WEGNER CPAS, LLP 419 N LEE ST ALEXANDRIA, VA 22314-2301

ANCOR FOUNDATION, INC. 1101 KING ST, SUITE 380 ALEXANDRIA, VA 22314-2962

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** PUBLIC DISCLOSURE COPY **

Form **991**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

ΑI	For the	2020 calendar year, or tax year beginning an	d ending	_	
B	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres				
	Name change	Doing business as		54-19786	56
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
	Final return/			703-535-	
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	156,998.
Ļ	Ameno return	ALEXANDRIA, VA ZZSI4-Z90Z		H(a) Is this a group re	
	Applic tion pendir	Finame and address of principal officer: DANDANA E. HERRIED	J	for subordinates	
_		SAME AS C ABOVE	,	H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c)() ((insert no.) 4947(a)(1 e: ► WWW • ANCORFOUNDATION • ORG) or 527	⊣ ′	list. See instructions
		F	I Vaar	H(c) Group exemptio	n number ▶ ¶ State of legal domicile: VA
		organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 2000 N	A State of legal domicile: VA
		Briefly describe the organization's mission or most significant activities: THE	ANCOR	FOIINDATTON	MISSION IS
Governance	'	TO RECOGNIZE CURRENT AND PAST LEADERS AT	THICOR	EVELOP FUTU	RE LEADERS.
nar	1 .	Check this box if the organization discontinued its operations or disp			
Ve		· · · · · · · · · · · · · · · · · · ·			15
ၓၟ	1	Number of independent voting members of the governing body (Part VI, line 1b)			15
S S		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0
Viţi.		Total number of volunteers (estimate if necessary)			15
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
<u>e</u>		Contributions and grants (Part VIII, line 1h)		350,823.	156,902.
en		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		126.	96.
_	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		350,949.	156,998.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,600.	1,600.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		98,850.	65,368.
oeu	loa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 71,8	373.	50,050.	03,300.
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		298,941.	261,420.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		399,391.	328,388.
		Revenue less expenses. Subtract line 18 from line 12		-48,442.	
or			Be	eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		454,238.	262,579.
t Ass	21	Total liabilities (Part X, line 26)		36,913.	16,644.
EN L	22	Net assets or fund balances. Subtract line 21 from line 20		417,325.	245,935.
_	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedu			y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of	which preparer	r has any knowledge.	
٠.		Signature of officer		I Date	
Sig		BARBARA E. MERRILL, CHIEF EXECUTIVE (\		
Her	re	Type or print name and title	JF F I CEF	<u>\</u>	
		Print/Type preparer's name Preparer's signature	.	Date Check	TI PTIN
Pai	d	GLENN MILLER, CPA	iller	7/7/21 If self-employ	
	- parer	Firm's name WEGNER CPAS, LLP			39-0974031
	Only	Firm's address 419 N LEE ST		0 E	
		ALEXANDRIA, VA 22314-2301		Phone no. 70	3-519-0990
Ma	v the IF	RS discuss this return with the preparer shown above? See instructions		L	X Yes No

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE ANCOR FOUNDATION MISSION IS TO RECOGNIZE CURRENT AND PAST LEADERS
	AND TO DEVELOP FUTURE LEADERS THROUGH DYNAMIC EDUCATION AND INNOVATIVE
	PRACTICES TO STRENGTHEN INCLUSIVE COMMUNITIES FOR PEOPLE WITH
	DISABILITIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	001 747
44	(Code:) (Expenses \$ 221, 747. including grants of \$ U.) (Revenue \$ U.) (Revenue \$ U.) (Revenue \$ U.)
	AWARENESS CAMPAIGN, INCLUDED. SUPPORTED. EMPOWERED., TO HIGHLIGHT THE
	SUCCESSES OF COMMUNITY INTEGRATION AND THE ROLE OF PROVIDERS IN
	SUPPORTING PEOPLE WITH I/DD TO BE ACTIVE, VALUED AND CONTRIBUTING
	<u> </u>
	MEMBERS OF THEIR COMMUNITIES. IN 2020, THE CAMPAIGN PLACED SEVERAL
	DOZENS OF STORIES IN HUNDREDS OF NEWS OUTLETS, ENGAGED MILLIONS OF
	PEOPLE ON SOCIAL MEDIA, AND CONCLUDED WITH THE PUBLICATION OF "STORIES
	OF IMPACT & INCLUSION," WHICH CAPTURED THE INITIATIVE'S KEY
	ACHIEVEMENTS.
4b	(Code:) (Expenses \$ $400 \cdot \text{including grants of } \cdot \text{O} \cdot \text{)}$ (Revenue \$ $0 \cdot \text{)}$
	THE ANCOR FOUNDATION'S LEGACY LEADERS CIRCLE RECOGNIZES AND CELEBRATES
	THE ACCOMPLISHMENTS OF LONG-TIME ANCOR MEMBERS WHO HAVE MADE
	SIGNIFICANT CONTRIBUTIONS TO THE ASSOCIATION DURING THEIR TENURE AS A
	MEMBER. CONTRIBUTIONS TO THE LEGACY LEADERS CIRCLE, MADE IN HONOR OF
	ITS AWARD RECIPIENTS, ARE USED TO SUPPORT THE FOUNDATION'S LEADERSHIP
	DEVELOPMENT INITIATIVES. IN 2020, THE ANCOR FOUNDATION INDUCTED FIVE
	ANCOR MEMBERS INTO THE LEGACY LEADERS CIRCLE.
	, , , , , , , , , , , , , , , , , , , ,
4c	(Code:) (Expenses \$ 27,281. including grants of \$ 1,600.) (Revenue \$ 0.) THE ANCOR FOUNDATION'S LEADERSHIP INITIATIVES ARE FOCUSED ON PROVIDING
	LEADERSHIP DEVELOPMENT OPPORTUNITIES FOR I/DD PROFESSIONALS. IN 2020,
	THESE INITIATIVES INCLUDED THE LEADERSHIP ACADEMY, SPONSORSHIP OF TWO
	WEEK-LONG LEADERSHIP INSTITUTES BY THE NATIONAL LEADERSHIP CONSORTIUM
	ON DEVELOPMENTAL DISABILITIES, AND ONE-YEAR MEMBERSHIPS TO THE NATIONAL
	ALLIANCE FOR DIRECT SUPPORT PROFESSIONALS FOR 55 DSP OF THE YEAR AWARD
	RECIPIENTS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 249,428. Form 990 (2020)
	Form 990 (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	\vdash
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		x
4	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		X
5	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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			X
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			+
Ū	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-		Х
h	Part VI	11a		<u> </u>
D	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	11b		x
•	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		77	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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 other assistance to or for any	170		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	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	17	Х	
18	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		X
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
۲۱	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	as most go remains on the ray column by y, into the state of the state			

Checklist of Required Schedules (continued)

22 X 25 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, columniar (No. 1997 of 1978). Complete Schedule J. Part I and all 19 Schedule J. Part I All Schedule J. Part II All Schedule J. Part I All Schedule J.				Yes	No
23 Did the organization answer "Ver" to Part WI, Section A, line 3.4, or 5 about compensation of the organization's current and former officers, infection, structes, key employees, and nighest compensated employees? If "Yes," complete Schedule V. 24 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, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24th and complete Schedule K. If "No." yo to line 25th 25th 25th 25th 25th 25th 25th 25th	22		00	100	
and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedulo L, Part IV 24a Dt 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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedulo K, If "No." go to five 25a 5 Dt the organization minest are accrow account other than a returning secrow at any time during the year to delease any tax-exempt bonds? 24b Dt the organization minest are accrow account other than a returning secrow at any time during the year to delease any tax-exempt bonds? 25a Section 501(3), 501(4)4, and 501(6)(3) organizations. Did the organization engage in an excess benefit transaction with a discussible person during the year? If "Yes," complete Schedule L, Part I 25a Section 501(3), 501(4)4, and 501(6)(3) organizations. Did the organization engage in an excess benefit transaction with a discussible person during the year If "Yes," complete Schedule L, Part I 25b IV 25c I	00		22		
Schedule L. Part I 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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No.", yo to line 25a	23				
24a Dut 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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No.", 90 to line 25a 24b Dut the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Dut the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Dut the organization invest any proceeds of tax-exempt bonds? 24d Dut the organization invest any proceeds of tax-exempt bonds? 24d Dut the organization invest as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Dut the organization with a disqualified person during the year? 24d Dut the organization with a disqualified person during the year? 14d Dut the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction wave that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction wave plant it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction wave plant it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction wave plant is engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction wave plant is engaged in an excess benefit transaction with a disqualified contributor, or 35% controlled entity or charged and prior and prior transaction wave plant is decembered. The prior is a prior transaction wave plant is a prior transaction or transaction or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or former officer, director, truste			23	x	
sust day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If "No," go to line 25a. b Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an ascrow account other than a refunding secrew at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year" 24d 25a Section 50(16)(8), 501(16)(4), 406 10(16)(29) organizations. Did the organization area goes in an excess benefit transaction with a disqualified person during the year" If "Yes," complete Schedule L, Part I b Is the organization awere that it engaged in an excess benefit transaction with a disqualified person during the year" If "Yes," complete Schedule L, Part I b Is the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled antity or family member of any of these persons? If "Yes," complete Schedule L, Part II 25b X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions, for applicable ling thresholds, conditions, and exceptions; a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 27c A 33% controlled antity of any individual described in line 28a If "Yes," complete Schedule L, Part IV 28d Sa T A 33% controlled antity of main framework in the contributions? If "Yes," complete Schedule II, Part IV 28d A 18d Hamilton from the organization one or more individuals and/or organizat	24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
Schedule K. If "No." on to line 25a	214				
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 2 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 2 Did the organization and season and se			24a		Х
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? 26	b				
any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)3), 501(c)4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a					
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 255 Section 501(3), 501(4), 4n ab 01(4)(4), and 501(4), 4n ab 01(4),			24c		
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-E2? If "Yes," complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III 28a X X X X X X X X X	d		24d		
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 E27 if "Yes," complete Schedule L, Part I	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 25b		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Schedule L, Part I 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Augustantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part III 27 X 28 Was the organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule L, Part IV 27 X 28 X August 19 X 29 Did the organization included in the Schedule L, Part IV 28 X 29 Did the organization of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 29 X X 20 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X X 20 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.37 If "Yes," complete Schedule R, Part I II III, or IV, and Part V, line 17 Yes," complete Schedule R, Part V, Iine 2 36 X X 36 Did the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part V, Iine 2 36 X X 36 Did the organization receive army payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(1)(3)? If "Yes," complete Schedule R, Part V, Iine 2 36 X X 36 Did the org	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part II		Schedule L, Part I	25b		X
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions, for applicable fling thresholds, conditions, and exceptions: a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X X A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X X X X X X X X X	26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X X 28 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X 28b					
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 299 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X 31 Did the organization in didde, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 32 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 35b If "Yes," complete Schedule R, Part V, Iine 2 35b If "Yes," complete Schedule R, Part V, Iine 2 35b If "Yes," complete Schedule R, Part V, Iine 2 35b If "Yes," complete Schedule R, Part V, Iine 2 35b If "Yes," complete Schedule R, Part V, Iine 2 35b If the organization conduct more than 5% of its activities through an entity that is not a r			26		X
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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	19	Enter the number reported in Box 3 of Form 1096. Enter -0, if not applicable 14		163	140
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Enter the frame of reported in Box 6 of Form reco. Enter 6 in flot applicable			
		(gambling) winnings to prize winners?	1c		

Form 990 (2020) ANCOR FOUNDATION, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a International control of the composition of the					Yes	No
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Notes if the sum of lines 1a and 2a is greater than 260, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, 1 has it filed a Form 980-T for this year? If 10c 1 for 80, provide an explanation on Schedule 0 3b If Yes, 2 for the 1 file of provides and year of the organization have an interest in, or a significant or other authority over, a financial account in a foreign country flew that is a bank account, securities account, or other financial account()? 4a X X b If Yes, 2 financial account in a foreign country flew that is a bank account, securities account, or other financial account()? 5b If Yes, 2 financial accounts (FBAR). 5c Was the organization aparty to a prohibitot as shelter transaction at any time during the tax year? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductibles or exhibitotions? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductibles or exhibitotions? 5c Was the organization shall be a contributed or the calculation of the value of the goods or services provided to the payor? 5c Was the organization shall exhibit the contributions under section 170c). 5c Was the organization receive a payment in secess of \$75 made party as a contribution and party for goods and services provided to the payor? 5c Was the organization receive a payment in secess of \$75 made party as a contribution or payor payor provided to the payor? 5c Was the organization shall receive a payment in secess of \$75 made party as a contribution or payor payor payor payor payor payor payor payor payo	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a 0			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 9907 for this year of "Wo" to file als, your powide an explanation on Schedule O. 4a 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, so running and account). The power of the summarian of the power of the summarian of the power of the summarian of	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2 b		
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? a foreign country [such as a bank account, securities account, or other financial account? 5 b If "Yes," enter the name of the foreign country [such as a bank account, securities account, or other financial accounts (FBAR). 5 a Was the organization a party to a prohibibled tax shelter transaction at any time during the tax year? 5 a Was the organization a party to a prohibibled tax shelter transaction at any time during the tax year? 5 b If "Yes" to line 5a or 5b, did the organization file Form 888617? 6 a Does the organization have amoust gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a scharitable contributions? 5 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations than may receive deductible contributions under section 170(c). a bid the organization several apagement in excess of 57 made party is a contribution and party for goods and services provided? 7 to Yes," did the organization notify the cloner of the value of the goods or services provided? 7 to Yes," includate the number of Forms 8282 filed during the year 6 b If "Yes," includate the number of Forms 8282 filed during the year 7 b If the organization received a contribution of cause, boats, airplanes, or other vehicles, did the organization file of the party of the party of the organization received a contribution of cause, boats, airplanes, or other vehicles, did the organization file of the party of the organization received and contribution of autified intellectual property, did the organization file a Form 1088 C? 8 Sponsoring organization make any taxabel distributions under section 496		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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b If "Yes," enter the name of the foreign country Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). Sae instructions that was provided the organization file form 88867. Sae If "Yes", did 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 as charitable contributions? Say If "Yes," did the organization include with every selicitation an express statement that such contributions or gifts were not tax deductible? To organizations that may receive deductible contributions under section 170(c). Bit If "Yes," did the organization norfly the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Bit If "Yes," included no multiply the organization file and party for goods and services provided to the payor? If Did the organization received any funds, directly or indirectly, on a personal benefit contract? To I A Y Y I I was a proposition of the service of the value of the organization file form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 c? Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund file form 8999 as required? By Did the sponsoring organization make a distribution to a donor, donor advised rung the year? Section 501(c)(72) organization make a d	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
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If "Yes" to line 5a or 5b, did the organization file Form 8886 17? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ware not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a bild 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 Organizations that may receive deductible contributions under section 170(c). b If "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282 received a contribution of the value of the goods or services provided? 6 Did the organization receive any funds, directly or indirectly, not pay premiums on a personal benefit contract? 7 C X 9 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 7 Th If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 7 Th Sponsoring organization maxes a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 49667 9 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders b Gross income from members or shareholders c Section 501(c)(12) organization is required to maintain by the states in which the organization is lecensed to its execusing therest received or accured during the ye						
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d If "Ves," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76	Ŭ			7c		х
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file a form 899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Osection 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 501(c)(12) organizations. Enter: a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 11b 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b 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 in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserv	d					
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		excess parachute payment(s) during the year?		15		X
If "Yes," complete Form 4720, Schedule O.		If "Yes," see instructions and file Form 4720, Schedule N.				
	16		t income?	16		X
		If "Yes," complete Form 4720, Schedule O.		_	000	(0000)

Form **990** (2020)

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion 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	2							
	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 on Schedule O.	-							
b	, , ,								
2									
	officer, director, trustee, or key employee?	2		_X_					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			37					
	of officers, directors, trustees, or key employees to a management company or other person?	4		$\frac{x}{x}$					
_	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	l_							
	more members of the governing body?	7a	X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l	v						
_	persons other than the governing body?	7b	Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v						
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v					
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		<u> </u>					
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1						
40		40	Yes	No X					
	Did the organization have local chapters, branches, or affiliates?	10a							
D	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	^						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	х						
12a	1 , , , ,	12a 12b	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	100	х						
10		12c	X						
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X						
		14							
15	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?								
•		15a		Х					
a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a		X					
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130							
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
ıva	taxable entity during the year?	16a		Х					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	134							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure	100							
17	List the states with which a copy of this Form 990 is required to be filed ▶AL , AK , AR , CA , CO , CT , DC , FL , GA	A,HI	,IL	,KS					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(
	for public inspection. Indicate how you made these available. Check all that apply.	, y	,						
	X Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finar	ncial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	CYNTHIA ALLEN DE RAMOS - 703-535-7850								
	1101 KING ST, SUITE 380, ALEXANDRIA, VA 22314-2962								
3200	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2020)					

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

Check if Schedule O contains a response or note to any line 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 or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

oxdet Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not c , unle	ss pe	ition more rson i	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	lnstitutional trustee	Officer a p		Highest compensated thrush		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) BARBARA E. MERRILL CHIEF EXECUTIVE OFFICER	38.00			х				0.	327,174.	18,756.
(2) GABRIELLE SEDOR	15.00							0.	527,114.	10,730.
FOUNDATION DIRECTOR	25.00			х				0.	171,765.	18,100.
(3) CHRIS STEVENSON	1.00								-	-
PRESIDENT		Х		х				0.	0.	0.
(4) RITA WIERSMA	1.00									
VICE PRESIDENT		Х		х				0.	0.	0.
(5) MICHAEL HUTCHERSON	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) PATRICIA BROWNE	1.00									
SECRETARY		Х		Х				0.	0.	0.
(7) BONNIE-JEAN BROOKS	1.00									
DIRECTOR		Х						0.	0.	0.
(8) AMY BROOKS	1.00									
DIRECTOR		Х						0.	0.	0.
(9) RAVI DAHIYA	1.00									
DIRECTOR		Х						0.	0.	0.
(10) LYNNE MEGAN	1.00									
DIRECTOR		Х						0.	0.	0.
(11) GERALD NEBEKER	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(12) STACEY RISOTTI	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(13) TERRY ROGERS	1.00	ļ							•	•
DIRECTOR	1 00	Х						0.	0.	0.
(14) MARIE SAMOT	1.00								_	_
DIRECTOR	1 00	Х						0.	0.	0.
(15) DOUG GOLUB	1.00	٠,							^	_
DIRECTOR	1 00	Х						0.	0.	0.
(16) AMY STAED	1.00	٦,							^	_
DIRECTOR	1.00	Х				_	_	0.	0.	0.
(17) LINDA TIMMONS	1.00	X						0.	0.	0.
DIRECTOR 032007 12-23-20		Δ.			<u> </u>			1 0.	0.	Form 990 (2020)

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Form **990** (2020)

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Part VII Section A. Officers, Dir	(B)	رد.م.	200,	(C		9110		(D)	(E)	I		(F)	
` '	Average			Posi	•	1		` '	Reportable		E-6		d
Name and title	hours per		not cl	heck	more	than		Reportable compensation	compensation			stimate nount	
	week		cer an					from	from related		ai	other	וכ
	(list any	tor						the	organization		com	pensa	tion
	hours for	direc				D.		organization	(W-2/1099-MIS			rom th	
	related	tee or	ıstee			ensat		(W-2/1099-MISC)	•	·	org	anizat	on
	organizations	it is	nal tru		oyee	omp(an	d relat	ed
	below	Individual trustee or director	Institutional trustee	ser	Key employee	Highest compensated employee	Former				orga	anizati	วทร
	line)	Indi	Inst	Officer	Key	Hig	윤						
		-											
		1											
		1											
						_							
		4											
		1											
									400	20		<u> </u>	
1b Subtotal								0.	498,9	39.	3	6,8	$\frac{56.}{0.}$
c Total from continuation she								0.	498,9		3	6,8	
d Total (add lines 1b and 1c)									·			0,0	50.
2 Total number of individuals (in compensation from the organ		nose	liste	ea ar	JOVE	e) wr	io r	eceived more than \$100	,000 of reportab	ile			C
9	,											Yes	No
3 Did the organization list any for	·		кеу е	empl	loye	e, o	hiç	ghest compensated emp	oloyee on				77
line 1a? If "Yes," complete Sci											3		X
4 For any individual listed on line	•							•	•		_	v	
and related organizations grea											4	Х	
5 Did any person listed on line 1	•				-		elat	ted organization or indiv	idual for services	•	_		Х
rendered to the organization? Section B. Independent Contract	-	ie J T	or su	icn į	bers	son .					5		
1 Complete this table for your fi										npens	ation 1	from	
the organization. Report comp	pensation for the calendar y	ear (endi	ng v	vith	or w	ithir 	n the organization's tax (B)	year.		((<u></u>	
Name a	and business address	NC	ONE	C				Description of s	services	С		nsatio	า
2 Total number of independent		not lii	mite	d to		_	stec	d above) who received n	nore than				
2 Total number of independent \$100,000 of compensation from		not lii	mite	d to		se lis	stec	d above) who received n	nore than		Form	990 (2020

14220707 788028 13314.3TX02

Pa	I L \	/ 1111			- to Alete Devil VIII			
			Check if Schedule O contains a response	or note to any iin	e in this Part VIII (A)	(B)	(C)	
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
SS	_	_	Federated campaigns 1a					000110110 0 12 0 1 1
ant	٠		Federated campaigns 1a Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events 1c					
ifts ir A			Related organizations 1d	35,000.				
s, G			Government grants (contributions) 1e					
Sir			All other contributions, gifts, grants, and	-				
ber		•	similar amounts not included above 1f	121,902.				
oğ.		a	Noncash contributions included in lines 1a-1f					
Sor		-	Total. Add lines 1a-1f		156,902.			
_			Total Mad Miles 14 11	Business Code	,			
e e	2	а						
vic	_	b						
Program Service Revenue		c						
am		d						
ogr R		e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte					
			other similar amounts)	.	96.			96.
	4		Income from investment of tax-exempt bond	r				
	5		Royalties	▶ [
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
nue			and sales expenses					
Revenue		С	Gain or (loss) 7c					
		d	Net gain or (loss)	>				
ther	8	а	Gross income from fundraising events (not					
₽			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8	2				
	_		Net income or (loss) from fundraising events	······				
	9	а	Gross income from gaming activities. See	_				
		L.	Part IV, line 19 9a Less: direct expenses 9a					
			· · · · · · · · · · · · · · · · · · ·					
	10		Net income or (loss) from gaming activities Gross sales of inventory, less returns					
	10	а	and allowances10					
		h	Less: cost of goods sold 10					
			Net income or (loss) from sales of inventory					
_				Business Code				
Miscellaneous Revenue	11	а						
nue	••	b						
eve		c						
disc R			All other revenue					
2			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		156,998.	0.	0.	96.

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).

	Check if Schedule O contains a respon	se or note to any line in	this Part IX	(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,600.	1,600.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
6	trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9 10 11	Other employee benefits Payroll taxes Fees for services (nonemployees):				
а		1,245.	934.	311.	
d	Accounting Lobbying	9,137.	6,853.	2,284.	65,368
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25,	03,300.			05,300
12	column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion	192,243. 28,525.	188,870. 28,525.	398.	2,975
13 14 15	Office expenses Information technology Royalties	6,410. 1,950.	2,740. 1,950.	140.	3,530
16 17	Occupancy Travel	2,923.	340.	2,583.	
18 19	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings	7,500.	7,500.		
20 21	Interest Payments to affiliates	-	7,3000		
22 23	Depreciation, depletion, and amortization Insurance	1,170.		1,170.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a b c					
d e 25	All other expenses	10,317. 328,388.	10,116. 249,428.	201. 7,087.	71,873
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
20004	0 12-23-20				Form 990 (2020

Form 990 (2020) Part X Balance Sheet

Pai	τX	Balance Sneet					
		Check if Schedule O contains a response or	note to	any line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			150,477.	1	93,244.
	2	Savings and temporary cash investments			146,528.	2	106,625.
	3	Pledges and grants receivable, net		154,503.	3	44,483.	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current	t or forr	ner officer, director,			
		trustee, key employee, creator or founder, su	bstanti	al contributor, or 35%			
		controlled entity or family member of any of the	hese pe	ersons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	bed in s	section 4958(c)(3)(B)		6	
şţs	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			0.	9	16,667.
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation				10c	
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin			0.720	13	1 560
	14	Intangible assets	2,730.	14	1,560.		
	15	Other assets. See Part IV, line 11	454 020	15	0.60 500		
	16	Total assets. Add lines 1 through 15 (must e			454,238.	16	262,579.
	17	Accounts payable and accrued expenses			36,913.	17	16,644.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or fo					
ij		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to uni				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on line of Schedule D	nes 17-2	24). Complete Part X		25	
	26				36,913.	26	16,644.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, or			30/3131	20	10/0110
es		and complete lines 27, 28, 32, and 33.	JIICOK II				
anc	27				42,634.	27	210,878.
Bal	28	Net assets with donor restrictions			374,691.	28	35,057.
pu		Organizations that do not follow FASB ASC			,		
Ŀ		and complete lines 29 through 33.	J 000, 1				
٥	29	Capital stock or trust principal, or current fun	ds			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			417,325.	32	245,935.
_	33	Total liabilities and net assets/fund balances	454,238.	33	262,579.		
		. 513. Mashings and not assets/faire salarious			z = , = = c c		Form 990 (2020

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Act and OMB Circular A-133?

review, or compilation of its financial statements and selection of an independent accountant?

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Part XI Reconciliation of Net Assets

rm 990 (2020) ANCOR FOUNDATION, INC.	54-19	78656	Pa	ge 12
art XI Reconciliation of Net Assets				
Check if Schedule O contains a response or note to any line in this Part XI				
		1 -	<i>-</i> 0	0.0
Total revenue (must equal Part VIII, column (A), line 12)			6,9	
Total expenses (must equal Part IX, column (A), line 25)			8,3	
Revenue less expenses. Subtract line 2 from line 1	3	-17		
Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		41	7,3	25
Net unrealized gains (losses) on investments				
Donated services and use of facilities	6			
Investment expenses	7			
Prior period adjustments	8			
Other changes in net assets or fund balances (explain on Schedule O)	9			0
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32	<u>,</u>			
column (B))	10	24	5,9	35
art XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII				
			Yes	No
Accounting method used to prepare the Form 990: Cash X Accrual Other				
If the organization changed its method of accounting from a prior year or checked "Other," explain	in in Schedule O.	-		
Were the organization's financial statements compiled or reviewed by an independent accountant	nt?	2a		Х
If "Yes," check a box below to indicate whether the financial statements for the year were compile				
separate basis, consolidated basis, or both:				
Separate basis Consolidated basis Both consolidated and separate basis	asis			
b Were the organization's financial statements audited by an independent accountant?		2b	Х	
If "Yes," check a box below to indicate whether the financial statements for the year were audited				
consolidated basis, or both:				
Separate basis X Consolidated basis Both consolidated and separate basis	asis			

Form 990 (2020)

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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

ANCOR FOUNDATION, INC. 54-1978656 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 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). 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: 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.) 8 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 university: 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. 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. J 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 1 f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other

your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) AMERICAN NETWORK OF 52-0846389 10 0 COMMUNITY OPTIONS X 0. 0. Total

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

(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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
	Public support. Subtract line 5 from line 4.						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total
	Amounts from line 4	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gross income from interest.						
0	,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain				1		_
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	, etc. (see instructi	ions)			12	
	First 5 years. If the Form 990 is for the	•				501(c)(3)	
	organization, check this box and stop	•		•	•	. , . ,	
Sed	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2020 (column (f))		14	%
	Public support percentage from 2019					15	%
	33 1/3% support test - 2020. If the						ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			▶□
b	33 1/3% support test - 2019. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization qual	ifies as a publicly	supported organi:	zation			▶□
17a	10% -facts-and-circumstances tes	t - 2020. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstand	ces test, check th	is box and stop he	ere. Explain in Part	VI how the organi	zation
	meets the facts-and-circumstances to	est. The organizati	on qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances tes	t - 2019. If the org	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	mstances test, ch	eck this box and s	stop here. Explain i	n Part VI how the	
	organization meets the facts-and-circ		-	· ·			▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	<u>ns</u>
					Sch	edule A (Form 99	0 or 990-EZ) 2020

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	ow, piedoe com	ipicto i dit ii.)				
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and			, ,	, ,	, ,	,,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5		+		+	+	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		1		1	1	1
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	organization's	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	-			•		
Section C. Computation of Public						
15 Public support percentage for 2020 (lin	e 8, column (f),	divided by line 13,	column (f))		15	%
16 Public support percentage from 2019 S					16	%
Section D. Computation of Invest						
17 Investment income percentage for 202	0 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from 20					18	%
19a 33 1/3% support tests - 2020. If the o					33 1/3%, and line 1	17 is not
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2019. If the o						
line 18 is not more than 33 1/3%, chec	•			•	•	
20 Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		.,	
		Yes	No
	1	Х	
			77
	2		Х
	3a	Х	
	Ja		
	3b	Х	
		v	
	3с	Х	
	4a		Х
	4b		
	4c		
	_		Х
	5a		
	5b		
	5c		
	6		Х
	3		
	7		X
			v
	8		X
	9a		Х
	9b		X
			Х
	9с		
	10a		Х
	10b		
ո 9	90 or 99	0-EZ	2020

Pa	Triv Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			37
	11c below, the governing body of a supported organization?	11a		X
	A family member of a person described in line 11a above?	11b		Х
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		Х
Sec	tion B. Type I Supporting Organizations		T	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_	х	
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		Х
Sec	supervised, or controlled the supporting organization. etion C. Type II Supporting Organizations		<u> </u>	
	Ton C. Type it supporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions))-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
_	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must	comple	te Sections A through E.				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functionally	v integra	ated Type III supporting org	anization (see			

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Schedule A (Form 990 or 990-EZ) 2020

and 4c.

8 Breakdown of line 7:

a Excess from 2016

b Excess from 2017

c Excess from 2018

d Excess from 2019

e Excess from 2020

7 Excess distributions carryover to 2021. Add lines 3j

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
PART IV, SECTION A, LINE 3B:
ANCOR FOUNDATION, INC. REQUESTED AND RETAINED A COPY OF THE AMERICAN
NETWORK OF COMMUNITY OPTIONS AND RESOURCES (ANCOR) IRS DETERMINATION
LETTER WHEN SUPPORT WAS ESTABLISHED. THE TAX PREPARER OF THE
FOUNDATION IS ALSO THE TAX PREPARER OF ANCOR AND ANNUALLY COMPLETES A
PRO FORMA SCHEDULE A, PART III TO ENSURE THAT THE SUPPORTED
ORGANIZATION MET THE PUBLIC SUPPORT TEST.
PART IV, SECTION A, LINE 3C:
ANCOR FOUNDATION, INC. ENSURES THAT SUPPORT FROM THE FOUNDATION IS USED
SOLELY FOR CHARITABLE PURPOSES THROUGH COMMON MANAGEMENT WITH ANCOR.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization Employer identification number ANCOR FOUNDATION, INC. 54-1978656 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

ANCOR	FOUNDATION, INC.	-1978656		
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
1		\$35,0	00.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
2		\$7,0	00.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(c) Total contributions	
3		\$10,0	00.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
4		\$5,0	00.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
5		\$5,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
6		\$10,0	00.	Person X Payroll

noncash contributions.)

Name of organization

Employer identification number

54-1978656

Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributi	ion				
7		\$ 25,000. Person X Payroll Noncash (Complete Part II for noncash contribution	າຣ.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributi	ion				
8		\$ 20,000. Person X Payroll Noncash (Complete Part II for noncash contribution	າຣ.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributi	ion				
9		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contribution	າຣ.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributi	ion				
		Person Payroll Noncash (Complete Part II for noncash contribution	າຣ.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributi	ion				
		Person Payroll Noncash (Complete Part II for noncash contribution	າຣ.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributi	ion				
		Person Payroll Noncash Complete Part II for					

Name of organization Employer identification number

ANCOR FOUNDATION, INC.

54-1978656

	Noncash Property (see instructions). Use duplicate copies of P	art ii if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	

Employer identification number

Name of organization

	FOUNDATION, INC.			54-1978656	
Part III	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, charused uplicate copies of Part III if additional sp	hrough (e) and the following line en aritable, etc., contributions of \$1,000 or	try For organizations		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
	Transferee's name, address, and	(e) Transfer of gif		nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
		(e) Transfer of gif			
_	Transferee's name, address, and	i ZIP + 4	Relationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, and	1 ZIP + 4	Relationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
		(e) Transfer of gif			
	Transferee's name, address, and	1 ZIP + 4	Relationship of trai	nsferor to transferee	

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

virs gov/Form900 for instructions and the latest information

OMB No. 1545-0047

2020

Open to Public Inspection

	to www.irs.gov/Form990 for instri	uction	s and	the latest informat	ion.		mopeotion
Name of the organization ANCOR F	OUNDATION, INC.					Employer ide 54-1978	ntification number 656
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
 1 Indicate whether the organization rais a Mail solicitations b X Internet and email solicitations c Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e X Solicitat f Solicitat g X Special or oral agreement with any individual cart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includer	non-g gover iising ding o ional t	overnment grants nment grants events fficers, directors, tru fundraising services?	stees	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (Amount paid or retained by) fundraiser ited in col. (i)	(vi) Amount paid to (or retained by) organization
NORK APEX STRATEGIC ADVISORS,	FUNDRAISING FOR PUBLIC	Yes	No				
LLC - P.O. BOX 478, VALLEY	AWARENESS CAMPAIGN		Х	0.		65,368.	-65,368.
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	outions	s or has been notified	d it is	65,368. s exempt from re	-65,368. egistration
AL, AK, AR, CA, CO, CT, DC,	FL.GA.HI.TI.KS.KY	MF	MD	MA.MI.MN M	S . 1	TV . NH . NT	.NY .NC .ND
OK, OR, PA, RI, SC, TN, UT,			/		~ / -	, 1111, 110	7111 /110 /112
	,,, ,, ,,						
							-

032081 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SEE PART IV FOR CONTINUATIONS

		of fundraising event contributions and gr	oss income on Form 99 (a) Event #1	(b) Event #2	(c) Other events	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
ш	2	Less: Contributions				
	_					
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
sesuedx	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				
Do	<u>11</u> 					
Г	וונו	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on For	n 990, Part IV, line 19, or	reported more than	
		\$10,000 0111 0111 000 EZ, III10 0d.		(b) Pull tabs/instant		(d) Total gaming (add
une			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	□ No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming a	ctivities in each of these	e states?		L Yes No
D	11 "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or	terminated during the tax	year?	Yes No
		Yes," explain:	•			
	_					
1330	20.1	1-25-20			Sobodulo C (Eo	orm 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 ANCOR FOUNDATION, INC.	54-1978656 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity forme	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re	
2 - Enter the manife and address of the person who propares the organization organisms posted and its	,00,40.
Name	
Address ▶	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the a	amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp	ent in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	(v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUND	RAISERS:
/T NAME OF BUNDDATGED. NODE ADEX GEDAMEGIC ADVISODO II C	
(I) NAME OF FUNDRAISER: NORK APEX STRATEGIC ADVISORS, LLC	
(I) ADDRESS OF FUNDRAISER: P.O. BOX 478, VALLEY LEE, MD 2	0692
(1) IDDREDD OF FORDIGIDATE FOR THE PROPERTY OF	

Schedule G (Form 990 or 990-EZ)	ANCOR FOUNDATION, INC.	54-1978656 Page 4
Schedule G (Form 990 or 990-EZ) Part IV Supplemental II	nformation (continued)	<u> </u>
	·	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

ANCOR FOUNDATION, INC. **Employer identification number** 54-1978656

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
a	The organization?	5a		X
b	Any related organization?	5b		
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	0-		Х
a	The organization?	6a		X
D	Any related organization?	6b		
7	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		Х
0	not described on lines 5 and 6? If "Yes," describe in Part III	7		21
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	0		-22
3	Regulations section 53.4958-6(c)?	9		
	negulations section 30.4300.0(c)?	ן פ		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

13314_01

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficition	(15)(1)*(10)	reported as deferred on prior Form 990
(1) BARBARA E. MERRILL	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF EXECUTIVE OFFICER	(ii)	314,164.	13,010.	0.	9,474.	9,282.	345,930.	0.
(2) GABRIELLE SEDOR	(i)	0.	0.	0.	0.	0.	0.	0.
FOUNDATION DIRECTOR	(ii)	162,515.	9,250.	0.	5,295.	12,805.	189,865.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

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

2020

Open to Public

Open to Public Inspection

Name of the organization

ANCOR FOUNDATION, INC.

Employer identification number 54-1978656

FORM 990, PART VI, SECTION A, LINE 7A:

ALL DIRECTOR POSITIONS WILL BE FILLED BY APPOINTMENT BY AMERICAN NETWORK OF COMMUNITY OPTIONS AND RESOURCES.

FORM 990, PART VI, SECTION A, LINE 7B:

AMERICAN NETWORK OF COMMUNITY OPTIONS AND RESOURCES MUST APPROVE IN WRITING ANY AMENDMENT OR REPEAL OF THE GOVERNING DOCUMENTS OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE PREPARED FORM 990 IS REVIEWED BY THE MEMBERS OF THE GOVERNING BODY BEFORE THE RETURN IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY ALL DIRECTORS AND OFFICERS COMPLETE AND SIGN A STATEMENT THAT

PROVIDES INFORMATION REGARDING THEIR INTERESTS AND THOSE OF THEIR FAMILY

MEMBERS THAT COULD GIVE RISE TO CONFLICTS. THE MEMBERS OF THE GOVERNING

BODY MAKE DETERMINATIONS OF WHETHER A CONFLICT EXISTS AND REVIEW ACTUAL

CONFLICTS. ANY PERSON WITH A CONFLICT IS PROHIBITED FROM PARTICIPATING IN

THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE TRANSACTION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NV,NH,NJ,NY,NC,ND

OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI,OH,NM

FORM 990, PART VI, SECTION C, LINE 19:

ANCOR FOUNDATION MADE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

Name	of the organ	lization	ANCOR	FOUN	DATIO	N, IN	С.					Emp	10yer 10 54 – 1	97865	on number
AND	FINAN	CIAL	STATEM	ENTS	AVAI	LABLE	то т	HE I	PUBL:	IC UPON	REÇ	UEST	Γ. '	THE	
FINZ	ANCIAL	STA	TEMENTS	ARE	ALSO	AVAI	LABLE	то	THE	PUBLIC	ON	THE	FOU	NDATI	ON'S
WEBS	SITE.														

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

ANCOR FOUNDATION, INC.

Employer identification number 54-1978656

(a)	(b)	(6)	(d)	(e)	1		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	(c) Legal domicile (state of foreign country)				Direct o	controlling ntity)
Part II Identification of Related Tax-Exempt Organizations during the tax year.	cations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34,	because it had on	e or more	e related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) ct controlling entity	-	olled ity?
AMERICAN NETWORK OF COMMUNITY OPTIONS AND RESOURCES - 52-0846389, 1101 KING ST STE 380, ALEXANDRIA, VA 22314-2962	ADVANCE MEMBERS' ABILITY TO SUPPORT PEOPLE WITH IDD IN THEIR COMMUNITIES.	VIRGINIA	501(C)(6)	331(0)(0))	N/A		Yes	No X
Soo, Indianabatii, vii dasti asoo		VIKCIKII	301(0)(0)		11711			
	_							

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign		Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of end-of-year assets	Disprop	ortionata		Genera	orPercentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	lo
											<u> </u>

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	()	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	contr	o)(13) colled ity?
		country)		,				Yes	No
ANCOR SERVICES CORPORATION - 86-1109151									
1101 KING ST STE 380	GROUP PURCHASE								
ALEXANDRIA, VA 22314-2962	PROGRAMS	VA	N/A	C CORP	N/A	N/A	N/A		Х
]								
]								
]								
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	1								
	1								

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No					
1	During the tax year, did the organization engage in any of the following transactions with one or m		•									
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X					
b	Gift, grant, or capital contribution to related organization(s)				1b	X	X					
	Loans or loan guarantees to or for related organization(s)											
d	Loans or loan guarantees to or for related organization(s)				1d		X					
					1e		X					
f	Dividends from related organization(s)				1f		X					
g	Sale of assets to related organization(s)				1g		X					
	h Purchase of assets from related organization(s) i Exchange of assets with related organization(s)											
a Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity b (ifft, grant, or capital contribution to related organization(s) c (sift, grant, or capital contribution from related organization(s) d (Loans or loan guarantees to or for related organization(s) e (Loans or loan guarantees by related organization(s) f (Dividends from related organization(s) g (Sale of assets to related organization(s) h (Purchase of assets from related organization(s) i (Exchange of assets with related organization(s) l (Lease of facilities, equipment, or other assets to related organization(s) k (Lease of facilities, equipment, or other assets from related organization(s) n (Performance of services or membership or fundraising solicitations for related organization(s) n (Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n (Sharing of paid employees with related organization(s) p (Reimbursement paid to related organization(s) for expenses q (Reimbursement paid to related organization(s) for expenses c (Other transfer of cash or property to related organization(s) s (Other transfer of cash or property from related organization(s) s (Other transfer of cash or property from related organization(s) s (If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.												
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X					
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X					
- 1					11		X					
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		X					
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X						
					10	X						
р	Reimbursement paid to related organization(s) for expenses				1p		Х					
q	Reimbursement paid by related organization(s) for expenses				1q		Х					
r	Other transfer of cash or property to related organization(s)				1r		Х					
					1s		Х					
	•											
	(a) (b) Name of related organization Transaction type (a-s)		(c) Amount involved	(d) Method of determining amount invo	olved							
(1)												
(2)												
(3)												
(4)												
(5)												
(6)	20											

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partner 501 (c orgs	all s sec. (3) s.?	(f) Share of total income	(g) Share of end-of-year assets	Dispi tio alloca	h) ropor- nate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn	ral or Pe ging ner?	(k) ercentage wnership
		country	Sections 5 12-5 14)	Yes	No	income	433013	Yes	No	(F01111 1003)	Yes	No	
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