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**Short Form
Return of Organization Exempt From Income Tax**

2013

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 07-01, 2013, and ending 06-30, 2014

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization COLAB ARTS, INC.		D Employer identification number 27-2611798
Number and street (or PO box, if mail is not delivered to street address) Room/suite		E Telephone number
PO BOX 887		(551) 486-3253
City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption Number ▶
NEW BRUNSWICK, NJ 08903		

G Accounting Method Cash Accrual Other (specify) ▶

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

I Website: ▶ WWW.COLAB-ARTS.ORG

J Tax-exempt status (check only one) - 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

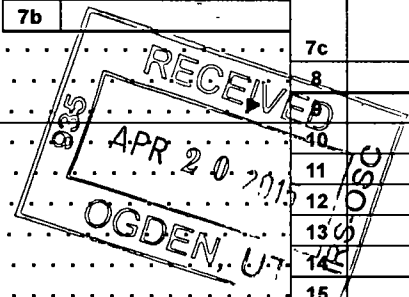
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 52,996

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

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	45,888
	2 Program service revenue including government fees and contracts	2	6,839
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8	269	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	52,996	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	27,276
	13 Professional fees and other payments to independent contractors	13	6,060
	14 Occupancy, rent, utilities, and maintenance	14	2,143
	15 Printing, publications, postage, and shipping	15	214
	16 Other expenses (describe in Schedule O)	16	12,692
	17 Total expenses. Add lines 10 through 16	17	48,385
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,611
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	5,047
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	9,658



For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

SCANNED MAY 13 2015

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No
46 X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶


51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

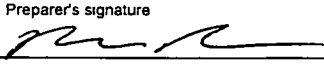
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
 Signature of officer: DAN SWERN  Date: 4/11/15
 Type or print name and title: DAN SWERN, PRODUCING DIRECTOR

Paid Preparer Use Only
 Print/Type preparer's name: BRIAN REDIN CPA Preparer's signature:  Date: 03-16-2015 Check if self-employed PTIN: P01287093
 Firm's name: BRIAN REDIN CPA Firm's EIN:
 Firm's address: 1 ORCHARD BEACH RD UNIT B
PORT WASHINGTON NY 11050 Phone no: 201-805-9169

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE A
(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.

OMB No 1545-0047

2013

Department of the Treasury
Internal Revenue Service

▶ **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.

Open to Public Inspection

Name of the organization COLAB ARTS, INC.	Employer identification number 27-2611798
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

EEA

Part II 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.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Rows include: 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 %; 15 Public support percentage from 2012 Schedule A, Part II, line 14 15 %; 16a 33 1/3% support test - 2013; b 33 1/3% support test - 2012; 17a 10%-facts-and-circumstances test - 2013; b 10%-facts-and-circumstances test - 2012; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	5,121	14,411	19,127	17,969	45,888	102,516
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		3,001	6,211	3,077	1,944	14,233
3 Gross receipts from activities that are not an unrelated trade or bus under sec 513					5,164	5,164
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	5,121	17,412	25,338	21,046	52,996	121,913
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	5,121	6,452	5,755	8,352	4,200	29,880
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				750		750
c Add lines 7a and 7b	5,121	6,452	5,755	9,102	4,200	30,630
8 Public support. (Subtract line 7c from line 6)						91,283

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	5,121	17,412	25,338	21,046	52,996	121,913
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)		405	99			504
13 Total support. (Add lines 9, 10c, 11, and 12)	5,121	17,817	25,437	21,046	52,996	122,417

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.gov/form990.

Name of the organization
COLAB ARTS, INC.

Employer identification number
27-2611798

01. General explanation attachment

PART III - WHAT IS THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE:

**COLAB ARTS IS A NON-PROFIT ARTS ORGANIZATION WHO'S MISSION IS TO CULTIVATE A HIP, MINDFUL,
AND INCLUSIVE HUB CITY COMMUNITY OF ARTISTS, AUDIENCES, AND CRITICS EMPOWERED TO CREATE
INSPIRED AND INSPIRING ART. WE SUPPORT A VARIETY OF ARTISITC ENDEAVORS, INCLUDING
THEATER, DANCE, FILM, VISUAL ART, WRITING.**

**WE ARE A MULTI-DISCIPLINARY ORGANIZATION THAT CREATES OPPORTUNITIES FOR ARTISTS TO PERFORM
AND EXHIBIT THEIR WORK. COLAB ARTS DEVELOPS STRATEGIES TO PROMOTE THE IMPORTANCE OF THE
ARTS THROUGH FAVORABLE PROGRAMS THAT ENCOURAGE CREATIVITY AND INDIVIDUALITY WITH THE LOCAL
COMMUNITY.**

02. Description of other revenue (Part I, line 8)

Description	Amount
OTHER INCOME	269

03. Description of other expenses (Part I, line 16)

Description	Amount
TRAVEL	1,331
FOOD & BEVERAGE	223
PROGRAM SUPPLIES	915
MARKETING	151
PAYROLL TAXES	3,093

Name of the organization COLAB ARTS, INC.	Employer identification number 27-2611798
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INSURANCE	3,286
MEALS	339
SET DESIGN & PROPS	1,314
PROGRAM FEES	17
OFFICE SUPPLIES	152
FEES & TAXES	230
MARKETING	936
FUNDRAISING	185
MISCELLANEOUS	520

04. Description of other assets (Part II, line 24)

Category	Beginning of Year	End of Year
INVENTORY	87	42
DEPOSITS	0	200
PREPAID INSURANCE	456	721
ACCOUNTS RECEIVABLE	2,880	3,424

05. Description of total liabilities (Part II, line 26)

Category	Beginning of Year	End of Year
ACCOUNTS PAYABLE	1,687	1,687

06. Other program services (Part III, line 31)

CONTINUED FROM PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS:

ARTS EDUCATION (CONTINUED) - WE'VE ALSO EXPANDED OUR PROGRAM OFFERINGS INTO THE SUMMER AND
HAVE PARTNERED WITH LOCAL INSTITUTIONS TO PROVIDE GREATER STUDENT OPPORTUNITIES. OUR
FOUNDATION SUPPORT HAS ALSO DOUBLED.

Name of the organization

Employer identification number

COLAB ARTS, INC.

27-2611798

COMMUNITY PROGRAMS (CONTINUED) - WE'VE BEEN CONTRACTED TO PROVIDE PROGRAMMING IN THE AREAS OF THEATER, DANCE, AND MUSIC PERFORMANCE. WE'VE ALSO CREATED A UNIQUE PARTNERSHIP WITH THE LOCAL PARKING AUTHORITY TO CREATE PUBLIC ART AROUND THE CITY.

ART RESIDENCIES (CONTINUED) - WE CREATED A BEST PRACTICES MODEL FOR DEPLOYMENT OF THIS PROGRAM THAT WE CAN USE TOWARDS OTHER FORMS OF ARTISTIC PERFORMANCE AND ART MAKING.

Overflow Statement

Name(s) as shown on return

COLAB ARTS, INC.

FEIN

27-2611798

91

Description	Amount
GRANTS	\$ 1,000
DOOR CONTRIBUTIONS	2,493
INDIVIDUAL CONTRIBUTIONS	7,016
BOARD CONTRIBUTIONS	5,755
CORPORATE CONTRIBUTIONS	920
AUCTION	1,943
Total:	\$ 19,127

Description	Amount
BOARD CONTRIBUTIONS	\$ 3,190
INDIVIDUAL CONTRIBUTIONS	6,279
FOUNCIATION CONTRIBUTIONS	8,500
Total:	\$ 17,969

Description	Amount
MEMBERSHIP DUES	\$ 4,200
GRANTS	16,130
INDIVIDUAL CONTRIBUTIONS	7,817
CORPORATE CONTRIBUTIONS	500
FOUNDATION CONTRIBUTIONS	17,241
Total:	\$ 45,888

Description	Amount
TICKET SALES	\$ 5,644
CONCESSIONS	567
Total:	\$ 6,211

Description	Amount
TICKET SALES	\$ 3,077
Total:	\$ 3,077

990

Overflow Statement

2013
Page 2

Name(s) as shown on return

COLAB ARTS, INC.

FEIN

27-2611798

Description	Amount
TICKETS	\$ 1,675
CONCESSIONS	269
Total:	\$ 1,944

Description	Amount
CLASS/EDUCATION REVENUE	\$ 2,214
PRODUCTION REVENUE	2,950
Total:	\$ 5,164

7

Description	Amount
BOARD CONTRIBUTIONS	\$ 5,755
Total:	\$ 5,755

Description	Amount
BOARD CONTRIBUTIONS	\$ 3,190
DEBT FORGIVENESS	5,162
Total:	\$ 8,352

Description	Amount
BOARD CONTRIBUTIONS	\$ 4,200
Total:	\$ 4,200

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions. COLAB ARTS, INC.	Employer identification number (EIN) or 27-2611798
	Number, street, and room or suite no. If a PO box, see instructions. PO BOX 887	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW BRUNSWICK, NJ 08903	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **DAN SWERN, PO BOX 887, NEW BRUNSWICK, NJ 08903**
 Telephone No **551-486-3253** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until 05-15, 2015
- For calendar year _____, or other tax year beginning 07-01, 2013 and ending 06-30, 2014.
- If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return
 Change in accounting period
- State in detail why you need the extension _____

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Title Date