

Short Form
Return of Organization Exempt from Income Tax
 Under Section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except black lung benefit trust or private foundation)

2001

Department of the Treasury
Internal Revenue Service

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2001 calendar year, or tax year beginning , 2001, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	C THE ART OF ELYSIUM 8501 WILSHIRE BOULEVARD #220 BEVERLY HILLS, CA 90211-3118	D Employer Identification Number 95-4673306 E Telephone Number (213) 385-9272 F Enter 4-digit (GEN) ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Web site: ▶ N/A

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 80,041.

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

R E V E N U E	1	Contributions, gifts, grants, and similar amounts received	1	80,041.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6	Special events and activities (attach schedule):		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c		
8	Other revenue (describe ▶ _____)	8		
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶	9	80,041.	
E X P E N S E S	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	18,500.
	13	Professional fees and other payments to independent contractors	13	800.
	14	Occupancy, rent, utilities, and maintenance	14	15,142.
	15	Printing, publications, postage, and shipping	15	5,019.
	16	Other expenses (describe ▶ SEE STATEMENT 1)	16	57,373.
17	Total expenses (add lines 10 through 16) ▶	17	96,834.	
A S S E T S	18	Excess or (deficit) for the year (line 9 less line 17)	18	-16,793.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	17,461.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶	21	668.

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

		(See instructions)		(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments		17,461.	22		668.	
23	Land and buildings			23			
24	Other assets (describe ▶ _____)			24			
25	Total assets		17,461.	25		668.	
26	Total liabilities (describe ▶ _____)		0.	26		0.	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		17,461.	27		668.	

Part III Statement of Program Service Accomplishments (see instructions)		Expenses	
What is the organization's primary exempt purpose? SEE STATEMENT 2		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	SEE STATEMENT 3		
	(Grants \$)	28a	911.
29			
	(Grants \$)	29a	
30			
	(Grants \$)	30a	
31	Other program services (attach schedule) (Grants \$)	31a	
32	Total program service expenses (add lines 28a through 31a)	32	911.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 4		18,500.	0.	0.

Part V Other Information (Note the attachment requirement in the instructions)		SEE STATEMENT 5	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity			X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes			X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?			X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?			N/A
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' attach a statement.)			X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.	
b	Did the organization file Form 1120-POL for this year?			X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?			X
b	If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved.	38b	N/A	
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9	39a	N/A	
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A	
40a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: Section 4911 0.; Section 4912 0.; Section 4955 0.			
b	501(c)(3) and (4) organizations. Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation.			X
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958			0.
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization			0.
41	List the states with which a copy of this return is filed			CALIFORNIA
42	The books are in care of JENNIFER K. HOWELL Telephone no. (213) 385-9272 Located at 3278 WILSHIRE BLVD., STE 1001, L.A., CA ZIP + 4 90010			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year.	43		N/A

Please Sign Here
 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.
 Signature of Officer _____ Date _____ Type or Print Name and Title _____

Paid Preparer's Use Only
 Preparer's Signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN (see General Instruction W) _____
 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 _____ Phone no. (310) 289-9888

Schedule A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)
Nonexempt Charitable Trust Supplementary Information— (See separate instructions.)

Supplementary Information — (see separate instructions)

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

OMB No. 1545-0047

2001

Name of the Organization

THE ART OF ELYSIUM

Employer Identification Number

95-4673306

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part III Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B and attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below.)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments.		

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

The organization is not a private foundation because it is (please check only **One** applicable box):

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ▶** _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives: **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

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

(a) Name(s) of supported organization(s)	(b) Line number from above

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

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

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

Table with columns: Calendar year (or fiscal year beginning in), (a) 2000, (b) 1999, (c) 1998, (d) 1997, (e) Total. Rows include items 15 through 25: Gifts, grants, and contributions received; Membership fees received; Gross receipts from admissions, merchandise sold or services performed; Gross income from interest, dividends, amounts received from payments on securities loans; Net income from unrelated business activities; Tax revenues levied for the organization's benefit; The value of services or facilities furnished to the organization by a governmental unit without charge; Other income; Total of lines 15 through 22; Line 23 minus line 17; Enter 1% of line 23.

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24... N/A... 26a; b Prepare a list for your records to show the name of and amount contributed by each person... 26b; c Total support for Section 509(a)(1) test: Enter line 24, column (e)... 26c; d Add: Amounts from column (e) for lines: 18, 19, 22, 26b... 26d; e Public support (line 26c minus line 26d total)... 26e; f Public support percentage (line 26e (numerator) divided by line 26c (denominator))... 26f %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2000) 0. (1999) 0. (1998) 0. (1997) 0.; b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2000) 0. (1999) 0. (1998) 0. (1997) 0.; c Add: Amounts from column (e) for lines: 15, 16, 17, 20, 21... 27c 0.; d Add: Line 27a total... 0. and line 27b total... 0... 27d 0.; e Public support (line 27c total minus line 27d total)... 27e; f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)... 27f; g Public support percentage (line 27e (numerator) divided by line 27f (denominator))... 27g 0.%; h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))... 27h 0.%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

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

N/A

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

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

N/A

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

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

4 -Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

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

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

Table with 3 columns: Question, Yes, No. Rows include 51 a (i) Cash, a (ii) Other assets, b (i) Sales or exchanges, b (ii) Purchases, b (iii) Rental, b (iv) Reimbursement, b (v) Loans, b (vi) Performance, and c Sharing of facilities.

- (i) Cash
(ii) Other assets
b Other transactions:
(i) Sales or exchanges of assets
(ii) Purchases of assets
(iii) Rental of facilities
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains N/A.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If 'Yes,' complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains N/A.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2001

Name of Organization

THE ART OF ELYSIUM

Employer Identification Number

95-4673306

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **general rule** or a **special rule**. (Note: Only a Section 501(c)(7), (8), or (10) organization can check box(es) for both the general rule and a special rule – see instructions.)

General Rule –

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

Special Rules –

- For a Section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the Parts unless the general rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2001)

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
1	HARD ROCK CAFE EVENTS ----- LOS ANGELES, CA	\$ 24,521.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)
2	ANHUSER BUSH ----- LOS ANGELES, CA	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)
3	NBA ALL-STAR EVENT ----- LOS ANGELES, CA	\$ 5,320.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)

Name of Organization

Employer Identification Number

THE ART OF ELYSIUM

95-4673306

Part II Noncash Property

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

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). ▶ \$

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

**STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

HOSPITAL PROJECT EXPENSES.....	\$	9,411.
SUPPLIES.....		634.
TELEPHONE.....		411.
TRAVEL.....		184.
VARIOUS FUNDRAISING EXPENSES.....		46,733.
TOTAL	\$	<u>57,373.</u>

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

ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO HELP PAY ALL OR A PORTION OF 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.

**STATEMENT 3
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
RAISED 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 ACTIVELY PARTICIPATE IN.		911.
	<u>\$ 0.</u>	<u>\$ 911.</u>

**STATEMENT 4
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JENNIFER KRISTEN HOWELL 3278 WILSHIRE BLVD., STE 1001 LOS ANGELES, CA 90010	PRESIDENT & CEO NONE	\$ 18,500.	\$ 0.	\$ 0.

THE ART OF ELYSIUM

95-4673306

STATEMENT 4 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MICHAEL STONE 8501 WILSHIRE BLVD., STE 220 BEVERLY HILLS, CA 90211	TREASURER NONE	\$ 0.	\$ 0.	\$ 0.
MATTHEW S. MEZA 601 S. FIGUEROA ST 30TH FLOOR LOS ANGELES, CA 90071	SECRETARY NONE	0.	0.	0.
LAURA DUNN 3278 WILSHIRE BLVD., STE 1001 LOS ANGELES, CA 90010	DIRECTOR NONE	0.	0.	0.
JED OJEDA 3278 WILSHIRE BLVD., STE 1001 LOS ANGELES, CA 90010	DIRECTOR NONE	0.	0.	0.
RICHIE KEENE 3278 WILSHIRE BLVD., STE 1001 LOS ANGELES, CA 90010	DIRECTOR NONE	0.	0.	0.
JULE ROTENBERG 3278 WILSHIRE BLVD., STE 1001 LOS ANGELES, CA 90010	DIRECTOR NONE	0.	0.	0.
TOTAL		<u>\$ 18,500.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

STATEMENT 5
FORM 990-EZ, PART V
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO

YEAR

2001

California Exempt Organization Annual Information Return

FORM

199

For calendar or fiscal year beginning month _____ day _____ year 2001, and ending month _____ day _____ year	
IMPORTANT: Your number is required.	
California corporation number 2069354	Federal employer identification number 95-4673306
Attach Preaddressed Label or See Instructions	
Corporation/Organization name THE ART OF ELYSIUM	
Address 8501 WILSHIRE BOULEVARD #220	PMB no.
City BEVERLY HILLS, CA 90211-3118	State ZIP Code
A Final return? <input type="checkbox"/> Yes. Check applicable box. <input checked="" type="checkbox"/> No <input type="checkbox"/> Dissolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date ●	
B Check forms filed this year: State: <input type="checkbox"/> 109 <input type="checkbox"/> 100 <input type="checkbox"/> 100S Fed: <input type="checkbox"/> 990 Fed: <input checked="" type="checkbox"/> 990EZ <input type="checkbox"/> 990T <input type="checkbox"/> 990PF <input type="checkbox"/> 1041 <input type="checkbox"/> 1120H <input type="checkbox"/> 1120	
C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. See General Instruction F. No filing fee is required. ● <input checked="" type="checkbox"/>	
D Is this a group filing? See General Instruction M ● <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
E Accounting method used . <u>CASH</u>	
F Type of organization <input checked="" type="checkbox"/> Exemption under Section 23701 <u>D</u> (insert letter) <input type="checkbox"/> IRC Section 4947(a)(1) trust	

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

Receipts and Revenues <small>(Attach check or money order here.)</small>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 ●	1	
	2 Gross dues and assessments from members and affiliates. ●	2	
	3 Gross contributions, gifts, grants, and similar amounts received. See instructions SEE .SCH... B ●	3	80,041.
	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	80,041.
	5 Cost of goods sold 5		
	6 Cost or other basis, and sales expenses of assets sold. 6		
	7 Total costs. Add line 5 and line 6 7		
	8 Total gross income. Subtract line 7 from line 4 8		80,041.
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18 9		96,834.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 10		-16,793.
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F. 11		
	12 Penalty for failure to file on time. See General Instruction L. 12		
	13 Balance due. Add line 11 and line 12. 13		

- 14** 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
- 15** 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
- 16** Is the organization exempt under R&TC Section 23701g? Yes No
If 'Yes,' enter amount of gross receipts from nonmember sources. . . . \$ _____
- 17** Did the organization file Form 100, Form 100S, or Form 109 to report taxable income? Yes No
If 'Yes,' enter amount of total income reported. . . . \$ _____
- 18** The financial records are in care of. JENNIFER K. HOWELL Daytime telephone (213) 385-9272
located at 3278 WILSHIRE BLVD., STE 1001, L.A., CA 90010

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
	Signature of officer _____	Date _____
Paid Preparer's Use Only	Title _____	
	Daytime telephone <u>(213) 385-9272</u>	
	Preparer's signature _____	Date _____
	Preparer's SSN or PTIN _____	
Firm's name (or yours, if self-employed) and address <u>GERBER & CO. INC.</u> <u>1880 CENTURY PARK EAST, SUITE 200</u> <u>LOS ANGELES, CA 90067-1602</u>		FEIN <u>95-4674878</u>
Daytime telephone <u>(310) 289-9888</u>		

CACA9712L 12/14/01

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	
	2 Interest	2	
	3 Dividends	3	
	4 Gross rents	4	
	5 Gross royalties	5	
	6 Gross amount received from sale of assets	6	
	7 Other income. Attach schedule	7	
	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	
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 . . . SEE STATEMENT . 1 . . .	11	18,500.
	12 Other salaries and wages	12	
	13 Interest	13	
	14 Taxes	14	
	15 Rents	15	15,142.
	16 Depreciation and depletion	16	
	17 Other. Attach schedule SEE STATEMENT . 2	17	63,192.
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I line 9	18	96,834.

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		17,461.		668.
2 Net accounts receivable				
3 Net notes receivable. Attach schedule				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds. Attach schedule				
7 Investments in stock. Attach schedule				
8 Mortgage loans (number of loans . . . _____)				
9 Other investments. Attach schedule				
10a Depreciable assets				
b Less accumulated depreciation				
11 Land				
12 Other assets. Attach schedule				
13 Total assets		17,461.		668.
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				
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		17,461.		668.
22 Total liabilities and net worth		17,461.		668.

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

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

Department of the Treasury
Internal Revenue Service

CALIFORNIA FORM 199
Schedule of Contributors

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

OMB No. 1545-0047

2001

Name of Organization

THE ART OF ELYSIUM

Employer Identification Number

95-4673306

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **general rule** or a **special rule**. (Note: Only a Section 501(c)(7), (8), or (10) organization can check box(es) for both the general rule and a special rule – see instructions.)

General Rule –

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

Special Rules –

- For a Section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the Parts unless the general rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2001)

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
1	HARD ROCK CAFE EVENTS ----- LOS ANGELES, CA	\$ 24,521.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)
2	ANHUSER BUSH ----- LOS ANGELES, CA	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)
3	NBA ALL-STAR EVENT ----- LOS ANGELES, CA	\$ 5,320.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)

Name of Organization

Employer Identification Number

THE ART OF ELYSIUM

95-4673306

Part II Noncash Property

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

BAA

Name of Organization THE ART OF ELYSIUM	Employer Identification Number 95-4673306
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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). ▶ \$

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

THE ART OF ELYSIUM

95-4673306

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

NAME, ADDRESS AND SOCIAL SECURITY NUMBER	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JENNIFER KRISTEN HOWELL 3278 WILSHIRE BLVD., STE 1001 LOS ANGELES, CA 90010	PRESIDENT & CEO NONE	\$ 18,500.	\$ 0.	\$ 0.
MICHAEL STONE 8501 WILSHIRE BLVD., STE 220 BEVERLY HILLS, CA 90211	TREASURER NONE	0.	0.	0.
MATTHEW S. MEZA 601 S. FIGUEROA ST 30TH FLOOR LOS ANGELES, CA 90071	SECRETARY NONE	0.	0.	0.
LAURA DUNN 3278 WILSHIRE BLVD., STE 1001 LOS ANGELES, CA 90010	DIRECTOR NONE	0.	0.	0.
JED OJEDA 3278 WILSHIRE BLVD., STE 1001 LOS ANGELES, CA 90010	DIRECTOR NONE	0.	0.	0.
RICHIE KEENE 3278 WILSHIRE BLVD., STE 1001 LOS ANGELES, CA 90010	DIRECTOR NONE	0.	0.	0.
JULE ROTENBERG 3278 WILSHIRE BLVD., STE 1001 LOS ANGELES, CA 90010	DIRECTOR NONE	0.	0.	0.
TOTAL		<u>\$ 18,500.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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

HOSPITAL PROJECT EXPENSES.....	\$ 9,411.
PRINTING AND PUBLICATIONS.....	5,019.
PROFESSIONAL FUNDRAISING FEES.....	800.
SUPPLIES.....	634.
TELEPHONE.....	411.
TRAVEL.....	184.
VARIOUS FUNDRAISING EXPENSES.....	46,733.
TOTAL	<u>\$ 63,192.</u>

CS
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/>

**2002
 REGISTRATION/RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 CCR Sections 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.



RRF-1 EXTENSIONS WILL NOT BE GRANTED

Enter State Charity Registration Number, Name, and Address of Organization Below:

State Charity Registration Number 111643

THE ART OF ELYSIUM
 Name of Organization

8501 WILSHIRE BOULEVARD #220
 Address (Number and Street)

BEVERLY HILLS, CA 90211-3118
 City or Town State ZIP Code

Check if:

- Change of address
- Initial report
- Amended report
- Final report

Corporate or Organization No. 2069354

Federal Employer ID No. 95-4673306

PART A – ACTIVITIES

1	During your most recent full accounting period did your gross receipts or total assets equal \$100,000 or more?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
a If the answer is yes, you are required by Title 11 of the California Code of Regulations, Sections 311 and 312, to attach a check in the amount of \$25.00 to this report. Make check payable to Department of Justice.			
2	For your most recent full accounting period (beginning <u>1/01/01</u> ending <u>12/31/01</u>) list: Gross receipts \$ <u>80,041.</u> Total assets \$ <u>668.</u> Actual <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>		

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Organization's area code and telephone number (213) 385-9272

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 _____