

**2006 TAX RETURN**

**CLIENT COPY**

**Client:** 2062

**Prepared for:** THE ART OF ELYSIUM  
1880 CENTURY PARK EAST, SUITE 200  
LOS ANGELES, CA 90067-1600  
(310) 289-9888

**Prepared by:** MICHAEL STONE  
GERBER & CO. INC.  
1880 CENTURY PARK EAST, SUITE 200  
LOS ANGELES, CA 90067-1602  
(310) 289-9888

**Date:** NOVEMBER 15, 2007

**Comments:**

**Route to:** \_\_\_\_\_

**2006 Exempt Org. Return**  
prepared for:

**THE ART OF ELYSIUM**  
1880 CENTURY PARK EAST, SUITE 200  
LOS ANGELES, CA 90067-1600

**Gerber & Co. Inc.**  
1880 CENTURY PARK EAST, SUITE 200  
LOS ANGELES, CA 90067-1602

**GERBER & CO. INC.**  
1880 CENTURY PARK EAST, SUITE 200  
LOS ANGELES, CA 90067-1602  
(310) 289-9888

Client 2062  
November 15, 2007

---

**THE ART OF ELYSIUM**  
1880 CENTURY PARK EAST, SUITE 200  
LOS ANGELES, CA 90067-1600  
(310) 289-9888

**FEDERAL FORMS**

Form 990  
Schedule A  
Schedule B

2006 Return of Organization Exempt from Income Tax  
Organization Exempt Under Section 501(c)(3)  
Schedule of Contributors

**CALIFORNIA FORMS**

Form 199  
Schedule B  
Form RRF-1

2006 California Exempt Organization Return  
Schedule of Contributors  
2007 Registration/Renewal Fee Report

**FEE SUMMARY**

Preparation Fee

---

**2006**

**FEDERAL FILING INSTRUCTIONS**

**THE ART OF ELYSIUM**

**95-4673306**

**FORM TO FILE:**

FORM 990 - 2006 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

**SIGNATURE:**

SIGN AND DATE FORM 990.

**PAYMENT:**

NO PAYMENT IS REQUIRED.

**WHEN TO FILE:**

ON OR BEFORE NOVEMBER 15, 2007.

**WHERE TO FILE:**

INTERNAL REVENUE SERVICE  
OGDEN, UT 84201-0027

Return of Organization Exempt From Income Tax

2006

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2006 calendar year, or tax year beginning, 2006, and ending

- B Check if applicable: [X] Address change, Name change, Initial return, Final return, Amended return, Application pending

C THE ART OF ELYSIUM, 1880 CENTURY PARK EAST, SUITE 200, LOS ANGELES, CA 90067-1600

D Employer Identification Number 95-4673306, E Telephone number (310) 289-9888, F Accounting method: [X] Cash, [ ] Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? ... [ ] Yes [X] No, H (b) If 'Yes,' enter number of affiliates, H (c) Are all affiliates included? ... [ ] Yes [ ] No, H (d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No, I Group Exemption Number, M Check [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: WWW.THEARTOFELYSIUM.ORG

J Organization type (check only one) [X] 501(c) 3 (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check here [ ] if the organization is not a 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 Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 612,779.

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

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, and Total. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Assets (lines 18-21).

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	22a				
<b>22b</b> Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	22b				
<b>23</b> Specific assistance to individuals (attach schedule).....	23				
<b>24</b> Benefits paid to or for members (attach schedule).....	24				
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch).....	25a	177,396.	172,074.	1,774.	3,548.
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch).....	25b	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule).....	25c	0.	0.	0.	0.
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c.....	26				
<b>27</b> Pension plan contributions not included on lines 25a, b, and c.....	27				
<b>28</b> Employee benefits not included on lines 25a - 27.....	28				
<b>29</b> Payroll taxes.....	29				
<b>30</b> Professional fundraising fees.....	30				
<b>31</b> Accounting fees.....	31	250.		250.	
<b>32</b> Legal fees.....	32				
<b>33</b> Supplies.....	33	3,570.	3,570.		
<b>34</b> Telephone.....	34	9,776.		9,693.	83.
<b>35</b> Postage and shipping.....	35	206.	149.	44.	13.
<b>36</b> Occupancy.....	36	3,686.	3,686.		
<b>37</b> Equipment rental and maintenance.....	37				
<b>38</b> Printing and publications.....	38	18,139.	18,085.	54.	
<b>39</b> Travel.....	39	3,261.	3,261.		
<b>40</b> Conferences, conventions, and meetings.....	40				
<b>41</b> Interest.....	41				
<b>42</b> Depreciation, depletion, etc (attach schedule).....	42				
<b>43</b> Other expenses not covered above (itemize):					
<b>a</b> SEE STATEMENT 1	43a	362,088.	300,078.	16,443.	45,567.
<b>b</b> -----	43b				
<b>c</b> -----	43c				
<b>d</b> -----	43d				
<b>e</b> -----	43e				
<b>f</b> -----	43f				
<b>g</b> -----	43g				
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).....	44	578,372.	500,903.	28,258.	49,211.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>SEE STATEMENT 2</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
<b>a</b> RAISES FUNDS TO SPONSOR FREE WEEKLY ART EXPERIENCES, SUCH AS LIVE MUSICAL AND COMEDIC PERFORMANCES, THEATER ARTS, PAINTING, SCULPTURE AND PHOTOGRAPHY AS WELL AS LEARNING WORKSHOPS, FOR CHILDREN WHO ARE CRITICALLY ILL IN HOSPITALS TO PARTICIPATE IN.  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	500,903.
<b>b</b> _____ _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>c</b> _____ _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>d</b> _____ _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>e</b> Other program services ..... (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ..... ▶	500,903.

BAA

**Part IV Balance Sheets** (See the instructions.)

		(A) Beginning of year		(B) End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
<b>ASSETS</b>	<b>45</b> Cash — non-interest-bearing .....	81,178.	<b>45</b>	115,585.
	<b>46</b> Savings and temporary cash investments.....		<b>46</b>	
	<b>47a</b> Accounts receivable.....	<b>47 a</b>		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>47 b</b>	<b>47 c</b>	
	<b>48a</b> Pledges receivable.....	<b>48 a</b>		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>48 b</b>	<b>48 c</b>	
	<b>49</b> Grants receivable.....		<b>49</b>	
	<b>50 a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) .....		<b>50 a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) .....		<b>50 b</b>	
	<b>51 a</b> Other notes and loans receivable (attach schedule) .....	<b>51 a</b>		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>51 b</b>	<b>51 c</b>	
	<b>52</b> Inventories for sale or use .....		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges .....		<b>53</b>	
	<b>54a</b> Investments — publicly-traded securities.....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54 a</b>	
	<b>b</b> Investments — other securities (attach sch).....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54 b</b>	
	<b>55a</b> Investments — land, buildings, & equipment: basis .....	<b>55 a</b>		
	<b>b</b> Less: accumulated depreciation (attach schedule) .....	<b>55 b</b>	<b>55 c</b>	
	<b>56</b> Investments — other (attach schedule) .....		<b>56</b>	
	<b>57a</b> Land, buildings, and equipment: basis.....	<b>57 a</b>		
<b>b</b> Less: accumulated depreciation (attach schedule) .....	<b>57 b</b>	<b>57 c</b>		
<b>58</b> Other assets, including program-related investments (describe ▶ .....		<b>58</b>		
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58 .....	81,178.	<b>59</b>	115,585.	
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses .....		<b>60</b>	
	<b>61</b> Grants payable .....		<b>61</b>	
	<b>62</b> Deferred revenue .....		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) .....		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule).....		<b>64 a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule).....		<b>64 b</b>	
	<b>65</b> Other liabilities (describe ▶ .....		<b>65</b>	
<b>66 Total liabilities.</b> Add lines 60 through 65.....	0.	<b>66</b>	0.	
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted .....		<b>67</b>	
	<b>68</b> Temporarily restricted .....		<b>68</b>	
	<b>69</b> Permanently restricted .....		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds .....		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund .....		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds .....	81,178.	<b>72</b>	115,585.
<b>73 Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....	81,178.	<b>73</b>	115,585.	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	81,178.	<b>74</b>	115,585.	



**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements .....	<b>a</b>	612,779.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
	1 Net unrealized gains on investments .....	<b>b1</b>	
	2 Donated services and use of facilities .....	<b>b2</b>	
	3 Recoveries of prior year grants .....	<b>b3</b>	
	4 Other (specify): _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	612,779.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b .....	<b>d1</b>	
	2 Other (specify): _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	612,779.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements .....	<b>a</b>	578,372.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
	1 Donated services and use of facilities .....	<b>b1</b>	
	2 Prior year adjustments reported on Part I, line 20 .....	<b>b2</b>	
	3 Losses reported on Part I, line 20 .....	<b>b3</b>	
	4 Other (specify): _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	578,372.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b .....	<b>d1</b>	
	2 Other (specify): _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	578,372.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 3		32,500.	0.	0.

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> <i>(continued)</i>	Yes	No
<b>75a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings .. ▶ <u>17</u>		
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s) .....	<b>75b</b>	X
<b>c</b> Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization' .....	<b>75c</b>	X
If 'Yes,' attach a statement that includes the information described in the instructions.		
<b>d</b> Does the organization have a written conflict of interest policy? .....	<b>75d</b>	X

<b>Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits</b> (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
<u>NONE</u>				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				

<b>Part VI Other Information</b> <i>(See the instructions.)</i>	Yes	No
<b>76</b> Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change .....	<b>76</b>	X
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? .....	<b>77</b>	X
If 'Yes,' attach a conformed copy of the changes.		
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .....	<b>78a</b>	X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year? .....	<b>78b</b>	N/A
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement .....	<b>79</b>	X
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? .....	<b>80a</b>	X
<b>b</b> If 'Yes,' enter the name of the organization ▶ <u>N/A</u> .....		
and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
<b>81a</b> Enter direct and indirect political expenditures. (See line 81 instructions.) .....	<b>81a</b>	0.
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? .....	<b>81b</b>	X

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?.....		X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.).....		
	82b N/A		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?.....	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?.....	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?.....		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.....		N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?.....		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?.....		N/A
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members.....		N/A
	85c N/A		
d	Section 162(e) lobbying and political expenditures.....		N/A
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.....		N/A
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e).....		N/A
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?.....		N/A
85g			N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?.....		N/A
85h			N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.....		N/A
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities.....		N/A
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders.....		N/A
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).....		N/A
	87b N/A		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.....		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI.....		X
88b			X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
b	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 become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.....		X
89b			X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.....		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization.....		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?.....		X
89e			X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?.....		X
89f			X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?.....		X
89g			X
90a	List the states with which a copy of this return is filed ▶ CA		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.).....		0
90b			0
91a	The books are in care of ▶ JENNIFER K. HOWELL Telephone number ▶ (213) 385-9272 Located at ▶ 100 UNIVERSAL CITY PLAZA DR #6111, UNIVERSAL CITY CA ZIP + 4 ▶ 91608		
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)?.....		X
91b			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, Report of Foreign Bank and Financial Accounts.		

**Part VI Other Information** (continued)

	Yes	No
c		X

c At any time during the calendar year, did the organization maintain an office outside of the United States? ..... **91 c**  
 If 'Yes,' enter the name of the foreign country ▶

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here. .... N/A ▶   
 and enter the amount of tax-exempt interest received or accrued during the tax year. .... ▶ **92** N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments.....					
g Fees & contracts from government agencies. . .					
<b>94</b> Membership dues and assessments. . .					
<b>95</b> Interest on savings & temporary cash invmnts. . .					
<b>96</b> Dividends & interest from securities. . .					
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property. . . . .					
b not debt-financed property. . . . .					
<b>98</b> Net rental income or (loss) from pers prop. . . . .					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory. . . . .					
<b>101</b> Net income or (loss) from special events . . . . .					
<b>102</b> Gross profit or (loss) from sales of inventory. . . . .					
<b>103</b> Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .					
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . . ▶					0.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....  Yes  No  
 b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....  Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

	<b>Yes</b>	<b>No</b>
<b>106</b> Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

	<b>Yes</b>	<b>No</b>
<b>107</b> Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

	<b>Yes</b>	<b>No</b>
<b>108</b> Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Please Sign Here</b>	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.	
	▶ _____ Signature of officer	_____ Date
	▶ _____ Type or print name and title.	

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ _____	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction W) N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			
	GERBER & CO. INC. 1880 CENTURY PARK EAST, SUITE 200 LOS ANGELES, CA 90067-1602	EIN ▶ N/A	Phone no. ▶ (310) 289-9888	

**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>THE ART OF ELYSIUM</b>	Employer identification number <b>95-4673306</b>
---	---

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See 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 and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

**Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See 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	0	

**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 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	0	

**Part III** Statements About Activities (See 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. . . . ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .		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? . . . . .		X
<b>b</b> Lending of money or other extension of credit? . . . . .		X
<b>c</b> Furnishing of goods, services, or facilities? . . . . .		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .		X
<b>e</b> Transfer of any part of its income or assets? . . . . .		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.) . . . . .		X
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees? . . . . .		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 . . . . .		X
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .		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 . . . . .		X
<b>b</b> Did the organization make any taxable distributions under section 4966? . . . . .		N/A
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		N/A
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year . . . . . ▶		N/A
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ▶		N/A
<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 . . . . . ▶		0
<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 . . . ▶		0.

**Part IV Reason for Non-Private Foundation Status** (See 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 III-Other

**Provide the following information about the supported organizations.**(See 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	
<b>Total</b> .....					<b>0.</b>

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



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) .....	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) .....	172,938.	87,010.	58,256.	77,046.	395,250.
<b>16</b> Membership fees received .....					0.
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose .....					0.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 .....					0.
<b>19</b> Net income from unrelated business activities not included in line 18 .....					0.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf .....					0.
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge .....					0.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets .....					0.
<b>23</b> Total of lines 15 through 22 .....	172,938.	87,010.	58,256.	77,046.	395,250.
<b>24</b> Line 23 minus line 17 .....	172,938.	87,010.	58,256.	77,046.	395,250.
<b>25</b> Enter 1% of line 23 .....	1,729.	870.	583.	770.	

**26 Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ..... N/A ▶ **26a**

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. ▶ **26b**

c Total support for section 509(a)(1) test: Enter line 24, column (e) .....

d Add: Amounts from column (e) for lines: **18** \_\_\_\_\_ **19** \_\_\_\_\_  
**22** \_\_\_\_\_ **26b** \_\_\_\_\_ **26d** \_\_\_\_\_

e Public support (line 26c minus line 26d total) .....

**f Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ..... ▶ **26f** %

**27 Organizations described on line 12:**

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year:  
 (2005) \_\_\_\_\_ 0. (2004) \_\_\_\_\_ 0. (2003) \_\_\_\_\_ 0. (2002) \_\_\_\_\_ 0.

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:  
 (2005) \_\_\_\_\_ 63,000. (2004) \_\_\_\_\_ 20,000. (2003) \_\_\_\_\_ 0. (2002) \_\_\_\_\_ 10,000.

c Add: Amounts from column (e) for lines: **15** \_\_\_\_\_ **16** \_\_\_\_\_  
**17** \_\_\_\_\_ **20** \_\_\_\_\_ **21** \_\_\_\_\_ **27c** 395,250.

d Add: Line 27a total ..... 0. and line 27b total ..... 93,000. **27d** 93,000.

e Public support (line 27c total minus line 27d total) .....

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ..... ▶ **27f** 395,250.

**g Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ..... ▶ **27g** 76.47 %

**h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ..... ▶ **27h** 0. %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
	a Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
	d Copies of all material used by the organization or on its behalf to solicit contributions? .....		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
	a Students' rights or privileges? .....		
	b Admissions policies? .....		
	c Employment of faculty or administrative staff? .....		
	d Scholarships or other financial assistance? .....		
	e Educational policies? .....		
	f Use of facilities? .....		
	g Athletic programs? .....		
	h Other extracurricular activities? .....		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency? .....		
	b Has the organization's right to such aid ever been revoked or suspended? .....		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation. ....		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked 'a' and 'limited control' provisions apply.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures .....	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table —		
	<b>If the amount on line 40 is —</b>		
	<b>The lobbying nontaxable amount is —</b>		
	Not over \$500,000 .....	20% of the amount on line 40 .....	
	Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....	
	Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	<b>41</b>
	Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....	
	Over \$17,000,000 .....	\$1,000,000 .....	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>	
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720.			

**4 -Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount .....					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					
<b>47</b> Total lobbying expenditures .....					
<b>48</b> Grassroots non-taxable amount .....					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					
<b>50</b> Grassroots lobbying expenditures .....					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

	During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		Amount
	Yes	No	
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (add lines <b>c</b> through <b>h</b> .) .....			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
**Supplementary Information for**  
**line 1 of Form 990, 990-EZ and 990-PF (see instructions)**

OMB No. 1545-0047

**2006**

Name of organization

THE ART OF ELYSIUM

Employer identification number

95-4673306

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 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

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 –**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules –**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) . . . . . ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.**

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization

THE ART OF ELYSIUM

Employer identification number

95-4673306

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JEFF BURKE ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 23,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	AIG ENVIRONMENTAL/JOE BOREN ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CHRISTOPHER APPLEBAUM ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	NICK BALO ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	SAMUEL BAYER ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	CREATIVE ARTISTS AGENCY ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

THE ART OF ELYSIUM

Employer identification number

95-4673306

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	DICK WOLFE ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	DOLCE & GABBANA USA, INC. ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	DREAMWORKS/BRIAN EDWARDS ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	KIRSTEN DUNST ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 16,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	FILA/MARK WESTERMAN ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	LEIGH FLISHER ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

THE ART OF ELYSIUM

Employer identification number

95-4673306

**Part I** Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	BENJAMIN JACOBS ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 5,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	TRACEY JACOBS ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	JERRY BRUCKHEIMER FILMS ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	KAPLOW COMMUNICATIONS, INC ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	KATHRYN KENNEDY ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	LLADRO USA, INC. ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

Employer identification number

THE ART OF ELYSIUM

95-4673306

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	ASHLEE MARGOLIS ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 9,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
20	MARK AMIN ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
21	MERCEDES-BENZ/LARKIN HILL ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
22	RAGAN O'REILLY ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
23	LAUREN O'REILLY ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 10,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
24	RAGAN O'REILLY LUKE ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization

THE ART OF ELYSIUM

Employer identification number

95-4673306

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	BRETT RATNER ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	REVELATIONS ENT./LORI MCCREARY ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	ALAN SARTIRANA ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	TOM SHADYAC ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	SARAH SIEGEL-MAGNESS ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	SOUTH BAY TOYOTA/DAVID ORTIZ ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

THE ART OF ELYSIUM

Employer identification number

95-4673306

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	TWENTIETH CENTURY FOX ADDRESS FURNISHED UPON REQUEST /	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	UNIVERSAL CITY STUDIOS ADDRESS FURNISHED UPON REQUEST /	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	UTA FOUNDATION ADDRESS FURNISHED UPON REQUEST /	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	ARIADNE GETTY WILLIAMS ADDRESS FURNISHED UPON REQUEST /	\$ 6,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	WILLIAM MORRIS AGENCY ADDRESS FURNISHED UPON REQUEST /	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	BLT & ASSOCIATES ADDRESS FURNISHED UPON REQUEST /	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE ART OF ELYSIUM

95-4673306

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	BRAD GREY ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

THE ART OF ELYSIUM

Employer identification number

95-4673306

**Part II** Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	N/A ----- ----- -----	----- ----- ----- \$-----	-----
_____	----- ----- -----	----- ----- ----- \$-----	-----
_____	----- ----- -----	----- ----- ----- \$-----	-----
_____	----- ----- -----	----- ----- ----- \$-----	-----
_____	----- ----- -----	----- ----- ----- \$-----	-----
_____	----- ----- -----	----- ----- ----- \$-----	-----
_____	----- ----- -----	----- ----- ----- \$-----	-----
_____	----- ----- -----	----- ----- ----- \$-----	-----

Name of organization <b>THE ART OF ELYSIUM</b>	Employer identification number <b>95-4673306</b>
---	---

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year** (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) ..... \$ **N/A**

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	

## THE ART OF ELYSIUM

95-4673306

**STATEMENT 1  
FORM 990, PART II, LINE 43  
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ART SHOW EXPENSES	141,919.	141,919.		
AUCTION EXPENSE	400.			400.
BANK CHARGES	633.		633.	
CONSULTING FEES	114,974.	81,837.	2,148.	30,989.
INSURANCE	3,392.		3,392.	
MARKETING & PUBLICITY	10,082.			10,082.
OFFICE SUPPLIES & EXPENSES	9,819.		9,819.	
PAYROLL TAXES	19,810.	19,216.	198.	396.
PROFESSIONAL FEES	2,550.	2,500.	50.	
PROGRAM EXPENDITURES	54,606.	54,606.		
UTILITIES	203.		203.	
WEBSITE DESIGN	3,700.			3,700.
<b>TOTAL</b>	<b>\$ 362,088.</b>	<b>\$ 300,078.</b>	<b>\$ 16,443.</b>	<b>\$ 45,567.</b>

**STATEMENT 2  
FORM 990, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO HELP PAY THE MEDICAL COSTS OF UNDERPRIVILEGED CHILDREN INCLUDING, WITHOUT LIMITATION, THOSE REQUIRING TREATMENT AT CHILDREN'S HOSPITAL IN LOS ANGELES, CALIFORNIA, BY SPONSORING SPECIAL EVENTS INVOLVING THE PUBLIC PERFORMANCE OF MUSIC, COMEDY, AND OTHER PERFORMING ARTS, AS WELL AS PUBLIC EXHIBITIONS OF FINE ART. THE ORGANIZATION ALSO ENCOURAGES ARTISTS AND ENTERTAINERS TO PERFORM AND PROVIDE ART AND MUSIC WORKSHOPS FREE OF CHARGE TO HOSPITALIZED CHILDREN.

**STATEMENT 3  
FORM 990, PART V-A  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JENNIFER KRISTEN HOWELL 100 UNIVERSAL CITY PLAZA #6111 UNIVERSAL CITY, CA 91608	PRESIDENT & CEO 4	\$ 32,500.	\$ 0.	\$ 0.
DAVID TANNENBAUM 100 UNIVERSAL CITY PLAZA #6111 UNIVERSAL CITY, CA 91608	CHAIRMAN 4	0.	0.	0.
KEN COELHO 100 UNIVERSAL CITY PLAZA #6111 UNIVERSAL CITY, CA 91608	TREASURER 4	0.	0.	0.

## THE ART OF ELYSIUM

95-4673306

**STATEMENT 3 (CONTINUED)**  
**FORM 990, PART V-A**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
BILL HARRISON 100 UNIVERSAL CITY PLAZA #6111 UNIVERSAL CITY, CA 91608	SECRETARY 4	\$ 0.	\$ 0.	\$ 0.
ALLISON AZOFF 100 UNIVERSAL CITY PLAZA #6111 UNIVERSAL CITY, CA 91608	DIRECTOR 4	0.	0.	0.
CARTER BAYS 100 UNIVERSAL CITY PLAZA #6111 UNIVERSAL CITY, CA 91608	DIRECTOR 4	0.	0.	0.
MATT BOREN 100 UNIVERSAL CITY PLAZA #6111 UNIVERSAL CITY, CA 91608	DIRECTOR 4	0.	0.	0.
ANDREA FIUCZYNSKI 100 UNIVERSAL CITY PLAZA #6111 UNIVERSAL CITY, CA 91608	DIRECTOR 4	0.	0.	0.
TRACEY JACOBS 100 UNIVERSAL CITY PLAZA #6111 UNIVERSAL CITY, CA 91608	DIRECTOR 4	0.	0.	0.
RENE JONES 100 UNIVERSAL CITY PLAZA #6111 UNIVERSAL CITY, CA 91608	DIRECTOR 4	0.	0.	0.
ALEX KERR 100 UNIVERSAL CITY PLAZA #6111 UNIVERSAL CITY, CA 91608	DIRECTOR 4	0.	0.	0.
ERIC KRANZLER 100 UNIVERSAL CITY PLAZA #6111 UNIVERSAL CITY, CA 91608	DIRECTOR 4	0.	0.	0.
MATTHEW S. MEZA 23586 CALABASAS ROAD SUITE 200 CALABASAS, CA 91302	DIRECTOR 4	0.	0.	0.
LAUREN O'REILLY 100 UNIVERSAL CITY PLAZA #6111 UNIVERSAL CITY, CA 91608	DIRECTOR 4	0.	0.	0.
RAGAN O'REILLY 100 UNIVERSAL CITY PLAZA #6111 UNIVERSAL CITY, CA 91608	DIRECTOR 4	0.	0.	0.



## THE ART OF ELYSIUM

95-4673306

STATEMENT 3 (CONTINUED)  
 FORM 990, PART V-A  
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
MARCEL PARISEAU 100 UNIVERSAL CITY PLAZA #6111 UNIVERSAL CITY, CA 91608	DIRECTOR 4	\$ 0.	\$ 0.	\$ 0.
WILL WARD 100 UNIVERSAL CITY PLAZA #6111 UNIVERSAL CITY, CA 91608	DIRECTOR 4	0.	0.	0.
	TOTAL	<u>\$ 32,500.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

2006

**CALIFORNIA FILING INSTRUCTIONS**

THE ART OF ELYSIUM

95-4673306

**FORM TO FILE:**

FORM 199 - 2006 CALIFORNIA EXEMPT ORGANIZATION ANNUAL INFORMATION RETURN

**SIGNATURE:**

SIGN AND DATE FORM 199.

**WHEN TO FILE:**

ON OR BEFORE DECEMBER 17, 2007.

**WHERE TO FILE:**

FRANCHISE TAX BOARD  
P.O. BOX 942857  
SACRAMENTO, CA 94257-0700

2006

**CALIFORNIA FILING INSTRUCTIONS**

THE ART OF ELYSIUM

95-4673306

**FORM TO FILE:**

FORM RRF-1 - REGISTRATION/RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**SIGNATURE:**

SIGN AND DATE FORM RRF-1, PAGE 1.

**PAYMENT:**

THERE IS A FEE DUE OF \$75 WHICH IS PAYABLE BY NOVEMBER 15, 2007. ATTACH A CHECK OR MONEY ORDER FOR THE FULL AMOUNT PAYABLE TO "ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS" AND WRITE THE CALIFORNIA CHARITY REGISTRATION NUMBER ON THE PAYMENT.

**WHEN TO FILE:**

ON OR BEFORE NOVEMBER 15, 2007.

**WHERE TO FILE:**

REGISTRY OF CHARITABLE TRUSTS  
P.O. BOX 903447  
SACRAMENTO, CA 94203-4470

YEAR  
**2006**

# California Exempt Organization Annual Information Return

FORM  
**199**

For calendar or fiscal year beginning month _____ day _____ year _____ and ending month _____ day _____ year _____	
<b>IMPORTANT: Your number is required.</b>	
California corporation number <b>2069354</b>	Federal employer identification number (FEIN) <b>95-4673306</b>
Corporation/Organization name <b>THE ART OF ELYSIUM</b>	
Address including Suite, Room, or PMB no. <b>1880 CENTURY PARK EAST, SUITE 200</b>	
City <b>LOS ANGELES, CA</b>	State ZIP Code <b>90067-1600</b>

**A** Final return? Check applicable box.  Yes  No  
 Dissolved  Withdrawn  Merged/Reorganized (attach explanation)  
 If a box is checked, enter date ●

**B** Check forms filed this year: State:  109  100  100S  100W Fed:  990  
 Fed:  990EZ  990T  990PF  1041  1120H  1120

**C** If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. **See General Instruction F. No filing fee is required.** ●

**D** Is this a group filing? See General Instruction N . . . . .  Yes  No

**E** Accounting method used . CASH

**F** Type of organization  Exempt under Section 23701 D (insert letter)  
 IRC Section 4947(a)(1) trust

### Part I Complete Part I unless not required to file this form. See General Instructions B and C.

<b>Receipts and Revenues</b> <small>(Enclose, but do not staple, any payment.)</small>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 . . . . . ●	<b>1</b>	
	2 Gross dues and assessments from members and affiliates. . . . . ●	<b>2</b>	
	3 Gross contributions, gifts, grants, and similar amounts received. See instructions . . . . . SEE .SCH. B . . . ●	<b>3</b>	612,779.
	4 Total gross receipts for filing requirement test. Add line 1 through line 3 <b>This line must be completed.</b> If the result is less than \$25,000, see General Instruction C. . . . . ●	<b>4</b>	612,779.
	5 Cost of goods sold . . . . . <b>5</b>	<b>5</b>	
	6 Cost or other basis, and sales expenses of assets sold. . . . . <b>6</b>	<b>6</b>	
	7 Total costs. Add line 5 and line 6 . . . . .	<b>7</b>	
	8 Total gross income. Subtract line 7 from line 4 . . . . .	<b>8</b>	612,779.
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18 . . . . .	<b>9</b>	578,372.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 . . . . .	<b>10</b>	34,407.
<b>Filing Fee</b>	11 Filing fee \$10 or \$25. See General Instruction F. . . . .	<b>11</b>	
	12 Penalty for failure to file on time. See General Instruction L. . . . .	<b>12</b>	
	13 Use tax. See General Instruction M. . . . . ●	<b>13</b>	
	14 Balance due. Add line 11, line 12, and line 13 . . . . .	<b>14</b>	

- 15** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. . . . .  Yes  No
- 16** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents. . . . .  Yes  No
- 17** Is the organization exempt under R&TC Section 23701g? . . . . .  Yes  No  
 If 'Yes,' enter amount of gross receipts from nonmember sources. . . . \$ \_\_\_\_\_
- 18** Did the organization file Form 100, Form 100S, 100W, or Form 109 to report taxable income? . . . . .  Yes  No  
 If 'Yes,' enter amount of total income reported. . . . \$ \_\_\_\_\_
- 19** The financial records are in care of. JENNIFER K. HOWELL Daytime telephone (213) 385-9272  
 located at 100 UNIVERSAL CITY PLAZA DR #6111 91608

<b>Please Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.		Title _____	
	Signature of officer _____ Date _____		Daytime telephone _____	
<b>Paid Preparer's Use Only</b>	Paid Preparer's signature _____ Date _____	Check if self-employed <input type="checkbox"/> ●	Paid preparer's SSN or PTIN <b>P00045428</b>	
	Firm's name (or yours, if self-employed) and address <u>GERBER &amp; CO. INC.</u> <u>1880 CENTURY PARK EAST, SUITE 200</u> <u>LOS ANGELES, CA 90067-1602</u>	FEIN <b>65-1210974</b>	Daytime telephone <b>(310) 289-9888</b>	

**Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts—complete Part II or furnish substitute information. See Specific Line Instructions.**

<b>Receipts from Other Sources</b>	<b>1</b> Gross sales or receipts from all business activities. See instructions . . . . .	<b>1</b>	
	<b>2</b> Interest . . . . .	<b>2</b>	
	<b>3</b> Dividends . . . . .	<b>3</b>	
	<b>4</b> Gross rents . . . . .	<b>4</b>	
	<b>5</b> Gross royalties . . . . .	<b>5</b>	
	<b>6</b> Gross amount received from sale of assets . . . . .	<b>6</b>	
	<b>7</b> Other income. Attach schedule . . . . .	<b>7</b>	
	<b>8 Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 . . . . .	<b>8</b>	
<b>Expenses and Disbursements</b>	<b>9</b> Contributions, gifts, grants, and similar amounts paid. Attach schedule . . . . .	<b>9</b>	
	<b>10</b> Disbursements to or for members . . . . .	<b>10</b>	
	<b>11</b> Compensation of officers, directors, and trustees. Attach schedule . . . . .	<b>11</b>	177,396.
	<b>12</b> Other salaries and wages . . . . .	<b>12</b>	
	<b>13</b> Interest . . . . .	<b>13</b>	
	<b>14</b> Taxes . . . . .	<b>14</b>	
	<b>15</b> Rents . . . . .	<b>15</b>	3,686.
	<b>16</b> Depreciation and depletion . . . . .	<b>16</b>	
	<b>17</b> Other. Attach schedule . . . . .	<b>17</b>	397,290.
	<b>18 Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 . . . . .	<b>18</b>	578,372.

<b>Schedule L Balance Sheets</b>	<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
	<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>				
<b>1</b> Cash . . . . .		81,178.		115,585.
<b>2</b> Net accounts receivable . . . . .				
<b>3</b> Net notes receivable. Attach schedule . . . . .				
<b>4</b> Inventories . . . . .				
<b>5</b> Federal and state government obligations . . . . .				
<b>6</b> Investments in other bonds. Attach schedule . . . . .				
<b>7</b> Investments in stock. Attach schedule . . . . .				
<b>8</b> Mortgage loans (number of loans . . . . .)				
<b>9</b> Other investments. Attach schedule . . . . .				
<b>10a</b> Depreciable assets . . . . .				
<b>b</b> Less accumulated depreciation . . . . .				
<b>11</b> Land . . . . .				
<b>12</b> Other assets. Attach schedule . . . . .				
<b>13 Total</b> assets . . . . .		81,178.		115,585.
<b>Liabilities and net worth</b>				
<b>14</b> Accounts payable . . . . .				
<b>15</b> Contributions, gifts, or grants payable . . . . .				
<b>16</b> Bonds and notes payable. Attach schedule . . . . .				
<b>17</b> Mortgages payable . . . . .				
<b>18</b> Other liabilities. Attach schedule . . . . .				
<b>19</b> Capital stock or principle fund . . . . .				
<b>20</b> Paid-in or capital surplus. Attach reconciliation . . . . .				
<b>21</b> Retained earnings or income fund . . . . .		81,178.		115,585.
<b>22 Total</b> liabilities and net worth . . . . .		81,178.		115,585.

**Schedule M-1 Reconciliation of income per books with income per return**  
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

<b>1</b> Net income per books . . . . .	34,407.	<b>7</b> Income recorded on books this year not included in this return. Attach schedule . . . . .	
<b>2</b> Federal income tax . . . . .		<b>8</b> Deductions in this return not charged against book income this year. Attach schedule . . . . .	
<b>3</b> Excess of capital losses over capital gains . . . . .		<b>9</b> Total. Add line 7 and line 8 . . . . .	
<b>4</b> Income not recorded on books this year. Attach schedule . . . . .		<b>10</b> Net income per return. Subtract line 9 from line 6 . . . . .	
<b>5</b> Expenses recorded on books this year not deducted in this return. Attach schedule . . . . .			
<b>6</b> Total. Add line 1 through line 5 . . . . .	34,407.		34,407.

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

Department of the Treasury  
Internal Revenue Service

CALIFORNIA COPY  
**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

**2006**

Name of organization

THE ART OF ELYSIUM

Employer identification number

95-4673306

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 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

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 –**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules –**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ..... ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.**

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization

Employer identification number

THE ART OF ELYSIUM

95-4673306

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JEFF BURKE ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 23,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	AIG ENVIRONMENTAL/JOE BOREN ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CHRISTOPHER APPLEBAUM ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	NICK BALO ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	SAMUEL BAYER ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	CREATIVE ARTISTS AGENCY ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

THE ART OF ELYSIUM

Employer identification number

95-4673306

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	DICK WOLFE ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	DOLCE & GABBANA USA, INC. ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	DREAMWORKS/BRIAN EDWARDS ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	KIRSTEN DUNST ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 16,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	FILA/MARK WESTERMAN ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	LEIGH FLISHER ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

THE ART OF ELYSIUM

Employer identification number

95-4673306

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	BENJAMIN JACOBS ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 5,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	TRACEY JACOBS ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	JERRY BRUCKHEIMER FILMS ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	KAPLOW COMMUNICATIONS, INC ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	KATHRYN KENNEDY ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	LLADRO USA, INC. ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE ART OF ELYSIUM

95-4673306

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	ASHLEE MARGOLIS ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 9,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
20	MARK AMIN ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
21	MERCEDES-BENZ/LARKIN HILL ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
22	RAGAN O'REILLY ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
23	LAUREN O'REILLY ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 10,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
24	RAGAN O'REILLY LUKE ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization

THE ART OF ELYSIUM

Employer identification number

95-4673306

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	BRETT RATNER ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	REVELATIONS ENT./LORI MCCREARY ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	ALAN SARTIRANA ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	TOM SHADYAC ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	SARAH SIEGEL-MAGNESS ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	SOUTH BAY TOYOTA/DAVID ORTIZ ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE ART OF ELYSIUM

95-4673306

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	TWENTIETH CENTURY FOX ADDRESS FURNISHED UPON REQUEST /	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	UNIVERSAL CITY STUDIOS ADDRESS FURNISHED UPON REQUEST /	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	UTA FOUNDATION ADDRESS FURNISHED UPON REQUEST /	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	ARIADNE GETTY WILLIAMS ADDRESS FURNISHED UPON REQUEST /	\$ 6,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	WILLIAM MORRIS AGENCY ADDRESS FURNISHED UPON REQUEST /	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	BLT & ASSOCIATES ADDRESS FURNISHED UPON REQUEST /	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE ART OF ELYSIUM

95-4673306

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	BRAD GREY ----- ADDRESS FURNISHED UPON REQUEST ----- /-----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

THE ART OF ELYSIUM

Employer identification number

95-4673306

**Part II** Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A ----- ----- -----		

BAA

Name of organization <b>THE ART OF ELYSIUM</b>	Employer identification number <b>95-4673306</b>
---	---

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year** (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) ..... \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	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, and ZIP + 4	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, and ZIP + 4	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, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----
-----	-----

## THE ART OF ELYSIUM

95-4673306

**STATEMENT 1**  
**FORM 199, PART II, LINE 11**  
**COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
JENNIFER KRISTEN HOWELL 100 UNIVERSAL CITY PLAZA #6111 UNIVERSAL CITY, CA 91608	PRESIDENT & CEO 4	\$ 32,500.	\$ 0.	\$ 0.
DAVID TANNENBAUM 100 UNIVERSAL CITY PLAZA #6111 UNIVERSAL CITY, CA 91608	CHAIRMAN 4	0.	0.	0.
KEN COELHO 100 UNIVERSAL CITY PLAZA #6111 UNIVERSAL CITY, CA 91608	TREASURER 4	0.	0.	0.
BILL HARRISON 100 UNIVERSAL CITY PLAZA #6111 UNIVERSAL CITY, CA 91608	SECRETARY 4	0.	0.	0.
ALLISON AZOFF 100 UNIVERSAL CITY PLAZA #6111 UNIVERSAL CITY, CA 91608	DIRECTOR 4	0.	0.	0.
CARTER BAYS 100 UNIVERSAL CITY PLAZA #6111 UNIVERSAL CITY, CA 91608	DIRECTOR 4	0.	0.	0.
MATT BOREN 100 UNIVERSAL CITY PLAZA #6111 UNIVERSAL CITY, CA 91608	DIRECTOR 4	0.	0.	0.
ANDREA FIUCZYNSKI 100 UNIVERSAL CITY PLAZA #6111 UNIVERSAL CITY, CA 91608	DIRECTOR 4	0.	0.	0.
TRACEY JACOBS 100 UNIVERSAL CITY PLAZA #6111 UNIVERSAL CITY, CA 91608	DIRECTOR 4	0.	0.	0.
RENE JONES 100 UNIVERSAL CITY PLAZA #6111 UNIVERSAL CITY, CA 91608	DIRECTOR 4	0.	0.	0.
ALEX KERR 100 UNIVERSAL CITY PLAZA #6111 UNIVERSAL CITY, CA 91608	DIRECTOR 4	0.	0.	0.
ERIC KRANZLER 100 UNIVERSAL CITY PLAZA #6111 UNIVERSAL CITY, CA 91608	DIRECTOR 4	0.	0.	0.



## THE ART OF ELYSIUM

95-4673306

**STATEMENT 1 (CONTINUED)**  
**FORM 199, PART II, LINE 11**  
**COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MATTHEW S. MEZA 23586 CALABASAS ROAD SUITE 200 CALABASAS, CA 91302	DIRECTOR 4	\$ 0.	\$ 0.	\$ 0.
LAUREN O'REILLY 100 UNIVERSAL CITY PLAZA #6111 UNIVERSAL CITY, CA 91608	DIRECTOR 4	0.	0.	0.
RAGAN O'REILLY 100 UNIVERSAL CITY PLAZA #6111 UNIVERSAL CITY, CA 91608	DIRECTOR 4	0.	0.	0.
MARCEL PARISEAU 100 UNIVERSAL CITY PLAZA #6111 UNIVERSAL CITY, CA 91608	DIRECTOR 4	0.	0.	0.
WILL WARD 100 UNIVERSAL CITY PLAZA #6111 UNIVERSAL CITY, CA 91608	DIRECTOR 4	0.	0.	0.
TOTAL		\$ 32,500.	\$ 0.	\$ 0.

**STATEMENT 2**  
**FORM 199, PART II, LINE 17**  
**OTHER EXPENSES**

ACCOUNTING FEES.....	\$ 250.
ART SHOW EXPENSES.....	141,919.
AUCTION EXPENSE.....	400.
BANK CHARGES.....	633.
CONSULTING FEES.....	114,974.
INSURANCE.....	3,392.
MARKETING & PUBLICITY.....	10,082.
OFFICE SUPPLIES & EXPENSES.....	9,819.
PAYROLL TAXES.....	19,810.
POSTAGE AND SHIPPING.....	206.
PRINTING AND PUBLICATIONS.....	18,139.
PROFESSIONAL FEES.....	2,550.
PROGRAM EXPENDITURES.....	54,606.
SUPPLIES.....	3,570.
TELEPHONE.....	9,776.
TRAVEL.....	3,261.
UTILITIES.....	203.
WEBSITE DESIGN.....	3,700.
TOTAL	\$ 397,290.

IN  
**MAIL TO:**  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

**WEBSITE ADDRESS:**  
<http://ag.ca.gov/charities/>

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Registration Number <u>CT111643</u>  <b>THE ART OF ELYSIUM</b> <small>Name of Organization</small> <u>1880 CENTURY PARK EAST, SUITE 200</u> <small>Address (Number and Street)</small> <u>LOS ANGELES, CA 90067-1600</u> <small>City or Town State ZIP Code</small>	<b>Check if:</b> <input checked="" type="checkbox"/> Change of address <input type="checkbox"/> Amended report  Corporate or Organization No. <u>2069354</u>  Federal Employer ID No. <u>95-4673306</u>
--	---

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A – ACTIVITIES**

For your most recent full accounting period (beginning 1/01/06 ending 12/31/06) list:  
 Gross annual revenue \$ 612,779. Total assets \$ 115,585.

**PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Organization's area code and telephone number (310) 289-9888  
 Organization's e-mail address \_\_\_\_\_

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.**

Signature of authorized officer \_\_\_\_\_ Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_