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Form 990-EZ

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2006 calendar year, or tax year beginning Mar 01, 2006, and ending Feb 28, 2007

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending.

C Name of organization, number and street, city, town, state, and ZIP code: Anchors Guild of Childrens Hospital, Los Angeles, 4650 Sunset Blvd MS4, Los Angeles CA 90027-

D Employer identification number: 95-6118986

E Telephone number: 323-669-2367

F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method:  Cash  Accrual Other (specify)

I Website: J Organization type (check only one):  501(c)(3) (insert no.) 4947(a)(1) or 527 H Check  if the organization is not required to attach Sch B (Form 990 990-EZ or 990-PF)

K Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ \$ 1,634.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	25.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	45.
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	1,564.
6b	Less direct expenses other than fundraising expenses	6b	575.	
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	989.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c		
8	Other revenue (describe)	8		
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	1,059.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe: Yearly Donation to CHLA)	16	610.
	17	Total expenses (add lines 10 through 16)	17	610.
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	18	449.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	1,334.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	1,783.

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Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	1,334.	1,783.
23 Land and buildings		
24 Other assets (describe)		
25 Total assets	1,334.	1,783.
26 Total liabilities (describe)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,334.	1,783.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

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**Part III Statement of Program Service Accomplishments** (See the instructions)

What is the organization's primary exempt purpose? Fund raising for Childrens Hosp

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

**Expenses**  
(Required for 501(c)(3) & (4) organizations and 4947(a)(1) trusts, optional for others)

28	<u>Sponsored Day At Races - all profit is donated to Childrens Hospital Los Angeles</u>	(Grants \$ ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28a	575.
29	<u>Bowling evening - all profit is donated to CHLA</u>	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a)		32	575.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See the instr.)

(A) Name and address	(B) Title & average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred comp	(E) Expense account and other allowances
Mrs Loy Casey Manhattan Beac	President	0		
Mrs C Ramsey Redondo Beach	Treasurer	0		

**Part V Other Information** (Note the statement requirement in General Instruction V)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a 0		
b Did the organization file Form 1120-POL for this year?		X
38 a 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 unpaid at the start of the period covered by this return?		X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved <input type="checkbox"/> 38b		
39 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 <input type="checkbox"/> 39a		
b Gross receipts, included on line 9, for public use of club facilities <input type="checkbox"/> 39b		

**Part V Other Information** (Note the statement requirement in General Instruction V) (Continued)

40 a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ \_\_\_\_\_; section 4912 ▶ \_\_\_\_\_, section 4955 ▶ \_\_\_\_\_

b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation

	Yes	No
40b		X

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ \_\_\_\_\_

d Enter amount of tax on line 40c reimbursed by the organization ▶ \_\_\_\_\_

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

40e		X
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41 List the states with which a copy of this return is filed ▶ CA

42a The books are in care of ▶ Mrs C Ramsey Telephone no. ▶ 323-669-2367  
 Located at ▶ 405 N Pauine Ave Redondo Beac, CA ZIP + 4 ▶ 90277

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

	Yes	No
42b		X

If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S?

42c		X
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If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_

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 ▶ 43

Please Sign Here

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

▶ *Connie Casey* Signature of officer Date 6-22-07  
 ▶ Connie Casey President  
 Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst X)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	EIN ▶	Phone no. ▶	

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**  
(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust  
**Supplementary Information - (See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2006**

Name of the organization <b>Anchors Guild of Childrens Hospital</b>	Employer identification number <b>95-6118986</b>
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See the instructions. List each one. If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 . . . . . ▶				

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See the instructions. List each one (whether individuals or firms). If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services . . . . . ▶		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None" See the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services . . . . . ▶		

<b>Part III</b> Statements About Activities (See the instructions)	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
<b>a</b> Sale, exchange, or leasing of property?	2a	X
<b>b</b> Lending of money or other extension of credit?	2b	X
<b>c</b> Furnishing of goods, services, or facilities?	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
<b>e</b> Transfer of any part of its income or assets?	2e	X
<b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a	X
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?	3b	X
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
<b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a	X
<b>b</b> Did the organization make any taxable distributions under section 4966?	4b	
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?	4c	
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____		
<b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____		

**Part IV Reason for Non-Private Foundation Status** (See the instructions.)

I certify that the organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type IV-Other

Provide the following information about the supported organizations. (See the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Childrens Hospital	95-1690977	non-profit	X		610.
<b>Total</b>					<b>610.</b>

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See the instructions.)

Name: Anchors Guild of Childrens Hospital

ID number: 95-6118986

Part I - Statement of Revenue, Expenses, and Changes in Net Assets Line 9

Special Events	(A)	(B)	(C)	Other	Total
Gross Receipts	284.	1,280.			1,564.
Less Contributions					
Gross Revenue	284.	1,280.			1,564.
Less Direct Expenses		575.			575.
Net Income or (loss)	284.	705.			989.

Description of Events

(A) Bowling - Evening of bowling with profits going to CHLA

(B) Day at the Races - All proceeds going to CHLA

(C)

Other