

2009 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: SELWYN GERBER
GERBER & CO. INC.
1880 CENTURY PARK EAST, SUITE 200
LOS ANGELES, CA 90067-1602
(310) 552-1600

Date: NOVEMBER 17, 2010

Comments:

Route to: _____

2009 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

2009

FEDERAL FILING INSTRUCTIONS

THE ART OF ELYSIUM

95-4673306

FORM TO FILE:

FORM 990 - 2009 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, 2010.

WHERE TO FILE:

DEPARTMENT OF TREASURY
INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Return of Organization Exempt From Income Tax

2009

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

For the 2009 calendar year, or tax year beginning , 2009, and ending ,

| | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------|----------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Please use IRS label or print or type. See specific instructions. 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 | G Gross receipts \$ 2,620,359. | F Name and address of principal officer: SAME AS C ABOVE | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If 'No,' attach a list. (see instructions)</small> |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | J Website: ▶ WWW.THEARTOFELYSIUM.ORG | | H(c) Group exemption number ▶ | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | L Year of Formation: 1998 | | M State of legal domicile: CA | |

Part I Summary

| | | | | |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------|----|
| | 1 Briefly describe the organization's mission or most significant activities: <u>SEE ATTACHED NOTE.</u> | | | |
| Activities & Governance | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets. | | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | | 11 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | | 0 |
| | 5 Total number of employees (Part V, line 2a) | 5 | | 19 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | | 0 |
| | 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | | 0. |
| | b Net unrelated business taxable income from Form 990-T, line 34 | 7b | | 0. |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year | |
| | 9 Program service revenue (Part VIII, line 2g) | 1,264,520. | 994,760. | |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 27. | | |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 21,948. | 695,737. | |
| | 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,286,495. | 1,690,497. | |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | | | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 599,647. | 664,859. | |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | | | |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 231,879. | | | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | | 571,259. | 828,973. | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,170,906. | 1,493,832. | | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 115,589. | 196,665. | | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Year | End of Year | |
| | 21 Total liabilities (Part X, line 26) | 4,777,120. | 4,992,708. | |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 0. | 18,923. | |
| | | 4,777,120. | 4,973,785. | |

Part II Signature Block

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

| | | | |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------|
| Sign Here | Signature of officer _____ Date _____ | | |
| | Type or print name and title. _____ | | |
| Paid Preparer's Use Only | Preparer's signature ▶ _____ | Date _____ | Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) 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) 552-1600 |

May the IRS discuss this return with the preparer shown above? (see instructions) **Yes** **No**

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ...

Yes No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ...

Yes No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,088,669. including grants of \$) (Revenue \$)

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.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,088,669.

Part IV Checklist of Required Schedules

| | | Yes | No |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i> | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i> | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II.</i> | | X |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If 'Yes,' complete Schedule C, Part III.</i> | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i> | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i> | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i> | X | |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i> | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i> | | X |
| 11 | Is the organization's answer to any of the following questions 'Yes'? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i> | X | |
| | • Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i> | | |
| | • Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i> | | |
| | • Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i> | | |
| | • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i> | | |
| | • Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i> | | |
| | • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If 'Yes,' complete Schedule D, Part X.</i> | | |
| 12 | Did the organization obtain separate, independent audited financial statement for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.</i> | | X |
| 12A | Was the organization included in consolidated, independent audited financial statement for the tax year? <i>If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional.</i> | 12 A | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i> | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| 14b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Part I.</i> | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Part II.</i> | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Part III.</i> | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I.</i> | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i> | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i> | | X |
| 20 | Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H.</i> | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i> | | X |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i> | | X |
| 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i> | | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i> | | X |
| 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... | | |
| 24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?..... | | |
| 24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... | | |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i> | | X |
| 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i> | | X |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| 28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> | | X |
| 28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> | | X |
| 28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i> | X | |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i> | | X |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> | | X |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. | | X |

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | Yes | No |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----|
| 1 a | Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. | | |
| | 1 a 19 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | | |
| | 1 b 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | X |
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| | 2 a 19 | | |
| 2 b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) | | |
| 3 a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | X |
| b | If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. | | |
| 4 a | 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 |
| b | 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. | | |
| 5 a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | |
| 6 a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions 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 deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | X |
| b | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If 'Yes,' indicate the number of Forms 8282 filed during the year. | | |
| | 7 d | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the organization make any taxable distributions under section 4966? | | |
| b | Did the organization make any distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12. | 10 a | |
| b | Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | 10 b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from other members or shareholders. | 11 a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11 b | |
| 12 a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| b | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. | 12 b | |

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

| | | Yes | No |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 a | Enter the number of voting members of the governing body | | |
| 1 b | Enter the number of voting members that are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | | X |
| 6 | Does the organization have members or stockholders? | | X |
| 7 a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | | X |
| 7 b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8 a | The governing body? | | X |
| 8 b | Each committee with authority to act on behalf of the governing body? | | X |
| 9 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. | | X |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | Yes | No |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 10 a | Does the organization have local chapters, branches, or affiliates? | | X |
| 10 b | If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | X | |
| 11 A | Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O | | |
| 12 a | Does the organization have a written conflict of interest policy? If 'No,' go to line 13. | X | |
| 12 b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | X |
| 12 c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. | | X |
| 13 | Does the organization have a written whistleblower policy? | | X |
| 14 | Does the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| 15 a | The organization's CEO, Executive Director, or top management official. | | X |
| 15 b | Other officers of key employees of the organization. | | X |
| | If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | |
| 16 a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| 16 b | If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosures

- 17 List the states with which a copy of this Form 990 is required to be filed ► CA NY
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ► JENNIFER K. HOWELL 100 UNIVERSAL CITY PLAZA DR #6111 UNIVERSAL CITY CA 91608 (213) 38

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|------------------------------------|-------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|---------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| JENNIFER KRISTEN HOWELL FOUNDER | 40 | | | | | | 74,492. | 0. | 0. | |
| RYAN KAVANAUGH CHAIRMAN | 20 | | | | | | 0. | 0. | 0. | |
| PHILIPPE FARAUT SECRETARY | 4 | | | | | | 0. | 0. | 0. | |
| BILL HARRISON VICE CHAIRMAN | 4 | | | | | | 0. | 0. | 0. | |
| GREG MATUSKIEWICZ DIRECTOR | 4 | | | | | | 0. | 0. | 0. | |
| KEN COELHO TREASURER | 0 | | | | | | 0. | 0. | 0. | |
| MATT BOREN DIRECTOR | 4 | | | | | | 0. | 0. | 0. | |
| MATTHEW S. MEZA DIRECTOR | 4 | | | | | | 0. | 0. | 0. | |
| LAUREN O'REILLY DIRECTOR | 4 | | | | | | 0. | 0. | 0. | |
| RAGAN O'REILLY DIRECTOR | 4 | | | | | | 0. | 0. | 0. | |
| MARCEL PARISEAU PR CHAIRMAN | 4 | | | | | | 60,000. | 0. | 0. | |
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Part VIII Statement of Revenue

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------|--|
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | 1 a Federated campaigns | 1 a | | | | | |
| | b Membership dues | 1 b | | | | | |
| | c Fundraising events | 1 c | | | | | |
| | d Related organizations | 1 d | | | | | |
| | e Government grants (contributions) | 1 e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1 f | 994,760. | | | | |
| | g Noncash contribns included in lns 1a-1f: ... \$ | | 379,683. | | | | |
| h Total. Add lines 1a-1f | | | 994,760. | | | | |
| PROGRAM SERVICE REVENUE | Business Code | | | | | | |
| | 2 a ----- | | | | | | |
| | b ----- | | | | | | |
| | c ----- | | | | | | |
| | d ----- | | | | | | |
| | e ----- | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | | | | | | |
| OTHER REVENUE | 3 Investment income (including dividends, interest and other similar amounts) | | | | | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross Rents | (i) Real | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | | |
| | | c Rental income or (loss) | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | | | | | |
| | | c Gain or (loss) | | | | | |
| | d Net gain or (loss) | | | | | | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | 1,540,444. | | | | |
| | | b Less: direct expenses | b | 813,687. | | | |
| | | c Net income or (loss) from fundraising events | | | 726,757. | 726,757. | |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | | b Less: direct expenses | b | | | | |
| | | c Net income or (loss) from gaming activities | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | 85,155. | | | | | |
| | b Less: cost of goods sold | b | 116,175. | | | | |
| | c Net income or (loss) from sales of inventory | | | -31,020. | | -31,020. | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11 a ----- | | | | | | | |
| b ----- | | | | | | | |
| c ----- | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | | | | | |
| 12 Total revenue. See instructions | | | 1,690,497. | 726,757. | 0. | -31,020. | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 74,492. | 58,472. | 4,354. | 11,666. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)) | 0. | 0. | 0. | 0. |
| 7 Other salaries and wages | 522,867. | 410,424. | 30,562. | 81,881. |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 15,527. | 10,277. | 3,250. | 2,000. |
| 10 Payroll taxes | 51,973. | 40,796. | 3,038. | 8,139. |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 28,200. | 8,677. | 10,846. | 8,677. |
| d Lobbying | | | | |
| e Prof fundraising svcs. See Part IV, ln 17 | | | | |
| f Investment management fees | | | | |
| g Other | | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 2,113. | 84. | 2,029. | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | 47,653. | 24,078. | 18,352. | 5,223. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 35,142. | 22,881. | | 12,261. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 26,088. | 24,474. | 1,614. | |
| 23 Insurance | 9,177. | 5,725. | 2,388. | 1,064. |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a PROGRAM SUPPLIES | 128,698. | 128,698. | | |
| b OUTSIDE SERVICES | 122,530. | 70,412. | 37,032. | 15,086. |
| c RENT | 112,919. | 93,370. | 9,775. | 9,774. |
| d HEALTH INSURANCE | 49,603. | 38,936. | 2,899. | 7,768. |
| e PUBLIC RELATIONS | 45,000. | 18,000. | | 27,000. |
| f All other expenses | 221,850. | 133,365. | 47,145. | 41,340. |
| 25 Total functional expenses. Add lines 1 through 24f | 1,493,832. | 1,088,669. | 173,284. | 231,879. |
| 26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|---------------------|
| ASSETS | 1 Cash — non-interest-bearing..... | 361,851. | 1 | 353,545. |
| | 2 Savings and temporary cash investments..... | | 2 | |
| | 3 Pledges and grants receivable, net..... | | 3 | |
| | 4 Accounts receivable, net..... | | 4 | |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L..... | | 5 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.. | | 6 | |
| | 7 Notes and loans receivable, net..... | | 7 | |
| | 8 Inventories for sale or use..... | 4,304,305. | 8 | 4,477,472. |
| | 9 Prepaid expenses and deferred charges..... | | 9 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 176,222. | | |
| | b Less: accumulated depreciation..... | 10b 34,133. | 100,963. | 10c 142,089. |
| | 11 Investments — publicly-traded securities..... | | 11 | |
| | 12 Investments — other securities. See Part IV, line 11..... | | 12 | |
| | 13 Investments — program-related. See Part IV, line 11..... | | 13 | |
| | 14 Intangible assets..... | | 14 | |
| | 15 Other assets. See Part IV, line 11..... | 10,001. | 15 | 19,602. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34)..... | 4,777,120. | 16 | 4,992,708. | |
| LIABILITIES | 17 Accounts payable and accrued expenses..... | | 17 | |
| | 18 Grants payable..... | | 18 | |
| | 19 Deferred revenue..... | | 19 | |
| | 20 Tax-exempt bond liabilities..... | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... | | 21 | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L..... | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties..... | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties..... | | 24 | |
| | 25 Other liabilities. Complete Part X of Schedule D..... | | 25 | 18,923. |
| | 26 Total liabilities. Add lines 17 through 25..... | 0. | 26 | 18,923. |
| NET ASSETS OR FUND BALANCES | Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34. | | | |
| | 27 Unrestricted net assets..... | | 27 | |
| | 28 Temporarily restricted net assets..... | | 28 | |
| | 29 Permanently restricted net assets..... | | 29 | |
| | Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds..... | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, and equipment fund..... | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds..... | 4,777,120. | 32 | 4,973,785. |
| 33 Total net assets or fund balances..... | 4,777,120. | 33 | 4,973,785. | |
| 34 Total liabilities and net assets/fund balances..... | 4,777,120. | 34 | 4,992,708. | |

BAA

Part XI Financial Statements and Reporting

| | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | X | |
| b Were the organization's financial statements audited by an independent accountant? | | X |
| c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | X |
| d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | |

BAA

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

THE ART OF ELYSIUM

Employer identification number

95-4673306

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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 exempt 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)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | | |
| (ii) a family member of a person described in (i) above? | | |
| (iii) a 35% controlled entity of a person described in (i) or (ii) above? | | |

h Provide the following information about the supported organizations.

| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of Support |
|------------------------------------|----------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----|------------------------------------------------------------------|----|-------------------------------------------------------------|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
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| Total | | | | | | | | | |

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

Schedule **A** (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.) | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. | | | | | | |
| 3 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. | | | | | | |
| 4 Total. Add lines 1-through 3. | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4. | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10. | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions). | | | | | 12 | |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

| | | |
|--------------------------------------------------------------------------------------------|----|---|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)). | 14 | % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14. | 15 | % |

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.

b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|------------|------------|------------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.") | 172,938. | 846,811. | 803,941. | 1,614,678. | 641,468. | 4,079,836. |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose. | | | | 1,052,080. | 1,625,599. | 2,677,679. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513. | | | | | | 0. |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. | | | | | | 0. |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge. | | | | | | 0. |
| 6 Total. Add lines 1 through 5. | 172,938. | 846,811. | 803,941. | 2,666,758. | 2,267,067. | 6,757,515. |
| 7a Amounts included on lines 1, 2, 3 received from disqualified persons. | 0. | 0. | 0. | 0. | 499,000. | 499,000. |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year. | 63,000. | 408,064. | 395,992. | 614,724. | 342,512. | 1,824,292. |
| c Add lines 7a and 7b. | 63,000. | 408,064. | 395,992. | 614,724. | 841,512. | 2,323,292. |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | 4,434,223. |

Section B. Total Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|------------|------------|------------|
| 9 Amounts from line 6. | 172,938. | 846,811. | 803,941. | 2,666,758. | 2,267,067. | 6,757,515. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | | | | | | 0. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | 0. |
| c Add lines 10a and 10b. | 0. | 0. | 0. | 0. | 0. | 0. |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | 0. |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | 0. |
| 13 Total support. (add lns 9, 10c, 11, and 12.) | | | | | | 6,757,515. |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

| | | |
|---------------------------------------------------------------------------------------------------|-----------|--------|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). | 15 | 65.6 % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15. | 16 | 67.2 % |

Section D. Computation of Investment Income Percentage

| | | |
|--------------------------------------------------------------------------------------------------------|-----------|-------|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)). | 17 | 0.0 % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17. | 18 | 0.0 % |

19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

Name of the 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 an organization 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 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 (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions 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 990-EZ, that received from any one contributor, during the year, 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: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

| | |
|---------------------------------------------------|-----------------------------------------------------|
| Name of organization THE ART OF ELYSIUM | Employer identification number 95-4673306 |
|---------------------------------------------------|-----------------------------------------------------|

Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|---------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | JEFF BURKE ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 6,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | CREATIVE ARTISTS AGENCY ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 20,200. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | TRACEY JACOBS ----- 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.) |
| 4 | RAGAN O'REILLY ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 28,950. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 5 | LAUREN O'REILLY ----- 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.) |
| 6 | CARTIER ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 213,614. | 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 instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|-------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7 | RYAN KAVANAUGH/RELATIVITY MEDIA ADDRESS FURNISHED UPON REQUEST | \$ 499,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 8 | CLOTHES OFF OUR BACK ADDRESS FURNISHED UPON REQUEST | \$ 36,576. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 9 | CHRISTOPHER CUSEO ADDRESS FURNISHED UPON REQUEST | \$ 10,000. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 10 | WALDO FERNANDEZ ADDRESS FURNISHED UPON REQUEST | \$ 6,100. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 11 | TOM FORMAN 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 | HIRTENSTEIN FAMILY 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.) |

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|---------------------------------------------------|-----------------------------------------------------|
| Name of organization THE ART OF ELYSIUM | Employer identification number 95-4673306 |
|---------------------------------------------------|-----------------------------------------------------|

Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|--------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 13 | LOEB & LOEB, LLP ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 14 | ANDREW MARCUS ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 15 | MICROSOFT CORP ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 207,400. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 16 | GREG MILLER ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 9,000. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 17 | PMK/HBH INC ----- 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> |
| 18 | RBZ LLP ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |

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|---------------------------------------------------|-----------------------------------------------------|
| Name of organization THE ART OF ELYSIUM | Employer identification number 95-4673306 |
|---------------------------------------------------|-----------------------------------------------------|

Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|---------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 19 | THE JO MITCHELL FOUNDATION ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 20 | THE RITCHIE-MADDEN CHILDREN'S FDN. ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 21,000. | 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 | THE SOC. FOR THE ARTS IN HEALTHCARE ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 21,000. | 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 | PHILLIP LIM ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 11,773. | 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 | ACADEMY OF COUNTRY MUSIC ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 17,505. | 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 | MARK ACETELLI ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 7,500. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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 instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|---------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 25 | AKIN, GUMP, STRAUSS, HAUER & FELD 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 | ALISON BROD PUBLIC RELATIONS ADDRESS FURNISHED UPON REQUEST | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 27 | ARCADE 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.) |
| 28 | BALLY ADDRESS FURNISHED UPON REQUEST | \$ 30,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 29 | MARIA BELL 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.) |
| 30 | BEN SILVERMAN FOUNDATION ADDRESS FURNISHED UPON REQUEST | \$ 9,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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|---------------------------------------------------|-----------------------------------------------------|
| Name of organization THE ART OF ELYSIUM | Employer identification number 95-4673306 |
|---------------------------------------------------|-----------------------------------------------------|

Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|----------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 31 | STACEY BENDET ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 32 | BOUCHERON ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 145,892. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 33 | BRUCE KARATZ FAMILY FOUNDATION ----- 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> |
| 34 | BURBERRY ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 15,200. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 35 | BURKETRIOLO FAMILY FOUNDATION ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 12,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 36 | CALVIN KLEIN ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 40,766. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |

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|---------------------------------------------------|-----------------------------------------------------|
| Name of organization THE ART OF ELYSIUM | Employer identification number 95-4673306 |
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Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|-----------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 37 | STEPHANIE CARTER ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 38 | CBS CORPORATION ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 39 | CHEUNG HO, YVONNE JACQUES ----- 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> |
| 40 | COFFEE BEAN & TEA LEAF ----- 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> |
| 41 | ELI CONSILVIO ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 6,200. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 42 | CURRENT/ELLIOTT ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |

Name of organization

THE ART OF ELYSIUM

Employer identification number

95-4673306

Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|-------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 43 | THE EISNER FOUNDATION ----- 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.) |
| 44 | ELIAS ART ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 10,000. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 45 | SHEPARD FAIREY ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 27,500. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 46 | WALDO FERNANDEZ ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 6,100. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 47 | TOM FORMAN ----- 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.) |
| 48 | FREDERICK FEKKAI ----- 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 instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|--------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 49 | ERIC GEORGE ----- 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> |
| 50 | ARIADNE GETTY ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 51 | GILT GROUPE ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 35,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 52 | RUSSELL YOUNG ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 19,000. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 53 | IWC SCHAFFHAUSEN ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 18,600. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 54 | HILTON KAPLAN ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 10,050. | 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 instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|----------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 55 | KATHLEEN KENNEDY ----- 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.) |
| 56 | LA DEPT OF CULTURAL AFFAIRS ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 13,800. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 57 | LAMBERTZ COMMUNICATION ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 19,975. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 58 | LAZEBNIK, CLAIRE & ROB JACQUES ----- 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.) |
| 59 | LEUNG FOUNDATION JACQUES ----- 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.) |
| 60 | STANLEY LIGHT ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 11,000. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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 instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 61 | LUIZ & PATMOS INC ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 12,240. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 62 | KAREN LUTZ ----- 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> |
| 63 | O'REILLY FAMILY FOUNDATION ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 13,050. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 64 | OVATION TV ----- 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> |
| 65 | BOB PHILPOTT ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 66 | GARY & DONNA RABIN ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 5,850. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |

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|---------------------------------------------------|-----------------------------------------------------|
| Name of organization THE ART OF ELYSIUM | Employer identification number 95-4673306 |
|---------------------------------------------------|-----------------------------------------------------|

Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|--------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 67 | THE SALTER GROUP ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 68 | RYAN SCOTT ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 69 | RYAN SEACREST ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 70 | BEN SILVERMAN ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 5,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 71 | LISA SOLBERG ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 5,000. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 72 | MIKAELA SOUTH ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 5,200. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |

Name of organization

THE ART OF ELYSIUM

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Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|-------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 73 | STARBUCKS ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 74 | JASON STATHAM ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 6,800. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 75 | CURTIS TAMKIN ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 18,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 76 | TUCKER TOOLEY ----- 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.) |
| 77 | ALISON VAN PELT ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 7,500. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 78 | VANITY FAIR ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 42,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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| Name of organization THE ART OF ELYSIUM | Employer identification number 95-4673306 |
|---------------------------------------------------|-----------------------------------------------------|

Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|----------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 79 | VARIETY ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 30,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 80 | BETTINA VON SCHIMMELMANN ----- 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.) |
| 81 | STEVE WARREN ----- 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.) |
| 82 | ROBERT WEISER ----- 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.) |
| 83 | NATHAN WONG ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 5,850. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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 instructions.)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|----------------------------------------------|------------------------------------------------|----------------------|
| 1 | ARTWORK | | |
| | | | |
| | | \$ 3,500. | 11/04/09 |
| | | | |
| 9 | ARTWORK | | |
| | | | |
| | | \$ 10,000. | 12/15/09 |
| | | | |
| 15 | COMPUTERS | | |
| | | | |
| | | \$ 89,100. | 11/09/09 |
| | | | |
| 16 | ARTWORK | | |
| | | | |
| | | \$ 9,000. | 11/01/09 |
| | | | |
| 24 | ARTWORK | | |
| | | | |
| | | \$ 7,500. | 12/10/09 |
| | | | |
| 32 | ARTWORK | | |
| | | | |
| | | \$ 30,892. | 12/01/09 |
| | | | |

BAA

Name of organization

THE ART OF ELYSIUM

Employer identification number

95-4673306

Part II Noncash Property (see instructions.)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|----------------------------------------------|------------------------------------------------|----------------------|
| 41 | ARTWORK | | |
| | | | |
| | | \$ 5,000. | 12/20/09 |
| | | | |
| 44 | ARTWORK | | |
| | | | |
| | | \$ 10,000. | 11/01/09 |
| | | | |
| 45 | ARTWORK | | |
| | | | |
| | | \$ 27,500. | 11/01/09 |
| | | | |
| 52 | ARTWORK | | |
| | | | |
| | | \$ 19,000. | 12/15/09 |
| | | | |
| 53 | ARTWORK | | |
| | | | |
| | | \$ 18,600. | 12/18/09 |
| | | | |
| 60 | ARTWORK | | |
| | | | |
| | | \$ 11,000. | 10/27/09 |
| | | | |

BAA

Name of organization

THE ART OF ELYSIUM

Employer identification number

95-4673306

Part II Noncash Property (see instructions.)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|----------------------------------------------|------------------------------------------------|----------------------|
| 71 | ARTWORK | \$ 5,000. | 10/31/09 |
| 72 | ARTWORK | \$ 5,200. | 11/09/09 |
| 77 | ARTWORK | \$ 7,500. | 12/15/09 |
| 83 | ARTWORK | \$ 5,850. | 11/09/09 |
| | | \$ | |
| | | \$ | |

BAA

Name of organization

Employer identification number

THE ART OF ELYSIUM

95-4673306

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 |
| | |
| | |
| | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

THE ART OF ELYSIUM

Employer identification number

95-4673306

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

Table with 3 columns: Question, Held at the End of the Year (2a-2d), Yes/No. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

Table with 3 columns: Question, Amount, Yes/No. Includes questions 1a-1b and 2 regarding art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other FOR SALE

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. SEE PART XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

| | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net Investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | Yes | No |
|---------------------------------------------------------------------------------------|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated Depreciation | (d) Book Value |
|---------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 60,592. | 5,887. | 54,705. |
| d Equipment | | 36,353. | 17,613. | 18,740. |
| e Other | | 79,277. | 10,633. | 68,644. |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 142,089.

BAA

| Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements | | N/A |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | |
| 4 | Net unrealized gains (losses) on investments | |
| 5 | Donated services and use of facilities | |
| 6 | Investment expenses | |
| 7 | Prior period adjustments | |
| 8 | Other (Describe in Part XIV) | |
| 9 | Total adjustments (net). Add lines 4 through 8 | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | |

| Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return | | N/A |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | |
| a | Net unrealized gains on investments | 2a |
| b | Donated services and use of facilities | 2b |
| c | Recoveries of prior year grants | 2c |
| d | Other (Describe in Part XIV) | 2d |
| e | Add lines 2a through 2d | 2e |
| 3 | Subtract line 2e from line 1 | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | |
| a | Investments expenses not included on Form 990, Part VIII, line 7b | 4a |
| b | Other (Describe in Part XIV) | 4b |
| c | Add lines 4a and 4b | 4c |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 |

| Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return | | N/A |
|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----|
| 1 | Total expenses and losses per audited financial statements | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | |
| a | Donated services and use of facilities | 2a |
| b | Prior year adjustments | 2b |
| c | Other losses | 2c |
| d | Other (Describe in Part XIV) | 2d |
| e | Add lines 2a through 2d | 2e |
| 3 | Subtract line 2e from line 1 | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | |
| a | Investments expenses not included on Form 990, Part VIII, line 7b | 4a |
| b | Other (Describe in Part XIV) | 4b |
| c | Add lines 4a and 4b | 4c |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 4 - DESCRIPTION OF ORGANIZATION'S COLLECTIONS AND HOW FURTHERS EXEMPT PURPO

 THE ORGANIZATION RECEIVED CONTRIBUTED ARTWORK WHICH ARE SOLD TO THE PUBLIC. THE

 SALES PROCEEDS ARE USED TO FUND THE ORGANIZATION'S CHARITABLE MISSION.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| REVENUE | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events |
|-----------------|--------------------------------------------------------------|-----------------------|------------------|---------------------------------|
| | FUNDRAISING EV (event type) | (event type) | (total number) | (Add col. (a) through col. (c)) |
| 1 | Gross receipts | 1,540,444. | | 1,540,444. |
| 2 | Less: Charitable contributions | | | |
| 3 | Gross income (line 1 minus line 2) | 1,540,444. | | 1,540,444. |
| DIRECT EXPENSES | 4 | Cash prizes | | |
| | 5 | Noncash prizes | | |
| | 6 | Rent/facility costs | | |
| | 7 | Food and beverages | | |
| | 8 | Entertainment | | |
| | 9 | Other direct expenses | 813,687. | |
| 10 | Direct expense summary. Add lines 4- through 9 in column (d) | | | 813,687. |
| 11 | Net income summary. Combine lines 3, column (d) and line 10 | | | 726,757. |

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| REVENUE | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming |
|-----------------|-------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|
| | (Add col. (a) through col. (c)) | | | |
| 1 | Gross revenue | | | |
| DIRECT EXPENSES | 2 | Cash prizes | | |
| | 3 | Non-cash prizes | | |
| | 4 | Rent/facility costs | | |
| | 5 | Other direct expenses | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | |
| 8 | Net gaming income summary. Combine lines 1, column (d) and line 7 | | | |

| | YES | NO |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 9 Enter the state(s) in which the organization operates gaming activities: _____ | | |
| a Is the organization licensed to operate gaming activities in each of these states? | 9a | |
| b If 'No,' explain: ----- ----- | | |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | 10a | |
| b If 'Yes,' explain: ----- ----- | | |
| 11 Does the organization operate gaming activities with nonmembers? | 11 | |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | 12 | |

| | | YES | NO |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------|----|
| 13 Indicate the percentage of gaming activity operated in: | | | |
| a The organization's facility..... | 13a % | | |
| b An outside facility..... | 13b % | | |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| Name: ▶ ----- | | | |
| Address: ▶ ----- | | | |
| 15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?..... | | 15a | |
| b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____. | | | |
| c If 'Yes,' enter name and address of the third party: | | | |
| Name: ▶ ----- | | | |
| Address: ▶ ----- | | | |
| 16 Gaming manager information | | | |
| Name: ▶ ----- | | | |
| Gaming manager compensation ▶ \$ _____ | | | |
| Description of services provided: ▶ ----- | | | |
| <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor | | | |
| 17 Mandatory distributions | | | |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?..... | | 17a | |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ | | | |

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered 'Yes'**
on Form 990, Part IV, lines 29 or 30.

▶ **Attach to Form 990.**

OMB No. 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

THE ART OF ELYSIUM

Employer identification number

95-4673306

Part I Types of Property

| | (a) Check if applicable | (b) Number of Contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of determining revenues |
|----------------------------------------------------------------------|-------------------------------|-----------------------------------|----------------------------------------------------------------|------------------------------------------|
| 1 Art—Works of art | X | 15 | 175,542. | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | X | | 89,100. | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | | | | |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution— Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (_____) | | | | |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | | X |
| 32a | | X |
| 33 | | |

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2009

Supplemental Information to Form 990

2009

Open to Public
Inspection

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ART OF ELYSIUM

Employer identification number

95-4673306

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

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.

FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS

NO REVIEW WAS OR WILL BE CONDUCTED.

THE ART OF ELYSIUM

95-4673306

FORM 990, PART I, LINE 1:

THE ORGANIZATION ENCOURAGES WORKING ACTORS, ARTISTS AND MUSICIANS TO VOLUNTARILY DEDICATE THEIR TIME AND TALENT TO CHILDREN WHO ARE BATTLING SERIOUS MEDICAL CONDITIONS BY PROVIDING ARTISTIC WORKSHOPS IN SEVERAL DISCIPLINES (ACTING, ART, COMEDY, FASHION, MUSIC, RADIO, SONGWRITING AND CREATIVE WRITING) THROUGHOUT VARIOUS HOSPITALS WITHIN LOS ANGELES AND NEW YORK. IN TURN, THE ORGANIZATION ORGANIZES SEVERAL EVENTS THROUGHOUT THE YEAR TO SHOWCASE THE TALENTS OF THE VOLUNTEERS AND HELP PROMOTE THEIR TALENTS THROUGHOUT THE COMMUNITY.

THE ART OF ELYSIUM

95-4673306

| NO. | DESCRIPTION | DATE ACQUIRED | DATE SOLD | COST/ BASIS | BUS. PCT. | CUR 179 BONUS | SPECIAL DEPR. ALLOW. | PRIOR 179/ BONUS/ SP. DEPR. | PRIOR DEC. BAL DEPR. | SALVAG /BASIS REDUCT | DEPR. BASIS | PRIOR DEPR. | METHOD | LIFE | RATE | CURRENT DEPR. |
|-----------------------------|------------------------|---------------|-----------|----------------|--------------|---------------------|----------------------------|--------------------------------------|----------------------------|----------------------------|----------------|----------------|--------|------|------|------------------|
| FORM 990/990-PF | | | | | | | | | | | | | | | | |
| FURNITURE AND FIXTURES | | | | | | | | | | | | | | | | |
| 7 | FURNITURE | 10/23/08 | | 14,146 | | | | | | | 14,146 | 337 | S/L | 7 | | 2,021 |
| 8 | FURNITURE | 11/13/08 | | 1,964 | | | | | | | 1,964 | 47 | S/L | 7 | | 281 |
| 9 | FURNITURE | 11/13/08 | | 7,507 | | | | | | | 7,507 | 179 | S/L | 7 | | 1,072 |
| 10 | FURNITURE | 12/02/08 | | 25,392 | | | | | | | 25,392 | 302 | S/L | 7 | | 3,627 |
| 16 | FURNITURE | 1/15/09 | | 4,674 | | | | | | | 4,674 | | S/L | 7 | | 668 |
| 17 | FURNITURE | 2/04/09 | | 6,072 | | | | | | | 6,072 | | S/L | 7 | | 795 |
| 18 | FURNITURE | 3/12/09 | | 7,670 | | | | | | | 7,670 | | S/L | 7 | | 913 |
| 19 | FURNITURE | 4/09/09 | | 1,264 | | | | | | | 1,264 | | S/L | 7 | | 135 |
| 20 | FURNITURE | 8/13/09 | | 1,000 | | | | | | | 1,000 | | S/L | 7 | | 60 |
| 21 | FURNITURE | 11/15/09 | | 4,856 | | | | | | | 4,856 | | S/L | 7 | | 116 |
| 22 | FURNITURE | 12/15/09 | | 4,077 | | | | | | | 4,077 | | S/L | 7 | | 49 |
| 23 | FURNITURE | 9/08/09 | | 655 | | | | | | | 655 | | S/L | 7 | | 31 |
| TOTAL FURNITURE AND FIXTURE | | | | 79,277 | | 0 | 0 | 0 | 0 | 0 | 79,277 | 865 | | | | 9,768 |
| IMPROVEMENTS | | | | | | | | | | | | | | | | |
| 12 | LEASEHOLD IMPROVEMENTS | 9/15/08 | | 6,500 | | | | | | | 6,500 | 217 | S/L | 10 | | 650 |
| 13 | LEASEHOLD IMPROVEMENTS | 10/15/08 | | 9,500 | | | | | | | 9,500 | 238 | S/L | 10 | | 950 |
| 14 | LEASEHOLD IMPROVEMENTS | 11/15/08 | | 4,575 | | | | | | | 4,575 | 76 | S/L | 10 | | 458 |
| 15 | LEASEHOLD IMPROVEMENTS | 12/15/08 | | 3,071 | | | | | | | 3,071 | 26 | S/L | 10 | | 307 |
| 24 | LEASEHOLD IMPROVEMENTS | 1/15/09 | | 10,400 | | | | | | | 10,400 | | S/L | 10 | | 1,040 |
| 25 | LEASEHOLD IMPROVEMENTS | 2/15/09 | | 7,308 | | | | | | | 7,308 | | S/L | 10 | | 670 |
| 26 | LEASEHOLD IMPROVEMENTS | 3/15/09 | | 3,140 | | | | | | | 3,140 | | S/L | 10 | | 262 |
| 27 | LEASEHOLD IMPROVEMENTS | 4/15/09 | | 4,383 | | | | | | | 4,383 | | S/L | 10 | | 329 |

THE ART OF ELYSIUM

95-4673306

| NO. | DESCRIPTION | DATE ACQUIRED | DATE SOLD | COST/ BASIS | BUS. PCT. | CUR 179 BONUS | SPECIAL DEPR. ALLOW. | PRIOR 179/ BONUS/ SP. DEPR. | PRIOR DEC. BAL DEPR. | SALVAG /BASIS REDUCT | DEPR. BASIS | PRIOR DEPR. | METHOD | LIFE | RATE | CURRENT DEPR. |
|-----------------------------|------------------------|---------------|-----------|----------------|--------------|---------------------|----------------------------|--------------------------------------|----------------------------|----------------------------|----------------|----------------|--------|------|------|------------------|
| 28 | LEASEHOLD IMPROVEMENTS | 5/15/09 | | 5,138 | | | | | | | 5,138 | | S/L | 10 | | 343 |
| 29 | LEASEHOLD IMPROVEMENTS | 6/15/09 | | 3,175 | | | | | | | 3,175 | | S/L | 10 | | 185 |
| 30 | LEASEHOLD IMPROVEMENTS | 7/15/09 | | 1,000 | | | | | | | 1,000 | | S/L | 10 | | 50 |
| 31 | LEASEHOLD IMPROVEMENTS | 8/06/09 | | 775 | | | | | | | 775 | | S/L | 10 | | 32 |
| 32 | LEASEHOLD IMPROVEMENTS | 9/15/09 | | 1,627 | | | | | | | 1,627 | | S/L | 10 | | 54 |
| TOTAL IMPROVEMENTS | | | | 60,592 | | 0 | 0 | 0 | 0 | 0 | 60,592 | 557 | | | | 5,330 |
| MACHINERY AND EQUIPMENT | | | | | | | | | | | | | | | | |
| 1 | COMPUTER EQUIPMENT | 1/11/06 | | 920 | | | | | | | 920 | 920 | S/L | 3 | | 0 |
| 2 | COMPUTER EQUIPMENT | 4/21/06 | | 1,481 | | | | | | | 1,481 | 1,317 | S/L | 3 | | 164 |
| 3 | OFFICE EQUIPMENT | 9/01/06 | | 1,723 | | | | | | | 1,723 | 805 | S/L | 5 | | 345 |
| 4 | OFFICE EQUIPMENT | 11/22/06 | | 898 | | | | | | | 898 | 375 | S/L | 5 | | 180 |
| 5 | OFFICE EQUIPMENT | 11/22/06 | | 1,071 | | | | | | | 1,071 | 446 | S/L | 5 | | 214 |
| 6 | COMPUTER EQUIPMENT | 2/01/07 | | 1,850 | | | | | | | 1,850 | 1,182 | S/L | 3 | | 617 |
| 11 | COMPUTER EQUIPMENT | 11/09/08 | | 28,410 | | | | | | | 28,410 | 1,578 | S/L | 3 | | 9,470 |
| TOTAL MACHINERY AND EQUIPME | | | | 36,353 | | 0 | 0 | 0 | 0 | 0 | 36,353 | 6,623 | | | | 10,990 |
| TOTAL DEPRECIATION | | | | <u>176,222</u> | | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>176,222</u> | <u>8,045</u> | | | | <u>26,088</u> |
| GRAND TOTAL DEPRECIATION | | | | <u>176,222</u> | | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>176,222</u> | <u>8,045</u> | | | | <u>26,088</u> |

2009

CALIFORNIA FILING INSTRUCTIONS

THE ART OF ELYSIUM

95-4673306

FORM TO FILE:

FORM 199 - 2009 CALIFORNIA EXEMPT ORGANIZATION ANNUAL INFORMATION
RETURN

SIGNATURE:

SIGN AND DATE FORM 199.

WHEN TO FILE:

ON OR BEFORE DECEMBER 15, 2010.

WHERE TO FILE:

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

2009

California Exempt Organization Annual Information Return

199

Calendar year 2009 or fiscal year beginning month day year, and ending month day year

A First Return Filed? Yes No
B Type of organization Exempt under Section 23701... **D** (insert letter) CORP # 2069354
 IRC Section 4947(a)(1) trust...

Corporation/Organization Name **THE ART OF ELYSIUM** FEIN 95-4673306

Address **1880 CENTURY PARK EAST, SUITE 200** City State ZIP Code
LOS ANGELES, CA 90067-1600

C Amended Return? Yes No
D Are you a subordinate/affiliate in a group exemption? Yes No
a Is this a group filing for affiliates? See General Instruction L. Yes No
b If 'Yes,' enter the number of affiliates.
c Are all affiliates included? Yes No (If 'No,' attach a list. See instructions.)
d Is this a separate return filed by an organization covered by a group ruling? Yes No
e Federal Group Exemption Number.
f Is a roster of subordinates attached? Yes No
E Final return? Dissolved Surrendered (Withdrawn) Merged/Reorganized (attach explanation)
 If a box is checked, enter date.
F Check the box if the organization filed the following federal forms or schedule:
1 990T **2** 990PF **3** (Schedule H) 990
G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required.
H Accounting method used **1** Cash **2** Accrual **3** Other
I 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
J 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
K Is the organization exempt under R&TC Section 23701g? Yes No If 'Yes,' enter amount of gross receipts from nonmember sources. \$
L Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
M Is the organization a Limited Liability Company? Yes No
N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

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

| | | | |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| Receipts and Revenues | 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8. | 1 | 1,625,599. |
| | 2 Gross dues and assessments from members and affiliates. | 2 | |
| | 3 Gross contributions, gifts, grants, and similar amounts received. SEE .SCH. .B | 3 | 994,760. |
| | 4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C. | 4 | 2,620,359. |
| | 5 Cost of goods sold. | 5 | 116,175. |
| | 6 Cost or other basis, and sales expenses of assets sold. | 6 | |
| | 7 Total costs. Add line 5 and line 6. | 7 | 116,175. |
| | 8 Total gross income. Subtract line 7 from line 4. | 8 | 2,504,184. |
| Expenses | 9 Total expenses and disbursements. From Side 2, Part II, line 18. | 9 | 2,307,519. |
| | 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. | 10 | 196,665. |
| Filing Fee | 11 Filing fee \$10 or \$25. See General Instruction F. | 11 | |
| | 12 Total payments. | 12 | |
| | 13 Penalties and Interest. See General Instruction J. | 13 | |
| | 14 Use tax. See General Instruction K. | 14 | |
| | 15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result. | 15 | |

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

Signature of officer Title Date Telephone

Paid Preparer's Use Only Preparer's signature Date Check if self-employed Preparer's SSN/PTIN P00049523
 Firm's name (or yours, if self-employed) and address **GERBER & CO. INC.** FEIN 65-1210974
1880 CENTURY PARK EAST, SUITE 200 Telephone (310) 552-1600
LOS ANGELES, CA 90067-1602

May the FTB discuss this return with the preparer shown above? See instructions. Yes No

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.

| | | | | | |
|------------------------------------|----|----------------------------------------------------------------------------------------------------------------------------------|---|----|------------|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions. | ● | 1 | 85,155. |
| | 2 | Interest | ● | 2 | |
| | 3 | Dividends | ● | 3 | |
| | 4 | Gross rents | ● | 4 | |
| | 5 | Gross royalties | ● | 5 | |
| | 6 | Gross amount received from sale of assets (See Instructions) | ● | 6 | |
| | 7 | Other income. Attach schedule. SEE STATEMENT 1 | ● | 7 | 1,540,444. |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1. | | 8 | 1,625,599. |
| Expenses and Disbursements | 9 | Contributions, gifts, grants, and similar amounts paid. Attach schedule | ● | 9 | |
| | 10 | Disbursements to or for members | ● | 10 | |
| | 11 | Compensation of officers, directors, and trustees. Attach schedule | ● | 11 | 74,492. |
| | 12 | Other salaries and wages | ● | 12 | 522,867. |
| | 13 | Interest | ● | 13 | |
| | 14 | Taxes | ● | 14 | 51,973. |
| | 15 | Rents | ● | 15 | |
| | 16 | Depreciation and depletion (See Instructions) | ● | 16 | 26,088. |
| | 17 | Other. Attach schedule. SEE STATEMENT 2 | ● | 17 | 1,632,099. |
| | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | | 18 | 2,307,519. |

| Schedule L Balance Sheets | | Beginning of taxable year | | End of taxable year | |
|----------------------------------|---------------------------------------------------|----------------------------------|------------|----------------------------|------------|
| | | (a) | (b) | (c) | (d) |
| Assets | | | | | |
| 1 | Cash | | 361,851. | ● | 353,545. |
| 2 | Net accounts receivable | | | ● | |
| 3 | Net notes receivable. Attach schedule | | | ● | |
| 4 | Inventories | | 4,304,305. | ● | 4,477,472. |
| 5 | Federal and state government obligations | | | ● | |
| 6 | Investments in other bonds. Attach sch. | | | ● | |
| 7 | Investments in stock. Attach schedule | | | ● | |
| 8 | Mortgage loans (number of loans _____) | | | ● | |
| 9 | Other investments. Attach schedule | | | ● | |
| 10 a | Depreciable assets | 109,008. | | 176,222. | |
| b | Less accumulated depreciation | 8,045. | 100,963. | 34,133. | 142,089. |
| 11 | Land | | | ● | |
| 12 | Other assets. Attach schedule. STM. 3 | | 10,001. | ● | 19,602. |
| 13 | Total assets | | 4,777,120. | | 4,992,708. |
| Liabilities and net worth | | | | | |
| 14 | Accounts payable | | | ● | |
| 15 | Contributions, gifts, or grants payable | | | ● | |
| 16 | Bonds and notes payable. Attach schedule | | | ● | |
| 17 | Mortgages payable | | | ● | |
| 18 | Other liabilities. Attach schedule. STM. 4 | | | | 18,923. |
| 19 | Capital stock or principle fund | | | ● | |
| 20 | Paid-in or capital surplus. Attach reconciliation | | | ● | |
| 21 | Retained earnings or income fund | | 4,777,120. | ● | 4,973,785. |
| 22 | Total liabilities and net worth | | 4,777,120. | | 4,992,708. |

| 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 | | | |
| 1 | Net income per books | ● | 196,665. |
| 2 | Federal income tax | ● | |
| 3 | Excess of capital losses over capital gains | ● | |
| 4 | Income not recorded on books this year. Attach schedule | ● | |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule | ● | |
| 6 | Total. Add line 1 through line 5 | | 196,665. |
| 7 | Income recorded on books this year not included in this return. Attach schedule | ● | |
| 8 | Deductions in this return not charged against book income this year. Attach schedule | ● | |
| 9 | Total. Add line 7 and line 8 | | |
| 10 | Net income per return. Subtract line 9 from line 6 | | 196,665. |

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

Department of the Treasury
Internal Revenue Service

CALIFORNIA COPY

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF**

OMB No. 1545-0047

2009

Name of the 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 an organization 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 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 (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions 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 990-EZ, that received from any one contributor, during the year, 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: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

THE ART OF ELYSIUM

Employer identification number

95-4673306

Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|---------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | JEFF BURKE ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 6,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 2 | CREATIVE ARTISTS AGENCY ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 20,200. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 3 | TRACEY JACOBS ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 4 | RAGAN O'REILLY ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 28,950. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 5 | LAUREN O'REILLY ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 6 | CARTIER ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 213,614. | 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 instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|-------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7 | RYAN KAVANAUGH/RELATIVITY MEDIA ADDRESS FURNISHED UPON REQUEST | \$ 499,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 8 | CLOTHES OFF OUR BACK ADDRESS FURNISHED UPON REQUEST | \$ 36,576. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 9 | CHRISTOPHER CUSEO ADDRESS FURNISHED UPON REQUEST | \$ 10,000. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 10 | WALDO FERNANDEZ ADDRESS FURNISHED UPON REQUEST | \$ 6,100. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 11 | TOM FORMAN 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 | HIRTENSTEIN FAMILY 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.) |

| | |
|---------------------------------------------------|-----------------------------------------------------|
| Name of organization THE ART OF ELYSIUM | Employer identification number 95-4673306 |
|---------------------------------------------------|-----------------------------------------------------|

Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|--------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 13 | LOEB & LOEB, LLP ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 14 | ANDREW MARCUS ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 15 | MICROSOFT CORP ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 207,400. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 16 | GREG MILLER ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 9,000. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 17 | PMK/HBH INC ----- 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> |
| 18 | RBZ LLP ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |

| | |
|---------------------------------------------------|-----------------------------------------------------|
| Name of organization THE ART OF ELYSIUM | Employer identification number 95-4673306 |
|---------------------------------------------------|-----------------------------------------------------|

Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|---------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 19 | THE JO MITCHELL FOUNDATION ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 20 | THE RITCHIE-MADDEN CHILDREN'S FDN. ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 21,000. | 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 | THE SOC. FOR THE ARTS IN HEALTHCARE ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 21,000. | 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 | PHILLIP LIM ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 11,773. | 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 | ACADEMY OF COUNTRY MUSIC ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 17,505. | 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 | MARK ACETELLI ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 7,500. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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 instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|---------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 25 | AKIN, GUMP, STRAUSS, HAUER & FELD 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 | ALISON BROD PUBLIC RELATIONS ADDRESS FURNISHED UPON REQUEST | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 27 | ARCADE 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.) |
| 28 | BALLY ADDRESS FURNISHED UPON REQUEST | \$ 30,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 29 | MARIA BELL 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.) |
| 30 | BEN SILVERMAN FOUNDATION ADDRESS FURNISHED UPON REQUEST | \$ 9,500. | 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 instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|----------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 31 | STACEY BENDET ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 32 | BOUCHERON ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 145,892. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 33 | BRUCE KARATZ FAMILY FOUNDATION ----- 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> |
| 34 | BURBERRY ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 15,200. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 35 | BURKETRIOLO FAMILY FOUNDATION ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 12,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 36 | CALVIN KLEIN ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 40,766. | 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 instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|-----------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 37 | STEPHANIE CARTER ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 38 | CBS CORPORATION ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 39 | CHEUNG HO, YVONNE JACQUES ----- 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> |
| 40 | COFFEE BEAN & TEA LEAF ----- 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> |
| 41 | ELI CONSILVIO ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 6,200. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 42 | CURRENT/ELLIOTT ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |

Name of organization

THE ART OF ELYSIUM

Employer identification number

95-4673306

Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|-------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 43 | THE EISNER FOUNDATION ----- 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.) |
| 44 | ELIAS ART ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 10,000. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 45 | SHEPARD FAIREY ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 27,500. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 46 | WALDO FERNANDEZ ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 6,100. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 47 | TOM FORMAN ----- 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.) |
| 48 | FREDERICK FEKKAI ----- 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 instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|--------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 49 | ERIC GEORGE ----- 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> |
| 50 | ARIADNE GETTY ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 51 | GILT GROUPE ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 35,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 52 | RUSSELL YOUNG ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 19,000. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 53 | IWC SCHAFFHAUSEN ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 18,600. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 54 | HILTON KAPLAN ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 10,050. | 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 instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|----------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 55 | KATHLEEN KENNEDY ----- 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.) |
| 56 | LA DEPT OF CULTURAL AFFAIRS ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 13,800. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 57 | LAMBERTZ COMMUNICATION ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 19,975. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 58 | LAZEBNIK, CLAIRE & ROB JACQUES ----- 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.) |
| 59 | LEUNG FOUNDATION JACQUES ----- 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.) |
| 60 | STANLEY LIGHT ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 11,000. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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 instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 61 | LUIZ & PATMOS INC ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 12,240. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 62 | KAREN LUTZ ----- 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.) |
| 63 | O'REILLY FAMILY FOUNDATION ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 13,050. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 64 | OVATION TV ----- 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.) |
| 65 | BOB PHILPOTT ----- 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.) |
| 66 | GARY & DONNA RABIN ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 5,850. | 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 instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|--------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 67 | THE SALTER GROUP ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 68 | RYAN SCOTT ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 69 | RYAN SEACREST ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 70 | BEN SILVERMAN ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 5,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 71 | LISA SOLBERG ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 5,000. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 72 | MIKAELA SOUTH ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 5,200. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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 instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|-------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 73 | STARBUCKS ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 74 | JASON STATHAM ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 6,800. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 75 | CURTIS TAMKIN ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 18,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 76 | TUCKER TOOLEY ----- 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.) |
| 77 | ALISON VAN PELT ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 7,500. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 78 | VANITY FAIR ----- ADDRESS FURNISHED UPON REQUEST ----- /----- | \$ 42,500. | 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 instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|-----------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 79 | VARIETY ----- ADDRESS FURNISHED UPON REQUEST ----- / ----- | \$ 30,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 80 | BETTINA VON SCHIMMELMANN ----- 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.) |
| 81 | STEVE WARREN ----- 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.) |
| 82 | ROBERT WEISER ----- 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.) |
| 83 | NATHAN WONG ----- ADDRESS FURNISHED UPON REQUEST ----- / ----- | \$ 5,850. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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 instructions.)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|----------------------------------------------|------------------------------------------------|----------------------|
| 1 | ARTWORK | | |
| | | | |
| | | \$ 3,500. | 11/04/09 |
| | | | |
| 9 | ARTWORK | | |
| | | | |
| | | \$ 10,000. | 12/15/09 |
| | | | |
| 15 | COMPUTERS | | |
| | | | |
| | | \$ 89,100. | 11/09/09 |
| | | | |
| 16 | ARTWORK | | |
| | | | |
| | | \$ 9,000. | 11/01/09 |
| | | | |
| 24 | ARTWORK | | |
| | | | |
| | | \$ 7,500. | 12/10/09 |
| | | | |
| 32 | ARTWORK | | |
| | | | |
| | | \$ 30,892. | 12/01/09 |
| | | | |

BAA

Name of organization

THE ART OF ELYSIUM

Employer identification number

95-4673306

Part II Noncash Property (see instructions.)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|----------------------------------------------|------------------------------------------------|----------------------|
| 41 | ARTWORK | | |
| | | | |
| | | \$ 5,000. | 12/20/09 |
| | | | |
| 44 | ARTWORK | | |
| | | | |
| | | \$ 10,000. | 11/01/09 |
| | | | |
| 45 | ARTWORK | | |
| | | | |
| | | \$ 27,500. | 11/01/09 |
| | | | |
| 52 | ARTWORK | | |
| | | | |
| | | \$ 19,000. | 12/15/09 |
| | | | |
| 53 | ARTWORK | | |
| | | | |
| | | \$ 18,600. | 12/18/09 |
| | | | |
| 60 | ARTWORK | | |
| | | | |
| | | \$ 11,000. | 10/27/09 |
| | | | |

BAA

Name of organization

THE ART OF ELYSIUM

Employer identification number

95-4673306

Part II Noncash Property (see instructions.)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|----------------------------------------------|------------------------------------------------|----------------------|
| 71 | ARTWORK | \$ 5,000. | 10/31/09 |
| 72 | ARTWORK | \$ 5,200. | 11/09/09 |
| 77 | ARTWORK | \$ 7,500. | 12/15/09 |
| 83 | ARTWORK | \$ 5,850. | 11/09/09 |
| | | \$ | |
| | | \$ | |

BAA

| | |
|---------------------------------------------------|-----------------------------------------------------|
| Name of organization THE ART OF ELYSIUM | Employer identification number 95-4673306 |
|---------------------------------------------------|-----------------------------------------------------|

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 |
| | |
| | |
| | |

2009 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with 2 columns: Corporation name (THE ART OF ELYSIUM) and California corporation number (2069354)

Part I Election to Expense Certain Property Under IRC Section 179

Table with 5 columns: Line number, Description, and Amount. Includes lines 1-13 for Section 179 election details.

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Depreciation allowed or allowable in earlier years, (e) Depreciation method, (f) Life or rate, (g) Depreciation for this year, (h) Additional first year depreciation. Includes lines 14-15.

Part III Summary

Table with 2 columns: Line number and Description. Includes lines 16-18 for summary calculations.

Part IV Amortization

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Amortization allowed or allowable in earlier years, (e) R&TC section (see instr), (f) Period or percentage, (g) Amortization for this year. Includes lines 19-22.

2009 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

| | |
|-----------------------------------------------|-------------------------------------------------|
| Corporation name THE ART OF ELYSIUM | California corporation number 2069354 |
|-----------------------------------------------|-------------------------------------------------|

Part I Election to Expense Certain Property Under IRC Section 179

| | | |
|---------------------------------------------------------------------------------------------------------|----|-----------|
| 1 Maximum deduction under Section 179 for California..... | 1 | \$25,000 |
| 2 Total cost of Section 179 property placed in service..... | 2 | |
| 3 Threshold cost of Section 179 property before reduction in limitation..... | 3 | \$200,000 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-..... | 4 | |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-..... | 5 | |
| 6 (a) Description of property (b) Cost (business use only) (c) Elected cost | | |
| 7 Listed property (elected Section 179 cost)..... | 7 | |
| 8 Total elected cost of Section 179 property. Add amounts in column (c), line 6 and line 7..... | 8 | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8..... | 9 | |
| 10 Carryover of disallowed deduction from prior taxable years..... | 10 | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5..... | 11 | |
| 12 Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11..... | 12 | |
| 13 Carryover of disallowed deduction to 2010. Add line 9 and line 10, less line 12..... | 13 | |

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

| 14 (a) Description of property | (b) Date acquired | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------|--------------------------------------------------------|-------------------------|------------------|--------------------------------|----------------------------------------|
| FURNITURE | 11/13/08 | 1,964. | 47. | S/L | 7 | 281. | |
| FURNITURE | 11/13/08 | 7,507. | 179. | S/L | 7 | 1,072. | |
| FURNITURE | 12/02/08 | 25,392. | 302. | S/L | 7 | 3,627. | |
| COMPUTER EQUIPME | 11/09/08 | 28,410. | 1,578. | S/L | 3 | 9,470. | |
| LEASEHOLD IMPROV | 9/15/08 | 6,500. | 217. | S/L | 10 | 650. | |
| LEASEHOLD IMPROV | 10/15/08 | 9,500. | 238. | S/L | 10 | 950. | |
| LEASEHOLD IMPROV | 11/15/08 | 4,575. | 76. | S/L | 10 | 458. | |
| 15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)..... | | | | | | 15 | |

Part III Summary

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)..... | 16 | |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22..... | 17 | |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)..... | 18 | |

Part IV Amortization

| 19 (a) Description of property | (b) Date acquired | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------|--------------------------------------------------------|------------------------------|--------------------------|--------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 20 Total. Add the amounts in column (g)..... | | | | | | 20 |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44..... | | | | | | 21 |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12..... | | | | | | 22 |

2009 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

| | |
|-----------------------------------------------|-------------------------------------------------|
| Corporation name THE ART OF ELYSIUM | California corporation number 2069354 |
|-----------------------------------------------|-------------------------------------------------|

Part I Election to Expense Certain Property Under IRC Section 179

| 1 Maximum deduction under Section 179 for California..... | 1 | \$25,000 | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|-------------------------------|------------------------------|------------------|--|--|--|--|--|--|
| 2 Total cost of Section 179 property placed in service..... | 2 | | | | | | | | | | |
| 3 Threshold cost of Section 179 property before reduction in limitation..... | 3 | \$200,000 | | | | | | | | | |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-..... | 4 | | | | | | | | | | |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-..... | 5 | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:45%;">6 (a) Description of property</th> <th style="width:20%;">(b) Cost (business use only)</th> <th style="width:35%;">(c) Elected cost</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> | | | 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost | | | | | | |
| 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 7 Listed property (elected Section 179 cost)..... | 7 | | | | | | | | | | |
| 8 Total elected cost of Section 179 property. Add amounts in column (c), line 6 and line 7..... | 8 | | | | | | | | | | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8..... | 9 | | | | | | | | | | |
| 10 Carryover of disallowed deduction from prior taxable years..... | 10 | | | | | | | | | | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5..... | 11 | | | | | | | | | | |
| 12 Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11..... | 12 | | | | | | | | | | |
| 13 Carryover of disallowed deduction to 2010. Add line 9 and line 10, less line 12..... | 13 | | | | | | | | | | |

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

| 14 | (a) Description of property | (b) Date acquired | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation | |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------|-----------------------------------------------------------|----------------------------|---------------------|-----------------------------------|-------------------------------------------|--|
| | LEASEHOLD IMPROV | 12/15/08 | 3,071. | 26. | S/L | 10 | 307. | | |
| | FURNITURE | 1/15/09 | 4,674. | | S/L | 7 | 668. | | |
| | FURNITURE | 2/04/09 | 6,072. | | S/L | 7 | 795. | | |
| | FURNITURE | 3/12/09 | 7,670. | | S/L | 7 | 913. | | |
| | FURNITURE | 4/09/09 | 1,264. | | S/L | 7 | 135. | | |
| | FURNITURE | 8/13/09 | 1,000. | | S/L | 7 | 60. | | |
| | FURNITURE | 11/15/09 | 4,856. | | S/L | 7 | 116. | | |
| 15 | Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)..... | | | | | | 15 | | |

Part III Summary

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)..... | 16 | |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22..... | 17 | |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)..... | 18 | |

Part IV Amortization

| 19 | (a) Description of property | (b) Date acquired | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC section (see instr) | (f) Period or percentage | (g) Amortization for this year | |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------|-----------------------------------------------------------|---------------------------------|-----------------------------|-----------------------------------|--|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 20 | Total. Add the amounts in column (g)..... | | | | | | 20 | |
| 21 | Total amortization claimed for federal purposes from federal Form 4562, line 44..... | | | | | | 21 | |
| 22 | Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12..... | | | | | | 22 | |

2009 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with 2 columns: Corporation name (THE ART OF ELYSIUM) and California corporation number (2069354)

Part I Election to Expense Certain Property Under IRC Section 179

Table with 5 columns: Line number, Description, and Amount. Includes rows for maximum deduction, total cost, threshold cost, reduction in limitation, and dollar limitation.

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

Table with 8 columns: Line number, Description of property, Date acquired, Cost or other basis, Depreciation allowed or allowable in earlier years, Depreciation method, Life or rate, Depreciation for this year, and Additional first year depreciation.

Part III Summary

Table with 3 columns: Line number, Description, and Amount. Includes rows for total expense, total depreciation claimed, and depreciation adjustment.

Part IV Amortization

Table with 7 columns: Line number, Description of property, Date acquired, Cost or other basis, Amortization allowed or allowable in earlier years, R&TC section (see instr), Period or percentage, and Amortization for this year.

2009 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

| | |
|-----------------------------------------------|-------------------------------------------------|
| Corporation name THE ART OF ELYSIUM | California corporation number 2069354 |
|-----------------------------------------------|-------------------------------------------------|

Part I Election to Expense Certain Property Under IRC Section 179

| 1 Maximum deduction under Section 179 for California..... | 1 | \$25,000 | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|-------------------------------|------------------------------|------------------|--|--|--|--|--|--|
| 2 Total cost of Section 179 property placed in service..... | 2 | | | | | | | | | | |
| 3 Threshold cost of Section 179 property before reduction in limitation..... | 3 | \$200,000 | | | | | | | | | |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-..... | 4 | | | | | | | | | | |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-..... | 5 | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:45%;">6 (a) Description of property</th> <th style="width:20%;">(b) Cost (business use only)</th> <th style="width:35%;">(c) Elected cost</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> | | | 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost | | | | | | |
| 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 7 Listed property (elected Section 179 cost)..... | 7 | | | | | | | | | | |
| 8 Total elected cost of Section 179 property. Add amounts in column (c), line 6 and line 7..... | 8 | | | | | | | | | | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8..... | 9 | | | | | | | | | | |
| 10 Carryover of disallowed deduction from prior taxable years..... | 10 | | | | | | | | | | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5..... | 11 | | | | | | | | | | |
| 12 Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11..... | 12 | | | | | | | | | | |
| 13 Carryover of disallowed deduction to 2010. Add line 9 and line 10, less line 12..... | 13 | | | | | | | | | | |

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

| 14 | (a) Description of property | (b) Date acquired | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------|----------------------------|-----------------------------------------------------------|----------------------------|---------------------|-----------------------------------|-------------------------------------------|
| | LEASEHOLD IMPROV | 6/15/09 | 3,175. | | S/L | 10 | 185. | |
| | LEASEHOLD IMPROV | 7/15/09 | 1,000. | | S/L | 10 | 50. | |
| | LEASEHOLD IMPROV | 8/06/09 | 775. | | S/L | 10 | 32. | |
| | LEASEHOLD IMPROV | 9/15/09 | 1,627. | | S/L | 10 | 54. | |
| 15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)..... | | | | | | | 15 | |

Part III Summary

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)..... | 16 | |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22..... | 17 | |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)..... | 18 | |

Part IV Amortization

| 19 | (a) Description of property | (b) Date acquired | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------|----------------------------|-----------------------------------------------------------|---------------------------------|-----------------------------|-----------------------------------|
| 20 Total. Add the amounts in column (g)..... | | | | | | | 20 |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44..... | | | | | | | 21 |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12..... | | | | | | | 22 |

THE ART OF ELYSIUM

95-4673306

STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

| | |
|---------------------------------|----------------------|
| INCOME FROM SPECIAL EVENTS..... | \$ 1,540,444. |
| TOTAL | <u>\$ 1,540,444.</u> |

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

| | |
|---------------------------------------------|----------------------|
| ACCOUNTING FEES..... | \$ 28,200. |
| ADVERTISING AND MARKETING..... | 485. |
| ART SHOW EXPENSES..... | 6,534. |
| ARTIST AND PERFORMER FEES..... | 2,913. |
| BANK & CREDIT CARD FEES..... | 8,086. |
| CARETAKER & EDUCATOR EXPENSES..... | 26,406. |
| CONFERENCES, CONVENTIONS, AND MEETINGS..... | 35,142. |
| DONOR GIFTS..... | 12,201. |
| DUES & SUBSCRIPTIONS..... | 2,337. |
| EQUIPMENT RENTAL..... | 461. |
| HEALTH INSURANCE..... | 49,603. |
| INSURANCE..... | 9,177. |
| INTERNET AND WEBSITE..... | 13,255. |
| MOVING EXPENSES..... | 1,810. |
| OFFICE EXPENSES..... | 2,113. |
| OTHER EMPLOYEE BENEFIT..... | 15,527. |
| OUTSIDE SERVICES..... | 122,530. |
| PARKING..... | 12,847. |
| PAYPALL FEES..... | 1,228. |
| PAYROLL SERVICE FEES..... | 14,474. |
| POSTAGE AND SHIPPING..... | 5,822. |
| PRINTING AND REPRODUCTION..... | 13,357. |
| PROGRAM SUPPLIES..... | 128,698. |
| PUBLIC RELATIONS..... | 45,000. |
| RENT..... | 112,919. |
| REPAIRS AND MAINTENANCE..... | 18,444. |
| SPECIAL EVENT EXPENSES..... | 813,687. |
| STAFF DEVELOPMENT..... | 3,785. |
| STORAGE..... | 13,718. |
| SUPPLIES..... | 15,619. |
| TAX & LICENSES..... | 300. |
| TELEPHONE..... | 39,152. |
| TRANSPORTATION COSTS..... | 434. |
| TRAVEL..... | 47,653. |
| UTILITIES..... | 1,901. |
| VOLUNTEER TRAINING..... | 2,399. |
| WORKERS COMPENSATION..... | 3,882. |
| TOTAL | <u>\$ 1,632,099.</u> |

STATEMENT 3
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

| | |
|------------------------|-------------------|
| DEPOSITS..... | 18,000. |
| EMPLOYEE ADVANCES..... | 1,602. |
| TOTAL | <u>\$ 19,602.</u> |

STATEMENT 4
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

| | |
|----------------------------|----------------|
| CREDIT CARDS PAYABLE | 6,035. |
| OTHER PAYABLES..... | 7,999. |
| PAYROLL TAXES PAYABLE..... | 4,889. |
| TOTAL \$ | <u>18,923.</u> |

THE ART OF ELYSIUM

95-4673306

| NO. | DESCRIPTION | DATE ACQUIRED | DATE SOLD | COST/ BASIS | BUS. PCT. | CUR 179 BONUS | SPECIAL DEPR. ALLOW. | PRIOR 179/ BONUS/ SP. DEPR. | PRIOR DEC. BAL DEPR. | SALVAG /BASIS REDUCT | DEPR. BASIS | PRIOR DEPR. | METHOD | LIFE | RATE | CURRENT DEPR. | |
|-----------------------------|------------------------|---------------|-----------|----------------|--------------|---------------------|----------------------------|--------------------------------------|----------------------------|----------------------------|----------------|----------------|--------|------|------|------------------|-------|
| FORM 199 | | | | | | | | | | | | | | | | | |
| FURNITURE AND FIXTURES | | | | | | | | | | | | | | | | | |
| 7 | FURNITURE | 10/23/08 | | 14,146 | | | | | | | 14,146 | 337 | S/L | 7 | | 2,021 | |
| 8 | FURNITURE | 11/13/08 | | 1,964 | | | | | | | 1,964 | 47 | S/L | 7 | | 281 | |
| 9 | FURNITURE | 11/13/08 | | 7,507 | | | | | | | 7,507 | 179 | S/L | 7 | | 1,072 | |
| 10 | FURNITURE | 12/02/08 | | 25,392 | | | | | | | 25,392 | 302 | S/L | 7 | | 3,627 | |
| 16 | FURNITURE | 1/15/09 | | 4,674 | | | | | | | 4,674 | | S/L | 7 | | 668 | |
| 17 | FURNITURE | 2/04/09 | | 6,072 | | | | | | | 6,072 | | S/L | 7 | | 795 | |
| 18 | FURNITURE | 3/12/09 | | 7,670 | | | | | | | 7,670 | | S/L | 7 | | 913 | |
| 19 | FURNITURE | 4/09/09 | | 1,264 | | | | | | | 1,264 | | S/L | 7 | | 135 | |
| 20 | FURNITURE | 8/13/09 | | 1,000 | | | | | | | 1,000 | | S/L | 7 | | 60 | |
| 21 | FURNITURE | 11/15/09 | | 4,856 | | | | | | | 4,856 | | S/L | 7 | | 116 | |
| 22 | FURNITURE | 12/15/09 | | 4,077 | | | | | | | 4,077 | | S/L | 7 | | 49 | |
| 23 | FURNITURE | 9/08/09 | | 655 | | | | | | | 655 | | S/L | 7 | | 31 | |
| TOTAL FURNITURE AND FIXTURE | | | | 79,277 | | | 0 | 0 | 0 | 0 | 0 | 79,277 | 865 | | | | 9,768 |
| IMPROVEMENTS | | | | | | | | | | | | | | | | | |
| 12 | LEASEHOLD IMPROVEMENTS | 9/15/08 | | 6,500 | | | | | | | 6,500 | 217 | S/L | 10 | | 650 | |
| 13 | LEASEHOLD IMPROVEMENTS | 10/15/08 | | 9,500 | | | | | | | 9,500 | 238 | S/L | 10 | | 950 | |
| 14 | LEASEHOLD IMPROVEMENTS | 11/15/08 | | 4,575 | | | | | | | 4,575 | 76 | S/L | 10 | | 458 | |
| 15 | LEASEHOLD IMPROVEMENTS | 12/15/08 | | 3,071 | | | | | | | 3,071 | 26 | S/L | 10 | | 307 | |
| 24 | LEASEHOLD IMPROVEMENTS | 1/15/09 | | 10,400 | | | | | | | 10,400 | | S/L | 10 | | 1,040 | |
| 25 | LEASEHOLD IMPROVEMENTS | 2/15/09 | | 7,308 | | | | | | | 7,308 | | S/L | 10 | | 670 | |
| 26 | LEASEHOLD IMPROVEMENTS | 3/15/09 | | 3,140 | | | | | | | 3,140 | | S/L | 10 | | 262 | |
| 27 | LEASEHOLD IMPROVEMENTS | 4/15/09 | | 4,383 | | | | | | | 4,383 | | S/L | 10 | | 329 | |

THE ART OF ELYSIUM

95-4673306

| NO. | DESCRIPTION | DATE ACQUIRED | DATE SOLD | COST/ BASIS | BUS. PCT. | CUR 179 BONUS | SPECIAL DEPR. ALLOW. | PRIOR 179/ BONUS/ SP. DEPR. | PRIOR DEC. BAL DEPR. | SALVAG /BASIS REDUCT | DEPR. BASIS | PRIOR DEPR. | METHOD | LIFE | RATE | CURRENT DEPR. |
|-----------------------------|------------------------|---------------|-----------|----------------|--------------|---------------------|----------------------------|--------------------------------------|----------------------------|----------------------------|----------------|----------------|--------|------|------|------------------|
| 28 | LEASEHOLD IMPROVEMENTS | 5/15/09 | | 5,138 | | | | | | | 5,138 | | S/L | 10 | | 343 |
| 29 | LEASEHOLD IMPROVEMENTS | 6/15/09 | | 3,175 | | | | | | | 3,175 | | S/L | 10 | | 185 |
| 30 | LEASEHOLD IMPROVEMENTS | 7/15/09 | | 1,000 | | | | | | | 1,000 | | S/L | 10 | | 50 |
| 31 | LEASEHOLD IMPROVEMENTS | 8/06/09 | | 775 | | | | | | | 775 | | S/L | 10 | | 32 |
| 32 | LEASEHOLD IMPROVEMENTS | 9/15/09 | | 1,627 | | | | | | | 1,627 | | S/L | 10 | | 54 |
| TOTAL IMPROVEMENTS | | | | 60,592 | | 0 | 0 | 0 | 0 | 0 | 60,592 | 557 | | | | 5,330 |
| MACHINERY AND EQUIPMENT | | | | | | | | | | | | | | | | |
| 1 | COMPUTER EQUIPMENT | 1/11/06 | | 920 | | | | | | | 920 | 920 | S/L | 3 | | 0 |
| 2 | COMPUTER EQUIPMENT | 4/21/06 | | 1,481 | | | | | | | 1,481 | 1,317 | S/L | 3 | | 164 |
| 3 | OFFICE EQUIPMENT | 9/01/06 | | 1,723 | | | | | | | 1,723 | 805 | S/L | 5 | | 345 |
| 4 | OFFICE EQUIPMENT | 11/22/06 | | 898 | | | | | | | 898 | 375 | S/L | 5 | | 180 |
| 5 | OFFICE EQUIPMENT | 11/22/06 | | 1,071 | | | | | | | 1,071 | 446 | S/L | 5 | | 214 |
| 6 | COMPUTER EQUIPMENT | 2/01/07 | | 1,850 | | | | | | | 1,850 | 1,182 | S/L | 3 | | 617 |
| 11 | COMPUTER EQUIPMENT | 11/09/08 | | 28,410 | | | | | | | 28,410 | 1,578 | S/L | 3 | | 9,470 |
| TOTAL MACHINERY AND EQUIPME | | | | 36,353 | | 0 | 0 | 0 | 0 | 0 | 36,353 | 6,623 | | | | 10,990 |
| TOTAL DEPRECIATION | | | | <u>176,222</u> | | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>176,222</u> | <u>8,045</u> | | | | <u>26,088</u> |
| GRAND TOTAL DEPRECIATION | | | | <u>176,222</u> | | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>176,222</u> | <u>8,045</u> | | | | <u>26,088</u> |

2009

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.

PAYMENT:

THERE IS A FEE DUE OF \$150 WHICH IS PAYABLE BY NOVEMBER 15, 2010. 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, 2010.

WHERE TO FILE:

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

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> THE ART OF ELYSIUM <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> | Check if: <input 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 1/01/09 ending 12/31/09) list:
 Gross annual revenue \$ 1,690,497. Total assets \$ 4,992,708.

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 _____

2009

NEW YORK FILING INSTRUCTIONS

THE ART OF ELYSIUM

95-4673306

FORM TO FILE:

FORM CHAR500 - ANNUAL FINANCIAL REPORT FOR CHARITABLE ORGANIZATIONS

SIGNATURE:

SIGN AND DATE FORM CHAR500, PAGE 1. TWO DISTINCT OFFICIALS OF THE ORGANIZATION MUST SIGN.

PAYMENT:

THERE IS A BALANCE DUE OF \$275 WHICH IS PAYABLE BY NOVEMBER 15, 2010. ATTACH A CHECK OR MONEY ORDER FOR THE FULL AMOUNT PAYABLE TO "NEW YORK STATE DEPARTMENT OF LAW", AND WRITE THE NEW YORK STATE REGISTRATION NUMBER, THE TAX PERIOD TO WHICH IT APPLIES AND "FORM CHAR500" ON THE PAYMENT.

WHEN TO FILE:

ON OR BEFORE NOVEMBER 15, 2010.

WHERE TO FILE:

NEW YORK STATE DEPARTMENT OF LAW
CHARITIES BUREAU - REGISTRATION SECTION
120 BROADWAY
NEW YORK, NY 10271

| | | |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Form CHAR500 This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006) | Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 http://www.charitiesnys.com | 2009 Open to Public Inspection |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------|
| 1. General Information | | | |
| a. For the fiscal year beginning (mm/dd/yyyy) <u>1/01</u> / 2009 and ending (mm/dd/yyyy) <u>12/31/2009</u> | | | |
| b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending | c. Name of organization THE ART OF ELYSIUM | | d. Fed. employer ID no. (EIN) (##-####-####) 95-4673306 |
| | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1880 CENTURY PARK EAST, SUITE 200 | | e. NY State registration no. (##-###-###) 41-80-96 |
| | City or town, state or country and zip + 4 LOS ANGELES, CA 90067-1600 | | f. Telephone number (310) 289-9888 |
| | | | g. Email |

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------|------------------|
| 2. Certification - Two Signatures Required | | | |
| We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report. | | | |
| a. President or Authorized Officer | Signature | Printed Name | Title |
| | | | PRESIDENT |
| b. Chief Financial Officer or Treasurer | Signature | Printed Name | Title |
| | | | TREASURER |
| | | | Date |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Annual Report Exemption Information | |
| a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants) | Check <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year. NOTE: An organization may claim this exemption if no PFR or FRC was used and either: 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal and contributions from all sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A. |
| b. EPTL annual report exemption (EPTL registrants and dual registrants) | Check <input type="checkbox"/> if gross receipts did not exceed \$25,000 and the assets (market value) did not exceed \$25,000 at any time during this fiscal year. |
| For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form. | |

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| 4. Article 7-A Schedules | |
| If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year: | |
| a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? | Yes* <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| * If "Yes", complete Schedule 4a. | |
| b. Did the organization receive government contributions (grants)? | Yes* <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| * If "Yes", complete Schedule 4b. | |

| | |
|---------------------------------------------------------------------------------------------------|-----------------------|
| 5. Fee Submitted: See last page for summary of fee requirements. | |
| Indicate the filing fee(s) you are submitting along with this form: | |
| a. Article 7-A filing fee | \$ <u>25.</u> |
| b. EPTL filing fee | \$ <u>250.</u> |
| c. Total fee | \$ <u>275.</u> |
| Submit only one check or money order for the total fee, payable to "NYS Department of Law" | |

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| 6. Attachments: For organizations that are not claiming annual report exemptions under both laws, see page 4 for required attachments ▶ |
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