

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Retroactive Rein Startement

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150 2013

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	or the	DECEMBER :	31 , 20 13		
В	Check if a	pplicable C Name of organization D E	Employer iden	trfication number	
	Address	change ANCHOR FOR THE NATIONS MINISTRIES ,INC.	11-3740106		
	Name cha	Ange Number and street (or P O. box, if mail is not delivered to street address) Room/suite E 1	Telephone num	ber	
=	Initial retu	14400 FIG 31	303	279 5180	
=	T <i>ermina</i> te Amended	City or town state or province country, and ZIP or foreign postal code	Group Exemption		
=		TO COLOTT	Number >		
			ck ▶ ☑ if ti	ne organization is no	
I V	Vebsite			h Schedule B	
JT	ax-exen			Z, or 990-PF)	
		organization Corporation Trust Association Other		<u> </u>	
		is 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	sets		
		lumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	► s	4,760 27	
Р	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the inst	tructions for	or Part I)	
		Check if the organization used Schedule O to respond to any question in this Part I		P	
	1	Contributions, gifts, grants, and similar amounts received	. 1	4,760 27	
	2	Program service revenue including government fees and contracts	. 2		
	3	Membership dues and assessments	. 3		
	4	Investment income	. 4		
	5a	Gross amount from sale of assets other than inventory 5a	·		
	b	Less: cost or other basis and sales expenses			
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c		
	6	Gaming and fundraising events	-		
	a	Gross income from gaming (attach Schedule G if greater than			
ē	-	\$15,000) 6a			
Revenue	b	Gross income from fundraising events (not including \$ of contributions			
ě	~	from fundraising events reported on line 1) (attach Schedule G if the	ì		
ш		sum of such gross income and contributions exceeds \$15,000) 6b			
	c	Less: direct expenses from gaming and fundraising events 6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	ct		
		line 6c)	. 6d		
	7a	Gross sales of inventory, less returns and allowances			
	b	Less: cost of goods sold	7		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c		
	8	Other revenue (describe in Schedule O)	. 8		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	4,760 27	
_	10	Grants and similar amounts paid (list in Schedule O)	. 10		
Expenses	11	Benefits paid to or for members	. 11	1,850.00	
	12	Salaries, other compensation, and employee benefits	. 12		
	13	Professional fees and other payments to independent contracts.	. 13		
	14	Occupancy, rent, utilities, and maintenance	. 14		
	15	DEC.	15		
	16	Other expenses (describe in Schedule O)	. 16	2,540 00	
	17	Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16	▶ 17	4,390 00	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9). Net assets or fund balances at beginning of year (from the 27 column (A)) (must agree with end-of-year figure reported on prior year's return).	. 18	370 27	
	19	Net assets or fund balances at beginning of year (from the 27 policies (A)) (must agree with	ih		
		end-of-year figure reported on prior year's return)	19	1,830 24	
	20	Other changes in net assets or fund balances (explain in Schedule O)	. 20		
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	2,200 51	
_				000 F7	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 10642I

Form **990-EZ** (2013)

SCAMMED WAR 24 20st

	990-EZ (2013)	5				Page 2
_Pa	rt II Balance Sheets (see the instruction					
	Check if the organization used Sched	ule O to respond to a	ny question in this		<u> </u>	<u> </u>
			<u> </u>	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		L	1,830.24	-	2,200.51
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			1,830 24	25	2,200 51
26	Total liabilities (describe in Schedule O) .				26	
27	Net assets or fund balances (line 27 of colu			1,830 24	27	2,200.51
Par	t III Statement of Program Service Acco	•		, i		Expenses
	Check if the organization used Sched		ny question in this	Part III 🗹	(Requ	uired for section
Wha	t is the organization's primary exempt purpose?	CHARITABLE				c)(3) and 501(c)(4)
Desc	cribe the organization's program service accom	plishments for each o	f its three largest p	rogram services,	_	nizations and section (a)(1) trusts, optional
as n	neasured by expenses. In a clear and concise	manner, describe the				thers)
pers	ons benefited, and other relevant information for	each program title.				
28	EXPENSE FOR FOOD AND CLOTHING PROGRAM	1				
	SEE SCHEDULE O					
						İ
	(Grants \$) If this amou	int includes foreign gra	ants, check here .	▶ 🗆 │	28a	2,540.00
29						
	(Grants \$) If this amou	ınt ıncludes foreign gra	nts, check here	▶ □]	29a	
30						1
						1
	(Grants \$) If this amou	unt includes foreign gra	ants, check here	▶ 🗆	30a	
31	Other program services (describe in Schedule (O)				
	(Grants \$) If this amou	int includes foreign gra	ants, check here	▶□	31a	
32	Total program service expenses (add lines 28	3a through 31a)			~~	2,540 00
			<u> </u>		32	
	List of Officers, Directors, Trustees, and	Key Employees (list eac	h one even if not com	pensated—see the in		
		Key Employees (list eac	h one even if not comp ny question in this	pensated—see the in		
	List of Officers, Directors, Trustees, and	Key Employees (list eacule O to respond to a	n one even if not coming question in this (c) Reportable	pensated - see the in Part IV	struc	etions for Part IV)
	List of Officers, Directors, Trustees, and	Key Employees (list eac ule O to respond to a (b) Average hours per week	h one even if not comp ny question in this	pensated-see the in	struc	etions for Part IV)
	List of Officers, Directors, Trustees, and Check if the organization used Sched	Key Employees (list eacule O to respond to a	ny question in this (c) Reportable compensation	pensated – see the in Part IV	struc	etions for Part IV)
Par	List of Officers, Directors, Trustees, and Check if the organization used Sched	Key Employees (list eac ule O to respond to a (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	struc	etions for Part IV)
VICT	List of Officers, Directors, Trustees, and Check if the organization used Sched (a) Name and title	Key Employees (list eac ule O to respond to a (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	struc	etions for Part IV)
VICT	List of Officers, Directors, Trustees, and Check if the organization used Sched (a) Name and title OR MATVEYUK DIRECTOR	Key Employees (list eac ule O to respond to a (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	struc	etions for Part IV)
VICT	List of Officers, Directors, Trustees, and Check if the organization used Sched (a) Name and title OR MATVEYUK DIRECTOR	Key Employees (list eac ule O to respond to a (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	struc	etions for Part IV)
VICT	List of Officers, Directors, Trustees, and Check if the organization used Sched (a) Name and title OR MATVEYUK DIRECTOR	Key Employees (list eac ule O to respond to a (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	struc	etions for Part IV)
VICT	List of Officers, Directors, Trustees, and Check if the organization used Sched (a) Name and title OR MATVEYUK DIRECTOR	Key Employees (list eac ule O to respond to a (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	struc	etions for Part IV)
VICT	List of Officers, Directors, Trustees, and Check if the organization used Sched (a) Name and title OR MATVEYUK DIRECTOR	Key Employees (list eac ule O to respond to a (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	struc	etions for Part IV)
VICT	List of Officers, Directors, Trustees, and Check if the organization used Sched (a) Name and title OR MATVEYUK DIRECTOR	Key Employees (list eac ule O to respond to a (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	struc	etions for Part IV)
VICT	List of Officers, Directors, Trustees, and Check if the organization used Sched (a) Name and title OR MATVEYUK DIRECTOR	Key Employees (list eac ule O to respond to a (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	struc	etions for Part IV)
VICT	List of Officers, Directors, Trustees, and Check if the organization used Sched (a) Name and title OR MATVEYUK DIRECTOR	Key Employees (list eac ule O to respond to a (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	struc	etions for Part IV)
VICT	List of Officers, Directors, Trustees, and Check if the organization used Sched (a) Name and title OR MATVEYUK DIRECTOR	Key Employees (list eac ule O to respond to a (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	struc	etions for Part IV)
VICT	List of Officers, Directors, Trustees, and Check if the organization used Sched (a) Name and title OR MATVEYUK DIRECTOR	Key Employees (list eac ule O to respond to a (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	struc	etions for Part IV)
VICT	List of Officers, Directors, Trustees, and Check if the organization used Sched (a) Name and title OR MATVEYUK DIRECTOR	Key Employees (list eac ule O to respond to a (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	struc	etions for Part IV)
VICT	List of Officers, Directors, Trustees, and Check if the organization used Sched (a) Name and title OR MATVEYUK DIRECTOR	Key Employees (list eac ule O to respond to a (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	struc	etions for Part IV)
VICT	List of Officers, Directors, Trustees, and Check if the organization used Sched (a) Name and title OR MATVEYUK DIRECTOR	Key Employees (list eac ule O to respond to a (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	struc	etions for Part IV)
VICT	List of Officers, Directors, Trustees, and Check if the organization used Sched (a) Name and title OR MATVEYUK DIRECTOR	Key Employees (list eac ule O to respond to a (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	struc	etions for Part IV)
VICT	List of Officers, Directors, Trustees, and Check if the organization used Sched (a) Name and title OR MATVEYUK DIRECTOR	Key Employees (list eac ule O to respond to a (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	struc	etions for Part IV)
VICT	List of Officers, Directors, Trustees, and Check if the organization used Sched (a) Name and title OR MATVEYUK DIRECTOR	Key Employees (list eac ule O to respond to a (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	struc	etions for Part IV)
VICT	List of Officers, Directors, Trustees, and Check if the organization used Sched (a) Name and title OR MATVEYUK DIRECTOR	Key Employees (list eac ule O to respond to a (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	struc	etions for Part IV)
VICT	List of Officers, Directors, Trustees, and Check if the organization used Sched (a) Name and title OR MATVEYUK DIRECTOR	Key Employees (list eac ule O to respond to a (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	struc	etions for Part IV)
VICT	List of Officers, Directors, Trustees, and Check if the organization used Sched (a) Name and title OR MATVEYUK DIRECTOR	Key Employees (list eac ule O to respond to a (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	struc	etions for Part IV)
VICT	List of Officers, Directors, Trustees, and Check if the organization used Sched (a) Name and title OR MATVEYUK DIRECTOR	Key Employees (list eac ule O to respond to a (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	struc	etions for Part IV)
VICT	List of Officers, Directors, Trustees, and Check if the organization used Sched (a) Name and title OR MATVEYUK DIRECTOR	Key Employees (list eac ule O to respond to a (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	struc	etions for Part IV)

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	<u> </u>	Yes	No
	detailed description of each activity in Schedule O	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		,
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	i —	
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		v
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39	Section 501(c)(7) organizations Enter. Initiation fees and capital contributions included on line 9			
a b	Initiation fees and capital contributions included on line 9	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		,
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		,
41	List the states with which a copy of this return is filed ▶			
42a	The organization of books are in early of the second of th	303 27		
_	Located at ► 4468 FIG ST GOLDEN, CO ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	80403	Yes	
ь	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	res	NO
	If "Yes," enter the name of the foreign country. ▶	72.00		- <u>*</u> -
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	!		
С	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		.	▶ 🗆
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
C	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		\ \

f Total number of other employees paid over \$100,000 ▶ Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 ▶ Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note and statements, and to the best of pry knowledge and belief, it is true, correct, and complete perparatify the reduced that every property property is property from the perparatify of the perparation of which preparer has any knowledge Sign	Form 99	90-EZ (2	013)					F	age 4
to candidates for public office? If "Yes," complete Schedule C, Part I Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.								Yes	No
All section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check of the organization used Schedule O to respond to any question in this Part VI 47 Did the organization and spage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 48 Is the organization as school as described in section 170(b)(1)/A)(h)? If "Yes," complete Schedule E 48 If Yes, "was the related organization a section 527 organization? 48 Is the organization of the organization? 50 Complete this table for the organizations is the highest compensated employees (other than officers, directors, trustees and key employees) who such received more than \$100,000 of compensation from the organization. If there is none, enter "None" (a) Name and tide of each amployee f Total number of other employees paid over \$100,000	46					behalf of or in opport			
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 7 Did the organization angage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 V 49 V 49a Did the organization asked any transfers to an exempt non-charitable related organization? 49b V 51 If "Yes," was the related organization? 49b V 51 If "Yes," was the related organization? 50 Complete this table for the organization? 50 Signature of the organization organization? 50 Signature of the organization organization? 50 Signature organization?	Dort	_			Parti		· · 46	<u> </u>	
Check if the organization used Schedule O to respond to any question in this Part VI Check if the organization aspage in lobbying activities or have a section 50(th) election in effect during the tax year? If "Yes," complete Schedule C, Part II 48 Is the organization aspond as described in section 170(b)(1/k)(0)? If "Yes," complete Schedule E 49 If "Yes," was the related organization a section 52? organization? 50 Complete its table for the organization in short brighted compensated employees (other than officers, directors, mustless and key employees) who each received more than \$100,000 of compensation from the organization? (a) Name and title of each employee (b) Name and title of each employee (c) Name and title of each employee and over \$100,000 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (d) Name and turners address of each independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None." (e) Name and business address of each independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None." (e) Name and business address of each independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None." (a) Name and business address of each independent contractors each received by Type of service (c) Compensation (d) Name and business address of each independent contractors each received by Type of service (c) Compensation (e) Name and business address of each independent contractors each received by Type of service (c) Compensation (e) Name and business address of each independent contractors each received by Type of service (c) Compensation (f) Type of service (c) Compensation (e) Type of service (c) Compensation from the organization from the organi	rait	VI			etione 47_49h and	52 and complete	the tables	for lin	00
Check if the organization used Schedule O to respond to any question in this Part VI Did the organization angage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 48				is must answer que	Stions 47-430 and	oz, and complete	tile tables	IOI IIII	62
Ves No Ves No Ves No Ves No Ves Ves No Ves Ves No Ves				hedule O to respond	to any question in the	his Part VI			П
47 Dut the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "yes," complete Schedule C, Part II 49 V 49a Dut the organization asked on section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 49a V 49a Dut the organization asked organization organization asked organization asked organization organization? 49a V 49a V 49a V 49b			onder in the organization dead ec		to any question in a			Tyes	No
So the organization a school as described in section 1700/I(1A)/IV2 If "Yes," complete Schedule E. 49a V	47	Did t	he organization engage in lobbying	activities or have a	section 501(h) electio	n in effect during t	he tax	1.00	
Did the organization make any transfers to an exempt non-charitable related organization? 1		year'	If "Yes," complete Schedule C, Par	tll			47		~
b If "Yes," was the related organization a section 527 organization? Complete this table for the organization is five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Average hours per week devoted to position Forms W-2/1099-MISC) (b) Average hours per week devoted to position (c) Reportable compensation (c) Reportable compensation (d) Reportable compensation (e) Reportable compensation (f) Forms W-2/1099-MISC) (e) Compensation (f) Total number of other employees paid over \$100,000 (e) Compensation (e) Stimuted amount of other compensation from the organization if there is none, enter "None." (e) Amere and business address of each independent contractor (e) Type of service (e) Compensation (e) Total number of other independent contractors each receiving over \$100,000 (e) Total number of other independent contractors each receiving over \$100,000 (e) Total number of other independent contractors each receiving over \$100,000 (e) Total number of other independent contractors each receiving over \$100,000 (e) Total number of other independent contractors each receiving over \$100,000 (e) Total number of other independent contractors each receiving over \$100,000 (e) Total number of other independent contractors each receiving over \$100,000 (e) Total number of other independent contractors each receiving over \$100,000 (e) Total number of other independent contractors each receiving over \$100,000 (e) Total number of other independent contractors each receiving over \$100,000 (e) Total number of other independent contractors each receiving over \$100,000 (e) Total number of other independent contractors each receiving over \$100,000 (e) Total	48	Is the	e organization a school as described in	n section 170(b)(1)(A)(ii)? If "Yes," complete \$	Schedule E	. 48		V
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustess and key employees) who each received more than \$100,000 of compensation from the organization. If the some, some, enter "None." (a) Name and table of each employee (b) Name and table of each employee (c) Reportable compensation (c) Reportable compensation (d) Habith benefits. (d) Habith benefits. (e) Reportable compensation (forms W-2/1099-MISC) (forms W-2/1099-MISC) (g) Name and before the organization of the remployees paid over \$100,000 . ▶ 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None." (g) Name and business address of each independent contractor (h) Type of service (g) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 ▶ (g) Type of service (g) Compensation (h) Type of service (h) Type	49a		-	· · · · · · · · · · · · · · · · · · ·	-	ation?	. 49	3	~
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Name and title of each employee (c) Reportable (d) Retail Note (e) Estimated amount of other employees paid over \$100,000 (e) Total number of other employees paid over \$100,000 (e) Total number of other employees paid over \$100,000 (e) Name and business address of each independent contractor (e) Type of service (e) Compensation NONE (e) Name and business address of each independent contractor (e) Type of service (c) Compensation (e) Total number of other independent contractors each receiving over \$100,000 (e) Total number of other independent contractors each receiving over \$100,000 (e) Total number of other independent contractors each receiving over \$100,000 (e) Total number of other independent contractors each receiving over \$100,000 (e) Total number of other independent contractors each receiving over \$100,000 (e) Compensation (f) Type of service (e) Compensation (f) Type of service (f) Type of service (g) Compensation (here independent contractors who each received more than \$100,000 (g) Type of service (here independent contractors who each received more than \$100,000 (g) Type of service (here independent contractors who each received more than \$100,000 (g) Type of service (here independent contractors who each received more than \$100,000 (g) Type of service (here independent contractors who each received more than \$100,000 (g) Type of service (here independent contractors who each received more than \$100,000 (here possible independent contractors who each received more than \$100,000 (here possible independent contr									
(a) Name and title of each employee (b) Average (c) Reportable (contraction employee (c) Reportable (c) Reportable (contraction (c) Reportable (c) Reportable (contraction (c) Reportable (50	Com	plete this table for the organization's	five highest compen	sated employees (oth	er than officers, dir	ectors, trust	ees an	d key
d Total number of other employees paid over \$100,000		empi	oyees) who each received more than	1 \$100,000 of comper	isation from the organ		one, enter "	None."	
devoted to position (Forms W-2/1994-MISC) cheefing plans, and deferred compensation other compensation		(2)	Name and title of each employee				ree (e) Estima	ted amou	unt of
f Total number of other employees paid over \$100,000 . ► Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 . ► Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A. Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A. Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A. Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A. Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A. Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A. Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A. Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A. Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A. Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A. Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable property organization of the property organization of the property organization of the property organization		(4)	realite and title of each employee						
f Total number of other employees paid over \$100,000 ▶ Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 ▶ Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts and the least of provided A nonexempt charitable trusts and the least of provided	NONE					compensation			
Total number of other independent contractors each receiving over \$100,000 . ► d Total number of other independent contractors each receiving over \$100,000 . ► Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A . ► ► No. Under penalties of peniny, I decide that I have becomed this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is not ormplete. Such and complete of peniny, I decide that I have becomed this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is now perfect that find the pening of other within efficiel is based on all information of which prepare has any knowledge and belief, it is such and complete. ► VICTOR MATVEYUK, DIRECTOR Print's address Print's addre	NONE								
Total number of other independent contractors each receiving over \$100,000 . ► d Total number of other independent contractors each receiving over \$100,000 . ► Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A . ► ► No. Under penalties of peniny, I decide that I have becomed this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is not ormplete. Such and complete of peniny, I decide that I have becomed this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is now perfect that find the pening of other within efficiel is based on all information of which prepare has any knowledge and belief, it is such and complete. ► VICTOR MATVEYUK, DIRECTOR Print's address Print's addre							-		
Total number of other independent contractors each receiving over \$100,000 . ► d Total number of other independent contractors each receiving over \$100,000 . ► Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A . ► ► No. Under penalties of peniny, I decide that I have becomed this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is not ormplete. Such and complete of peniny, I decide that I have becomed this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is now perfect that find the pening of other within efficiel is based on all information of which prepare has any knowledge and belief, it is such and complete. ► VICTOR MATVEYUK, DIRECTOR Print's address Print's addre							}		
Total number of other independent contractors each receiving over \$100,000 . ► d Total number of other independent contractors each receiving over \$100,000 . ► Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A . ► ► No. Under penalties of peniny, I decide that I have becomed this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is not ormplete. Such and complete of peniny, I decide that I have becomed this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is now perfect that find the pening of other within efficiel is based on all information of which prepare has any knowledge and belief, it is such and complete. ► VICTOR MATVEYUK, DIRECTOR Print's address Print's addre			,						
Total number of other independent contractors each receiving over \$100,000 . ► d Total number of other independent contractors each receiving over \$100,000 . ► Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A . ► ► No. Under penalties of peniny, I decide that I have becomed this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is not ormplete. Such and complete of peniny, I decide that I have becomed this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is now perfect that find the pening of other within efficiel is based on all information of which prepare has any knowledge and belief, it is such and complete. ► VICTOR MATVEYUK, DIRECTOR Print's address Print's addre									
Total number of other independent contractors each receiving over \$100,000 . ► d Total number of other independent contractors each receiving over \$100,000 . ► Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A . ► ► No. Under penalties of peniny, I decide that I have becomed this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is not ormplete. Such and complete of peniny, I decide that I have becomed this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is now perfect that find the pening of other within efficiel is based on all information of which prepare has any knowledge and belief, it is such and complete. ► VICTOR MATVEYUK, DIRECTOR Print's address Print's addre									
Total number of other independent contractors each receiving over \$100,000 . ► d Total number of other independent contractors each receiving over \$100,000 . ► Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A . ► ► No. Under penalties of peniny, I decide that I have becomed this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is not ormplete. Such and complete of peniny, I decide that I have becomed this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is now perfect that find the pening of other within efficiel is based on all information of which prepare has any knowledge and belief, it is such and complete. ► VICTOR MATVEYUK, DIRECTOR Print's address Print's addre									
Total number of other independent contractors each receiving over \$100,000 . ► d Total number of other independent contractors each receiving over \$100,000 . ► Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A . ► ► No. Under penalties of peniny, I decide that I have becomed this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is not ormplete. Such and complete of peniny, I decide that I have becomed this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is now perfect that find the pening of other within efficiel is based on all information of which prepare has any knowledge and belief, it is such and complete. ► VICTOR MATVEYUK, DIRECTOR Print's address Print's addre									
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 ▶ Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt chanitable trusts must attach a completed Schedule A ▶ ▼ No Under penalties of penury, I decider that have paramead this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is not only the perfect of the hand efficiel is based on all information of which preparer has any knowledge and belief, it is not only the perfect of the hand efficiel is based on all information of which preparer has any knowledge. Sign Penul Type or print name and title Promoting Matteryuk, DIKECTOR Promoting Matteryuk, DIKECTOR Firm's address ▶ Firm's address ▶ 11-3740106 Phone no 303 279 5180									
\$100,000 of compensation from the organization If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 . 52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . Under penalties of penjuy, I decure 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, begarant prendigate (other than afficer) is based on all information of which preparer has any knowledge NICTOR MATVEYUK, DIRECTOR Type or print name and title Print's address > Firm's address > Firm's address > Firm's address > I 11-3740106 Phone no 303 279 5180									
(a) Name and business address of each independent contractor (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 ▶ 52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A № ▼es ✓ No Under penalties of penjury, I decife that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rure, correct, and complete Defaration of the pension of which preparer has any knowledge Sign Find Type or print name and title Paid Propagarer VICTOR MATVEYUK, DIRECTOR Type or print name and title Propagarer VICTOR MATVEYUK, DIRECTOR Type or print name and title Print's gell or print name and title Print's gell or print name or print	51	Com	plete this table for the organization'	s five highest compe	nsated independent	contractors who ea	ach received	d more	than
d Total number of other independent contractors each receiving over \$100,000 . 52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A		Ψισο	,000 or compensation from the orga	ilization il there is no	rie, eriter Norie.				
d Total number of other independent contractors each receiving over \$100,000 . 52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A		(a)	Name and business address of each independ	lent contractor	(b) Type of servi	ice	(c) Compensa	tion	
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A	NONE				··· <u>, </u> .				
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A						1			
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A									
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A					·				
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A									
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A									
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A									
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A			,						
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A						1			
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A	d	Total	number of other independent contra	ictors each receiving	over \$100,000	<u> </u>			
nonexempt charitable trusts must attach a completed Schedule A			•	•		and 4947(a)(1)			
Under penalties of perjury. I decidre 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 perjury (other than officer) is based on all information of which preparer has any knowledge. Sign Here VICTOR MATVEYUK, DIRECTOR Type or print name and title Print/Type preparer's name VICTOR MATVEYUK Firm's name Firm's and Firm's address Firm's address Phone no 303 279 5180			•				► 🗌 Ye	s 🗹 M	No
Sign Here Victor Matveyuk, Director Type or print name and title Print/Type preparer's name Victor Matveyuk Print/Type preparer's name Print/Type pr	Under p	enalties	of penjury, I declare that I have examined this r	etum, including accompany	ing schedules and stateme	nts, and to the best of m			ıt ıs
VICTOR MATVEYUK, DIRECTOR Type or print name and title Paid Preparer USE Only Print/Type preparer's name Preparer's name Preparer's name Print/Type p	true, cor	rect, an	d complete. Declaration of preparer (other than	refficer) is based on all info	mation of which preparer h	as any knowledge			
VICTOR MATVEYUK, DIRECTOR Type or print name and title Paid Preparer USE Only Print/Type preparer's name Preparer's name Preparer's name Print/Type p	٠.		1 JAMUAN IS IM	<u> </u>		Palo	22,20	<u> 15</u>	
Type or print name and title Paid Preparer USE Only Type or print name and title Print/Type preparer's name VICTOR MATVEYUK Firm's name Firm's aid ress ▶ Firm's address ▶		ŀ	· //			Date	,		
Paid Preparer Use Only Print/Type preparer's name VICTOR MATVEYUK Prim's name Firm's address ▶ Print/Type preparer's name VICTOR MATVEYUK Print/Type prep	nere			<u> </u>	· · · · · ·				
Preparer Use Only Firm's name ► Firm's address Firm's address I1-3740106		L		Plenaters Ignature	n _{at}	le l			
Firm's name	Paid		· · · ·	Hall The	$\Delta (a)$		□ "		
Firm's address ▶ Phone no 303 279 5180				Made. DW Las	1 10/2		```	40104	
	Use (Only		<i>U</i>	<u>.</u>				
	May th	e IRS	·	shown above? See II	nstructions	Friorie no			No.

Form 990-EZ (2013)

SCHEDULE & (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Cat. No 51056K

Schedule O (Form 990 or 990-EZ) (2013)

2013 Open to Public

Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

11-3740106 Anchor for the Nations Ministries, Inc. Part I. Other expenses 16. food, clothing distribution program Part III. Statement of Program Service accomplishments This chapter informs the IRS about the services that were delivered in 2013 through the program that is designed to benefit the AIDS orphans in South Africa. Through this program children receive food, clothing and medical assistance (when medical personnel is available). The distribution of these services is done on site in person by the volunteering staff of the Anchor for the Nations Ministries, Inc. In 2013 three hundred orphans received help through this program. Victor Matveyuk, director of Anchor for the Nations Ministries, Inc. MAR 1 0 2015 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.