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 and controlling organizations as defined in section
512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total
assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

Open to Public Inspection

A	For th	ne 2008 calendar yea	ar, or tax year beginning	July 1	, 2008, and er	dina	June	30	, 20 09			
В		f applicable: Please	C Name of organization			- Personal and a second		-	entification number			
	1	s change use IR				1	20	er iu	4937547			
-	Name o	print o		ox, if mail is not delivered to	street address	Room/suite F	Telepho	one r				
H	Initial re	1.715-01	463 Broome Street		1	Tiodin dunc	(212		431-7039			
П		Specifi Specifi		, and ZIP + 4				-				
	Applicat	tion pending instruc	NY NY 10013	,		- '	Group I Numbe	Exen r	ption			
	• Sec	tion 501(c)(3) organi a co	zations and 4947(a)(1) nonexompleted Schedule A (Form 9	empt charitable trusts i 90 or 990-EZ).	nust attach	1 22-12		nod:	☑ Cash ☐ Accrual			
i	Webs	ite: www.famil	yoperainitiative.org			H Check	▶ [] if	the	organization is not hedule B (Form 990,			
J	Organ	ization type (check of	only one) — ☑ 501(c) (3) ◀(i	nsert no.) 4947(a)(1	or 527		or 990-F		nedule b (Form 990,			
K	Check	▶☐ if the organizati	ion is not a section 509(a)(3) surplication chooses to file a return	pporting organization and	its gross recei	pts are norma	ally not m	ore t	han \$25,000. A return is			
L	Add line	es 5b, 6b, and 7b, to I	ine 9 to determine gross receipts	s; if \$1,000,000 or more, fi	e Form 990 inst	ead of Form 9	90-EZ	▶ \$	0			
Ρ	art I	Revenue, Expe	enses, and Changes in	Net Assets or Fund	Balances	(See the in	structio	ns f	or Part I.)			
	1		s, grants, and similar amount					1	58,816			
	2	Program service	revenue including governm	ent fees and contracts			–	2	2,842			
	3	Membership due	s and assessments					3				
	4	Investment incon	ne , , , , , ,					4	6			
	5a	Gross amount fro	om sale of assets other than	n inventory	5a							
	b	Less: cost or oth	er basis and sales expense	s	5b							
0	C	Gain or (loss) from	sale of assets other than inve	entory (Subtract line 5b	from line 5a) (a	attach sched	ule)	5c				
D.	6	Special events and act	ivities (complete applicable parts of	Schedule G). If any amount is	from gaming, ch	eck here						
Revenue	а	a Gross revenue (not including \$ of contributions										
ď	reported on line 1)											
	b	Less: direct expe	nses other than fundraising	expenses	6b							
	С	Net income or (lo	ss) from special events and	activities (Subtract lin	ne 6b from lin	e 6a)	6	3C				
	7a	Gross sales of inv	ventory, less returns and all	owances	. 7a							
	b	Less: cost of goo			7b							
	С	Gross profit or (lo	oss) from sales of inventory	(Subtract line 7b from	line 7a) .			7c				
	8	Other revenue (de	escribe > dd lines 1, 2, 3, 4, 5c, 6c, 7				_)	8				
-	9	Total revenue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7	c, and 8			. >	9	61,664			
	10	Grants and simila	r amounts paid (attach sch	edule)			1	0				
10	11	Benefits paid to o	or for members					1				
Se	12	Salaries, other co	mpensation, and employee	benefits			1	2	47,439			
en	13	Professional fees	and other payments to inde	ependent contractors			1	3	42,086			
Expenses	14	Occupancy, rent,	utilities, and maintenance					4	13,514			
	15	Printing, publication	ons, postage, and shipping					-	9,515			
	16 17	Total expenses	describe business ins,1 Add lines 10 through 16	ravei, advertising, ba	nk fees) 1	-	16,832			
-				 	And the same of th		. 1		129,386			
ets	18	excess or (deficit)	for the year (Subtract line	17 from line 9)			1	8	-67,722			
455	19	ond of year figure	d balances at beginning of	f year (from line 27, o	olumn (A)) (n	nust agree	with		0.404			
Net Assets	20	Other changes in	reported on prior year's re net assets or fund balances	eturn)			1	-	9,464			
Ž	21	Net assets or fund	balances at end of year.	combine lines 18 thro	igh 20			*****	50.050			
Pa	rt II	Balance Sheets	. If Total assets on line 25,	column (R) are \$2.50	0.000 or more	file Form (. ▶ 2	1	-58,258			
			ee the instructions for Part		,,ooo or more	(A) Beginni		au ((B) End of year			
22	Cash	, savings, and inve		*		(ry beginning	11,364	22	7,516			
23					* * (*)		11,004	23	7,010			
24	Other	r assets (describe	>					24				
25							11,364	1	7,516			
26	Total	I liabilities (describ	e accts pay - \$17,744, I	oan pay - \$48.030			1,900	26	65,774			
27	Net a	assets or fund bal	ances (line 27 of column (E	B) must agree with line	21)		9,464		-58,258			
For I	Privacy	Act and Paperwork	Reduction Act Notice, see t	he Instruction for Form	990.	Cat. No. 106	The second second second second second		Form 990-EZ (2008)			

Wi De de	nat is the organization's primary exempt purpose? _ scribe what was achieved in carrying out the organization the services provided, the number of persons be	To bring opera and musication's exempt purposes. enefited, or other relevant in	theatre works to	audiences.	and	Expenses quired for 501(c)(3) 1 (4) organizations 1 4947(a)(1) trusts; ional for others.)
28	Animal Tales presented in city schools and othe (Grants \$) If this amount inc				28a	68,325
29	Our second major production, The Man in the Bi	lack Suit, was presented	to audiences		200	00,020
30	(Grants \$) If this amount incl				29a	9,653
	Other program services (attach schedule)	udes foreign grants, chec	k here		30a 31a 32	
Pa	rt IV List of Officers, Directors, Trustees, and Key	Employees. List each one ev	en if not compensate	ed (See the in	etructio	one for Part IVI
_	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contribution employee benefit deferred compe	ons to plans &	(e) Expense
463	ethe Barrett Holby 3 Broome Street, NY NY 10013 nette Jaffe	President, 55	\$2,400		0	0
Sai		Vice President, 1	0		0	0
	ne helle Childs	Secretary,1	0		0	0
	/ Wetmore	Director,1	0		0	0
Sar Am Sar	ber Mills	Director, 1	0		0	0
Nic Sar	ole Spponer ne	Director, 1	0		0	0
					+	
				6		
					-	

Lite	Other Information (Note the statement requirements in the instructions for Part VI.)		-	-
			Yes	s No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"	33	+	+ 4
	attach a conformed copy of the changes	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, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting			
	and proxy tax requirements?	35a		1
	of f "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Effect amount of political expenditures, direct or indirect, as described in the instructions. > 37a)		
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 work			
h	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	1	
39	If "Yes," complete Schedule L, Part II and enter the total amount involved	4		
	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:	-		
	section 4911 >			
b	Section 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," complete Schedule			
	L, Part I	40b		✓
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization			
е	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
	List the states with which a copy of this return is filed. New York			
42a	Located at \$ 463 Brooms Street NV NV		1-703	9
h	4F + 4 F	1001	3	
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial	[5	Yes	No
	account)?	42b	100	1
	If "Yes," enter the name of the foreign country:	7		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1
	If "Yes," enter the name of the foreign country:			-
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	v v	. 1	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
	* egr	[5		N
4	Did the organization maintain any donor advised fundo? If IIV " F 000	1	Yes	NO
	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	11		/
5	Is any related organization a controlled entity of the organization within the meaning of section 513/b/(13)3 If	44		Y
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		1

Par	t VI	Section 501(c)(3) organizations only and complete the tables for lines 50 a	, All section 501(c)(3) (nd 51.	organizations mu	st answer questi	JIIS 40) -4 9	
46	Did the	organization engage in direct or indirect p	olitical campaign activitie	es on behalf of or i	n opposition to	46	Yes	No
	candida	ates for public office? If "Yes," complete S	chedule C, Part I			47		1
47	Did the	organization engage in lobbying activities	? If "Yes," complete Sche	edule C, Part II .		48		1
48	Is the c	organization operating a school as describe	ed in section 170(b)(1)(A)(i	i)? If "Yes," compl	ete Schedule E .	49a		1
49a	Did the	organization make any transfers to an exe	empt non-charitable relate	ed organization?		49b		1
b	If "Yes,	" was the related organization(s) a section	527 organization?	* * * * * * *		Annual Contract of the Contrac		
50	Comple each re	ete this table for the five highest compensate ceived more than \$100,000 of compensate	ated employees (other that ion from the organization	. If there is none, e	enter "None.			
	(a) Na	me and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expens ount an allowar	nd
Non	e					1:		
			* 1					
		7						
Total	numbe	r of other employees paid over \$100,000 🕨						
51	compe	ete this table for the five highest compensation from the organization. If there is no	one, enter "None."		ype of service		mpensa	ition
	(a) Name and address of each independent contractor	paid more than \$100,000	(6)	ype of service	(0) 0 0		
Non	e							

		ther independent contractors each r	eceiving over \$100,000	▶				
		penalles of penun, I declare/hat I have examiler, i if true, correct, and complete, pecial a	ined this return, including according to the proparer (other than office	npanying schedules and per) is based on all info	d statements, and to the mation of which prepared 1.29.20	best of rear has a	ny kno ny kno	wledge wledge.
Her	e	Signature of officer Crethe Holby, President			Date			
Paid		Type or print name and title. Preparer's	Date	Check if self-	Preparer's Identifying	Number	(See inst	ructions)
Prep	arer's	signature Firm's name (or yours		employed	EIN b :			
Use	-	if self-employed), address, and ZIP + 4			Phone no. ► ()			7
May	the IRS	discuss this return with the preparer sho	wn above? See instructio	ns		orm 99	es L	No (2008)
						Omi De	- had	1 (5000)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047
2008
Open to Public Inspection

4937547

Department of the Treasury Internal Revenue Service Name of the organization

Ardea Arts, Inc.

Employer identification number

20

Pa	t I	Reason	for Public Cl	narity Status (All or	ganizati	ons mus	t compl	ete this	part.) (se	ee instru	ctions)	
The	ora	anization is n	ot a private four	ndation because it is:	(Please	check onl	v one or	ganizatio	n.)		PO 100 P 1 1000 0 100 P 100 0 1		
1				rches, or association						A)(i).			
2	\Box			on 170(b)(1)(A)(ii). (At			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, - (-)(-)(-)(-	-//-			
	H			hospital service organ			in coetie	n 170(h)	(4)(A)(iii)	(Attach S	Schodi	lo H	e.
3	\vdash												
4		hospital's na	ame, city, and st	ation operated in contate:									
5			tion operated for (b)(1)(A)(iv). (Co	r the benefit of a colle mplete Part II.)	ge or uni	versity o	wned or	operated	by a gov	ernmenta	l unit c	escri	bed ir
6		A federal, st	ate, or local gov	vernment or governme	ental unit	describe	d in sect	tion 170(b)(1)(A)(v).			
7				y receives a substanti (1)(A)(vi). (Complete F		its suppo	ort from a	a governn	nental uni	t or from	the ge	neral	public
8		A communit	y trust describe	d in section 170(b)(1)	(A)(vi). (C	Complete	Part II.)						
9	Z	An organizat	ion that normall	y receives: (1) more th	an 331/3 %	of its su	pport fro	m contrib	outions, m	nembershi	p fees	, and	gross
		receipts from	n activities relati	ed to its exempt func	tions-su	bject to	certain e	xceptions	s, and (2)	no more	than 3	31/3 %	of its
		support from	n gross investm	ent income and unre	lated bu	siness ta	xable ind	come (les	s section	511 tax)	from	busin	esses
		acquired by	the organization	after June 30, 1975.	See sec	tion 509	(a)(2). (C	omplete l	Part III.)				
10	П	An organizat	ion organized a	nd operated exclusive	elv to tes	t for publ	ic safety	. See sec	tion 509	(a)(4). (se	e instru	uction	is)
11	П			and operated exclusive									
• •		purposes of	one or more pu	blicly supported organ	nizations	describe	d in sect	ion 509(a)(1) or sec	ction 509(a)(2). S	ee se	ction
		509(a)(3), C	neck the box the	at describes the type	of suppo	rting orga	anization	and con	nplete line	es 11e thr	ough 1	11h.	
		a Type	The second of th			e III-Fun				100000	Type		ther
_				tify that the organizat									
0		persons other	or than foundation	on managers and othe	r than on	e or more	publicly	supporte	ed organiz	zations de	scribe	d in s	ection
			section 509(a)(2)		i tricari ori	o or more	publicly	оарропи	or or garns	Lation 10 do	001100		
			100			H- 100		a T	I Time II	or Tuno	III our	norti	20
f				a written determinati	on from	the IRS	inat it is	a Type	і, туре іі	, or type	III SUL	porti	ng _
		•	, check this box										
g		following pe	rsons?	the organization acce								-	
				r indirectly controls, e				th persor	ns describ	bed in (ii)	[11 m	Yes	No
		and (iii) b	elow, the gover	ning body of the sup	ported or	ganizatio	n? .				11g(i)	-	
		(ii) A family	member of a pe	erson described in (i) a	above?				× 114 ×		11g(ii)	-	
		(iii) A 35% c	ontrolled entity	of a person described	d in (i) or	(ii) above	?				11g(iii)		
h		Provide the	following inform	ation about the organ	izations t	the organ	ization s	upports.					
(i)	Vame	of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		s the		Amoun	t of
	org	anization		(described on lines 1–9 above or IRC section		sted in your document?		nization in of your		ion in col. zed in the	S	upport	
				(see instructions))	governing	document:		port?		S.?			
					Yes	No	Yes	No	Yes	No			
		4.4	26.60										
		A CONTRACTOR OF THE PARTY OF TH											
	_								1				
								1					-
								-					
				-									
						4							

Pa	rt II Support Schedule for Org (Complete only if you chec	ganizations laked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I	70(b)(1)(A)(iv l.)) and 170(b)(1)(A)(vi)
Sec	ction A. Public Support						
C	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) 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 1-3						
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.						
	tion B. Total Support				T	T	
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						ļ
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 ,				17		
12	Gross receipts from related activities, etc.	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re					
Sec	tion C. Computation of Public Sup	pport Percei	ntage				
14	Public support percentage for 2008 (line 6	6, column (f) di	vided by line 1	1, column (f))		14	%_
15	Public support percentage from 2007 Sch	nedule A, Part I	V-A, line 26f		* * * *	15	%
16a	33% % support test-2008. If the organization qualifies						
b	33% % support test—2007. If the organization quality box and stop here. The organization quality			andrea film ill serven		33/ ₃ % or more,	check this
17a	10%-facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and the organization meets the "facts-and-circumstances test—200 more, and the organization meets the "facts-and-circumstances test—200 more, and the organization meets the "facts-and-circumstances" meets the "facts-and-circumstances" meets the organization meets the organization meets the organization meets the organization meets the "facts-and-circumstances" meets the organization meets the o	acts-and-circun	nstances" test,	check this box	and stop here	Explain in Part	IV how the
	10%-facts-and-circumstances test-2007. more, and if the organization meets the "facts-and-circumstances test-2007."	acts-and-circum nces" test. The	stances" test, o	check this box a difies as a public	and stop here . cly supported or	Explain in Part ganization	IV how the
18	Private foundation. If the organization did	not check a bo	x on line 13, 16	a, 16b, 17a, or 1	7b, check this	box and see ins	tructions >

Par	t III Support Schedule for Organ	nizations De	escribed in S	ection 509(a)	(2)		
	(Complete only if you checke	d the box or	n line 9 of Pa	rt I.)			
	tion A. Public Support	() 0001	(h) 0005	(a) 2006	(d) 2007	(e) 2008	(f) Total
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(6) 2000	(i) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			25,600	98,591	58,816	183,007
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	2,842
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	· ·				21.252	400.040
6	Total. Add lines 1-5			25,600	98,591	61,658	162,810
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000					0	0
C	Add lines 7a and 7b			0	0	U	
8	Public support (Subtract line 7c from line 6.)	南部新疆区					162,810
Sec	tion B. Total Support		A CONTRACTOR OF THE PARTY OF TH	<u> </u>			
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6			25,600	98,591	61,658	162,810
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			40	307	6	353
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						252
С	Add lines 10a and 10b			40	307	6	353
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.)						163,163
14	First five years. If the Form 990 is for organization, check this box and stop	here		nd, third, fourth	, or tiπh tax ye	ear as a section	n 501(c)(3) ▶ ☑
Sec	tion C. Computation of Public Su	pport Perce	entage	10	(0)	15	%
15 16	Public support percentage for 2008 (lir Public support percentage from 2007 S	Schedule A, F	art IV-A, line 2	ne 13, column (7g	1))	15 16	%
Sec	tion D. Computation of Investmen						0/
-		n ": - 10	Lucido (A divido	d by line 12 or	dumn (f))	17	%
17	Investment income percentage for 200 Investment income percentage from 20	8 (line 10c, co	olumn (i) alvide	d by line 13, co	Jidiffif (1)) .	18	%

33½ % support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33½ %, and line 17 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization □
 33½ % support tests – 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½ %, and line 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization □

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

Schedule A (Form 990 or 990-EZ) 2008

	orm 990 or 990-EZ) 2008 Page
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)
	Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

	16.

	16.

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	18

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

Department of the Treasury

Schedule of Contributors

Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization Employer identification number Ardea Arts, Inc. 20 4937547 Organization type (check one): Filers of: Section: 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.) General Rule For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 331/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year-for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number Part I Contributors (see instructions) (a) No. (c) (d) Name, address, and ZIP + 4 Aggregate contributions Type of contribution 1 AKC Fund Person Payroll 6 West 48th Street 5,000 Noncash (Complete Part II if there is NY NY 10036 a noncash contribution.) (a) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Aase H. Holby 2 Person Payroll 1327 Theall Road 10,000 Noncash (Complete Part II if there is Rye NY 10580 a noncash contribution.) (a) (b) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 3 Tania and Brian Higgins Charitable Trust Person Payroll 65 East 55th Street 5,000 Noncash (Complete Part II if there is NY NY 10022 a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 4 Grethe B. Holby Person Payroll 300 Central Park West, #18B 10,000 Noncash (Complete Part II if there is NY NY 10024 a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) Name, address, and ZIP + 4 No. Aggregate contributions Type of contribution Person

Payroll Noncash

(Complete Part II if there is a noncash contribution.)

Page 1 of 1 of Part II
Employer identification number Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization Ardea Arts, Inc. 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
	NOT APPLICABLE		
******		\$	
(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
		\$	l
(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
		\$	

#### SCHEDULE L (Form 990 or 990-EZ)

OMB No. 1545-0047

4937547

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Department of the Treasury Internal Revenue Service Name of the organization Transactions With Interested Persons

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that 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.

Employer identification number

Ardea Arts, Inc.						21			100			
Part I Excess Benefit Transactions To be completed by organization	s (section s that ansv	501(c)(3 vered "Ye	3) and sections on Form	on 501(c 990, Part	)(4) organiz IV, line 25a	zations of or 25b, o	nly). r Form	990-	EZ, Pa	art V,	line 40	b.
	A STATE OF THE PARTY OF THE PAR									1	(c) Corr	ected?
1 (a) Name of disqualified person				<b>(b)</b> D	escription of	transaction					Yes	No
			,									
2 Enter the amount of tax imposed on under section 4958		- A				* * *		6 K)	Ψ.			
Part II Loans to and/or From Interd T be completed by organization	ested Per	rsons.	es" on Form	990, Par	t IV, line 26,	or Form 9	990-E2	z, Part	V, line	e 38a.		
(a) Name of interested person and purpose	(b) Loan	to or from	(c) Orig principal a	inal	(d) Balan			lefault?		proved ard or	(g) W	Vritten ment?
	То	From	E g				Yes	No	Yes	No	Yes	No
Grethe Holby - operational funds	√			48,030		48,030		<b>√</b>	<b>√</b>			1
	_											
												-
	_											
Total				. > \$		48,030						
Part III Grants or Assistance Beneration To be completed by organization	fitting Inte	erested t answe	Persons. red "Yes" o	n Form	990, Part I	V, line 27	·					
(a) Name of interested person			between inter organizati	rested pers		(c) A	mount	of gran	t or typ	oe of a	ssistan	ce
Part IV Business Transactions Invo To be completed by organiz	olving Inte ations tha	e <b>rested</b> t answe	Persons. ered "Yes" o	on Form	990, Part	IV, line 2	Ba, 28	Bb, or	28c.			
(a) Name of interested person	(b) F	Relationshi	ip between son and the	(c) A	mount of saction		escripti			ion	organ	naring lization enues?
		Carried Processing									Yes	No
						-			-		-	-
						-					+	+
						-					1	+
	-											
*						1			THE COLUMN			

S	chedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)
If tu	you checked the box in question 4.a. on page 1, complete the following schedule for each PFR, FRC or CCV that the organization engaged for nd raising activity in NY State:
1.	Type of fund raising professional (FRP):
	Professional fund raiser
	Fund raising counsel
	Commercial co-venturer
2.	Name of FRP:
	Number and street (or P.O. box if mail is not delivered to street address):
	City or town, state or country and zip + 4:
_	FDD 4-11
3.	FRP telephone number:
4.	Services provided by FRP (provide description):
5.	Compensation arrangement with FRP (provide description):
6.	Dates of contract through
_	(mm/dd/yyyy) (mm/dd/yyyy)
7.	Amount paid to FRP\$
8. Exe	If services were provided by a CCV, did the CCV provide the charitable organization with the interim report(s) required by §§ 173-a. 3 of the ocutive Law?

#### Schedule 4b: Government Contributions (Grants)

If you checked the box in question **4.b.** on page 1, complete the following schedule for **each** government contribution (grant). Use additional copies of this page if necessary to list each government contribution (grant) separately.

Government Agency Name	Grant Amount
	\$
. \0	\$
N M	\$
	\$
	\$
140	\$
	\$
	\$
	\$
fie.	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Government Contributions (Grants)	\$

#### 5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

# Organization's Registration Type Article 7-A Calculate the Article 7-A filling fee using the table in part a below. The EPTL filling fee is \$0. EPTL Calculate the EPTL filling fee using the table in part b below. The Article 7-A filling fee is \$0. Calculate both the Article 7-A and EPTL filling fees using the tables in parts a and b below. Add the Article 7-A and EPTL filling fees together to calculate the total fee. Submit a single check or money order for the total fee.

#### a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

#### b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

### 6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers		
Single check or money order payable to Copies of Internal Revenue Service Forms	o "NYS Department of Law"	
☐ IRS Form 990 ☐ All required schedules (including Schedule B) ☐ IRS Form 990-T	IRS Form 990-EZ  All required schedules (including Schedule B)  □ IRS Form 990-T	☐ IRS Form 990-PF ☐ All required schedules (including Schedule B) ☐ IRS Form 990-T

Additional Article 7-A Document Attachment Requirement	
Independent Accountant's Report	
Audit Report (total support & revenue more than \$250,000)	
Review Report (total support & revenue \$100,001 to \$250,000)	
No Accountant's Report Required (total support & revenue not more than \$100,000)	