# CHANGE OF ACCOUNTING PERIOD 2949313200608 8 Return of Organization Exempt From Income Tax | OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

	LOL DIE	2016 Calendar year, or tax year beginning UAN 1, 2017 and	enaing U	UN 30, ZUI/	
В	Check if	C Name of organization		D Employer identific	cation number
	Addre	ARTE, INC.		}	
	Name chang	Doing business as		54-23	138181
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final	10 CRAND AVENUE			469-4536
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	99,624.
	Amene			H(a) Is this a group re	turn
	Applic	F Name and address of principal officer: DAVID S. GRECO	-	for subordinates	
	pendir	19 19 GRAND AVENUE, NEW HAVEN, CT 06513		H(b) Are all subordinates in	cluded? Yes No
ī -	Tax-ex	empt status: X 501(c)(3) 501(c) ( )	or 1/527		list. (see instructions)
		e: WWW.ARTE-INC.COM		H(c) Group exemption	•
		organization: X Corporation	L Year	of formation: 2004 N	State of legal domicile: CT
	art I	Summary	_		
ည	1	Briefly describe the organization's mission or most significant activities: DEVE	LOP AN	D PROMOTE LA	TINO ART,
Activities & Governance C		CULTURE & EDUCATION. YOUTH & FAMILY PROG		SCHOLARSHIP	
ुह	2	Check this box   if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets
. §	3	Number of voting members of the governing body (Part VI, line 1a)		3	10
ၟႍၓ	4	Number of independent voting members of the governing body (Part VI, line 1b)	1	RECIEVED	10
- 95 - 95	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	70 2
itie	6	Total number of volunteers (estimate if necessary)	<b>8645</b>	APR 2 5 2018	21
ŧ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>1 2 2</b>	APR 2 5 20 18	٠٠ (٢ <u>٠</u>
_ <b>_</b>	b	Net unrelated business taxable income from Form 990-T, line 34	* ] [	76	J≝ 0.
. ,	_			CHARACTER , UT	Current Year
<u>ک</u> ر	8	Contributions and grants (Part VIII, line 1h)		231,314.	99,624.
, <u>,</u> , <u>,</u>	9	Program service revenue (Part VIII, line 2g)		28,500.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ř	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		100.	0.
	12_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		259,914.	99,624.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,500.	1,350.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		97,111.	48,921.
Jse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25)  2,19	97. 🗀		
ŭ	17 ``	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		152,637.	96,349.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		255,248.	146,620.
	19	Revenue less expenses. Subtract line 18 from line 12		4,666.	-46,996.
5	4		Ве	ginning of Current Year	End of Year
t Assets or	20	Total assets (Part X, line 16)		134,563.	93,357.
ASO	21	Total liabilities (Part X, line 26)		3,596.	9,386.
<u>\$</u>	22_	Net assets or fund balances Subtract line 21 from line 20		130,967.	83,971.
Pi	art II	Signature Block			
Und	ier pena	ities of perjury, I declare that I bave examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
		NIX/ VIETO		V 4/	14/18
Sig	ın	Signature di official		Date //	<i>/</i> ·
Hei	re	DAVID S. GRECO, EXECUTIVE DIRECTOR			
_		Type or print name and title			
		Print/Type preparer's name Preparer's sygnature		Date / Cleck Check	PTIN
Pai	d	DAVID A. SCARAMOZZA		self-employ	
Pre	parer	Firm's name CARTER, HAYES + ASSOCIATES, P.		Firm's EIN	06-1244958
Use	Only	Firm's address 1970 WHITNEY AVENUE, BLDG. # 2			
		HAMDEN, CT 06517		Phone no. 20	3-287-3990
Ма	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No (
8320	001 11-1	1-16 LHA For Paperwork Reduction Act Notice, see the separate instruction	nns.		Form <b>990</b> (2016)

orm	990 (2016) ARTE, INC.	54-2138181 Page 2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:  ARTE INC. IS A NON-PROFIT ORGANIZATION DEDICATED TO PROMO	MITNIC I AMITNIC
	ART INC. IS A NON-PROFIT ORGANIZATION DEDICATED TO PROMO	TING LATINO
	ANT, CODIONE AND INDUNI.	
		<del></del>
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	. — —
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses, and
	revenue, if any, for each program service reported	
4a	(Code ) (Expenses \$ 128,542. Including grants of \$ 1,350.) (Revenue APPER CERTIFIED OVER 3400 PERCONCILITY MARKET COMMUNITARY MARKET PROJECT TO THE COMMUNITARY PROJECT TO THE	
	ARTE SERVED OVER 3400 PERSONS IN THE COMMUNITY THROUGH IT CULTURAL AND ARTS PROGRAMS FOR INNER-CITY AND UNDER-SERVE	
	THESE PROGRAMS TOOK PLACE DURING THE SCHOOL YEAR. A TOTA	
		ISTRUCTORS AND
	ALL OF THE SUPPLIES. ARTE HIRED YOUTH TO WORK AS STUDENT	
	THESE AFTERSCHOOL PROGRAMS. ARTE CONTINUED ITS THIRD GRO	
	IN ITS SLATE PROGRAM TEACHING MIDDLE SCHOOL STUDENTS LIFE	
	SKILLS. ARTE RUNS CULTURAL PROGRAMS AND EVENTS YEAR ROUN	
	EVENTS AND ACTIVITIES INCLUDED SEVERAL LATINO VISUAL ARTS	
		RUMS, COLLEGE
	BOUND ROAD TRIPS, COLLEGE READINESS PROGRAM AND MUCH MORE	
	HISPANIC HERITAGE MONTH ARTE DEVELOPS AND CURATES EXHIBIT	
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue	
		·,
	<del></del>	<del></del>
4c	(Code) (Expenses \$ including grants of \$) (Revenue	e\$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	١
4e	Total program service expenses  128,542.	

Form 990 (2016) ARTE, INC.

Part IV Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		.	
_	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		х
4	public office? If "Yes," complete Schedule C, Part I	_ 3		
7	dunng the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	7		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
•	If "Yes," complete Schedule D, Part IV	_9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			.,
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	_	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable	<u> </u>	-	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	x	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		_
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	<del></del>		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	l		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13		X
14a h	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<del>  ^</del>
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
-	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			Ī
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"	ļ		l <u>.                                    </u>
	complete Schedule G. Part III	19	000	(001C)

Form 990 (2016) ARTE, INC.

Part IV | Checklist of Required Schedules (continued)

			Yes	No
<b>2</b> 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	(·//·// ·· (·// // ·· · · · · · · · · ·			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			ļ ,,
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions).			Х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		^
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	000		х
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive more trial \$25,000 in non-cash contributions? If "yes," complete schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	<u> 29</u>		
30	· · · · · · · · · · · · · · · · · · ·	20		х
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?	30		<u> </u>
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
02	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	<u> </u>		
•	Part V. line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?			
	# Was a complete School do D. Bort V. Inc. 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<u> </u>		├ <u>-</u> -
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_ <del></del>		<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	38	x	
	The state of the s	_	990	(2016

Form	990 (2016) ARTE, INC. 54-2138	181	Р	age 5
Par				
	Check if Schedule O contains a response or note to any line in this Part V	_		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 29			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		L
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			1
	filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ليبا
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country. ▶			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			<b> </b> -
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	.5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			х
	any contributions that were not tax deductible as charitable contributions?	_6a_		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			ĺ
-	were not tax deductible?	6b_		$\vdash \vdash \vdash$
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			$\vdash$
C	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>1</del>		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter		l	
а	Initiation fees and capital contributions included on Part VIII, line 12		ļ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	<u> </u>	<u> </u>	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<b> </b>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	}	l	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	<u> </u>	<b></b>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<b> </b>	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O		1	
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	<u> </u>	ļ	1.
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del>                                     </del>	X
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	000	100:5:
		Forn	1 <del>33</del> 0	(2016)

632005 11-11-16

ARTE, INC.

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

	Check if Schedule O contains a response or note to any line in this Part VI						X					
Sec	tion A. Governing Body and Management											
						Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		10								
	If there are material differences in voting rights among members of the governing body, or if the governing		-		i							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.											
ь	Enter the number of voting members included in line 1a, above, who are independent	1b		10								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		nv other									
_	officer, director, trustee, or key employee?		,		2	X						
3	Did the organization delegate control over management duties customanly performed by or under the	direc	SUDANISION									
•	of officers, directors, or trustees, or key employees to a management company or other person?	<b>u u</b>	. oaporvioiori		3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 99	)U wa	filed?		4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's asset		, mear		5		X					
6	Did the organization become aware during the year of a significant diversion of the organization's asset	: 63	•		6		X					
					-							
7a												
_	more members of the governing body?											
ь												
_	persons other than the governing body?				7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:											
_	a The governing body?											
b	Each committee with authority to act on behalf of the governing body?			•	8b		<u> </u>					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the											
500	organization's mailing address? If "Yes." provide the names and addresses in Schedule O				9	_	<u> </u>					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue	Code.)		_							
				1	10a	Yes	No X					
	Da Did the organization have local chapters, branches, or affiliates?											
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters	, affiliates,		10b							
	and branches to ensure their operations are consistent with the organization's exempt purposes?											
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the fo	m?	11a		X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	<u> </u>					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es, " d	escnbe	ı								
	ın Schedule O how this was done				12c	Х						
13	Did the organization have a written whistleblower policy?		•		13		X					
14	Did the organization have a written document retention and destruction policy?				14		Х					
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official				15a		Х					
b	Other officers or key employees of the organization .				15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ient w	rth a									
	taxable entity during the year?				16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation	ı's									
	exempt status with respect to such arrangements?				16b							
Sec	tion C. Disclosure			_								
17	List the states with which a copy of this Form 990 is required to be filed ▶CT											
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	on 501(c)(3)s	only) av	ailable	•						
	for public inspection. Indicate how you made these available. Check all that apply.		,									
	Own website X Another's website X Upon request Other (explain	in Sc	hedule (1)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con		•	cv, and	financ	ıal						
	statements available to the public during the tax year.	- · •	: F-3"									
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records:	•								
	DAVID GRECO - 203-469-4536											
	19 GRAND AVENUE, NEW HAVEN, CT 06513											

1	_	2	1	3	8	1	8	1	Page

form 990 (2016)	ARTE.

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization r	or any related	orga	nıza	tion	con	npen	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)				<b>C)</b>			(D)	(E)	(F)
Name and Title	Average	l (do		Positieck /		than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week	$\overline{}$	- a		1 6010	170051	(00)	from	from related	other
	(list any hours for	rect						the	organizations (W-2/1099-MISC)	compensation from the
	related	9 0	tee			sated		organization (W-2/1099-MISC)	(44-27 1099-141130)	organization
	organizations	ruste	al trus		eg.	шреп		(** 27 1000 141100)		and related
	below	Individual trustee or director	Institutional trustee	_	읕	st co oyee	ا تة	Ì		organizations
	line)	hdiv	Instit	Officer	Keye	Highest compensated employee	Form			
(1) DANIEL DIAZ	1.00									
CHAIRMAN		X		X	L	_	L	0.	0.	0.
(2) AIDA CASANOVA	1.00			İ			l	_	_	_
VICE CHAIRPERSON	<u> </u>	X		X	_	L.	<u> </u>	0.	0.	0.
(3) MYRNA ROSA	1.00					1	i			_
SECRETARY		X		Х	<u> </u>		L_	0.	0.	0.
(4) DR. ABIE BENITEZ	1.00							İ _		_
BOARD MEMBER	<del> </del>	X		L	<u> </u>	_	<u> </u>	0.	0.	0.
(5) LISSETTE ANDINO	1.00			 						
TREASURER	1 00	X		X	<u> </u>		<u> </u>	0.	0.	0.
(6) DR. MADELINE NEGRON	1.00						ł			•
BOARD MEMBER	1 00	X	<u> </u>	<u> </u>	<u> </u>	_	├	0.	0.	0.
(7) LUIZ CASANOVA	1.00			1			l			
BOARD MEMBER	1 00	X		-	├—	┢	├-	0.	0.	0.
(8) RICHARD STEPHENS	1.00			ļ		Ι.	ļ			•
BOARD MEMBER (9) VIVANA CAMACHO	1.00	X	-	┝	-	⊢		0.	0.	0.
BOARD MEMBER	1.00	x				ļ	<b> </b>	0.	0.	0.
(10) DR. GIOVANNA GUERRERA-MEDINA	1.00	₽	╁	┢		$\vdash$				
BOARD MEMBER	1.00	x			ĺ	<b>\</b>	1	0.	0.	0.
(11) DAVID GRECO	35.00	<del> </del>	-	$\vdash$	-	一				
EXECUTIVE DIRECTOR	33100	1	Ì	$\mathbf{x}$	1	1	Ì	0.	0.	0.
	1	t	<u> </u>	<del></del>	1	t	<del></del>	<del>                                     </del>		
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		$\vdash$	<u> </u>							
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		<u> </u>	igspace	igspace	<u> </u>	Ļ.				
		1		1	1	-				
										L

Par	VII   Section A. Officers, Directors, Trus		oloy	ees,			ghes	it C	ompensated Employee	s (continued)				
	(A)	(B)	(C) Position						(D)	(E)	- 1		(F)	
	Name and title	Average hours per		not c	heck	more	than o		Reportable	Reportable			timate	
		week					s both x/trus		compensation from	compensation from related			iount c other	or
		(list any	cto						the	organization			pensat	ion
		hours for related	or dire	8		1	age de		organization	(W-2/1099-MIS	3C)		om the	
		organizations	Individual trustee or director	Institutional trustee		9	Highest compensated employee		(W-2/1099-MISC)			_	anızatı I relate	
		below	dead	tetton	<u>ة</u>	Key employee	est co loyee	ق			}		nızatıc	
	- <u>-</u>	(ine)	튵	ş	Officer	χe.	돌통	Forn					_	
		<u> </u>		Ì			1							٠,٠
			┝	├	-	<del> </del>	├	$\vdash$						
		<u> </u>		1					<u> </u>					
				<u> </u>			L	L.						
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	<del> </del>					┢	<del>                                     </del>	T						
							<u> </u>							
													_	
			_	<u> </u>	-	_		_						
		<u> </u>	}	ļ		İ	1							
				$\vdash$		┢┈	$\vdash$	-	<del>                                     </del>	<del></del> -				
			1	l		l								
1b	Sub-total			<u> </u>			٠.	▶	0.		0.			0.
С	Total from continuation sheets to Part V	I, Section A							0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100,	000 of reportable	)			0
	compensation from the organization			_	-		-	-				7	Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e. ke	v er	nolo	vee.	orl	highest compensated er	nplovee on				
	line 1a? If "Yes," complete Schedule J for s				•	•			,		_	3		X
4	For any individual listed on line 1a, is the su	ım of reportabl							•	he organization				
	and related organizations greater than \$156											4		X
5	Did any person listed on line 1a receive or a	•				-			•			┝╼┤		v
Sec	rendered to the organization? If "Yes." contion B. Independent Contractors	nolete Schedul	e <i>J f</i>	or si	ich	<u>pers</u>	on_		····			5_	1	X
1	Complete this table for your five highest co	mpensated inc	lepe	nde	nt c	ontra	acto	rs th	nat received more than \$	100,000 of com	oensa	tion fro		
	the organization Report compensation for													
	(A)								(B)			(0		
	Name and business	address	N	ON	<u> </u>			4	Description of s	ervices	C	compe	nsation	<u> </u>
		· <u>-</u>	_					$\dashv$						_
								١			ĺ			
								_]						
		1						Į	•					
	<del></del>					_		$\dashv$						
	Total number of independent contractors (i	ncludina but n	ot lu	mite	d to	tho	se lis	sted	above) who received m	ore than				
	\$100,000 of compensation from the organi						0				<u>L</u>			
													മമവ //	2040

		Check if Schedule O cont	tains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
2 %	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts.			1b					
28	_	Fundraising events	1c					
E i		Related organizations	1d					
2 8		Government grants (contribut		95,169.		]		
ž į		All other contributions, gifts, gran		30,203				
粪崗	•	similar amounts not included abo		4,455.				
Ę Ħ	_			4,433.				
ξā		Noncash contributions included in lines		<del></del>	99,624.			
<u>0</u> 9	<u>n</u>	Total. Add lines 1a-1f				L		<del></del>
- 1	_			Business Code			<del></del>	<del> </del>
9	2 a				<del></del>			<del></del>
2 9	b							
Program Service Revenue	С							ļ
e a	d			<b> </b>				<del> </del>
5	е							<u> </u>
ا ته		All other program service reve					<del></del>	
	<u>, g</u>	Total. Add lines 2a-2f	<u></u>					
	3	Investment income (including	dividends, intere	est, and				
ı		other similar amounts)	•	<b>&gt;</b>				
	4	Income from investment of ta	x-exempt bond p	oroceeds >				L
- 1	5	Royalties .	·					
			(ı) Real	(II) Personal				
1	6 a	Gross rents			ı			
	b	Less. rental expenses						
	С	Rental income or (loss)						
		Net rental income or (loss)		<b>→</b>				
		Gross amount from sales of	(i) Securities	(ii) Other				,
- 1		assets other than inventory						,
	ь	Less: cost or other basis						
ſ	_	and sales expenses						
	c	Gain or (loss)		<del> -</del>				
1		Net gain or (loss) .		<b>•</b>				<del> </del>
		Gross income from fundraisin	In events (not					
2	0 4	including \$	-					
Ş		contributions reported on line			• 3			
Other Rever		Part IV, line 18						
اج	_		a					
티		Less: direct expenses  Net income or (loss) from fund	draisina events	)	<del></del>			<del> </del>
		Gross income from gaming a	-					<del>                                     </del>
	y d			.]				
1	_	Part IV, line 19	2					
		Less. direct expenses	b					<del></del>
		Net income or (loss) from gan						<del> </del>
	10 a	Gross sales of inventory, less						
		and allowances	. а					
		Less cost of goods sold	t					
	c	Net income or (loss) from sale						<u> </u>
		Miscellaneous Revenu	ıe	Business Code				<del> </del>
	11 a			<u> </u>	_ <del></del>	L		<del> </del>
	b					<u> </u>		ļ
	c					Ll		<u> </u>
	ď	All other revenue	-					
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.		•	99,624.	0.	0.	0.

# Form 990 (2016) ARTE, INC. Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All other	organizations must com	plete column (A).	
	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,350.	1,350.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			·-	
	trustees, and key employees	33,698.	26,958.	5,055.	1,685.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	]			
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	10,285.	10,285.		
8	Pension plan accruals and contributions (include				· · · · · · · · · · · · · · · · · · ·
-	section 401(k) and 403(b) employer contributions)	ļ		ļ	
9	Other employee benefits				<del></del>
10	Payroll taxes	4,938.	4,366.	429.	143.
11	Fees for services (non-employees)				
'' a	Management .	j			
b	Legal				
	Accounting	6,593.		6,593.	
ď	, , , , , , , , , , , , , , , , , , ,	0,3331		- 0,3331	
e	Professional fundraising services. See Part IV, line 17		<del></del>		<del></del>
f	Investment management fees			<del></del>	
g	column (A) amount, list line 11g expenses on Sch O.)	50,402.	50,402.		
40	Advertising and promotion	350.	30,402.	<del></del>	350.
12	· · · · · · · · · · · · · · · · · · ·	295.	267.	28.	
13	Office expenses	266.	239.	27.	<del></del>
14	Information technology				
15	Royalties	7,197.	6,477.	720.	
16	Occupancy _	24,722.	22,250.	2,472.	
17	Travel		44,450.	4,4/4.	
18	Payments of travel or entertainment expenses	j			
	for any federal, state, or local public officials	272		272	·
19	Conferences, conventions, and meetings	373.		373.	<del></del>
20	Interest	<del></del>		<del></del>	<del></del>
21	Payments to affiliates			<del></del>	<del></del>
22	Depreciation, depletion, and amortization	264.	238.	26.	<del></del>
23	Insurance .				<del></del>
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM SUPPLIES	3,615.	3,615.		
b	MISCELLANEOUS	1,386.	1,247.	139.	
c	PROGRAM ACTIVITIES	370.	370.		
d	FOOD AND BEVERAGE	330.	330.		
	All other expenses	186.	148.	19.	19.
	Total functional expenses Add lines 1 through 24e	146,620.	128,542.	15,881.	2,197
25			120,342.	13,001.	
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				50m 990 (2016

<u> </u>		Dalance Officer	<del></del>	- <del></del>		
		Check if Schedule O contains a response or not	e to any line in this Part X	<del>.</del>		
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		19,195.	1	
	2	Savings and temporary cash investments	92,592.	2	92,379.	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		21,534.	4	
	5	Loans and other receivables from current and fo	rmer officers, directors,			
		trustees, key employees, and highest compensa	ited employees. Complete			
	1	Part II of Schedule L			5	
	6	Loans and other receivables from other disqualit	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	· ' '			
		employers and sponsoring organizations of sect				
w		employees' beneficiary organizations (see instr).	````		6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use	Ī	·	8	
	9	Prepaid expenses and deferred charges	·		9	
		Land, buildings, and equipment: cost or other	ı ı İ			
		basis Complete Part VI of Schedule D	10a 7,166.			
	Ь	Less: accumulated depreciation	10ы 6,188.	1,242.	10c	978.
	11	Investments - publicly traded securities			11	
	12	Investments other securities See Part IV, line 1	11		12	
	13	Investments - program-related See Part IV, line	<u> </u>		13	
	14	Intangible assets	· [		14	
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	134,563.	16	93,357.
	17	Accounts payable and accrued expenses	3,596.	17	9,386.	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
ın.	22	Loans and other payables to current and former	· · · · · · · · · · · · · · · · · · ·			
Liabilities		key employees, highest compensated employee	es, and disqualified persons.			
į		Complete Part II of Schedule L			22	
ڐ	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelated	d third parties	· · · · · · · · · · · · · · · · · · ·	24	
	25	Other liabilities (including federal income tax, pa	yables to related third	-		<del>-</del>
	l	parties, and other liabilities not included on lines	s 17-24). Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		3,596.	26	9,386.
		Organizations that follow SFAS 117 (ASC 958	), check here 🕨 🗓 and			
ŵ	<u> </u>	complete lines 27 through 29, and lines 33 an	nd 34.			
ဦ	27	Unrestricted net assets		130,967.	27_	83,971.
ala	28	Temporarily restricted net assets			28	
Net Assets or Fund Balances	29	Permanently restricted net assets		· · · · · · · · · · · · · · · · · · ·	29	
Š		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🔲 📗			
5		and complete lines 30 through 34.	į	· · · · · · · · · · · · · · · · · · ·		
Sts.	30	Capital stock or trust principal, or current funds	. [		30	
SS	31	Paid-in or capital surplus, or land, building, or ed	quipment fund		31	
et A	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
Ž	33	Total net assets or fund balances		130,967.	33_	83,971.
	34	Total liabilities and net assets/fund balances		134,563.	34_	93,357.

	990 (2016) ARTE, INC.	<u>54-2138</u>	<u> 181</u>	Pag	<sub>le</sub> 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 62	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,62	
3	Revenue less expenses. Subtract line 2 from line 1	3		, 99	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	130	96,	<u> 57.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	83	9'	<u>71.</u>
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜ
				Yes	No_
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	<del></del>		l	[
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			لـــــا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	•	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both.			ľ	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		_2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		ļ	
	consolidated basis, or both			l	
	Separate basis Consolidated basis Both consolidated and separate basis			I	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche			· [	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt	┝ <u>╶</u> ┥		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	<u>3</u> b	000	
			Form	99U (	(2016)

#### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**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

2016

Open to Public Inspection

Name of the organization

ARTE, INC. Employer identification number 54-2138181

۲a	rt I	Reason for Public C	Charity Status (A	All organizations must co	mplete thi	s part.) Se	e instructions.			
The	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, ct	neck only o	one box )		0-1		
1	$\overline{\Box}$	A church, convention of chi					YAYi).			
2	$\overline{\Box}$	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3	$\equiv$	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	=	• •	A modical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
4			ation operated in cor	gunction with a nospital	described	iii secuo	ii 170(b)( i)(A)(iii). Enter	the hospital's hame,		
_		city, and state.	- M - h 64 - 4					1.	_	
5		An organization operated for		lege or university owned	or operate	ed by a go	vernmental unit describe	ea in		
	_	section 170(b)(1)(A)(iv). (C	•							
6	닏	A federal, state, or local gov	vernment or governm	nental unit described in s	section 17	'O(b)(1)(A)	(v).			
7	X	An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	rnmental (	unit or from the general p	oublic described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8	ليا	A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Part	: 11.)					
9		An agricultural research org	anızatıon described	ın section 170(b)(1)(A)(i	x) operate	ed in conju	nction with a land-grant	college		
		or university or a non-land-g	rant college of agrici	ulture (see instructions).	Enter the r	name, city,	and state of the college	or		
		university.								
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its supp	ort from c	ontributio	ns, membership fees, an	d gross receipts from		
		activities related to its exem								
		income and unrelated busin		· ·						
		See section 509(a)(2). (Cor		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5 - 5					
11		An organization organized a	•	vely to test for public sat	ety See	section 50	19(a)(4)			
12	一	An organization organized a	•	•	•			nurnoses of one or		
-		more publicly supported or		•	•		· · · · · · · · · · · · · · · · · · ·	•		
		lines 12a through 12d that	-					FIGUR THE DOX III		
_		Type I. A supporting orga	• • • • • • • • • • • • • • • • • • • •	•						
а	L									
		the supported organization		• • • •	majority o	the direc	tors or trustees of the su	pporting		
_		organization. You must o	-							
b	ـــا	Type II. A supporting org						=		
		control or management o			me perso	ns that co	ntrol or manage the supp	ported		
		organization(s). You mus	•							
С	L_	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	ind functionally integrate	d with,		
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.			
d	<u> </u>	Type III non-functionally	integrated. A supp	orting organization opera	ated in cor	nnection w	rith its supported organiz	ration(s)		
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distri	ibution rec	uirement and an attentiv	eness eness		
		requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga	anization received a v	written determination froi	m the IRS	that it is a	Type I, Type II, Type III			
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiza	ation.				
f	Ente	er the number of supported o	organizations	••						
g	Prov	ride the following information	about the supporte							
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the orga in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	)	
									_	
									_	
			·							
		<del></del>							-	
									_	
Tota	al								_	

## Schedule A (Form 990 or 990-EZ) 2016 ARTE, INC. Part II Support Schedule for Organizations (Form 990 or 990-EZ) 2016 ARTE, INC. 54-2138181 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and				1	101	
	membership fees received. (Do not	]					
	include any "unusual grants ")	43,087.	75,224.	60,774.	105,864.	99,624.	384,573.
2	Tax revenues levied for the organ-		• • • • • • • • • • • • • • • • • • • •				
	ization's benefit and either paid to					i	
	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	43,087.	75,224.	60,774.	105,864.	99,624.	384,573.
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)						56,097.
6	Public support. Subtract line 5 from line 4						328,476.
Sec	ction B. Total Support	.t1					3207273
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	43,087.	75,224.	60,774.	105,864.	99,624.	384,573.
8	Gross income from interest,				,		
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources			250.	250.		500.
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 VI)			i			
11							385,073.
12		etc. (see instruction	ins)		L	12	169,416.
	First five years. If the Form 990 is for	•		d fourth or fifth ta	Ix vear as a section		
	organization, check this box and stor	=	, in et, 6000, id, ii iii	2, 10di (11, 01 11111 10	or your ab a doorlor	. 00 , (0)(0)	▶□
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2016 (I	line 6, column (f) di	vided by line 11, co	olumn (f))		14	85.30 %
15	Public support percentage from 2015	Schedule A, Part	il, line 14	.,,		15	50.73 %
	33 1/3% support test - 2016. If the			n line 13, and line	14 ıs 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies			·		•	<b>▶</b> X
b	33 1/3% support test - 2015. If the		•	ne 13 or 16a. and	line 15 is 33 1/3%	or more, check the	
	and stop here. The organization qual	_				,	▶□
17a	10% -facts-and-circumstances test				 e 13. 16a. or 16b. a	ind line 14 is 10%	or more.
	and if the organization meets the "fac	_			·		•
	meets the "facts-and-circumstances"						▶ [ ]
ŀ	10% -facts-and-circumstances test				=	7a. and line 15 is	10% or
•	more, and if the organization meets the						
	organization meets the "facts-and-circ				•		<b>.</b>
18	Private foundation. If the organization			•		•	
<u></u>						dule A (Form 990	

Part III Support Schedule for	_			• •		
(Complete only if you checked			organization failed	to qualify under Pa	art II. If the organiz	zation fails to
qualify under the tests listed t	elow, please comp	olete Part II.)				
Section A. Public Support	<del>,</del>				····	<del>,</del>
alendar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(n) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not	1	<b>\</b>		}	}	
include any "unusual grants.")				ļ		<u> </u>
2 Gross receipts from admissions,	ļ					
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the	Į.	ļ	ļ			
organization's tax-exempt purpose						<u> </u>
3 Gross receipts from activities that						
are not an unrelated trade or bus-	]	)			1	}
iness under section 513		L				L
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf	ļ	,			}	
5 The value of services or facilities						
furnished by a governmental unit to		Į.		1	ļ	ļ
the organization without charge						1
6 Total. Add lines 1 through 5					1	
7a Amounts included on lines 1, 2, and				<u> </u>		
3 received from disqualified persons	İ					
Amounts included on lines 2 and 3 received	<u> </u>	<del></del>	/		<del> </del>	
from other than disqualified persons that			ľ			ł
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	1		Į.	<b>\</b>	ļ	1
c Add lines 7a and 7b	<del></del>	7		<del>                                     </del>	<del>                                     </del>	
8 Public support. (Subtract line 7c from line 6)		1		<del> </del>	<del>                                     </del>	
Section B. Total Support		//	<u> </u>			
Calendar year (or fiscal year beginning in)	(a) 2012	/ (b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6			30/		137333	17
10a Gross income from interest,						
dividends, payments received on		•				
securities loans, rents, royalties and income from similar sources			İ	ľ		
b Unrelated business taxable income		<u> </u>		<del> </del>		
(less section 511 taxes) from businesses						
acquired after June 30, 1975	1	1	1			1
• //	/ <del></del>	<del></del>			<del></del>	<del> </del>
c Add lines 10a and 10b  11 Net income from unrelated business		<del></del>	<del></del>	<del>                                     </del>	<del></del>	<del> </del>
activities not included in line 10b,			i		1	
whether or not the business is	1	l				
regularly carried on //  12 Other income. Do not include gain	<del></del>		<del></del>	<del> </del>		<del></del>
or loss from the sale of capital					l	
assets (Explain in Part VI.)	<del></del>	<del>                                     </del>	<del></del>	<del>}</del>	<del></del>	<del> </del>
13 Total support. (Add lines 9, 10c, 11, and 12)	<u> </u>	L	<u> </u>	<u> </u>		
14 First five years. If the Form 990 is for	ir the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectioi	n 501(c)(3) organiz	zation,
check this box and stop here	ia Cumpart Day				<del></del> -	
Section C. Computation of Publ			<del> </del>		T.:T.	<del></del>
15 Public support percentage for 2016	, ,,	•	olumn (f))		15	%
16 Public support percentage from 201				<del></del>	16	%
Section D. Computation of Inve					TT	
17 Investment income percentage for 2			ne 13, column (f))		17	
18 Investment income percentage from		•			18	
19a 33 1/3% support tests - 2016. If th	•				*	17 is not
more than 33 1/3%, check this box a						_ , ▶∟∟
b 33 1/3% support tests - 2015. If th	•					
line 18 is not more than 33 1/3%, ch	eck this box and s	top here. The organic	anızatıon qualifies	as a publicly supp	orted organization	ı <b>▶</b> L.İ

Von No

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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За		
3b		
<u> </u>		
3c		
10		
4a		
4b		
4c		
	:	
		.
5a		
<u> </u>		
5b		
5c		
<u> </u>		
6		
7		
8		
<u>9</u> a		
Ob		
9b		
9c		
10a		
10b		
990 or 99	N-EZ	2016

Sche		<u>4-213818:</u>	l Pa	1ge <b>5</b>
Pai	t IV   Supporting Organizations (continued)	<del></del>		
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	<del></del>		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		<del></del>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  tion B. Type I Supporting Organizations	11c		L
360	tion B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		res	NO
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	ļ ļ		1
	_			ĺ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,	ļ		1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			1
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
·			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	į į		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		L
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	ļ.		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	<u> </u>		
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ıctıons).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instructions)		
2	Activities Test. Answer (a) and (b) below	<del></del>	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			ļ
	how the organization was responsive to those supported organizations, and how the organization determined	<del> </del>		├
	that these activities constituted substantially all of its activities.	2a	<u> </u>	—
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	- <u>-</u> -		<del> </del>
_	activities but for the organization's involvement.	<u>2b</u>		├─
3	Parent of Supported Organizations Answer (a) and (b) below			
а				$\vdash$
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<del> </del>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			<del> </del>
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	(Form 990 or 99	V 57	L

	edule A (Form 990 or 990-EZ) 2016 ARTE, INC.			54-2138181 Page 6
Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	-
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must c			
Sect	ion A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
_1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or		· · · · · · · · · · · · · · · · · · ·	
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7	<u>,                                    </u>	
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	Ily integrated	Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

	dule A (Form 990 or 990-EZ) 2016 ARTE, INC.			64 - 2138181	Page 7
Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	<del></del>	
Secti	on D - Distributions			Current Ye	ar
1	Amounts paid to supported organizations to accomplish exer	mpt purposes			
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity	<u></u>			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		<u></u>	
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI) See instructions				
7	Total annual distributions. Add lines 1 through 6				
8	Distributions to attentive supported organizations to which th	ne organization is responsive			
	(provide details in Part VI) See instructions				
9	Distributable amount for 2016 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributab Amount for 2	
1	Distributable amount for 2016 from Section C, line 6		· · · · · · · · · · · · · · · · · · ·		
2	Underdistributions, if any, for years prior to 2016 (reason-				
	able cause required explain in Part VI) See instructions				
3	Excess distributions carryover, if any, to 2016.				
b					
С	From 2013				
d	From 2014				
е	From 2015				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
	Applied to 2016 distributable amount				
i	Carryover from 2011 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f				
4	Distributions for 2016 from Section D,		· <del>-</del>		
_	line 7: \$				
_a	Applied to underdistributions of prior years				
b	Applied to 2016 distributable amount				
С	Remainder Subtract lines 4a and 4b from 4				
5	Remaining underdistributions for years prior to 2016, if				
	any Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI See instructions				
6	Remaining underdistributions for 2016 Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions			1	
7	Excess distributions carryover to 2017. Add lines 3j				
	and 4c				
8	Breakdown of line 7:				
а					
b	Excess from 2013				
С	Excess from 2014				
d	Excess from 2015				

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016 ARTE, INC.	54-2138181 P	age 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 iline 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional part of the part IV, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional part IV, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional part IV, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, 3a, 3a, 3a, 3a, 3a, 3a, 3a, 3a, 3a	and 2, Part IV, Section C, Section B. line 1e: Part V	<b>/</b> ,
(See instructions )		
PART II, SHORT YEAR EXPLANATION:	·	
AMOUNTS FOR 2016 COLUMN ARE FOR THE SHORT PERIOD OF 1/1/17 -	6/30/17 TO	
CHANGE THE ORGANIZATION'S YEAR-END TO 6/30/17.		
	· · · · · · · · · · · · · · · · · · ·	
	_	
	<del></del>	

## **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.urs.gov/form990.

16

**Employer identification number** 

Name of the organization

Open to Public Inspection

	ARTE, INC.		54-2138181
Pa	art I Organizations Maintaining Donor Advised Funds or Othe	r Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
	(a) Donor ad	vised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	<del></del>	
	• • • • • • • • • • • • • • • • • • • •	a bald in dance advised 6	undo
5	Did the organization inform all donors and donor advisors in writing that the asset		
_	are the organization's property, subject to the organization's exclusive legal control		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that	-	-
	for charitable purposes and not for the benefit of the donor or donor advisor, or for	r any other purpose cont	· — —
<u> </u>	impermissible private benefit?		Yes No
	art II Conservation Easements. Complete if the organization answered		IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that app	**	
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historical	ally important land area
	Protection of natural habitat	Preservation of a certified	I historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation cor	tribution in the form of a	conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic structure included in (a)		2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and no	t on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished,	or terminated by the org	anization during the tax
-	year▶		<b>.</b>
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, ins	pection, handling of	
·	violations, and enforcement of the conservation easements it holds?	peditori, riaridirig di	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations		<del></del> · · · <del></del>
٠	Can are volunteer near develop to morning, inspecting, realising or violations	s, and officing conserve	ation casements daring the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and	d anforcing appearintion	accoments during the year
•	\$	d emorcing conservation	easements during the year
_		f 170/-\/4\	(D)(1)
8	Does each conservation easement reported on line 2(d) above satisfy the requirement to achieve 170(h)(4)(D)(3)	nents of section 170(n)(4)	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easements in its r		
	include, if applicable, the text of the footnote to the organization's financial staten	nents that describes the o	organization's accounting for
Б.	conservation easements	Traceures or Other	Cimilar Assats
Pa	ort III Organizations Maintaining Collections of Art, Historical	reasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	<del></del>	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report		<i>'</i>
	historical treasures, or other similar assets held for public exhibition, education, o	r research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.		
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in r	ts revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research	in furtherance of public s	service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>\$</b>
2		ar assets for financial dai	
_	the following amounts required to be reported under SFAS 116 (ASC 958) relating	•	-
,	a Revenue included on Form 990, Part VIII, line 1	,	<b>▶</b> \$
ه د	Assets included in Form 990, Part X		\$

_		NC.					2138181	Page 2
Pai	t III   Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Ot	her Si	milar Ass	ets <sub>(continu</sub>	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are	a sıgnıfi	cant use of r	ts collection it	ems
	(check all that apply).							
а	Public exhibition	d	Loan or ex	change programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further	the organization's e	xempt	ourpose in F	art XIII.	
5	During the year, did the organization solicit o			-				
•	to be sold to raise funds rather than to be ma						Yes	☐ No
Par					on For	m 990 Part		1110
	reported an amount on Form 990, Pai		oto ii tilo organizati	on answered Tes	011101	iii 550, i ait	14, 1110 5, 01	
12	Is the organization an agent, trustee, custodi	·	iani for contribution	ne or other assets r	ot incli	ıdad		
Id		an or other intermed	nary for contribution	iis or other assets r	iot iricit	ided	□ vaa	□ Na
	on Form 990, Part X?					•	Yes	∟ No
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:		ſ	<del></del>		
							Amount	
С	Beginning balance .		•	•		1c		
d	Additions during the year					1d		
е	Distributions during the year				ļ	1e		
f	Ending balance				. (	1f		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or o	custodial account li	ability?		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.							
Pa	t V Endowment Funds. Complete	f the organization an	swered "Yes" on F	orm 990, Part IV, III	ne 10			
		(a) Current year	(b) Prior year	(c) Two years bac	k (d)	Three years b	ack (e) Four y	ears back
1a	Beginning of year balance							
b	Contributions							
	Net investment earnings, gains, and losses							
	Grants or scholarships							
	Other expenditures for facilities							
•	·							
	and programs							
T	Administrative expenses			+	+		-	
9	End of year balance		<u> </u>				L	
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (	a)) neid as.				
a	Board designated or quasi-endowment		%					
	Permanent endowment	%						
C	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	•						
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	and administered fo	or the o	ganization	_	
	by <sup>.</sup>						·	Yes No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	itions listed as requir	red on Schedule R'	?			3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.				_	
Pai	t VI Land, Buildings, and Equipm	ent.						
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a.	See Form 990, Par	t X, line	10		
	Description of property	(a) Cost or o				mulated	(d) Book	value
		basis (investr	' '	s (other)	depred		(2, 200	
10	Land		, , , , ,	· /	1. *.			
	Buildings	-						-
C	Leasehold improvements	-	+	-		·		
d	Equipment			7 166		C 100		070
_	Other		<u>_</u>	7,166.		6,188.	-	978.
<u>Tota</u>	I. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. column (B), line	10c.)				978.

Description of security or category (including name of security)	(b) Book value	(c) Method of		id-of-year market value
Financial derivatives		<del></del>		
Closely-held equity interests				
Other			<del></del>	
A)			<del></del>	
		<del></del>	···	
B)	<del></del>		<del></del>	
O)				
D)				
<u> </u>		<del></del>		<del></del>
<u>F)</u>	<del></del> _	<del></del>		<del></del>
<u>G)</u>				
(H)		<del></del>		
I. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
art VIII Investments - Program Related.				
Complete if the organization answered "Yes" o				
(a) Description of investment	(b) Book value	(c) Method of	valuation. Cost or en	id-of-year market value
(1)				
2)				
3)				
4)				<del></del>
5)				
				<del></del>
(6)		-		
(7)				
(8)		<del></del>		<del></del>
(9)	<del></del>			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
art IX Other Assets.				
Complete if the organization areward "Vec" of	n Form 990 Part IV	line 11d See Form 990	Dart V Jino 15	
Complete if the organization answered "Yes" o		line 11d See Form 990	), Part X, line 15.	(b) Book value
(a) C	n Form 990, Part IV, Description	line 11d See Form 990	), Part X, line 15.	(b) Book value
(a) D		line 11d See Form 990	), Part X, line 15.	(b) Book value
(a) [ (1) (2)		line 11d See Form 990	), Part X, line 15.	(b) Book value
(a) [ (1) (2) (3)		line 11d See Form 990	), Part X, line 15.	(b) Book value
(a) D (1) (2) (3)		line 11d See Form 990	), Part X, line 15.	(b) Book value
(a) C (1) (2) (3) (4)		line 11d See Form 990	), Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4)		line 11d See Form 990	), Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5)		line 11d See Form 990	), Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6)		line 11d See Form 990	), Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7)		line 11d See Form 990	), Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8)	Description	line 11d See Form 990	), Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line	Description	line 11d See Form 990	), Part X, line 15.	(b) Book value
(a) 0 (1) (2) (3) (4) (5) (6) (7) (8) (9) (a) (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities.	Description			
(a) 0 (1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" o	Description	line 11e or 11f. See Fo		
(a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability	Description			
(a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	Description	line 11e or 11f. See Fo		
(a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of an Description of liability  (1) Federal income taxes  (2)	Description	line 11e or 11f. See Fo		
(a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Ial. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" organization of liability  (1) Federal income taxes  (2)  (3)	Description	line 11e or 11f. See Fo		
(a) E  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of a Description of liability  (1) Federal income taxes  (2)  (3)	Description	line 11e or 11f. See Fo		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description	line 11e or 11f. See Fo		
(a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of an Description of liability  (1) Federal income taxes  (2)	Description	line 11e or 11f. See Fo		
(a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description	line 11e or 11f. See Fo		
(a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	line 11e or 11f. See Fo		
(a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Description	line 11e or 11f. See Fo		
(a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990. Part X. col. (B) line (art X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	15.) n Form 990, Part IV,	line 11e or 11f. See Fo		

Sche	dule D (Form 990) 2016 ARTE, INC.		54-2138181 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statement	s With Revenue per R	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	<b>_</b>
þ	Donated services and use of facilities	2b	<u> </u>
С	Recoveries of prior year grants	2c	<b>_</b>
d	Other (Describe in Part XIII.)	2d	<u> </u>
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u> </u>
þ	Other (Describe in Part XIII.)	4b	4
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	A Mish Francisco	<u> </u>
Pa	T XII Reconciliation of Expenses per Audited Financial Statemen	its with Expenses per	Heturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 . 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	-
С	Other losses	2c	
d	Other (Describe in Part XIII )	2d	<del></del>
е	Add lines 2a through 2d	•	2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-
b	Other (Describe in Part XIII )	4b	<del></del>
С	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<del>:</del>	5
	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV	/ Irac 1h and Ohi Dort V Irac	4. Port V. Inn 2. Port VI
	•		4, Part A, IIIIe 2, Part AI,
iines	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any addition	onai miormation.	
	•		
_		<del></del>	
	<del></del>	<del>.</del>	
	<del></del>		

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Attach to Form 990 or 990-EZ.

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

16 Open to Public Inspection

OMB No 1545-0047

Name of the organization

ARTE, INC. **Employer identification number** 54-2138181

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CULTURAL EVENTS, EXHIBITS & ACTIVITIES.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
LATINO CULTURE. ARTE ALSO AWARDED SCHOLARSHIPS FOR ITS TWELFTH YEAR.
FORM 990, PART VI, SECTION A, LINE 2:
DANIEL DIAZ, THE CHAIRPERSON, IS MARRIED TO DAVID GRECO, THE EXECUTIVE
DIRECTOR. AIDA CASANOVA, THE VICE CHAIRPERSON, IS MARRIED TO LUIZ CASANOVA,
A BOARD MEMBER. MYRNA ROSA, THE SECRETARY, IS THE SISTER OF MARIA ROSA, THE
PROGRAM DIRECTOR.
FORM 990, PART VI, SECTION A, LINE 8B:
THERE ARE NO COMMITTEES OTHER THAN THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD OF DIRECTORS HAS NOT YET ADOPTED A POLICY FOR REVIEW OF THE FORM
990.
FORM 990, PART VI, SECTION B, LINE 12C:
DISCUSSED ANNUALLY AT BOARD MEETING.
FORM 990, PART VI, SECTION C, LINE 19:
UPON REQUEST.

Name of the organization  ARTE, INC.	Employer identification number 54-2138181
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	50,402.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	50,402.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	50,402.

Schedule O (Form 990 or 990-EZ) (2016)

632212 08-25-16