Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities,

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

20**10**

Open to Public Inspection

Department of the Treasury Internal Revenue Service and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

at the end of the year may use this form.

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

A For the 2010 calendar year, or tax year beginning 2010, and ending July 1 June 30 , 20 11 C Name of organization B Check if applicable: D Employer identification number Address change Ardea Arts, Inc. 20-4937547 Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 463 Broome Street 212-431-7039 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return NY NY 10013 Number > Application pending G Accounting Method: Cash Accrual Other (specify) ▶ H Check ▶ ☐ if the organization is not I Website: ► www.familyoperainitiative.org required to attach Schedule B J Tax-exempt status (check only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or (Form 990, 990-EZ, or 990-PF). 527 if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) V 1 24,047 2 Program service revenue including government fees and contracts 2 5.937 3 3 Investment income 4 4 5 Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7a Gross sales of inventory, less returns and allowances 7a 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c 8 8 4,470 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 34,459 Grants and similar amounts paid (list in Schedule O) 10 10 Benefits paid to or for members 11 11 Salaries, other compensation, and employee benefits 12 12 4,077 13 Professional fees and other payments to independent contractors 21,495 13 14 Occupancy, rent, utilities, and maintenance 14 1,314 15 15 10,393 Other expenses (describe in Schedule O) 16 16 4,966 17 17 42,245 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -7,786 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 -36,493 20 Other changes in net assets or fund balances (explain in Schedule O) . 20

-44,279

21

Pa	Check if the organization used Schedu	is for Part II.)	etion in this Par	F 11		
	Check if the organization used contect	ile o to respond to any que		Beginning of year		(B) End of year
22	Cash, savings, and investments		144		1	Water Control
23			* * *	25,701	23	9,268
24	그는 그렇게 살이 하는 아이들이 어떻게 하지만 하는데 그렇게 되었다. 그렇게 되었다는데 그렇게 되었다면 그리다는데 그렇다 그렇다.				24	
25	Total assets			25,701	_	9,268
26	Total liabilities (describe in Schedule O)			62,194	-	53,547
27	Tarana : 그리는 경기 구나는 시간 사람들이 있다면 되면 하다 하지만 경험하는 것이 하면 하지만 하고 있다면 하지만 하지만 하고 있다는	nn (B) must agree with line 2	21)	-36,493	_	-44,279
Par	rt III Statement of Program Service Acco	mplishments (see the inst	ructions for Part	III.)	21	Expenses
Desc	Check if the organization used Schedulat is the organization's primary exempt purpose? cribe what was achieved in carrying out the organization services provided, the number of persons benefited, and	To bring opera and music on's exempt purposes. In a cle	estion in this Par theatre to audience ar and concise ma	es	501(d organ 4947	uired for section c)(3) and 501(c)(4) nizations and section (a)(1) trusts; optional thers.)
					101 01	Timers.)
S	enemies, friendships and alliances among people international team will bring to life this tale about	nations and alternative unive	rses. Told in 4 lar	iguages, the		
	(Grants \$) If this amou	nt includes foreign grants, cl	neck here	▶ □	28a	1,085
29	CAT is a participatory one-act opera-musical from	Family Operas Initiative gears	ed for children age	d 4-10.		
	Full of humor and imagination, this gentle tale with heart to spread their wings and seek beyond them	h uproarious music propels th	e very young and	the young-at		
		nt includes foreign grants, ch			-	00.700
30	, while divide	ists and their audiences by sh	aring creative pro	>	29a	29,799
	by fostering discussion and community-building. of making opera.	This quarterly program introd	uces new audienc	es to the art		
0.202	(Grants \$) If this amount	nt includes foreign grants, ch	neck here	▶ 🗆	30a	124
31	Other program services (describe in Schedule O					
20	(Grants \$) If this amoun	nt includes foreign grants, ch	neck here	▶ 🗆	31a	
32	Total program service expenses (add lines 28	a through 31a)		🕨	32	31,008
Fall	List of Officers, Directors, Trustees, and K	ey Employees. List each one e	ven if not compen	sated. (see the i	nstruc	tions for Part IV.)
	Check if the organization used Schedu	(b) Title and average	(c) Compensation			· · · · □
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	(d) Contribution employee benefit deferred comper	plans &	(e) Expense account and other allowances
Gret	the Barrett Holby	the same of the		doloriod compar	isation	other allowances
463 I	Broome Street, NY NY 10013	President, 55	-)-		
Mich	nelle Childs	2.				
463 I	Broome Street, NY NY 10013	Co-President, 10)-		
Nico	ole A. Spooner	0- B- 11- 14				
463 E	Broome Street, NY NY 10013	Co-President, 10	-()-		
	icia Hermann Deans	Transurar 2				
_	Broome Street, NY NY 10013	Treasurer, 2	-()-		
	ette Jaffe	Director, 2				
	Broome Street, NY NY 10013	Director, 2	-()-		
	Wetmore	Director, 2				
463 E	Broome Street, NY NY 10013	Director, 2	-()-		
19-7						
					_	
					-	
				1		8
				+	-	

Par	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			Page .
23			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)			1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.	34		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	35b		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a	36		
ь 38а	Did the organization file Form 1120-POL for this year? . Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employed or wars.	37b		1
b	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 48,030	38a	1	
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
b	section 4911 ▶ -0- ; section 4912 ▶ -0- ; section 4955 ▶ -0-			
Ü	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	401		1
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	40b		
1040	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d e	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41 42a	List the states with which a copy of this return is filed. New York			
	The organization's books are in care of ► Grethe Holby Located at ► 463 Broome Street, NY NY At any time during the calendar year, did the organization have an interest in or a signature or other authority	100		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	ſ	Yes	No
	account)?	42b	163	7
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. •	- 🗆
		r	V1	NI-
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a 44b		1
c	Did the organization receive any payments for indoor tanning services during the year?	44c		√
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		

									Yes	No
45	Is any	related organization a controlled en	ntity of the org	ganization within the	e meani	ng of section	on 512(b)(13)?	45		1
		e organization receive any payment								
		ing of section 512(b)(13)? If "Yes,"								
		990-EZ (see instructions)		io concuero ir ma	,		piotod inotoda or	450		,
		ne organization engage, directly or in					• • • • •	45a		
40	to ca	ndidates for public office? If "Vee."	nairectly, in pr	olitical campaign ac	ctivities	on benair o	f or in opposition			
		ndidates for public office? If "Yes,"						46		1
Part V		Section 501(c)(3) organizations	s and section	n 4947(a)(1) non	exemp	t charitat	ole trusts only. A	II sec	tion	
		501(c)(3) organizations and secti	ion 4947(a)(1) nonexempt cha	ritable	trusts mus	st answer question	ons 47	7-49t	O
		and 52, and complete the tables								
		Check if the organization used Sc	hedule O to r	espond to any que	estion i	n this Part	VI	0.0	8 14	П
									Yes	No
47	Did th	e organization engage in lobbying a	activition? If "\	/oc " complete Cab	odulo C	Dort II		47	162	140
								47		V
40	is the	organization a school as described in	n section 170(b)(1)(A)(ii)? If "Yes,"	comple	te Schedule	E	48		1
49a	Dia th	e organization make any transfers t	o an exempt	non-charitable relat	ted orga	inization? .		49a		1
ь	If "Ye	s," was the related organization a se	ection 527 org	janization?		* * * *		49b		
50	Comp	plete this table for the organization's	s five highest	compensated empl	loyees (other than	officers, directors,	truste	es an	d key
(emplo	yees) who each received more than	n \$100,000 of	compensation from	n the or	ganization.	If there is none, en	ter "N	one."	Ģ 95
	-04-015/00/00	proposition and the second	1 1	b) Title and average		compensation	(d) Contributions to	-	Expen	
	(a) Nai	ne and address of each employee paid more than \$100,000		hours per week			employee benefit plans & deferred compensation	ace	count a	and
None		than \$100,000		devoted to position	-		deterred compensation	other	allowa	inces
IVOITE					1		1	1		
								1		
					_		 			
	_				+					
								1		
51 (Comp \$100,	number of other employees paid ovolete this table for the organization 000 of compensation from the organization that the organization from the organizati	's five highes anization. If the	ere is none, enter "I	lepende None."					
None		a) Name and address of each independent of	ontractor paid mo	re than \$100,000		(b) 1y	pe of service	(c) Cor	npensa	ation
None										
	22200000									
- ام	Tetal	number of all and a second			205					
		number of other independent contra		70		. >				
52	Did th	e organization complete Schedule	A? Note: All s	ection 501(c)(3) org	anizatio	ns and 494	7(a)(1)			
r	nonex	empt charitable trusts must attach	a completed	Schedule A			▶ 🗸	Yes		No
Under per	nalties	of perjury, I declare that I have examined this	return, including a	accompanying schedules	s and state	ements, and to	the best of my knowled	ige and	belief,	it is
true, corre	ect, and	complete. Declaration of preparer (other than	n officer) is based	on all information of whi	ich prepar	er has any kno	wledge.			
			111	1				, ,	1	
•		VAIAVI BO	to lu			- 1	11.14.2	01	1	
Sign		Signature of officer	1000	1			Date	-01		_
Here		1	(/			Date			
		Grethe B. Holby, President								
		Type or print name and title								
Paid		Print/Type preparer's name	Preparer's sign	nature		Date	Check ☐ if	PTIN		
Prepa					ſ					
	rer						self-employed			
	10 Sept 18	Firm's name								
Use O	10 Sept 18						Firm's EIN ▶			
Use O	nly	Firm's name ► Firm's address ► discuss this return with the prepare	r shown above	e? See instructions			Firm's EIN ▶ Phone no.	Yes		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047 2010

20-4937547

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.

Open to Public Inspection

Name of the organization Employer identification number Ardea Arts, Inc. Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

Tho	organization is not		the base of the organization						noti detioi	13.		
1 ne	Organization is not	a private found	ation because it is: (Fo	or lines 1	through 1	1, check	only one	box.)				
2	A school desc	ribed in section	ches, or association of 170(b)(1)(A)(ii). (Atta	r churche	s describ	ea in se a	tion 170	(b)(1)(A)(1).			
3			ospital service organiz				470/6\/4\	(A)(:::)				
4	A medical resentation hospital's name	earch organizatine, city, and sta	ion operated in conjur te:	oction with	h a hospit	al descri	bed in se	ection 17				
5	☐ An organization	on operated for)(1)(A)(iv). (Con	the benefit of a colle	ge or un	iversity o	wned or	operated	by a go	vernmenta	l unit d	escrib	oed in
6 7	☐ An organization	 □ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). □ 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). (Co	mplete Pa	art II.)						
9	An organization receipts from support from	on that normally activities relate gross investme	receives: (1) more the d to its exempt function to its exempt function to receive after June 30, 1975. S	an 331/39 tions—su elated bus	6 of its subject to obsiness tax	upport fro certain e xable inc	xceptions come (les	s, and (2) ss sectio	no more	than 33	31/3%	of its
10 11	An organization	on organized a	d operated exclusively nd operated exclusiv blicly supported orga describes the type of	ely for th	ne benefit describe	t of, to	perform ion 509(a	the funct a)(1) or se	ions of, o	(a)(2). S	rry ou ee s∈	ut the
e	a Type By checking the other than four or section 509 If the organization	I b his box, I certify ndation manage (a)(2). ation received		Type is not content on from	ntrolled of publicly	ctionally lirectly or support	integrate r indirectl ed organ a Type	d y by one izations o	d or more di described i	Type squalifi n section	ed pe on 509	rsons 9(a)(1)
g		17, 2006, has t	the organization acce								15 8	
	(i) A person v (iii) below,	who directly or the governing b	indirectly controls, eit	her alone organizat	or toget	her with	persons	describe	d in (ii) and	1 11g(i)	Yes	No
			son described in (i) abo							11g(ii)	_	
h	(iii) A 35% cor	ntrolled entity of	a person described in tion about the support	n (i) or (ii) a	above? .					11g(iii)		
(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 o	organization sted in your document?	(v) Did you notify the organization in col. (i) of your support?		organizat (i) organi	s the ion in col. zed in the S.?		mount pport	of
				Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)												
(D)												
(E)												
Tota	ř											

Part							
	(Complete only if you checked th						alify under
Coati	Part III. If the organization fails to on A. Public Support	quality und	er the tests lis	sted below, p	lease comple	ete Part III.)	
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and	(a) 2000	(b) 2007	(C) 2008	(u) 2009	(6) 2010	(i) Iotai
•	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization 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.						
	on B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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.					12	
13	First five years. If the Form 990 is for the						
04	organization, check this box and stop her			* * * * *			<u> </u>
100000	on C. Computation of Public Support			4 1 (0)			
14 15	Public support percentage for 2010 (line 6 Public support percentage from 2009 Sch					15	% %
16a	331/3% support test—2010. If the organiz						
	box and stop here. The organization quali						
b	331/3% support test—2009. If the organ check this box and stop here. The organization	ization did no	ot check a box	c on line 13 or	r 16a, and line		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts- acts-and-circu	and-circumsta umstances" tes	nces" test, che st. The organiz	eck this box ar ation qualifies	nd stop here. E as a publicly s	line 14 is Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization Explain in Part IV how the organization me	on meets the	facts-and-ci	rcumstances"	test, check th	nis box and st	op here.
	supported organization						
18	Private foundation. If the organization dicinstructions	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	25,600	98,591	58,816	49,277	24,047	256,331
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			2,842	850	10,407	14,099
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	25,600	98,591	61,658	50,127	34,454	270,430
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b						270,430
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	25,600	98,591	61,658	50,127	34,454	270,430
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .	40	307	6	12	5	370
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		1				
С	Add lines 10a and 10b	40	307	6	12	5	370
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	25,640	98,898	61,664	50,139	34,459	270,800
14	First five years. If the Form 990 is for the organization, check this box and stop her	The same of the sa			A Processia Caracter State Control of the Control o	ar as a section	Control of the state of the sta
Secti	on C. Computation of Public Suppor	t Percentage					
15	Public support percentage for 2010 (line 8					15	99.86 %
16	Public support percentage from 2009 Sch					16	99.85 %
	on D. Computation of Investment Inc						
17	Investment income percentage for 2010 (I					17	0.04 %
18 19a	Investment income percentage from 2009 331/3% support tests—2010. If the organi 17 is not more than 331/3%, check this box a	zation did not	check the box	on line 14, an	d line 15 is m		
b	331/3% support tests—2009. If the organization 18 is not more than 331/3%, check this b						31/3%, and
20	Private foundation. If the organization did		7 12 7 3			with the state of the State of	

Schedule A (F	Form 990 or 990-EZ) 2010	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (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

2010

Name of the organization Employer identification number Ardea Arts, Inc. 20-4937547 Organization type (check one): Filers of: Section: Form 990 or 990-EZ √ 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 331/3 % support test of the regulations under sections 509(a)(1) and 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 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 its 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).

Name of organization
Ardea Arts, Inc.

Employer identification number
20-4937547

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	AKC Fund 6 West 48th Street, 10th floor NY NY 10036	\$ 5,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Aase H. Holby 1327 Theall Road Rye NY 10580	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person

Name of organization Ardea Arts, Inc.

Page 1 of 1 of Part II
Employer identification number 20-4937547

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
	NONE	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
77,232 (172)		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047 2010

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number Ardea Arts, Inc. 20-4937547

1	(a) Name of discussion			(h) Description of transaction						(c) Correcte		
	(a) Name of disqualified persor	1			(b) Description of transaction						Yes	No
(1)												
(2)												
(3)										1100		
(4)												
(5)												
(6)	T-1 II											
2	Enter the amount of tax imposed under section 4958	on the c	organization	on managers or disc	qualified	d persons du	ring tl · ·	ne ye !	ar ► \$			
3	Enter the amount of tax, if any, on I	ine 2, abo	ove, reimb	oursed by the organia	zation	* * * * *		1	▶ \$			
Part	Loans to and/or From Intere Complete if the organization a			Form 990 Part IV li	ne 26 .	or Form 990-F	7 Pa	rt V I	ine 38	la.		
(a) Name of interested person and purpose	2800.00	to or from	(c) Original		Balance due		efault?	(f) App		(a) W	ritten
	the organization?		anization?	principal amount	AND 100 000000000000000000000000000000000				by board or committee?		agreement?	
		То	From				Yes	No	Yes	No	Yes	No
(1)	Grethe B. Holby - start-up funds	1		48,030		48,030		1	1			1
(2)												
(3)												
(4)								9				
(5)								7				
(6)							24111-43					1
(7)												
(8)												
(9)									-718			
(10)												
Total	m' - · · · · · · · · · · · · ·			▶ \$								S174-51
Part	Grants or Assistance Benefit Complete if the organization a	ting Internswered	"Yes" on	e rsons. Form 990, Part IV, lii	ne 27.							
	(a) Name of interested person	(b) Re	elationship b	petween interested person organization	and the	(c) A	mount	and typ	oe of as	sistano	е	
(1)												
(2)											-12-100	
(3)											-7	
(4)					3 111				11-			
(5)												
(6)												
(7)												
(8)								20				
(9)							-11 122					
(10)		_										

Part IV	Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.										
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?						
					Yes	No					
(1)											
(2)					,						
(3)											
(4)											
(5) (6)	The second secon				_						
(7)					_						
(8)						-					
(9)											
(10)											
Part V	Supplemental Information Complete this part to provide	e additional information for re	sponses to question	ns on Schedule L (see instruction	ons).						
					••••••						

						2.00000000					

		P V 4 P P P P P P P P P P P P P P P P P									

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 2010

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

20-4937547

Ardea Arts, Inc.	20-4937547
Form 990 EZ, Part I - Line 8 - Other revenue consists of studio rental and auction income.	
Form 990 EZ, Part I - Line 16 - Other expense consists of bank fees, dues and subscriptions, and de	velopment costs.
Form 990 EZ, Part III - Line 26 - Other liabilities consist of \$48,030 loan payable, and \$5,517 account	

	·

Form **990-EZ**

Department of the Treasury Internal Revenue Service

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)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2010

Open to Public Inspection

A	For the	2010 calendar year, or tax year beginning July 1 , 2010, and ending	J	une 30	, 20 11					
В	Check if ap	pplicable: C Name of organization	D Empl	oyer ide	entification number					
	Address o	change Ardea Arts, Inc.	20-4937547							
	Name cha	Ange Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telep	hone nu	imber					
	Initial retu	403 DI OOITIE STEEL		21	2-431-7039					
=	Terminate Amended	City or town, state or country, and ZIP + 4	F Grou	ıp Exer	nption					
_		NY NY 10013	Num	nber >	Š					
G	Account	ting Method: ☐ Cash	Check I	► ☐ if	the organization is not					
1	Websit	te: ► www.familyoperainitiative.org			ach Schedule B					
JI	ax-exen	mpt status (check only one) — 501(c)(3) □ 501(c) () (insert no.) □ 4947(a)(1) or □ 527	(Form 9	90, 990	-EZ, or 990-PF).					
K	Check >	if the organization is not a section 509(a)(3) supporting organization and its gross receipts are in	normally	not mo	re than \$50,000. A					
	Form 99	90-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instruc								
		return, be sure to file a complete return.								
		s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets								
line	25, col	lumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		► \$						
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the	instruc	ctions	for Part I.)					
	VVI -	Check if the organization used Schedule O to respond to any question in this Part I			🗸					
	1	Contributions, gifts, grants, and similar amounts received	2 2	1	24,047					
	2	Program service revenue including government fees and contracts		2	5,937					
	3	Membership dues and assessments		3						
	4	Investment income		4	5					
	5a	Gross amount from sale of assets other than inventory 5a								
	b	Less: cost or other basis and sales expenses								
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	b from line 5a) 5c							
	6	Gaming and fundraising events								
ne	а	Gross income from gaming (attach Schedule G if greater than \$15,000)								
Revenue	ь	Gross income from fundraising events (not including \$ of contribution	ns							
š		from fundraising events reported on line 1) (attach Schedule G if the	.0							
-		sum of such gross income and contributions exceeds \$15,000) 6b								
	C	Less: direct expenses from gaming and fundraising events 6c								
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and sul	otract							
		line 6c)		6d						
	7a	Gross sales of inventory, less returns and allowances 7a								
	b	Less: cost of goods sold								
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c						
	8	Other revenue (describe in Schedule O)		8	4,470					
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9	34,459					
	10	Grants and similar amounts paid (list in Schedule O)		10						
	11	Benefits paid to or for members	1	11						
es	12	Salaries, other compensation, and employee benefits		12	4,077					
Expenses	13	Professional fees and other payments to independent contractors		13	21,495					
ă	14	Occupancy, rent, utilities, and maintenance		14	1,314					
ш		Printing, publications, postage, and shipping		15	10,393					
	16	Other expenses (describe in Schedule O)		16	4,966					
_	17	Total expenses. Add lines 10 through 16	. ▶	17	42,245					
ts	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-7,786					
se	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree	with							
A	100000	end-of-year figure reported on prior year's return)		19	-36,493					
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		20						
-	21	Net assets or fund balances at end of year, Combine lines 18 through 20	. >	21	-44,279					

1 4	rt II Balance Sheets. (see the instructions						
	Check if the organization used Schedule	O to respond to any que	stion in this				🗸
				(A) Beg	ginning of year		(B) End of year
22	Cash, savings, and investments				25,701	22	9,268
23	Land and buildings			-		23	
24	Other assets (describe in Schedule O) Total assets					24	
25					25,701		9,268
26 27	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column		"· · ·		62,194	-	53,547
Par				Dort III	-36,493	27	-44,279
- 21	Check if the organization used Schedule	O to respond to any que	etion in this	Part III	ıı —	/Por	Expenses guired for section
Wha	t is the organization's primary exempt purpose?			THE PARTY NAMED IN			(c)(3) and 501(c)(4)
Desc	ribe what was achieved in carrying out the organization	's exempt purposes. In a clea	r and concise	mann	er describe		anizations and section
the s	ervices provided, the number of persons benefited, and	other relevant information for	each program	title.	ici, describe		7(a)(1) trusts; optional others.)
28	Three Astronauts The Opera is based on a picture b				hout	101 0	T T
	enemies, friendships and alliances among people, n	ations and alternative univer	ses. Told in	4 lang	uages the		
	international team will bring to life this tale about ou				dages, the		1
		includes foreign grants, ch			▶ □	28a	1,085
29	CAT is a participatory one-act opera-musical from F	amily Operas Initiative geare	d for children	n aged	4-10.		1,000
	Full of humor and imagination, this gentle tale with	uproarious music propels the	very young	and th	e voung-at		
	-heart to spread their wings and seek beyond thems	selves to explore animals, let	ers, words a	nd mu	sic.		
		includes foreign grants, ch				29a	29,799
30	Ardea Art Salon Series builds bridges between artis	ts and their audiences by sha	aring creative	proce	esses and		
	by fostering discussion and community-building. The	nis quarterly program introdu	ces new aud	iences	to the art		
	of making opera.		•				
	(Grants \$) If this amount	includes foreign grants, ch	eck here .		. ▶ 🗆	30a	124
31	Other program services (describe in Schedule O)		8 8 6 %				
	(Grants \$) If this amount	includes foreign grants, ch	eck here .	(a) /4	. ▶ 🗆	31a	1
32	Total program service expenses (add lines 28a	through 31a)		**	>	32	
Par		y Employees. List each one e	ven if not con	npensa	ted. (see the i	netru	ctions for Part IV)
	Chook if the examination used Cabadula	04		·	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	iouu	ctions for Part IV.)
	Check if the organization used Schedule	O to respond to any ques	stion in this	Part I	V		· · · · · · ·
	Check if the organization used Schedule (a) Name and address	O to respond to any ques (b) Title and average hours per week	(c) Compens (ff not pa	Part I	(d) Contribution	ns to	(e) Expense account and
Gret	(a) Name and address	(b) Title and average hours per week devoted to position	c) Compens	Part I	(d) Contribution	ns to	(e) Expense account and
	(a) Name and address he Barrett Holby	(b) Title and average hours per week devoted to position	(c) Compens (ff not pa	Part IV sation id, ·.)	(d) Contribution	ns to	(e) Expense account and
463 [(a) Name and address he Barrett Holby Broome Street, NY NY 10013	(b) Title and average hours per week devoted to position	(c) Compens (ff not pa	Part I	(d) Contribution	ns to	(e) Expense account and
463 I Mich	(a) Name and address the Barrett Holby Broome Street, NY NY 10013 telle Childs	(b) Title and average hours per week devoted to position	(c) Compens (ff not pa	Part I's sation id,)	(d) Contribution	ns to	(e) Expense account and
463 I Mich 463 I	(a) Name and address the Barrett Holby Broome Street, NY NY 10013 telle Childs Broome Street, NY NY 10013	(b) Title and average hours per week devoted to position President, 55	(c) Compens (ff not pa	Part IV sation id, ·.)	(d) Contribution	ns to	(e) Expense account and
Mich 463 I Nico	(a) Name and address the Barrett Holby Broome Street, NY NY 10013 telle Childs Broome Street, NY NY 10013 telle A. Spooner	(b) Title and average hours per week devoted to position President, 55	(c) Compens (ff not pa	Part I's ation id,	(d) Contribution	ns to	(e) Expense account and
463 I Mich 463 I Nico 463 I	(a) Name and address the Barrett Holby Broome Street, NY NY 10013 telle Childs Broome Street, NY NY 10013	(b) Title and average hours per week devoted to position President, 55 Co-President, 10	(c) Compens (ff not pa	Part I's sation id,)	(d) Contribution	ns to	(e) Expense account and
Mich 463 I Nico 463 I Patri	(a) Name and address the Barrett Holby Broome Street, NY NY 10013 telle Childs Broome Street, NY NY 10013 tel A. Spooner Broome Street, NY NY 10013 cia Hermann Deans	(b) Title and average hours per week devoted to position President, 55 Co-President, 10	(c) Compens (ff not pa	Part IV	(d) Contribution	ns to	(e) Expense account and
463 I Mich 463 I Nico 463 I Patri 463 I	(a) Name and address the Barrett Holby Broome Street, NY NY 10013 telle Childs Broome Street, NY NY 10013 tel A. Spooner Broome Street, NY NY 10013	(b) Title and average hours per week devoted to position President, 55 Co-President, 10 Co-President, 10 Treasurer, 2	(c) Compens (ff not pa	Part I's ation id,	(d) Contribution	ns to	(e) Expense account and
Mich 463 I Nico 463 I Patri 463 I Lyne	(a) Name and address the Barrett Holby Broome Street, NY NY 10013 telle Childs Broome Street, NY NY 10013 tel A. Spooner Broome Street, NY NY 10013 cia Hermann Deans Broome Street, NY NY 10013	(b) Title and average hours per week devoted to position President, 55 Co-President, 10 Co-President, 10	(c) Compens (ff not pa	Part IV sation id,) -0-	(d) Contribution	ns to	(e) Expense account and
463 I Mich 463 I Nico 463 I Patri 463 I Lyne 463 I Ray	(a) Name and address the Barrett Holby Broome Street, NY NY 10013 telle Childs Broome Street, NY NY 10013 te A. Spooner Broome Street, NY NY 10013 cia Hermann Deans Broome Street, NY NY 10013 tte Jaffe Broome Street, NY NY 10013 Wetmore	O to respond to any ques (b) Title and average hours per week devoted to position President, 55 Co-President, 10 Treasurer, 2 Director, 2	(c) Compens (ff not pa	Part IV	(d) Contribution	ns to	(e) Expense account and
463 I Mich 463 I Nico 463 I Patri 463 I Lyne 463 I Ray	(a) Name and address the Barrett Holby Broome Street, NY NY 10013 telle Childs Broome Street, NY NY 10013 te A. Spooner Broome Street, NY NY 10013 cia Hermann Deans Broome Street, NY NY 10013 tte Jaffe Broome Street, NY NY 10013	(b) Title and average hours per week devoted to position President, 55 Co-President, 10 Co-President, 10 Treasurer, 2	(c) Compens (ff not pa	Part IV sation id,) -0-	(d) Contribution	ns to	(e) Expense account and
463 I Mich 463 I Nico 463 I Patri 463 I Lyne 463 I Ray	(a) Name and address the Barrett Holby Broome Street, NY NY 10013 telle Childs Broome Street, NY NY 10013 te A. Spooner Broome Street, NY NY 10013 cia Hermann Deans Broome Street, NY NY 10013 tte Jaffe Broome Street, NY NY 10013 Wetmore	O to respond to any ques (b) Title and average hours per week devoted to position President, 55 Co-President, 10 Treasurer, 2 Director, 2	(c) Compens (ff not pa	Part IV sation id, -000-	(d) Contribution	ns to	(e) Expense account and
463 I Mich 463 I Nico 463 I Patri 463 I Lyne 463 I Ray	(a) Name and address the Barrett Holby Broome Street, NY NY 10013 telle Childs Broome Street, NY NY 10013 te A. Spooner Broome Street, NY NY 10013 cia Hermann Deans Broome Street, NY NY 10013 tte Jaffe Broome Street, NY NY 10013 Wetmore	O to respond to any ques (b) Title and average hours per week devoted to position President, 55 Co-President, 10 Treasurer, 2 Director, 2	(c) Compens (ff not pa	Part IV sation id, -000-	(d) Contribution	ns to	(e) Expense account and
463 I Mich 463 I Nico 463 I Patri 463 I Lyne 463 I Ray	(a) Name and address the Barrett Holby Broome Street, NY NY 10013 telle Childs Broome Street, NY NY 10013 te A. Spooner Broome Street, NY NY 10013 cia Hermann Deans Broome Street, NY NY 10013 tte Jaffe Broome Street, NY NY 10013 Wetmore	O to respond to any ques (b) Title and average hours per week devoted to position President, 55 Co-President, 10 Treasurer, 2 Director, 2	(c) Compens (ff not pa	Part IV sation id, -000-	(d) Contribution	ns to	(e) Expense account and
463 I Mich 463 I Nico 463 I Patri 463 I Lyne 463 I Ray	(a) Name and address the Barrett Holby Broome Street, NY NY 10013 telle Childs Broome Street, NY NY 10013 te A. Spooner Broome Street, NY NY 10013 cia Hermann Deans Broome Street, NY NY 10013 tte Jaffe Broome Street, NY NY 10013 Wetmore	O to respond to any ques (b) Title and average hours per week devoted to position President, 55 Co-President, 10 Treasurer, 2 Director, 2	(c) Compens (ff not pa	Part IV sation id, -000-	(d) Contribution	ns to	(e) Expense account and
463 I Mich 463 I Nico 463 I Patri 463 I Lyne 463 I Ray	(a) Name and address the Barrett Holby Broome Street, NY NY 10013 telle Childs Broome Street, NY NY 10013 te A. Spooner Broome Street, NY NY 10013 cia Hermann Deans Broome Street, NY NY 10013 tte Jaffe Broome Street, NY NY 10013 Wetmore	O to respond to any ques (b) Title and average hours per week devoted to position President, 55 Co-President, 10 Treasurer, 2 Director, 2	(c) Compens (ff not pa	Part IV sation id, -000-	(d) Contribution	ns to	(e) Expense account and
463 I Mich 463 I Nico 463 I Patri 463 I Lyne 463 I Ray	(a) Name and address the Barrett Holby Broome Street, NY NY 10013 telle Childs Broome Street, NY NY 10013 te A. Spooner Broome Street, NY NY 10013 cia Hermann Deans Broome Street, NY NY 10013 tte Jaffe Broome Street, NY NY 10013 Wetmore	O to respond to any ques (b) Title and average hours per week devoted to position President, 55 Co-President, 10 Treasurer, 2 Director, 2	(c) Compens (ff not pa	Part IV sation id, -000-	(d) Contribution	ns to	(e) Expense account and
463 I Mich 463 I Nico 463 I Patri 463 I Lyne 463 I Ray	(a) Name and address the Barrett Holby Broome Street, NY NY 10013 telle Childs Broome Street, NY NY 10013 te A. Spooner Broome Street, NY NY 10013 cia Hermann Deans Broome Street, NY NY 10013 tte Jaffe Broome Street, NY NY 10013 Wetmore	O to respond to any ques (b) Title and average hours per week devoted to position President, 55 Co-President, 10 Treasurer, 2 Director, 2	(c) Compens (ff not pa	Part IV sation id, -000-	(d) Contribution	ns to	(e) Expense account and
463 I Mich 463 I Nico 463 I Patri 463 I Lyne 463 I Ray	(a) Name and address the Barrett Holby Broome Street, NY NY 10013 telle Childs Broome Street, NY NY 10013 te A. Spooner Broome Street, NY NY 10013 cia Hermann Deans Broome Street, NY NY 10013 tte Jaffe Broome Street, NY NY 10013 Wetmore	O to respond to any ques (b) Title and average hours per week devoted to position President, 55 Co-President, 10 Treasurer, 2 Director, 2	(c) Compens (ff not pa	Part IV sation id, -000-	(d) Contribution	ns to	(e) Expense account and
463 I Mich 463 I Nico 463 I Patri 463 I Lyne 463 I Ray	(a) Name and address the Barrett Holby Broome Street, NY NY 10013 telle Childs Broome Street, NY NY 10013 te A. Spooner Broome Street, NY NY 10013 cia Hermann Deans Broome Street, NY NY 10013 tte Jaffe Broome Street, NY NY 10013 Wetmore	O to respond to any ques (b) Title and average hours per week devoted to position President, 55 Co-President, 10 Treasurer, 2 Director, 2	(c) Compens (ff not pa	Part IV sation id, -000-	(d) Contribution	ns to	(e) Expense account and
463 I Mich 463 I Nico 463 I Patri 463 I Lyne 463 I Ray	(a) Name and address the Barrett Holby Broome Street, NY NY 10013 telle Childs Broome Street, NY NY 10013 te A. Spooner Broome Street, NY NY 10013 cia Hermann Deans Broome Street, NY NY 10013 tte Jaffe Broome Street, NY NY 10013 Wetmore	O to respond to any ques (b) Title and average hours per week devoted to position President, 55 Co-President, 10 Treasurer, 2 Director, 2	(c) Compens (ff not pa	Part IV sation id, -000-	(d) Contribution	ns to	(e) Expense account and
463 I Mich 463 I Nico 463 I Patri 463 I Lyne 463 I Ray	(a) Name and address the Barrett Holby Broome Street, NY NY 10013 telle Childs Broome Street, NY NY 10013 te A. Spooner Broome Street, NY NY 10013 cia Hermann Deans Broome Street, NY NY 10013 tte Jaffe Broome Street, NY NY 10013 Wetmore	O to respond to any ques (b) Title and average hours per week devoted to position President, 55 Co-President, 10 Treasurer, 2 Director, 2	(c) Compens (ff not pa	Part IV sation id, -000-	(d) Contribution	ns to	(e) Expense account and
463 I Mich 463 I Nico 463 I Patri 463 I Lyne 463 I Ray	(a) Name and address the Barrett Holby Broome Street, NY NY 10013 telle Childs Broome Street, NY NY 10013 te A. Spooner Broome Street, NY NY 10013 cia Hermann Deans Broome Street, NY NY 10013 tte Jaffe Broome Street, NY NY 10013 Wetmore	O to respond to any ques (b) Title and average hours per week devoted to position President, 55 Co-President, 10 Treasurer, 2 Director, 2	(c) Compens (ff not pa	Part IV sation id, -000-	(d) Contribution	ns to	(e) Expense account and

Part	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			. 🗆
	ANN MICH. 24 M	200	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.	04		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
ъ 36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b 36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	30		800
b	Did the organization file Form 1120-POL for this year?	37b		1
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 outstanding at the end of the tax year covered by this return? .	38a	1	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 48,030			
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9			
40a	Gross receipts, included on line 9, for public use of club facilities			
1200000	section 4911 ►; section 4912 ► -0- ; section 4955 ► -0-			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ► New York			
42a	I control at by ACO December 1971		1-7039	9
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	100	13	
_	over a financial account in a foreign country (such as a bank account, securities account, or other financial	1	Yes	No
	account)?	42b	163	1
	If "Yes," enter the name of the foreign country: ▶	120		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. J	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	110		,
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a		✓
공기	completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		*
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
			_	_

Form 99	0-EZ (2	010)						Р	age 4
								Yes	
45	Is an	y related organization a controlled entity	y of the organization within the	mear	ing of section	512(b)(13)?	45	103	✓
а	Did t	he organization receive any payment fro ning of section 512(b)(13)? If "Yes," Fo	om or engage in any transaction	n with	a controlled	entity within the			ľ
							45a		1
46	Did to ca	he organization engage, directly or indir andidates for public office? If "Yes," cor	rectly, in political campaign acti mplete Schedule C, Part I			or in opposition	46		1
Part \	VI	Section 501(c)(3) organizations at 501(c)(3) organizations and section and 52, and complete the tables for Check if the organization used Scheol	4947(a)(1) nonexempt chari- r lines 50 and 51.	table	trusts must	answer question	all sec	tion 7–49t	0
_		Check if the organization used Sched	dule O to respond to any ques	stion	in this Part v				
47 48 49a b 50	Is the Did to If "Ye Com	he organization engage in lobbying active organization a school as described in set he organization make any transfers to a es," was the related organization a sectiplete this table for the organization's fivoyees) who each received more than \$	ection 170(b)(1)(A)(ii)? If "Yes," con n exempt non-charitable related on 527 organization? we highest compensated employer	omple d org yees	ete Schedule anization? (other than o	fficers, directors,	47 48 49a 49b truste	es and	√ √ √
	terreture	ame and address of each employee paid more	(b) Title and average hours per week	Alle to the Control of the	Compensation	(d) Contributions to employee benefit plans 8	(e)	Expen	se
None		than \$100,000	devoted to position			deferred compensation		allowa	
None				-			1		
				-			-		
								-	
f	Total	number of other employees paid over	000,001						
51	Com	plete this table for the organization's f ,000 of compensation from the organiz	ive highest compensated inder	pendone."	ent contracto	rs who each rec	eived	more	thar
		(a) Name and address of each independent contra			(b) Typ	e of service	(c) Co	mpensa	ation
None									
								-	
							-		
		number of other independent contractor			.▶				
52	Did to none	ne organization complete Schedule A? I xempt charitable trusts must attach a co	Note: All section 501(c)(3) organompleted Schedule A	nizati	ons and 4947	'(a)(1) · · · · ► 🔽	Yes		No
		of perjury, I declare that I have examined this return d complete. Declaration of preparer (other than off					lge and	belief,	it is
		Milly BA	1 het		1	11.14.2			
Sign Here		Signature of officer				ate		11	
		Grethe B. Holby, President Type or print name and title	V	46310			-		
Paid			Preparer's signature		Date	Check if	PTIN		
Prepa	arer					self-employed			

Preparer Use Only

Firm's name ▶

Firm's address ▶

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Firm's EIN ▶

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection

Arde	a Arts, Inc.								20-493	37547	
Pai	Reason f	for Public Cha	arity Status (All orga	anization	s must c	complete	this pa	rt.) See	instructio	ns.	
The	organization is not	a private found	dation because it is: (Fo	or lines 1	through 1	1, check	only one	e box.)			
1 2	A church, con	vention of chur	ches, or association of n 170(b)(1)(A)(ii). (Atta	f churche:	s describ				i).		
3			ospital service organiz			coetion :	470/b\/4\	/A\/:::\			
4	A medical res		tion operated in conjun						'0(b)(1)(A)(iii). Enter the	
5		on operated for b)(1)(A)(iv). (Con	the benefit of a colle	ge or un	iversity o	wned or	operated	by a go	overnment	al unit describe	ed in
6 7	☐ An organization	on that normally	ernment or government y receives a substantia 1)(A)(vi). (Complete Pa	al part of	scribed in its suppo	n sectior ort from a	170(b)(1 a govern	1)(A)(v). mental u	nit or from	the general p	ublic
8	☐ A community	trust described	in section 170(b)(1)(A	(vi). (Co	mplete Pa	art II.)					
9	An organization receipts from support from	on that normally activities relate gross investm	y receives: (1) more the ed to its exempt func- ient income and unre after June 30, 1975. S	an 331/39 tions—su elated bus	6 of its so bject to o siness ta	upport fro certain ex xable inc	xceptions	s, and (2 ss section) no more	than 331/3% (of its
10	☐ An organization	on organized an	d operated exclusively	to test fo	or public s	safety. Se	ee sectio	n 509(a)	(4).		
11	An organization purposes of control of the state of the s	on organized a one or more pu eck the box that I b	and operated exclusive ablicly supported organic describes the type of	ely for the nizations supporting.	ne benefi describe ng organi be III-Fun	t of, to post of in sect of an area of the contraction and con	perform ion 509(a d comple integrate	the func a)(1) or sete lines	tions of, of ection 509 11e throug	9(a)(2). See sec h 11h.] Type III–Oth	ction ner
	other than four or section 509	indation manag	ers and other than on	e or more	publicly	support	ed organ	izations	described	in section 509	sons (a)(1)
f	organization, of	check this box	a written determination							e III supporting	g
g	following pers	ons?	the organization acce		1 4 200 1010						
	(ii) A person (iii) below,	who directly or the governing b	indirectly controls, eit	her alone organizat	or toget ion?	her with	persons	describe	d in (ii) an	d Yes	No
			son described in (i) abo							11g(ii)	
	(iii) A 35% cor	ntrolled entity of	f a person described in	(i) or (ii) a	above? .					11g(iii)	
h	Provide the fo	llowing information	tion about the support	ed organi	zation(s).						
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organiza (i) organi	Is the tion in col. ized in the S.?	(vii) Amount of support	f
			C-8000-3-1-19131-1-19131-1-1-1-1-1-1-1-1-1-1-1	Yes	No	Yes	No	Yes	No		
(A)											
(B)											
(C)											
(D)											
(E)											
Total											_

Part							
	(Complete only if you checked th	e box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
0	Part III. If the organization fails to	quality unde	er the tests is	stea below, p	lease comple	ете Рап III.)	
	on A. Public Support	(a) 2006	(b) 2007	(a) 2000	(d) 2009	(e) 2010	(f) Total
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(a) 2009	(6) 2010	(i) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the						
•	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization 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.						
	ion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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.					12	
13	First five years. If the Form 990 is for the	-			10 0.5		200000000000000000000000000000000000000
	organization, check this box and stop her						🕨 🗀
	ion C. Computation of Public Suppor						
14	Public support percentage for 2010 (line 6					14	%
15 16a	Public support percentage from 2009 Sch 331/3% support test—2010. If the organization					15	%
IVa	box and stop here . The organization qual						ALL AND DESCRIPTION OF THE PARTY OF THE PART
b	331/3% support test—2009. If the organicheck this box and stop here. The organic	ization did no	ot check a box	x on line 13 o	r 16a, and line		or more,
17a	- Maria Mari	010. If the organized the "facts-acts-and-circu	anization did n and-circumsta umstances" te	ot check a box ances" test, che st. The organiz	on line 13, 16 eck this box a ation qualifies	Sa, or 16b, and nd stop here. as a publicly s	line 14 is Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization	009. If the orgain meets the eets the "fact	anization did n e "facts-and-c s-and-circums	ot check a box ircumstances" stances" test. T	k on line 13, 10 test, check t The organization	6a, 16b, or 17a his box and so on qualifies as	i, and line top here. a publicly
18	Private foundation. If the organization die						

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	25,600	98,591	58,816	49,277	24,047	256,331
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.		107	2,842	850	10,407	14,099
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	25,600	98,591	61,658	50,127	34,454	270,430
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						270,430
	on B. Total Support						
	dar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	25,600	98,591	61,658	50,127	34,454	270,430
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	40	307	6	12	5	370
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	40	307	6	12	5	370
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	25,640	98,898	61,664	50,139	34,459	270,800
14	First five years. If the Form 990 is for the organization, check this box and stop here	e				ar as a section	
	on C. Computation of Public Support						
15	Public support percentage for 2010 (line 8,	, column (f) div	ided by line 13	3, column (f))		15	99.86 %
16	Public support percentage from 2009 School	edule A, Part II	l, line 15	9 X X X	1 10 10 11 1	16	99.85 %
	on D. Computation of Investment Inc						
17	Investment income percentage for 2010 (li	ne 10c, columi	n (f) divided by	line 13, colum	nn (f))	17	0.04 %
18	Investment income percentage from 2009	Schedule A, P	art III, line 17		: : . :	18	0.05 %
19a	331/3% support tests—2010. If the organiz 17 is not more than 331/3%, check this box a	ation aid not o	the organization	on line 14, an	d line 15 is mo	ore than 331/3%	21 /25 /31
b	331/3% support tests—2009. If the organizatine 18 is not more than 331/3%, check this box a	tion did not ch	eck a box on li	ne 14 or line 19	a, and line 16	is more than 33	1/3%, and
20	Private foundation. If the organization did	not check a b	ox on line 14.	ation qualifies to 19a, or 19b, cl	as a publicly su neck this box a	pported organiz	tions >

	orm 990 or 990-EZ) 2010	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (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

2010

Name of the organization Employer identification number Ardea Arts, Inc. 20-4937547 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 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 331/3 % support test of the regulations under sections 509(a)(1) and 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 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 its 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).

Name of organization
Ardea Arts, Inc.

Employer identification number
20-4937547

Part I	Contributors (see instructions)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution			
1	AKC Fund 6 West 48th Street, 10th floor NY NY 10036	\$\$,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution			
	Aase H. Holby 1327 Theall Road Rye NY 10580	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution			
		\$	Person			

Name of organization Ardea Arts, Inc. Employer identification number 20-4937547

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						
	NONE								
		\$							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received						
		\$							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received						
		\$							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received						
		\$							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received						
		\$							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received						
5		\$							

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	ea Arts, Inc.							20-	49375	47																		
Pa	Excess Benefit Transactions Complete if the organization a	s (section inswered	501(c)(3) "Yes" on	and section 501(c)(4) Form 990, Part IV, li) organization ne 25a or 25b	s only). , or For	rm 99	0-EZ,	Part	V, line	40b.	·																
1	(a) Name of disqualified persor				(b) Description of	transanti		-			(c) Cor	rected?																
	(a) Name of disquamed person	<u>.</u>			(b) Description of	transacti	on				Yes	No																
(1)																												
_(2)			V																									
_(3)																												
_(4)																												
_(5)																												
(6)										J-800-																		
2	Enter the amount of tax imposed under section 4958					ons du	ring t	he ye	ar ▶ §	6																		
3	Enter the amount of tax, if any, on I	ine 2, ab	ove, reim	bursed by the organiz	zation	* * 0	•	!	> \$																			
Pai	Loans to and/or From Intere Complete if the organization a	sted Per	rsons. "Yes" on	Form 990, Part IV, li	ne 26, or Form	990-E	Z, Pa	art V, I	ine 38	Ba.																		
	(a) Name of interested person and purpose	(b) Loan	to or from anization?	(c) Original principal amount	283547.52	(d) Balance due (e		Balance due				e) In default?		e) In default?		e) In default?		e) In default?		e) In default?) In default?				proved pard or nittee?		/ritten ment?
(1)		То	From				Yes	No	Yes	No	Yes	No																
_	Grethe B. Holby - start-up funds	1		48,030		48,030		1	1			1																
_(3)																												
(4)																												
(5)							1																					
(6)																												
(7)																												
(8)																												
(9)																												
(10)																												
Tota				▶ \$																								
Par	Grants or Assistance Benefit Complete if the organization a	ting Inte	rested Pe "Yes" on	ersons. Form 990, Part IV, lir	ne 27.																							
	(a) Name of interested person	(b) R	elationship b	petween interested person a organization	and the	(c) A	mount	and typ	oe of a	ssistan	ce																	
(1)									-																			
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(4)									-11-12																			
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(8)								12																				
(9)																												
(10)									1 11(4)11																			

Part IV	Business Transactions Invo Complete if the organization	olving Interested Persons. answered "Yes" on Form 990), Part IV, line 28a, 2	28b, or 28c.		age _
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
					Yes	No
(1)						
(2) (3) (4) (5)						
(3)						P11
(4)						
(6)						-
(7)					-	-
(8)					-	
(9)						
(10)						
Part V	Supplemental Information Complete this part to provide	e additional information for re	sponses to question	ns on Schedule L (see instruction	ns).	
200000000000000000000000000000000000000			***************************************			
		***************************************	***************************************			
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

Ardea Arts, Inc.	20-4937547
Form 990 EZ, Part I - Line 8 - Other revenue consists of studio rental and auction income.	
Form 990 EZ, Part I - Line 16 - Other expense consists of bank fees, dues and subscriptions, and development costs.	
Form 990 EZ, Part III - Line 26 - Other liabilities consist of \$48,030 loan payable, and \$5,517 accounts payable.	
Total 330 EZ, Part III - Eine 20 - Other nabilities consist of \$40,000 foat payable, and \$5,517 accounts j	oayanie.
······································	

