2018
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SEP
SCANNED

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) For calendar year 2017 or other tax year beginning 2017, and ending power of the form of the calendar year 2017 or other tax year beginning 2017, and ending power of the form of the calendar year 2017 or other 50 form of the calendar year 2017 or other 50 form of the calendar year 2017 or other 50 form of the calendar year 2017 or other 50 form of the calendar year 2017 or other 50 form of the calendar year 2017 or other 50 form of the calendar year 2017 or other 50 form of the calendar year 2017 or other 50 form of the calendar year 2017 or other 50 form of year 2018 or or or or or year 2018 or other 50 form of year 2018 or or or or year 2018 or		· C&E	\						2939	32	30	0323	5 8
For all and proxy tax under section 6033(e) For calendar year 2017 or other tax year beginning 2017, and ending 2017, and ending 2017, and ending 2017, and ending 2017 or other tax year beginning 2017, and ending 2017 or other tax year beginning 2017, and ending 2017 or other 2017 or other tax year beginning 2017, and ending 2017 or other 2017 or ot		$\left(\begin{array}{c} \tilde{g}^{\prime} \tilde{g} \\ \tilde{g}^{\prime} \end{array} \right)$) =	omet Organia	ation D	!		T.					. .
For calendary year 201 or other tax year beginning	C.	(and proxy tax under section 6033(e))							_	OMB No 154	15-0687		
- Go to www.frs.gov/Forms997 for instructions and the latest information. Cerceck box of A check box of A chec	,		For calendar vea	•	-						Ì	201	7
Do not enter SSM numbers on this form as it may be made public if your organization is a S01(c)(3). SSM numbers on this form as it may be made public if your organization is a S01(c)(3). SSM numbers on this form as it may be made public if your organization is a S01(c)(3). SSM numbers on this form as it may be made public if your organization is a S01(c)(3). SSM numbers on this form as it may be made public if your organization is a S01(c)(3). SSM numbers on this form as it may be made public if your organizations is a S01(c)(3). SSM numbers on this form as it may be made public if your organizations is a S01(c)(3). SSM numbers on this form as it may be made public if your organizations in S01(c)(3). SSM numbers on this form as it may be made public if your organizations in S01(c)(3). SSM numbers of the public if your organizations is sold in S01(c) numbers organization in S01(c) numbers in S01(c)			-	•	• • •				ation.	.'			
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Bescribe the organization's primary unrelated business activity Tinterest 1. n Tr/Bus thru P/T entity	C B	ook value of all assets at	F Group	exemption number (See instruction	ons.) •	•	 				3000	
Note	er	-	O Observe	<u></u>				501	(c) trust	4010	a) trus	st \square 0	ther trust
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group If "Yes," enter the name and identifying number of the parent corporation Telephone number ► (616) 399–31 Tele	H	Describe the organiz	ation's primar	y unrelated busines	s activity					<u> </u>		- ب	
The books are in care of * Herman Kan1s Telephone number * (616) 399-34:	>	<u>Interest in '</u>	<u> Tr/Bus th</u>	ru P/T entity	У								<u> </u>
J The books are in care of Filerman Kanis Part E Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 a Gross receipts or sales b Less returns and allowances 2 Cost of goods sold (Schedule A, line 7) 3 Gross profit Subtract line 2 from line 1c 4 a Capital gain net income (attach Schedule D) b Net gain (loss) (form 4797, Part II, line 17) (attach form 4797) c Capital loss deductions for trusts fincome (loss) from partnerships and S corporations (attach statement) fincome (Schedule C) for Unrelated debt-financed income (Schedule E) linetrest, annuities, royalities, and rents from controlled organization (Schedule 6) for Unrelated debt-financed income (Schedule E) linetrest, annuities, royalities, and rents from controlled organization (Schedule 6) for Unrelated debt-financed income (Schedule B) linetrest, annuities, royalities, and rents from controlled organization (Schedule 6) for Unrelated debt-financed income (Schedule B) linetrest, annuities, royalities, and rents from controlled organization (Schedule 6) for Unrelated debt-financed income (Schedule B) linetrest, annuities, royalities, and rents from controlled organization (Schedule 6) for Unrelated debt-financed income (Schedule B) linetrest, annuities, royalities, and rents from controlled organizations (Schedule B) linetrest, annuities, royalities, and rents from controlled organizations (Schedule B) linetrest, annuities, royalities, and rents from controlled organizations (Schedule B) linetrest, annuities, royalities, and rents from controlled organizations (Schedule B) linetrest, annuities, royalities, and rents from controlled organizations (Schedule B) linetrest, annuities, royalities, and rents from controlled organizations (Schedule B) linetrest, annuities, royalities, and rents from controlled organizations (Schedule B) linetrest, annuities, royalities, and rents from controlled organizations (Schedule B) linetrest, annuities, royalities, and rents from controlled royalities, and rents from controlled royalities, and rents from c						_		t-subsidi	ary controlle	ed group		Yes	XNo
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On the parameter parameter taxable interior pereio net operating ioss acauction oppitate line ZZ IIOIII IIIC IS I I III I	30			-	atıng loss de	duction	on Subtract lin	ne 29 fro	m line 13				
31 Net operating loss deduction (limited to the amount on line 30)													
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30.				•				line 30					0.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 33													
34 Unrelated business taxable income. Subtract line 33 from line 32 If line 33 is greater than line 32, enter the smaller of zero or line 32 BAA For Paperwork Reduction Act Notice, see instructions. TEEA0205L 10/04/17 Form 990-T						reater				e 32	34	Form 000	0.

Form 990-	T(2017) The Anchor Foundation	38	3-3353871	Page 2
Part III		30	3333011	
	inizations Taxable as Corporations. See instructions for tax computation			
` Cont	rolled group members (sections 1561 and 1563) check here ► See instruct	tions and	* /	
a Ente	r your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets	(in that order)		
(1)				
	r organization's share of (1) Additional 5% tax (not more than \$11,750)	\$	}	
	dditional 3% tax (not more than \$100,000)	\$	1, 1	
	me tax on the amount on line 34	<u>19.</u>	35 c	0
	ts Taxable at Trust Rates. See instructions for tax computation. Income tax on		350	0.
	ne 34 from Tax rate schedule or Schedule D (Form 1041)	the amount	36	
	y tax. See instructions	_		
	native minimum tax	_	37	
	•		38	
	on Non-Compliant Facility Income. See instructions		39	
	I. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	0.
Part IV	Tax and Payments			
		1 a	3.76.4.2. 04.44.00p	
		1 b	Sacrific A	
c Gene	eral business credit Attach Form 3800 (see instructions)	1 c		
d Cred	it for prior year minimum tax (attach Form 8801 or 8827)	1 d		
e Total	credits. Add lines 41a through 41d		41 e	0.
42 Subt	ract line 41e from line 40		42	0.
43 Othe	r taxes Check if from Form 4255 Form 8611 Form 8697 Form 88	66	F	
	Other (attach schedule)		43	
44 Total	I tax. Add lines 42 and 43		44	0.
		5a 500.	- 214th	
		5 b	[e ']	
	· · · · · · · · · · · · · · · · · · ·	5 c		
	 	5 d		
		5 e		
		5f		
	r credits and payments Form 2439	31		
_		-		
		5 g		
	payments. Add lines 45a through 45g	. —	46	500.
	nated tax penalty (see instructions) Check if Form 2220 is attached	▶ []	47	
	due. If line 46 is less than the total of lines 44 and 47, enter amount owed	•	48	
	payment. If line 46 is larger than the total of lines 44 and 47, enter amount over		49	500.
	r the amount of line 49 you want. Credited to 2018 estimated tax	500. Refunded ►	50	0.
Part V	Statements Regarding Certain Activities and Other Information			
	y time during the 2017 calendar year, did the organization have an interest in or a sig			Yes No
	cial account (bank, securities, or other) in a foreign country? If YES, the organization		l Form 114,	3380
Repo	irt of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign	gn country here►		X
52 Durin	ng the tax year, did the organization receive a distribution from, or was it the gr	antor of, or transferor to,	a foreign trust?	X
	S, see instructions for other forms the organization may have to file		3	
	the amount of tax-exempt interest received or accrued during the tax year	3 0.		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all info		of my knowledge and	* 1 30-400-1
Sign	1 26/10 h		May the IRS discuss this	s return with
Here	Signature of difficer Date Title	easurer	the preparer shown belo	
			X Ye	s ∐No
Paid	Print/Type preparer's name Preparer's property Date	Check If	PTIN	
Pre-	William Piotrowski William Piotrowski 7/	31/18 self-employed	P00350916	5
parer	Firm's name Piotrowski & Associates, Ltd.	Firm's EIN ►	82-3358993	
Use	Firm's address 3315 Algonquin Road, Suite 420B	, , , , , ,		
Only	Rolling Meadows, IL 60008	Dhoos as	047_250_10	200
BAA	TEEA0202L 03/26/18	Phone no	847-259-19	0-T (2017)
	1EEAUZUZL U3/20/18		י ככ ווחטיז	U-I (ZUI/)

Schedule A — Cost of Good	ls Sold. Enter method	of inve	ntory valuation	>						
1. Inventory at beginning of year	r 1		6	Invento	y at e	end of year	6			
2 Purchases 2			7	Cost of	est of goods sold. Subtract					
3 Cost of labor	3			line 6 fr	om lır	10 0 Linton 11010				
4 a Additional section 263A costs (attach	schedule)			and in F	art I,	line 2	7	TG 1 TG		
	, 4 a							Yes No		
b Other costs	4 b		8	Do the	ules (of section 263A (with	respect to			
(attach sch) 5 Total. Add lines 1 through 4b					roperty produced or acquired for resale) apply the organization?					
Schedule C - Rent Income	(From Real Proper	ty and	l Personal P	operty	Leas	sed With Real Pro	perty) (see i	nstructions)		
1 Description of property										
(1)							· <u>·</u>			
(2)										
(3)										
(4)										
	2 Rent received or accr	ued				24.50		-111		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not property exceptions)			eal and personal property entage of rent for personal ceeds 50% or if the rent is lon profit or income)			3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)										
(2)										
(3)										
(4)										
Total	Total									
(c) Total income. Add totals of column and on page 1, Part I, line 6,		ter >				(b) Total deductions. En here and on page 1, Part I, line 6, column (B)				
Schedule E — Unrelated De	bt-Financed Incom	e (see	instructions)			· · · · · · · · · · · · · · · · · · ·				
1 Danish and dalah	£	Ì	2 Gross incom		3 De	eductions directly con debt-finan	nected with or ced property	allocable to		
Description of debt-financed property			or allocable to debt- financed property dep			(a) Straight line eciation (attach sch)	(b) Other deductions (attach schedule)			
(1)										
(2)				-						
(3)										
(4)										
4 Amount of average adjusted basis of or allocable to debt-financed property (attach schedule) 5 Average adjusted basis of or allocable to debt-financed property (attach schedule)			6 Columi divided column	5 5		7 Gross income ortable (column 2 x column 6)	8 Allocable (column 6 columns 3(a	x total of		
(1)				%						
(2)				%						
(3)				%						
(4)				%						
					Ente Part	r here and on page 1 I, line 7, column (A)	, Enter here ar Part I, line 7	ıd on page 1, , column (B)		
Totals.				•						
Total dividends-received deduction	ons included in column	8				<u> </u>	1			
BAA		TE	EA0203L 10/04/17				Form	990-T (2017)		

Schedule F — Interest, A				Controlled Or			. 941					
organization ider		Employer ntification number	ıncon	3 Net unrelated income (loss) (see instructions)		4 Total of speci payments mad				n co	eductions directly connected with come in column 5	
(1)												
(2)					╁							
(3)					╁							
(4)					✝							
Nonexempt Controlled Organiz	ations					·		<u> </u>				
7 Taxable Income		et unrelated	9 Tota	l of specified	d	10 Part of	colum	n 9 that is		11 Deduct	ions directly	
	income (see ins			payments made			n the controlling n's gross income			connected with incor in column 10		
(1)											_	
(2)												
(3)												
(4)			L						ļ			
Totals						Í	age 1 lumn	, Part I, line (A)	here	and on pa 8, colu	6 and 11 Enter age 1, Part I, line umn (B)	
Schedule G - Investmen	nt Inco	me of a Sec	tion 50				nizat					
1 Description of income	:	2 Amount of income		dire	3 Deductions directly connected (attach schedule)		4 Set-asides (attach schedule)			5 Total deductions and set-asides (column 3 plus column 4)		
(1)												
(2)												
(3)												
(4)												
		Enter here and Part I, line 9, o									re and on page 1, ne 9, column (B)	
Totals.					· ·:	<u> </u>	Tillia	<u> </u>	**			
Schedule I – Exploited E	xemp		come, (Other Tha	_							
1 Description of exploited activity		2 Gross unrelated business income froi trade or business	n bu	openses directly connected with production of unrelated siness income	fro or 2 i	Net income (loss) om unrelated trade business (column minus column 3) f a gain, compute lumns 5 through 7.	activ	ss income from hity that is not ated business income	attrıbu	enses table to imn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)					 							
(2)					\vdash							
(3)					H		-					
(4)		·			\vdash							
Totals.		Enter here on page Part I, line column (#	1, c 10, Pá	ter here and on page 1, ort I, line 10, olumn (B)	W.						Enter here and on page 1, Part II, line 26	
Schedule J - Advertisin	a Inco	me (See instr	uctions)		1 420	. nr. 1867 18 1867 18	•		**************************************			
Part I Income From Pe				Consolida	ite	d Basis						
(a)		2 Gross	1	3 Direct		Advertising gain or	5.0	irculation	6 Rea	dership	7 Excess readership	
1 Name of periodical		advertisin income	g a	dvertising costs	(loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	income		costs		costs (col. 6 minus col 5, but not more than col 4)	
(1)					Į.	GII VAGII 7						
(2)					┨.				_			
(4)					×,							
Totals (carry to Part II, line (5)	-)) '	-	-				-	-				
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Page 5

					00 0000011	
Part II Income From Periodica 7 on a line-by-line basis)	is Reported or	a Separate E	Basis (For each p	eriodical listed in	Part II, fill in co	umns 2 through
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)		<u> </u>				
	<u> </u>	<u> </u>				
(4)						ļ
Totals from Part I	·					
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1 – 5) ▶	·					J
Schedule K - Compensation o	f Officers, Dire	ctors, and Tru	ustees (see instri	uctions)		
1 Name		2 Title	time devote	3 Percent of time devoted to business 4 Compens to unrel		
					%	
					%	
					%	
					0.	

Total. Enter here and on page 1, Part II, line 14 **BAA**

TEEA0204 L 10/04/17

Form **990-T** (2017)