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Form	990

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

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

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



AF	or th	e 2021 calendar year, or tax year beginning and	ending		
B C a	heck if pplicab	e: C Name of organization		D Employer identific	ation number
	Addre	ANCOR FOUNDATION, INC.			
	Name			54-197865	56
	Initial		Room/suite	E Telephone number	
	 Final return	1101 KINC ST	380	703-535-7	7850
	termir ated			G Gross receipts \$	208,070.
	Amen return	ded ALEXANDRIA, VA 22314-2962		H(a) Is this a group re	turn
	Applie dition	F Name and address of principal officer: DARDARA E. MERRILL		for subordinates	? Yes X No
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates inc	luded? Yes No
		empt status: 🔀 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🗌 4947(a)(1) (or 🗌 527	If "No," attach a	ist. See instructions
		te: WWW.ANCORFOUNDATION.ORG			
			L Year of	of formation: 2000 M	State of legal domicile: VA
Pa	rt I	Summary			
ø	1				
nc		TO RECOGNIZE CURRENT AND PAST LEADERS AND	TO DE	VELOP FUTURI	E LEADERS.
Governance	2		ed of more	1 1	
No.	3				
യ യ	4				
es	5				
iviti	6				
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		
e	8				
Revenue	9			• •	-
Rev	10				
_	11			•••	-
	12				
	13				
	14			• •	
ses	15		ICORFOUNDATION.ORG H(c) Group exemption number Corporation Trust Association Other L Year of formation: 2000 M State of legal domicile: VA The organization's mission or most significant activities: THE ANCOR FOUNDATION MISSION IS IZE CURRENT AND PAST LEADERS AND TO DEVELOP FUTURE LEADERS. If the organization discontinued its operations or disposed of more than 25% of its net assets. members of the governing body (Part VI, line 1a) 3 14 endent voting members of the governing body (Part VI, line 1b) 4 14 ndividuals employed in calendar year 2021 (Part V, line 2a) 6 17 olunteers (estimate if necessary) 6 17 usiness revenue from Part VIII, column (C), line 12 7a 0. fe grants (Part VIII, line 1h) 156, 902. 208, 041. evenue (Part VIII, line 2g) 0. 0. 0. ie (Part VIII, column (A), lines 3, 4, and 7d) 96. 29. 0. 0. art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 0. id lines 8 through 11 (must equal Part VIII, column (A), lines 1.3) 1, 600. 800. 0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		05,500.	0.
Ц.	D			261 420	110 712
_					
	18 19				
_ s		Revenue less expenses. Subtract line 16 from line 12			•
its or ances	20	Total assets (Dart V. line 16)		ginning of Current Year 262,579.	End of Year 350,932.
Assets -	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		16,644.	8,439.
Net A		Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		245,935.	342,493.
	rt II	Signature Block		245,555	544,455.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date
Here	▶ BARBARA E. MERRILL, CHIEF EXECUTIVE OFFICER	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature Date	Check PTIN
Paid	GLENN MILLER, CPA GLENN MILLER, CPA 09/14	/22 self-employed P00086726
Preparer	Firm's name 🕒 WEGNER CPAS LLP	Firm's EIN ▶ 39-0974031
Use Only	Firm's address 🖕 419 N LEE ST	
	ALEXANDRIA, VA 22314-2301	Phone no. (703) 519-0990
May the II	S discuss this return with the preparer shown above? See instructions	X Yes No
		- 000 (*****)

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Pai	m 990 (2021) ANCOR FOUNDATION, INC.	54-1978656 Pag
	art III Statement of Program Service Accomplishments	г
	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 RECOGNI	
	AND TO DEVELOP FUTURE LEADERS THROUGH DYNA	
	PRACTICES TO STRENGTHEN INCLUSIVE COMMUNIT DISABILITIES.	IES FOR PEOPLE WITH
2	Did the organization undertake any significant program services during the year white	ch were not listed on the
	prior Form 990 or 990-EZ?	
~	If "Yes," describe these new services on Schedule O.	icts, any program services?
3	Did the organization cease conducting, or make significant changes in how it condu	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three la Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of gr	
	revenue, if any, for each program service reported.	and anocations to others, the total expenses, and
10		0 •) (Revenue \$0
4a	(Code:) (Expenses \$45,094. including grants of \$ IN 2021, THE ANCOR FOUNDATION CELEBRATED I	
	AWARENESS CAMPAIGN, INCLUDED. SUPPORTED. E	
	THIS EFFORT TO RAISE AWARENESS ABOUT THE V	
	COMMUNITIES COINCIDED WITH THE 20TH ANNIVE	
	THE ANCOR FOUNDATION. TO MARK THE OCCASION	
	DEVELOPED A HISTORICAL RETROSPECTIVE MARKI	•
	HISTORY AND INCLUDED IT, ALONG WITH OTHER	
	SENT TO THE CAMPAIGN'S SUPPORTERS IN THE F	
4b	(Code:) (Expenses \$ 27 , 789 including grants of \$	800 •) (Revenue \$0
10	THE ANCOR FOUNDATION'S LEGACY LEADERS CIRC	
	THE ACCOMPLISHMENTS OF LONG-TIME ANCOR MEM	
	SIGNIFICANT CONTRIBUTIONS TO THE ASSOCIATI	
	MEMBER. CONTRIBUTIONS TO THE LEGACY LEADER	
	ITS AWARD RECIPIENTS, ARE USED TO SUPPORT	•
	DEVELOPMENT INITIATIVES. IN 2021, THE ANCO	R FOUNDATION INDUCTED THREE
	ANCOR MEMBERS INTO THE LEGACY LEADERS CIRC	LE.
4c	(Code:) (Expenses \$ 0 • including grants of \$	0.) (Revenue \$0
4c	(Code:) (Expenses \$0	
4c	(Code:) (Expenses \$ 0 including grants of \$ THE ANCOR FOUNDATION'S LEADERSHIP INITIATI LEADERSHIP DEVELOPMENT OPPORTUNITIES FOR I	VES ARE FOCUSED ON PROVIDING
4c	THE ANCOR FOUNDATION'S LEADERSHIP INITIATI	VES ARE FOCUSED ON PROVIDING /DD PROFESSIONALS. IN 2021,
4c	THE ANCOR FOUNDATION'S LEADERSHIP INITIATI LEADERSHIP DEVELOPMENT OPPORTUNITIES FOR I	VES ARE FOCUSED ON PROVIDING /DD PROFESSIONALS. IN 2021, ACADEMY, SPONSORSHIP OF
4c	THE ANCOR FOUNDATION'S LEADERSHIP INITIATI LEADERSHIP DEVELOPMENT OPPORTUNITIES FOR I THESE INITIATIVES INCLUDED THE LEADERSHIP	VES ARE FOCUSED ON PROVIDING /DD PROFESSIONALS. IN 2021, ACADEMY, SPONSORSHIP OF AL LEADERSHIP CONSORTIUM ON
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4d	THE ANCOR FOUNDATION'S LEADERSHIP INITIATI LEADERSHIP DEVELOPMENT OPPORTUNITIES FOR I THESE INITIATIVES INCLUDED THE LEADERSHIP LEADERSHIP INSTITUTES HOSTED BY THE NATION DEVELOPMENTAL DISABILITIES, AND ONE-YEAR M ALLIANCE FOR DIRECT SUPPORT PROFESSIONALS RECIPIENTS. Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$	VES ARE FOCUSED ON PROVIDING /DD PROFESSIONALS. IN 2021, ACADEMY, SPONSORSHIP OF AL LEADERSHIP CONSORTIUM ON EMBERSHIPS TO THE NATIONAL FOR 50+ DSP OF THE YEAR AWARD

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 Form 990 (2021)
 ANCOR FOUNDATION, INC.

 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		37
_	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			77
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	~		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	1		<u> </u>
8		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	•		<u></u>
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, 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,			
u	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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			_
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		<u>X</u>
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. See instructions	17		<u> </u>
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		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990	X
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			Yes	N
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			<u> </u>
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
6	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
	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
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	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
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32		X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
		34	х	
	Part V, line 1	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
		35b		
	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
		26		X
	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
	Dru the organization conduct more than 5% or its activities through an entity that is not a related organization			X
	and that is treated as a partnership for foderal income tay surpassed. (Since it is a first of the second star	07		<u>^</u>
7	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
7	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
7 8	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37 38	x	
7 8	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance		X	
7 8	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
87 188 Par	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		X Yes	
87 88 Par	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			N
87 18 1a b	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 10 Ib 0			
87 88 Par 1a b	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 10 Inter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
87 18 1a b	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 10 Ib 0		Yes	

orm	990 (2021) ANCOR FOUNDATION, INC.	54-1978	86 <u>5</u> 6	Pa	age 5
	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a C			
C	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b		
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instructions		0		Х
		~	3a 3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		30		
d	At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		х
h	If "Yes," enter the name of the foreign country		40		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	Counts (EBAB)			
а			5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax years		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
-	any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
~	were not tax deductible?	-	6b		
	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the navor?	7a		Х
			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
-	to file Form 8282?		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
•	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
		,	8		
)	Sponsoring organizations maintaining donor advised funds.				
			9a		
			9b		
)	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
;	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
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	13b			
с	Enter the amount of reserves on hand	13c			
			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.		1 40		Х
	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		
	·	income?	16		
;	Is the organization an educational institution subject to the section 4968 excise tax on net investment		16		
	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	any	16		

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Form 990 (202	21)
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-		1 290

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. X Check if Schedule O contains a response or note to any line in this Part VI

10	Enter the number of voting members of the governing body at the and of the tax year	19	14		Yes	+
Id		Id				
L		46	11			
2				0		
°				2		-
3				2		
4						-
						-
						-
				<u> </u>		-
1 a				7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockholders,	or			
	Enter the number of voting members of the governing body at the end of the tax year in the average members of the governing body, or if the governing body, or if the governing body. Or if the governing body detaget broad authority to an executive committee or similar on Schedule O. In the number of voting members included on line 1a, above, who are independent 0. In the second or the second or committee or similar on Schedule O. In the number of voting members included on line 1a, above, who are independent 0. In the second or the second or committee or similar on Schedule O. In the number of voting members included on line 1a, above, who are independent 0. In the second or the second or the organization may early exployees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a significant diversion of the organization baceme aware during the year of a significant diversion of the organization baceme aware during the year of a significant diversion of the organization baceme aware during the year of a significant diversion of the organization baceme aware during the year of a significant diversion of the organization baceme aware during the year of a significant diversion of the organization bacement portaneously document the meetings held or written actions undertaken during the year by the following: The organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The organization have members, brancholders, or approval by interest, trustee, or key employee the nare and addresses on Schedule O. The organization bace theorementation about policies and procedures governing body? Bace cancel at the organization have local chapters, branches, or affiliates? The organization have written conflict of interest policy? If "Yes, "organizations are onsistent with the organization is second a complete copy of this Form 990. Di all members of the governing body before tiling the fo	X	_			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the follow	wing:			
				8a	Х	_
	If there are material differences in voting rights among members of the governing body, or if the governing body degated broad authority to an executive committee or similar committee, explain on Schedule 0. Ib 14 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization have aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization nake any significant changes to tits governing documents since the prior Form 990 was filed? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Bus there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes, 'provide the names and addresses on Schedule O. Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization seempt purposes? Did the organization have written collicies form 990 to all members of its governing body before filing the form? Did the organization have a written ofolicies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization' seempt purposes? Did the organizatio	Х	_			
1a En b En 2 Dia 3 Dia 4 Dia 5 Dia 6 Dia 7 Dia 7 Dia 6 Dia 7 Dia 6 Dia 7 Dia 10a Dia 11a Ha b Dia 11a Ha b Dia 115 Dia a Th b If 16a Dia b If 16a Dia b If	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ached at the				
				9		_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code	<u>.)</u>		1	_
			1		Yes	;
10a	Did the organization have local chapters, branches, or affiliates?			10a		_
b						
				10b		_
		dy before filin	g the form?	11a	X	
				12a	X	_
				12b	X	_
С			-			
					X	_
13					X	_
14				14	X	
15			ndent			
						_
b				15b		ļ
16a						
	, , ,			16a		
b		• •	bation			
				401		
200				16b		-
				TTT	T T	-
ığ		ແທ ອອກ-1 (se	cuon 501(C)(3)s	oniy)	avalla	£
			,	C		
19		onflict of inte	rest policy, and	tinano	cial	
~		oks and reco	ords 🕨			_
20						_
20		062				
	1101 KING STREET, STE 380, ALEXANDRIA, VA 22314-2	962		-	000	,

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Form 990 (2021) ANCOR FOUNDATION, INC.	54-1978656	Page 7							
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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	not cl		ition		one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week					1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 NEO	and related
	below	ndividual trustee or director	nstitutional trustee	ž	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			-
(1) BARBARA E. MERRILL	1.00									
CHIEF EXECUTIVE OFFICER	39.00			Х				0.	339,134.	20,636.
(2) GABRIELLE SEDOR	6.00									
FOUNDATION DIRECTOR	34.00			Х				0.	170,069.	20,393.
(3) CARRIE (SHANNON) MCCRACKEN	0.00									
VP, GOVERNMENT RELATIONS	40.00					Х		0.	169,340.	20,370.
(4) SEAN LUECHTEFELD	3.00									
SR. DIRECTOR, COMMUNICATIONS	37.00					Х		0.	139,224.	19,194.
(5) CYNTHIA R ALLEN DE RAMOS	3.00									
DIRECTOR OF FINANCE	37.00					X		0.	126,965.	19,439.
(6) DONNA MARTIN	0.00									
SR. DIRECTOR OF STATE PARTNERSHIPS A	40.00					X		0.	116,569.	5,469.
(7) ANDREW VINCENT	0.00									
IT DIRECTOR	40.00					X		0.	106,947.	4,357.
(8) CHRIS STEVENSON	1.00									
PRESIDENT	1.00	Х		Х				0.	0.	0.
(9) RITA WIERSMA	1.00									
VICE PRESIDENT	1.00	Х		Х				0.	0.	0.
(10) MICHAEL HUTCHERSON	1.00									-
TREASURER		Х		Х				0.	0.	0.
(11) PATRICIA BROWNE	1.00									-
SECRETARY	1	Х		Х				0.	0.	0.
(12) BONNIE-JEAN BROOKS	1.00								0	0
DIRECTOR	1 00	X						0.	0.	0.
(13) AMY BROOKS	1.00							•	0	0
DIRECTOR	1 0 0	Х						0.	0.	0.
(14) RAVI DAHIYA	1.00							•	0	0
DIRECTOR	1 0 0	Х						0.	0.	0.
(15) LYNNE MEGAN	1.00							•	0	0
DIRECTOR	1 0 0	Х						0.	0.	0.
(16) GERALD NEBEKER	1.00								•	<u>^</u>
DIRECTOR (THRU 10/12/21)	1 00	Х						0.	0.	0.
(17) STACEY RISOTTI	1.00								•	<u>^</u>
DIRECTOR		Х						0.	0.	0.
132007 12-09-21										Form 990 (2021)

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2021.04021 ANCOR FOUNDATION, INC.

		UNDATION								54-1	978	656	Pa	age 8
Par			oloy	ees,			ghes	t C		· /				
	(A) Name and title	(B) Average hours per week	r (do not check mor box, unless person		(C) Position do not check more than one tox, unless person is both an officer and a director/trustee)		n an	(D) Reportable compensation from	(E) Reportable compensatic from related	tion Esti		(F) timate nount other		
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	com fr org and	pensa om the anizat d relate anizatio	e ion ed
(18) DIRE	TERRY ROGERS	1.00	x						0.		0.			0.
	MARIE SAMOT	1.00												
DIRE		1 00	Х						0.		0.			0.
(20) DIRE	DOUG GOLUB CTOR	1.00	x						0.		ο.			0.
	AMY STAED	1.00									<u> </u>			•••
DIRE		1.00	Х						0.		0.			0.
(22) DIRE	LINDA TIMMONS CTOR	1.00	x						0.		0.			0.
			-											
1b	Subtotal					L	L		0.	1,168,24		10	9,8	
d	Total from continuation sheets to Part Total (add lines 1b and 1c)								0.	1,168,24		10	0. 109,858.	
	Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	ed ab	ove) wh	o re	eceived more than \$100,	000 of reportable	÷			0
•					1						ſ		Yes	No
	Did the organization list any former office line 1a? If "Yes," complete Schedule J for			-	•	•		Ŭ		•		3		х
	For any individual listed on line 1a, is the	sum of reportabl	e co	ompe	ensa	tion	and	oth	ner compensation from t	he organization				
5	and related organizations greater than \$1 Did any person listed on line 1a receive or											4	X	
<u> </u>	rendered to the organization? If "Yes," co	•							•			5		Х
	ion B. Independent Contractors													
	Complete this table for your five highest of the organization. Report compensation for	•	•							•	Jensat	ion fro	m	
	the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) Name and business address NONE							С	(C ompei		n			
	Total number of independent contractors \$100,000 of compensation from the organ	· ·	ot lir	niteo	d to t	thos (ted	above) who received mo	ore than				
												Form	990 (ž	2021)

132008 12-09-21

			ANCOR FOUNDATION,	INC.			54-1978	656 Page 9
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response or note to	o any line			(2)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ល្អ	1	а	Federated campaigns 1a					
ran			Membership dues 1b					
۵. ۵		с	Fundraising events 1c					
ar /			Related organizations 1d 135,4	437.				
ini) S		е	Government grants (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts, grants, and					
D∯				604.				
ont		-	Noncash contributions included in lines 1a-1f		208,041.			
0 0		n	Total. Add lines 1a-1f Busines	🕨	200,041.			
	2	2		soue				
Program Service Revenue	2	a b						
Ser		c						
		d						
Bogg		е						
Pr		f	All other program service revenue					
		g	Total. Add lines 2a-2f	🕨				
	3		Investment income (including dividends, interest, and					
			other similar amounts)	🕨 📙	29.			29.
	4		Income from investment of tax-exempt bond proceeds	▶⊢				
	5		Royalties					
	~	_		sonal				
			Gross rents 6a 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
			Gross amount from sales of (i) Securities (ii) O					
			assets other than inventory 7a					
		b	Less: cost or other basis					
ne			and sales expenses 7b					
venue		с	Gain or (loss) 7c					
Re			Net gain or (loss)	🕨				
Other Re	8	а	Gross income from fundraising events (not					
ō			including \$ of					
			contributions reported on line 1c). See					
		h	Bar Ba Less: direct expenses Bb					
			Net income or (loss) from fundraising events					
	9		Gross income from gaming activities. See					
	-		Part IV, line 19					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities	🕨				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold 10b					
		С	Net income or (loss) from sales of inventory					
sn	44	~	Busines	scode				
Jeol	11							
en ven		b c						<u></u>
Miscellaneous Revenue			All other revenue					<u> </u>
Σ			Total. Add lines 11a-11d					
_	12		Total revenue. See instructions		208,070.	0.	0.	29.
13200	9 12-	-09-						Form 990 (2021)

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2021.04021 ANCOR FOUNDATION, INC. 13314.31

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ANCOR FOUNDATION, INC. Part IX Statement of Functional Expenses

D-	Check if Schedule O contains a respons	(A)	(B)	(C)	<u>(</u> D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	800.	800.		
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	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	9,311.		9,311.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	57,373.	49,325.		8,048
12	Advertising and promotion	11,495.	11,495.		
13	Office expenses	6,659.	2,678.	73.	3,908
14	Information technology	1,549.	1,549.		- /
15	Royalties				
16					
17	Occupancy Travel	630.	550.	34.	46
	Payments of travel or entertainment expenses	0.501			
18					
40	for any federal, state, or local public officials Conferences, conventions, and meetings	3,780.		2,190.	1,590
19 20		5,700.		2,190.	1,550
20					
21	Payments to affiliates	1,170.		1,170.	
22	Depreciation, depletion, and amortization	1,1/0•		<u> </u>	
23 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					
с					
d		10 7/5	6,486.	12 250	
	All other expenses	18,745. 111,512.	72,883.	<u>12,259.</u> 25,037.	12 502
25	Total functional expenses. Add lines 1 through 24e	111,314.	14,003.	45,05/.	13,592
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Check here 🕨

if following SOP 98-2 (ASC 958-720)

2021.04021 ANCOR FOUNDATION, INC.

Form 990 (2021)

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ANCOR FOUNDATION, INC.

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		Check if Schedule O contains a response or no	ote to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		93,244.	1	160,528.
	2	Savings and temporary cash investments		106,625.	2	181,654.
	3	Pledges and grants receivable, net		44,483.	3	
	4	Accounts receivable, net			4	27.
	5	Loans and other receivables from any current of				
		trustee, key employee, creator or founder, sub-				
		controlled entity or family member of any of the	ese persons		5	
	6	Loans and other receivables from other disqua				
		under section 4958(f)(1)), and persons describe			6	
ø	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9			16,667.	9	8,333.
		Land, buildings, and equipment: cost or other				· · ·
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line			12	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets		1,560.	14	390.
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must eq		262,579.	16	350,932.
	17	Accounts payable and accrued expenses		16,644.	17	8,439.
	18	Grants payable		•	18	•
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
<u> </u>	22	Loans and other payables to any current or for				
Liabilities		trustee, key employee, creator or founder, sub-				
ilid		controlled entity or family member of any of the			22	
Lia	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, p				
		parties, and other liabilities not included on line				
		of Schedule D			25	
	26			16,644.	26	8,439.
		Organizations that follow FASB ASC 958, ch				- ,
es		and complete lines 27, 28, 32, and 33.				
anc	27			210,878.	27	308,142.
3al	28			35,057.	28	34,351.
P		Organizations that do not follow FASB ASC				
Ľ.		and complete lines 29 through 33.	· · · · · · · · · · · · · · · · · · ·			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund	S		29	
ets	30	Paid-in or capital surplus, or land, building, or e			30	
Ass	31	Retained earnings, endowment, accumulated i			31	
et	32	Total net assets or fund balances		245,935.	32	342,493.
				262,579.	<u> </u>	350,932.

Form 990 (2021)

Form 990 (2021)
Part X Balance Sheet

Form	ANCOR FOUNDATION, INC.	54-	1978656	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			70.
2	Total expenses (must equal Part IX, column (A), line 25)	2			12.
3	Revenue less expenses. Subtract line 2 from line 1	3			58.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	245	5,9	35.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	342	2,4	<u>93.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	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 on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	lit		
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		000	L

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

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
	2021
	Open to Public Inspection
Employer	identification number

Name of the organization

Name of		R FOUNDATI	ON TNC					4-1978656		
Part I	Reason for Public (omolete th	nis nart) S	ee instruction		4-1970030		
							13.			
1	 he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 									
2	A school described in sect					·// ~ //י/·				
3	A hospital or a cooperative		-		(h)(1)(A)(ii	ii)				
4	A medical research organiz					-	(iiii) Enter	the hospital's name		
- L	city, and state:		ijanotori mara noopitar	accombca				and noophal o name,		
5	An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a do	vernmental u	nit describe	ed in		
	section 170(b)(1)(A)(iv). (C		5		, ,					
6	A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).				
7	An organization that norma	-					he general i	oublic described in		
	section 170(b)(1)(A)(vi). (C	-		5			5			
8	A community trust describe		(1)(A)(vi). (Complete Parl	t II.)						
9	An agricultural research org				ed in conju	inction with a	land-grant	college		
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or		
	university:				-		-			
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, and	d gross receipts from		
	activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment		
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	fter June 30, 1975.		
	See section 509(a)(2). (Con	mplete Part III.)								
11	An organization organized a	and operated exclusi	vely to test for public saf	fety. See	section 50	09(a)(4).				
12 X	An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	arry out the	purposes of one or		
	more publicly supported or	-						Check the box on		
	lines 12a through 12d that	••					-			
a X	Type I. A supporting orga									
	the supported organization			majority c	of the direc	tors or truste	es of the su	ipporting		
	organization. You must o	-					··· (-)	·		
b	Type II. A supporting org	-				-		-		
	control or management o organization(s). You mus			ame perso	ns that co	ntroi or mana	ge the supp	Joned		
c	Type III functionally inte			in connect	tion with	and functiona	lly integrate	d with		
	its supported organization						ily integrate	a with,		
d	Type III non-functionally	. , . ,	•	-			rted organiz	zation(s)		
u	that is not functionally int		• •				-			
	requirement (see instructi			•		-				
е 🗌	Check this box if the orga		-				II, Type III			
	functionally integrated, or									
f Ent	er the number of supported o	organizations						1		
	vide the following informatior									
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount o	-	(vi) Amount of other		
	organization		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)		
	CAN NETWORK OF									
COMMU	NITY OPTIONS A	52-0846389	10	X			0.	0.		
Total							0.	0.		
-										

Schedule	A (Form 990)) 202
Part II	Suppor	t Sc

Je-IJ/00J0 Pagez	5 4-1978656 Pa	ae :	2
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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.)

Calendar year (of fiscal year beginning in) ► (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 offits, grants, contributions, and grants, n (a) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 2 Tax revenues levels for the organization without charge (a) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 3 The value of services or facilities (a) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 3 The value of services or facilities (a) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 5 The portion of total contributions (b) experimental unit or publicly (a) 2019 (d) 2020 (e) 2021 (f) Total 6 Public support, submittee them te 4 (a) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts form line 4 (a) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts form line 4 (a) 2019 (d) 2020 (e) 2021 (f) Total 8 Orises income from interest, divided sources (f) Total (f) Total (f) Total 9 Ublic support, submittee them control (g) 2019 (g) 2020 (e) 2021 (f) Total <th>Sec</th> <th>ction A. Public Support</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	Sec	ction A. Public Support						
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or expended on its behalf	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge		ization's benefit and either paid to						
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4 Total. Add lines 1 through 3	3							
4 Total. Add lines 1 through 3								
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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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.)						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	e organization's fi	rst. second, third	fourth. or fifth tax	vear as a section !		zation.
	check this box and stop here	•			•		·
Sec	ction C. Computation of Publi	c Support Per	rcentage				F
	Public support percentage for 2021 (I			column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Invest	stment Income					
17	Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2021. If the					33 1/3%, and lii	ne 17 is not
	more than 33 1/3%, check this box ar	-					▶□
b	33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3	%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies	as a publicly supp	orted organizat	ion ►
20	Private foundation. If the organization						
	23 01-04-22						ule A (Form 990) 2021
			16	5			

Yes No

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Х

Х

Х

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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.)

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nedule A	(Form 990) 2021	ANCOR	FOUNDATION,
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No

Yes No

Yes No

2

1

2

3

2a

2b

3a

t	IV Supporting Organizations (continued)			
			Yes	No
ŀ	Has the organization accepted a gift or contribution from any of the following persons?			
ŀ	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
1	1c below, the governing body of a supported organization?	11a		Х
ŀ	A family member of a person described on line 11a above?	11b		Х
ŀ	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		Х
	on B. Type I Supporting Organizations			
			Yes	No
r c	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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> 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, or trustees were allocated among the			
C	brganization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	4		x

INC.

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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,

supervised	<u>d. or controlle</u>	ed the suppo	rting organiz	ation.
Section C. T	ype II Sup	porting O	rganizati	ons

Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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

S	ec	tion D. All Type III Supporting Organizations
_		
-	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?
	2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported

- s, directors, or trustees either (i) app 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). By reason of the relationship described on line 2, above, did the organization's supported organizations have a 3
- 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.

Section 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 year (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 instructions).	_
---	--	---	---	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a 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.

b 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. 132025 01-04-22

3b Schedule A (Form 990) 2021

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1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complet	e Sections A through E.	1
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	1 a		
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-functiona	ally integra	ted Type III supporting orga	nization (see
	, ,	, ,	,	

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Schedule A (Form 990) 2021

ANCOR FOUNDATION, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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Schedule A (Form 990) 2021

 Schedule A (Form 990) 2021
 ANCOR FOUNDATION, INC.
 5

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

54-1978656 Page 7

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. . .

Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	•		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	4	(i)	(ii)		(iii)
Sect	tion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	s	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
c	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

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.

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

54-1978	656
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and of the organization	511	
	ANCOR	FOUNDATION

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	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

INC.

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), 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 \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Name of organization

Page **2** Employer identification number

ANCOR FOUNDATION, INC.

54-1978656

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$ <u>135,437.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$25,000. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$ -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 11-11-		_ \$	Person Payroll Payroll Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Schedule B	(Form	990)	(2021	Ľ
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Name of organization

Page 3

ANCOR FOUNDATION, INC.

Employer identification number

54-1978656

art II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	I
(a) No. From Part 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. from Part 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. from Part 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

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lame of or	ganization		Employer identification numbe
NCOR	FOUNDATION, INC.		54-1978656
Part III) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the yea
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
	,,,		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a		Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
_	Transferee's name, address, a		Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
F		(e) Transfer of gift	
F	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
3454 11-11-	21	25	Schedule B (Form 990) (20

2021.04021 ANCOR FOUNDATION, INC. 13314.31

sc	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	71	
-	-	Compensated Employees		20		l
Deres		 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	ne of the organizatio	n	Employer	identificatio	on nur	nber
		ANCOR FOUNDATION, INC.	54-3	197865	6	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	iate 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 perso	nal use			
	Travel for con	panions Payments for business use of personal re	sidence			
	Tax indemnifie	cation and gross-up payments Health or social club dues or initiation fee				
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
				<u>1b</u>		<u> </u>
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>
-						
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the OFO (Found time Directory but any later in Directory b	on to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensatio					
		compensation consultant				
		ther organizations Approval by the board or compensation of	ommittee			
4	During the year di	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
4	organization or a re					
а	-			4a		x
b		e payment or change-of-control payment?				X
		ceive payment from an equity-based compensation arrangement?				X
U	-	nes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the					
а	-			5a		X
b		ation?				X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the					
а	The organization?	-		6a		X
b		ation?				X
		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	i			
		nes 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			
	initial contract exce	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, c	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	ו 53.4958-6(c)?		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sche	dule J (Forn	n 990)	2021

132111 11-02-21

54-1978656

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-MIS0 compensation	C and/or 1099-NEC	(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			reported as deferred on prior Form 990
(1) BARBARA E. MERRILL (i	i)	0.	0.	0.	0.	0.	0.	0.
CHIEF EXECUTIVE OFFICER (i		289,994.	39,140.	10,000.	10,041.	10,595.	359,770.	0.
(2) GABRIELLE SEDOR (i	i)	0.	0.	0.	0.	0.	0.	0.
FOUNDATION DIRECTOR (i		157,685.	12,384.	0.	5,045.	15,348.	190,462.	0.
(3) CARRIE (SHANNON) MCCRACKEN (i	i)	0.	0.	0.	0.	0.	0.	0.
VP, GOVERNMENT RELATIONS		152,179.	17,161.	0.	5,009.	15,361.	189,710.	0.
(4) SEAN LUECHTEFELD (i	_	0.	0.	0.	0.	0.	0.	0.
SR. DIRECTOR, COMMUNICATIONS		131,484.	7,740.	0.	4,120.	15,074.	158,418.	0.
(i								
(ii								
(i	i)							
(ii								
(i	i)							
(ii								
(i	i)							
(ii	i)							
(i	i)							
(ii								
(i	i)							
(ii								
(i	i)							
(ii								
(i	i)							
(ii	i)							
(i	i)							
(ii	i)							
(i	i)							
(ii	i)							
(i	i)							
(i								
(i	i)							
(ii								

Schedule J (Form 990) 2021

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 J (Form 990) 2021

SCHEDULE O (Form 990) 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 54 - 1978656

ANCOR FOUNDATION, INC.

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

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

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) 2021

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 11-11-21
 200

13270914 788028 13314.3TX02

Name of the organization ANCOR FOUNDATIO	ON, INC.			Employer identification nur 54-1978656
				•
AND FINANCIAL STATEMENTS AVAI	LABLE TO THE	POBLIC OPON	I REQU	JEST. THE
FINANCIAL STATEMENTS ARE ALSO	AVAILABLE T	O THE PUBLIC	CONT	THE FOUNDATION'S
WEBSITE.				
132212 11-11-21	30			Schedule O (Form 990)

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

132161 11-17-21 LHA

Schedule R (Form 990) 2021

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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

ictions and the latest info

ANCOR FOUNDATION, INC.

Part I	Identification of Disregarded Entities.	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 33.
--------	---	--	-------

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	-				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
AMERICAN NETWORK OF COMMUNITY OPTIONS AND	ADVANCE MEMBERS' ABILITY						
RESOURCES - 52-0846389, 1101 KING ST STE	TO SUPPORT PEOPLE WITH IDD						
380, ALEXANDRIA, VA 22314-2962	IN THEIR COMMUNITIES.	VIRGINIA	501(C)(6)		N/A		Х
	7						

Employer identification number 54 - 1978656

OMB No. 1545-0047

2021 Open to Public Inspection

Part III 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.

		-	6.5		(2)																
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	n)	(i)	(j)											
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership										
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	io										
											_ _										

Part IV 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l conti ent	i) ction b)(13) rolled tity?
		country)				233613		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
	-								
	-								
	-								

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.							
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X			
	Gift, grant, or capital contribution to related organization(s)	1b		X			
	Gift, grant, or capital contribution from related organization(s)	1c	X				
	Loans or loan guarantees to or for related organization(s)	1d		X			
	Loans or loan guarantees by related organization(s)	1e		X			
f	Dividends from related organization(s)	1f		X			
g		1g		X			
h	Purchase of assets from related organization(s)	1h		X			
i	Exchange of assets with related organization(s)	1i		X			
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			
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X			
	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				
o	Sharing of paid employees with related organization(s)	10	X				
р	Reimbursement paid to related organization(s) for expenses	1p		X			
	Reimbursement paid by related organization(s) for expenses	1q		X			
r	Other transfer of cash or property to related organization(s)	1r		X			
s	Other transfer of cash or property from related organization(s)	1s		X			
2	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.						

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	(r Disprotion allocat Yes) opor- ate ions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General of managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2021

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2021

132165 11-17-21

Form 8879-TE		-	OMB No. 1545-0047		
	For calendar year 202	1, or fiscal year beginning Do not send to the IRS. Ke		, 20	2021
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form8879TE	for the latest information.		
Name of filer	•	-		EIN or SSN	
ANCOR	FOUNDATIO	N, INC.		54-197	78656
Name and title of officer or pe	erson subject to tax	BARBARA E MERRILL			
		CHIEF EXECUTIVE OF	FICER		
Part I Type of	Return and Re	turn Information			
Form 5330 filers may enter or 10a below, and the amo	r dollars and cents ount on that line for	e using this Form 8879-TE and enter . For all other forms, enter whole doll r the return being filed with this form D-). But, if you entered -0- on the return	ars only. If you check the box on I was blank, then leave line 1b, 2b	ine 1a, 2a, 3a , 3b, 4b, 5b, 6	a, 4a, 5a, 6a, 7a, 8a, 9a, 3b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	nere 🕨 🗙	b Total revenue, if any (Form 99	0, Part VIII, column (A), line 12)	1	ь 208,070.
2a Form 990-EZ che		b Total revenue, if any (Form 99			2b
3a Form 1120-POL		b Total tax (Form 1120-POL, line			Bb
4a Form 990-PF che	· _	b Tax based on investment inc			lb
5a Form 8868 check		b Balance due (Form 8868, line			jb
6a Form 990-T check		b Total tax (Form 990-T, Part III,)b
7a Form 4720 check		b Total tax (Form 4720, Part III,			/b
8a Form 5227 check		b FMV of assets at end of tax y			3b
9a Form 5330 check		b Tax due (Form 5330, Part II, lir			9b
10a Form 8038-CP ch		b Amount of credit payment re			I0b
		ture Authorization of Officer	r or Person Subject to Tax	() (
		I am an officer of the above entity of			rt to (name
of entity)			, (EIN) and		
entry to the financial institu financial institution to debi later than 2 business days payment of taxes to receiv	ution account indic it the entry to this a prior to the payme re confidential infor nber (PIN) as my si	S. Treasury and its designated Finan ated in the tax preparation software account. To revoke a payment, I musi nt (settlement) date. I also authorize mation necessary to answer inquiries gnature for the electronic return and,	for payment of the federal taxes o t contact the U.S. Treasury Financ the financial institutions involved s and resolve issues related to the	wed on this re cial Agent at 1 in the process payment. I ha	eturn, and the -888-353-4537 no
X I authorize WE	GNER CPAS	LLP	to	o enter my PIN	13314
		ERO firm name		-	Enter five numbers, but
					do not enter all zeros
with a state age on the return's c As an officer or return. If I have i	ncy(ies) regulating disclosure consent person subject to t indicated within thi	21 electronically filed return. If I have charities as part of the IRS Fed/State screen. ax with respect to the entity, I will en s return that a copy of the return is b my PIN on the return's disølosure co	e program, I also authorize the afo ter my PIN as my signature on the eing filed with a state agency(ies)	rementioned E e tax year 202 ⁻	ERO to enter my PIN 1 electronically filed
	R	$L \in \mathcal{C} \setminus \mathcal{A}$		Data N	0/44/00
Signature of officer or person subject Part III Certifica	tion and Auth	suco ricotion		Date	► <u>9/14/22</u>
ERO's EFIN/PIN. Enter yo number (EFIN) followed by	-	-	39955053713	;	
			Do not enter all zeros		
		IN, which is my signature on the 202 requirements of Pub. 4163, Moderr			
ERO's signature 🕨 WEG	NER CPAS	LLP	Date 🕨 08/	26/22	
		ERO Must Retain This Form	- See Instructions		
		ubmit This Form to the IRS		So	
HA For Privacy act and		ction Act Notice, see instructions.			Form 8879-TE (2021)
102521 01-11-22					