé		À	45,707.	0.	24,277.	
(2) E. ALAN BATES DIRECTOR	1.00	Х							0.	0.	0.	
_(3)_PETER_BORGHETTI				4								
DIRECTOR	1.00	X			7	6		<u> </u>	0.	0.	0.	
(4) RICHARD P. BRUCKMAN TREASURER	2.40	X	s.				Sharing.		0.	0.	0.	
_(5)_KEVIN_CARIDAD		4		è.	£11.			je .				
DIRECTOR	1.00	X	45		io.				0.	0.	0.	
_(6)_CINDY_GILCH	4					Ď.			_	_	_	
DIRECTOR	1.00	X	1000A	000000		y			0.	0.	0.	
(7) JEFFREY J. GMUER DIRECTOR	1.00	X		À					0.	0.	0.	
_(8) BRIAN_TGONGAWARE DIRECTOR	1,00	X		V					o.	0.	0.	
(9) JOHN H. LITTELL DIRECTOR	1.00	X							0.	0.	0.	
(10) SYLVIA LYNN												
DIRECTOR	1.00	X			-				0.	0.	0.	
(11) JOHN C. MACKIE	1.00	х							0.	0.	0.	
(12) JOSEPH R. MARTIN	3 Defense				\neg							
DIRECTOR	1.00	X							0.	0.	0.	
(13) W. AARON MICKENS												
DIRECTOR	1.00	Х							0.	0.	0.	
(14) ABRAHAM MOOSA]						
DIRECTOR	1.00	X							0.	0.	0.	

Part VII Section A. Officers, Directors, Trus	tees, l	Кеу	En	ıplo	oye	es,	ane	d Highest Con	pensated Emp	loyees (cont)
					C)					
(A) Name and title	(B) Average hours	box	Position (do not check more box, unless person i officer and a directo			is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (describ e hours for related organi- zations in Sch O)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15) JIM OGLE DIRECTOR	1.00	Х						0.	0.	0.
(16) RONALD M. PUSIC DIRECTOR	1.00							0.	<i>₹ 7</i> ₀.	<i>></i> 0.
(17) RICHARD S. SPAHR DIRECTOR	1.00	х						٥.	ō.	0.
(18) BETTY J. SUNDRY DIRECTOR	1.00	Х						△ 0.	À0.	0.
(19) ALFRED E. THOMSON, IV DIRECTOR	1.00	х						(A) 0.	<i></i>	0.
(20) MARTHA C. WISEMAN PRESIDENT	2.40	x					á		○ 0.	0.
(21)						60				
(22)					Á					
(23)	-			€						
<u>(24)</u>		A			Àà.			- The state of the		*
(25)	-									04 077
1 b Sub-total							*	45,707. 45,707.	0.	24,277.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited from the organization		and a few management of	2005				rece			
from the organization				r						Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such inc	or truste dividua	e, k	ey e	mpl	oye	e, or	higl	hest compensated	employee	3 X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the such individual.	ortable an \$15	con 0,00	npen 0? <i>If</i>	satio	on a s' co	nd o	ther lete	compensation fro Schedule J for	om	4 X
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co	mpens mplete	atior Sch	fror edui	n ar le J	ny u for s	nrela Such	ated per	organization or in	dividual	
Section B. Independent Contractors 1 Complete this table for your five highest compensate	d indep	end	ent c	contr	acto	ors ti	nat r	received more tha	n \$100,000 of	
compensation from the organization, Report compen (A) Name and business address	sation 1	or th	ne ca	alend	dar y	/ear	end	ling with or within (B)	the organization's t	(C)
Name and business address	S 							Description of	of services	Compensation
2 Total number of independent contractors (including b	ut not l	imite	ed to	tho	se li	sted	abo	ove) who received	more than	
\$100,000 in compensation from the organization >										

		/III Statement of Re			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1:	 a Federated campaigns . b Membership dues c Fundraising events d Related organizations . 						
FRIBUTIONS, G	1	e Government grants (contribut f All other contributions, gifts, similar amounts not included	ions) 1 e)				
CONTR	1	g Noncash contributions include n Total. Add lines 1a-1f .			136,467			
NG	١.			Business Code				_
ČĒVE		COUNSELING FEE		624100	159,200		0.6	0.
GE		WORKSHOPS AND		624100	19,460.	19,460.	0,	0.
# SERVI	C							
PROGRAM SERVICE REVENUE		All other program service	ce revenue		170 660			
	ſ	Total. Add lines 2a-2f .			178,660.	257 A		L. H
	3	Investment income (incl other similar amounts) Income from investment			6,476.	<u> </u>	0.	6,476.
	5	Royalties				No.		
	_		(i) Real	(ii) Personal	A			
	6a	Gross rents						
		Less: rental expenses .						
		Rental income or (loss)						
		Net rental income or (lo	ss)	>				
		i	(i) Securities	(ii) Other		¥		
	/a	Gross amount from sales of assets other than inventory .	3,042	,003g0				
	b	Less: cost or other basis and sales expenses						
	С	Gain or (loss)						online and the second
		Net gain or (loss)		1,11,111111	20.	0.	0.	20.
NUE		Gross income from fund						
2		of contributions reported						
8		See Part IV, line 18 Less: direct expenses		a 81,490.				0.00
OTHER REVENU	b	Less: direct expenses		b 19,135.				
١	C	Net income or (loss) from	n fun dra ising e	v <u>ents ो ►</u>	62 , 355.		0.	62,355.
		Gross income from gami See Part IV, line 19		a				
	b	Less: direct expenses		b				
	c	Net income or (loss) from	n gaming activ	ti <u>es</u>				
		Gross sales of inventory and allowances	a					
	b	Less: cost of goods sold	190 g., pl. 197	b				
Ĺ	С	Net income or (loss) fror		ntory ▶				
		Miscellaneous Revenu		Business Code				
	11a	MISCELLANEOUS 1	·	624100	4,002.	0.	0.	4,002.
İ	b							
	С							
		All other revenue						
	е	Total. Add lines 11a-11d			4,002.			
	12	Total revenue. See instru	uctions		387,980.	178,660.	0.	72,853.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a r	esponse to any questio			
	not include amounts reported on lines 7b, 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 governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4					
5	Compensation of current officers, directors, trustees, and key employees	63,984.	28,793.	19/195	<u> </u>
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	210,824.	118,396.	€ 60,976.	31,452
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)		, É		
9	Other employee benefits	1,127.	507.	₹338.	282
10	Payroll taxes	17,077.	9,288.	4,969.	2,820
11	Fees for services (non-employees):				
a	Management	9,339.	8,1 81 .	859.	299
	Legal		0.	1,333.	0
	: Accounting		<i>/></i> 0.	3,075.	0
	Lobbying		/\$X		
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other				
12	Advertising and promotion	6,799.	4,759.	0.	2,040
13	Office expenses		4,312.	2,307.	1,310
14	Information technology		Control of the Contro		
15	Royalties		And		
16	Occupancy		Salara Salara Salara Salara Salara		
17	Travel	781.	425.	227.	129.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	The second secon			
20	Interest				
21	Payments to affiliates	<u> </u>			
22	Depreciation, depletion, and amortization	25,229.	13,722.	7,340.	4,167.
23	Insurance	4,926.	2,954.	1,258.	714.
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 (C.)				
9	ASSOCIATION FEE	13,966.	7,596.	4,063.	2 207
	COMMUNITY OUTREACH, EDUCATION	12,895.	12,895.	4,003.	2,307. 0.
	MAINTENANCE AND REPAIRS	6,747.	3,670.	1,963.	1,114.
	MEMBERSHIPS AND FEES	200.	27.	165.	8.
	All other expenses	23,642.	10,608.	5,892.	7,142.
	Total functional expenses. Add lines 1 through 24e	409,873.	226,133.	113,960.	69,780.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		220/1007	225/3001	397,00.
	Check here ► if following				
	SOP 98-2 (ASC 958-720)			ļ	

(A) (B)

					Beginning of year		End of year			
	1	Cash – non-interest-bearing			50.	1	354.			
	2	Savings and temporary cash investments			106,608.	2	90,138.			
	3	Pledges and grants receivable, net				3				
	4	Accounts receivable, net		F**	5,122.	4	17,923.			
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part I	rables from current and former officers, directors, trustees, key employees, ghest compensated employees. Complete Part II of Schedule L							
	6	Receivables from other disqualified persons (as define persons described in section 4958(c)(3)(B), and contri sponsoring organizations of section 501(c)(9) voluntary organizations (see instructions)		6						
ASSETS	7	Notes and loans receivable, net		. , , , , , <i>, , ,</i> , , , , , , , , , , ,		77	A.			
E	8	Inventories for sale or use			4.5	8				
S	9	Prepaid expenses and deferred charges			1,233.	9	1,178.			
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	686,377.						
		Less: accumulated depreciation			423,602.	10 c	399,699.			
	11	Investments – publicly traded securities		·	^ 256,344.	117	248,972.			
	12	Investments – other securities. See Part IV, line 11		<u> </u>		12	===,,,,==			
	13	Investments - program-related. See Part IV, line 11 .				13				
	14	Intangible assets		á þ		14				
	15	Intangible assets Other assets. See Part IV, line 11	<i>.</i>		23,629.	15	23,767.			
	16	Total assets. Add lines 1 through 15 (must equal line 3	4)		816,588.	16	782,031.			
	17	Accounts payable and accrued expenses			1,658.	17	1,866.			
	18	Grants payable		·····		18				
	19	Deferred revenue			6,500.	19	1,000.			
Ļ	20	Tax-exempt bond liabilities				20				
A B	21	Escrow or custodial account liability. Complete Part IV	of Sc	hedule D		21				
L	22	Payables to current and former officers, directors, trust highest compensated employees, and disqualified pers of Schedule L	ons€	Complete Part II		22				
į	23	Secured mortgages and notes payable to unrelated thir				23				
E S	ı	Unsecured notes and loans payable to unrelated third p	NACOTO NA	1		24				
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Comp			***	25				
	26	Total liabilities. Add lines 17 through 25			8,158.	26	2,866.			
N E T		Organizations that follow SFAS 117, check here	X an	id complete lines						
Ť		27 through 20 and lines 22 and 24		Street Street						
Ş	27	Unrestricted net assets	٠ ا		801,930.		779,165.			
Ē	28	Temporarily restricted net assets			6,500.	28				
	29	Permanently restricted net assets				29				
R		Organizations that do not follow SFAS 117, check here	>	and complete						
FUZD		lines 30 through 34.								
D	30	Capital stock or trust principal, or current funds				30				
B	31	Paid in or capital surplus, or land, building, or equipme				31				
Ā	32	Retained earnings, endowment, accumulated income, or	r othe	r funds		32				
B女上女ごひEの	33	The state of the s		.,	808,430.	33	779,165.			
S	34	Total liabilities and net assets/fund balances			816,588.	34	782,031.			

BAA

Form 990 (2011)

Form 990 (2011) ANCHORPOINT COUNSELING MINISTRY INC. 25-	1196957		Page 12
Part XI Reconciliation of Net Assets			
Check if Schedule O contains a response to any question in this Part XI			X
	1		
1 Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,980.</u>
2 Total expenses (must equal Part IX, column (A), line 25)	2		<u>,873.</u>
3 Revenue less expenses. Subtract line 2 from line 1	3		<u>,893.</u>
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,430.
5 Other changes in net assets or fund balances (explain in Schedule O)	5	<u>-7,</u>	<u>,372.</u>
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,		770	1.65
column (B)) Part XII Financial Statements and Reporting	6		,165.
Check if Schedule O contains a response to any question in this Part XII			
Check it Schedule O contains a response to any question in this Part XII	<i></i>	Ye	s No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		16	5 110
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
b Were the organization's financial statements audited by an independent accountant?	. <u>.</u>	2b X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2c X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued separate basis, consolidated basis, or both:	on a		
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	gle	3a	X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	tibus t	3b	
3AA	F	orm 990	(2011)

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