Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

AF	or the	2014 calendar year, or tax year beginning ///01/ , 2014, and ending	0/30	, 20 13
B	Check if ap	oplicable: C Name of organization D Emp	oloyer identificat	ion number
	Address c		20-4937	547
	Name cha	Trained and stock (or the box), which is the second of the	phone number	
	Initial retur	463 Broome Street	212-431-7	7039
	Amended	return	up Exemption	
		n pending NY NY 10013 Nur	mber >	
the same of		ting Method: ☐ Cash	▶ ☐ if the or	ganization is not
	Vebsite		d to attach Sch	nedule B
JT	ax-exen	npt status (check only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Form 9	990, 990-EZ, or	r 990-PF).
-		organization: Corporation Trust Association Other		
LA	Add lines	s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets		
		umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	> \$	209,871
-	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions for P	art I)
	arti	Check if the organization used Schedule O to respond to any question in this Part I		🗸
	1	Contributions, gifts, grants, and similar amounts received	1	206,343
	2	Program service revenue including government fees and contracts	2	3,375
	3	Membership dues and assessments	3	0
	4	Investment income	4	153
	5a	Gross amount from sale of assets other than inventory 5a		
		Less: cost or other basis and sales expenses 5b		
	b	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	C	Gaming and fundraising events		
	6	Gross income from gaming (attach Schedule G if greater than		
0	a	\$15,000)		
n n		Gross income from fundraising events (not including \$ of contributions		
Revenue	b	from fundraising events reported on line 1) (attach Schedule G if the		
E		sum of such gross income and contributions exceeds \$15,000)		
		Less: direct expenses from gaming and fundraising events 6c		
	C	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		
	d	line 6c)	6d	0
	-		ou	0
	7a	aros sales of inventory, loss retains and	-	
	b	2000, 0001 01 goods ooid	7c	0
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	0
	8	Other revenue (describe in Schedule O).	9	
_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	209,871
	10	Grants and similar amounts paid (list in Schedule O)	11	0
	11	Benefits paid to or for members	12	
es	12	Salaries, other compensation, and employee benefits		66,717
Expens	13	Professional fees and other payments to independent contractors	13	28,202
xpe	14	Occupancy, rent, utilities, and maintenance	14	7,797
Ш	1	Printing, publications, postage, and shipping	15	3,120
	16	Other expenses (describe in Schedule O)	16	46,443
	17	Total expenses. Add lines 10 through 16	17	152,279
S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	57,592
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
As		end-of-year figure reported on prior year's return)	19	-36,068
et	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-6,790
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	14,734
Fai	Damar	Cat No. 10642	Form	990-EZ (2014)

	Check if the organization used Sche	dule O to respond to a	iny question in this i	Part II		
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments .			7,490		107,851
23	Land and buildings .				23	0
24	Other assets (describe in Schedule O) .		-	7,490	24	107.051
25	Total assets		-	43,558		107,851 93,117
26	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of col	ump (P) must agree wit	h line 21)	-36,068		14,734
27 Dar	t III Statement of Program Service Acc	complishments (see t	he instructions for P			14,734
гаг	Check if the organization used Sche					Expenses
What	t is the organization's primary exempt purpose		any quodinantinantinantinantinantinantinantinan			equired for section 1(c)(3) and 501(c)(4)
	cribe the organization's program service acco		of its three largest or	ogram services		anizations; optional for
as m	neasured by expenses. In a clear and concis	se manner, describe th	e services provided	the number of	oth	ers.)
	ons benefited, and other relevant information f		i			T
28	Bounce - The Basketball Opera is performed on	an actual basketball cou	rt, and is grounded in	h o froch		
	contemporary issues facing today's youth, inclu			n a iresn		
	approach to arts education, high school student (Grants \$) If this amount	ount includes foreign gr		ЪП	28	a 9,455
29	The Three Astronauts is a moving and thoughtful			iances		0,100
20	among people, nations, and alternative universe					
	brings to life this gentle tale about our need for					
		ount includes foreign gr		• 🗆	29	a 20,728
30	Ardea Art Salon Series builds bridges between a	artists and audiences thr	ough the sharing of cr	eative processes		
	and fostering discussion. This quarterly progra	m introduces new audier	ices to the art of making	ng opera.		
	/Out to the	ount includes foreign gr	ants check here	▶ □	30	a 10,000
21	(Grants \$) If this am Other program services (describe in Schedule		unto, oncor noro			10,000
31		ount includes foreign gr	ants, check here .	• 🗆	31	a
32	Total program service expenses (add lines			•	32	
Par			h one even if not comp	ensated—see the i	nstru	uctions for Part IV)
	Check if the organization used Sche		any question in this I	Part IV		. 🗆
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	100 10	e) Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)			
				benefit plans, and	1	other compensation
Greth			(if not paid, enter -0-)	deferred compensatio	1	other compensation
	he Holby, Chair		(if not paid, enter -0-)		n	
	he Holby, Chair	50			1	other compensation
	he Holby, Chair li Ozieh, Treasurer		(if not paid, enter -0-)		n 0	0
Chid	li Ozieh, Treasurer	50	(if not paid, enter -0-)		n	7
Chid		40	(if not paid, enter -0-) 44,117 22,000		0 0	0
Chid	li Ozieh, Treasurer vi Briggs, Secretary		(if not paid, enter -0-)		n 0	0
Chid	li Ozieh, Treasurer	40	(if not paid, enter -0-) 44,117 22,000		0 0	0
Chid Ibiay Ray	i Ozieh, Treasurer ri Briggs, Secretary Wetmore, Member	40	(if not paid, enter -0-) 44,117 22,000		0 0	0
Chid Ibiay Ray	li Ozieh, Treasurer vi Briggs, Secretary	40	(if not paid, enter -0-) 44,117 22,000		0 0	0
Chid Ibiay Ray	i Ozieh, Treasurer ri Briggs, Secretary Wetmore, Member	2	(if not paid, enter -0-) 44,117 22,000 0		0 0 0	0 0
Chid Ibiay Ray	i Ozieh, Treasurer ri Briggs, Secretary Wetmore, Member	2	(if not paid, enter -0-) 44,117 22,000 0		0 0 0	0 0
Chid Ibiay Ray	i Ozieh, Treasurer ri Briggs, Secretary Wetmore, Member	2	(if not paid, enter -0-) 44,117 22,000 0		0 0 0	0 0
Chid Ibiay Ray	i Ozieh, Treasurer ri Briggs, Secretary Wetmore, Member	2	(if not paid, enter -0-) 44,117 22,000 0		0 0 0	0 0
Chid Ibiay Ray	i Ozieh, Treasurer ri Briggs, Secretary Wetmore, Member	2	(if not paid, enter -0-) 44,117 22,000 0		0 0 0	0 0
Chid Ibiay Ray	i Ozieh, Treasurer ri Briggs, Secretary Wetmore, Member	2	(if not paid, enter -0-) 44,117 22,000 0		0 0 0	0 0
Chid Ibiay Ray	i Ozieh, Treasurer ri Briggs, Secretary Wetmore, Member	2	(if not paid, enter -0-) 44,117 22,000 0		0 0 0	0 0
Chid Ibiay Ray	i Ozieh, Treasurer ri Briggs, Secretary Wetmore, Member	2	(if not paid, enter -0-) 44,117 22,000 0		0 0 0	0 0
Chid Ibiay Ray	i Ozieh, Treasurer ri Briggs, Secretary Wetmore, Member	2	(if not paid, enter -0-) 44,117 22,000 0		0 0 0	0 0
Chid Ibiay Ray	i Ozieh, Treasurer ri Briggs, Secretary Wetmore, Member	2	(if not paid, enter -0-) 44,117 22,000 0		0 0 0	0 0
Chid Ibiay Ray	i Ozieh, Treasurer ri Briggs, Secretary Wetmore, Member	2	(if not paid, enter -0-) 44,117 22,000 0		0 0 0	0 0
Chid Ibiay Ray	i Ozieh, Treasurer ri Briggs, Secretary Wetmore, Member	2	(if not paid, enter -0-) 44,117 22,000 0		0 0 0	0 0

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this	in th	e	
	Instructions for Part V) Check II the organization used Schedule O to respond to any question in this	rait	Yes	No
33	Did the organization engage in any significant 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
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		1
36	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	36		1
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions 137a 100 137a 100 101 102 103 103 104 105 106 107 108 108 109 109 109 109 109 109	37b 38a	1	1
39 a	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 38b 39,830 39a 39a 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. 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
41	List the states with which a copy of this return is filed ► New York The organization's books are in care of ► Chidi Ozieh Telephone no. ► 2	212-43	1-703	9
42a	The organization's books are in care of ► Chidi Ozieh Located at ► 463 Broome Street, NY NY ZIP + 4 ►	100		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	At any time during the calendar year, did the organization maintain an office outside 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		Yes	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
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	44b		1
d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c 44d		1
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a 45b		1
		000	-	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Name	of the organization					Employer identification	number
THE RESIDENCE AND PERSONS NAMED IN	Arts Incorporated				1 - 41-1	20-493	
Par							ns.
1	rganization is not a private founda A church, convention of churc A school described in section	hes, or associat	ion of churches descri	11, ched bed in s e	ection 17	ne box.) O(b)(1)(A)(i).	
2	A hospital or a cooperative hospital			n section	170(b)(1	D(A)(iii).	
4	A medical research organization hospital's name, city, and state	on operated in o	conjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)(iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II.)					al unit described in
6	☐ A federal, state, or local gover ☐ An organization that normally described in section 170(b)(1)	receives a subs	stantial part of its sup	in section port from	on 170(b) a gover	(1)(A)(v). nmental unit or from	the general public
8	A community trust described i						
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	d to its exempt ent income and fter June 30, 19	functions—subject to unrelated business 175. See section 509(a	certain taxable i a)(2). (Cor	exception ncome (I mplete Pa	ns, and (2) no more ess section 511 tax art III.)	than 331/3% of its
10	☐ An organization organized and	operated exclu	sively to test for public	c safety.	See sect	ion 509(a)(4).	
11	An organization organized and one or more publicly supported the box in lines 11a through 11	d organizations of that describes	described in section 5 0 the type of supporting	09(a)(1) o organiza	r section tion and o	509(a)(2). See section complete lines 11e, 1	on 509(a)(3). Check 1f, and 11g.
а	☐ Type I. A supporting organization(sorganization. You must contains.) ☐ Type I. A supporting organization(sorganization.) ☐ Type I. A supporting organization. ☐ Type II. A supporting organizatio	s) the power to r	egularly appoint or ele	led by its ct a majo	s supporte ority of the	ed organization(s), ty e directors or trustee	pically by giving s of the supporting
b	☐ Type II. A supporting organic control or management of the organization(s). You must control	e supporting or omplete Part IV	ganization vested in th I, Sections A and C.	ie same p	ersons t	hat control or manag	e the supported
С	☐ Type III functionally integral its supported organization(s)	(see instruction	ns). You must comple	te Part I	/, Sectio	ns A, D, and E.	
d	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organs). You must co	ization generally must omplete Part IV, Secti	satisfy a ons A ar	distributi d D, and	on requirement and Part V.	an attentiveness
е	Check this box if the organiz functionally integrated, or Ty	ation received a pe III non-funct	a written determination ionally integrated supp	from the porting or	RS that ganizatio	it is a Type I, Type II n.	I, Type III
f	Enter the number of supported						
g	Provide the following informatio			T		La Amount of monotony	(vi) Amount of
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in yo	ur governing ment?	(v) Amount of monetary support (see instructions)	other support (see instructions)
			(See mandeners)	Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Tatal							

supported organization

instructions

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (d) 2013 (e) 2014 (f) Total Calendar year (or fiscal year beginning in) (a) 2010 **(b)** 2011 (c) 2012 grants, contributions, membership fees received. (Do not include any "unusual grants.") 206,343 519,846 24,047 103,550 90,275 95,631 revenues levied organization's benefit and either paid to or expended on its behalf 0 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 0 0 0 95,631 206,343 519,846 Total. Add lines 1 through 3 24.047 103,550 90,275 The portion of total contributions by 5 (other than person governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 0 Public support. Subtract line 5 from line 4. 519,846 Section B. Total Support (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Calendar year (or fiscal year beginning in) ▶ 206,343 Amounts from line 4 103,550 90,275 95,631 519,846 7 24,027 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties and income from similar sources 56 346 153 1,786 5 1.226 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 0 0 0 0 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 8,269 6,000 3.375 30,366 10,407 2,315 Total support. Add lines 7 through 10 551,998 11 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 94.2 % 14 14 Public support percentage from 2013 Schedule A, Part II, line 14 15 92.5 % 15 331/3% support test-2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 16a box and stop here. The organization qualifies as a publicly supported organization 1 331/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Employer identification number

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of	the organization					Employer identification number	
Ardea Ar	ts Incorporated					20-4937547	
Organiz	ation type (check on	e):					
Filers of	f:	Section:					
Form 99	0 or 990-EZ	✓ 501(c)(3) (enter num	ber) organization			
		☐ 4947(a)(1) r	onexempt char	table trust not treated as a pr	ivate fou	ndation	
		☐ 527 politica	organization				
Form 99	0-PF	☐ 501(c)(3) ex	empt private fo	undation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) ta	able private for	undation			
	ons.			eck boxes for both the General	al Rule a	nd a Special Rule. See	
	For an organization for more (in money or contributor's total co	r property) from	990-EZ, or 990- any one contrib	PF that received, during the yeutor Complete Parts I and II.	ear, cont See instr	ributions totaling \$5,000 ructions for determining a	
Special	Rules						
V	regulations under se	ctions 509(a)(1) that received from	and 170(b)(1)(A) m any one con	ng Form 990 or 990-EZ that m (vi), that checked Schedule A tributor, during the year, total t VIII, line 1h, or (ii) Form 990-E	(Form 99 contribu	90 or 990-EZ), Part II, line tions of the greater of (1)	
	contributor, during th	ne year, total cor	tributions of mo	, or (10) filing Form 990 or 990 ore than \$1,000 <i>exclusively</i> for n of cruelty to children or anim	religious	, charitable, scientific,	
	contributor, during the contributions totaled during the year for a	he year, contributed in the year, contributed	tions <i>exclusivel</i> 00. If this box is gious, charitable ation because it	o), or (10) filing Form 990 or 99 or for religious, charitable, etc., checked, enter here the total e, etc., purpose. Do not compile received nonexclusively religion.	, purpos contribu lete any	es, but no such utions that were received of the parts unless the	

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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Page 2
Employer identification number Name of organization 20-4937547 Ardea Arts Incorporated

Part I	Contributors (see instructions). Use duplicate co	ples of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	J. Speed Carroll 48 W 11th Street NY NY 10011	¢ 116 500	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Grethe B. Holby 300 Central Park W NY NY 10024	56.550	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Arthur Elgort 136 GRAND STREET # 6WF NEW YORK NY 10013		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Pam and Bill Michaelcheck 620 Park Avenue, floor 8 NY NY 10065		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Chidi Ozieh 458 Glenmore Avenue Brooklyn NY 11207	\$ 5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Jnder penaltie rue, correct, a	s of perjury, I declare that I have examined thi nd complete. Declaration of preparer (other th	s return, including accompanying schedules and st an officer) is based on all information of which prep	atements, and to parer has any kr	to the best of my knowledge and belief, it is nowledge.		
Sign Here Grethe Barrett Holby, Executive and Artistic Director Signature of officer Artistic Director						
	Type or print name and title	/				
Paid	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed		
Preparer Use Only				Firm's EIN ▶		
	Firm's address ▶			Phone no.		
May the IRS	discuss this return with the prepar	er shown above? See instructions .		▶ ☐ Yes ☐ No		

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Part I

► 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.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

	This of the district of the di	
Name of the organization		Employer identification number
Ardea Arts Incorporate	ed	20-4937547

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

4	/-> NI	(b) Relationship between disqualified person and	(c) Description of transaction	(d) Con	
1	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax inc under section 4958	urred by the organization managers or disc	qualified persons during the year		

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization		loan from the		(e) Original principal amount			(g) In d	lefault?		ard or	(i) Wi	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No	
(1) Grethe Holby	Founder	Operations	1		50,000	39,830		1	1		1		
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Гоtal						\$							

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

Complete in the organization and the contract of the contract							
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance			
(1)							
(2) (3) (4) (5) (6)							
(4)							
(5)							
(6)							
(7)							
(8)							
(8) (9)							
(10)							

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

Cat. No. 50056A

Schedule L (Form 990 or 990-EZ) 2015

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

20-4693754
ees - \$254, Insurance - \$5,122
mpany dedicated to creating and performing
ell as entertain, speak to our diverse
ices of all ages and from all walks of life.
r goal is to create work that brings new
people and their communities both within
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