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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2008</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009		B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization NEW JERSEY PERFORMING ARTS CENTER CORPORATION Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite ONE CENTER STREET City or town, state or country, and ZIP + 4 NEWARK, NJ 071024501		D Employer identification number 22-2889703 E Telephone number (973) 642-8989 G Gross receipts \$ 58,623,239	
F Name and address of Principal Officer LAWRENCE P GOLDMAN ONE CENTER STREET NEWARK, NJ 071024501		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions) H(c) Group Exemption Number					
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) <input type="checkbox"/> (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Web site: WWW NJPAC ORG					
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other		L Year of Formation 1988		M State of legal domicile NJ			

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities SEE STATEMENT 1		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	52
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	47
	5	Total number of employees (Part V, line 2a)	5	570
	6	Total number of volunteers (estimate if necessary)	6	400
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	227,234
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	17,560,840	27,176,452
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,812,691	10,424,564
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,314,689	104,971
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,235,142	1,154,957
			35,923,362	38,860,944
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	78,872	99,394
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	11,423,543	11,735,052
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	205,490	197,433
	b	(Total fundraising expenses, Part IX, column (D), line 25 <u>2,547,480</u>)		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	20,447,900	18,826,768
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	32,155,805	30,858,647
	19	Revenue less expenses Subtract line 18 from line 12	3,767,557	8,002,297
Net Assets or Fund Balances			Beginning of Year	End of Year
	20	Total assets (Part X, line 16)	222,702,743	214,590,650
	21	Total liabilities (Part X, line 26)	15,902,473	13,601,289
	22	Net assets or fund balances Subtract line 21 from line 20	206,800,270	200,989,361

Part II Signature Block

Please Sign Here	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				
	*****		2010-05-17		
	Signature of officer		Date		
	warren tranquada vice president and cfo Type or print name and title				
Paid Preparer's Use Only	Preparer's signature  lawrence litt		Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's PTIN (See Gen Inst)
	Firm's name (or yours if self-employed), address, and ZIP + 4  KPMG LLP 345 Park Avenue New York, NY 101540102			EIN 	
				Phone no  (212) 758-9700	

May the IRS discuss this return with the preparer shown above? (See instructions) ☒ Yes ☐ No

Part IIIS

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission

See Additional Data Table

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

☒

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

☒

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 \$ 10,886,797 including grants of \$) (Revenue \$ 9,480,056)

PERFORMANCES AND PERFORMANCE RELATED PROGRAMS PRESENTED APPROXIMATELY 344 PERFORMANCES AND OTHER EVENTS WITH OVER 450,000 PATRONS IN ATTENDANCE PROGRAMS INCLUDED ORCHESTRA, RECITAL, MUSICAL THEATER, DANCE, POP, FAMILY, JAZZ AND OTHER DISCIPLINES, PERFORMED BY LOCAL, NATIONAL AND INTERNATIONAL ARTISTS

4b

(Code) (Expenses \$ 3,423,796 including grants of \$ 99,394) (Revenue \$ 944,508)

ARTS EDUCATION PROGRAMS CONDUCTED ARTS EDUCATION ACTIVITIES THAT CATER TO THE FULL SPECTRUM OF SCHOOLS' NEEDS AND CHILDRENS' ABILITIES, INCLUDING IN-SCHOOL INSTRUCTION THROUGH THE ARTIST-IN RESIDENCY PROGRAMS, CONSERVATORY-STYLE ARTS TRAINING INITIATIVES FOR TALENTED STUDENTS, PROFESSIONAL DEVELOPMENT FOR EDUCATORS AND LIVE PERFORMANCES THROUGH THE SCHOOLTIME AND FAMILYTIME SERIES PRESENTED APPROXIMATELY 104 SCHOOLTIME AND FAMILYTIME PERFORMANCES, INCLUDING A WIDE VARIETY OF ARTISTS IN MUSIC, DANCE AND THEATER IN ADDITION, SUPPLEMENTAL WORKSHOPS, LECTURES, CURRICULUM MATERIALS AND COMMUNITY EVENTS WERE HELD MORE THAN 35,000 CHILDREN, PARENTS AND EDUCATORS WERE SERVED BY NJPAC'S ARTS EDUCATION PROGRAMS

4c

(Code) (Expenses \$ 7,611,766 including grants of \$) (Revenue \$)

THEATER OPERATIONS PROVIDED SERVICES FOR THE MANAGEMENT, OPERATION AND MAINTENANCE OF THE ARTS CENTER, PARKING FACILITIES AND THEATER SQUARE PLAZA FOR THE PUBLIC'S USE AND ENJOYMENT

4d

Other program services (Describe in Schedule O)

(Expenses \$ 2,347,499 including grants of \$) (Revenue \$)




















4e

Total program service expenses \$ 24,269,858












Must equal Part IX, Line 25, column (B).

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	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any accounts where 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	No
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	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	Yes
9	Did the organization report an amount in Part X, line 21, 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	No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	11	Yes
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the U S?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 	17	Yes
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	Yes
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21	No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	22	Yes
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 	23	Yes
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 questions 24b–24d and complete Schedule K. If "No," go to question 25	24a	No
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	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 	25a	No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 	25b	No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 	27	No

Part IV Checklist of Required Schedules *(Continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> 		No
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> 		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> 	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> 		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> 		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> 	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a304		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a570		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
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	Yes	
b	If "Yes," enter the name of the foreign country <u>NT</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	<i>Section 501(c)(7) organizations.</i> Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	<i>Section 501(c)(12) organizations.</i> Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1a

Enter the number of voting members of the governing body

1a

52

1b

Enter the number of voting members that are independent

1b

47

2

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

2

Yes

3

Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

3

No

4

Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?

4

No

5

Did the organization become aware during the year of a material diversion of the organization's assets?

5

No

6

Does the organization have members or stockholders?

6

No

7a

Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

7a

No

7b

Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

7b

No

8

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

8a

the governing body?

8a

Yes

8b

each committee with authority to act on behalf of the governing body?

8b

Yes

9a

Does the organization have local chapters, branches, or affiliates?

9a

No

9b

If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?

9b

10

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990

10

Yes

11

Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

11

No

Section B. Policies

12a

Does the organization have a written conflict of interest policy? If "No", go to line 13

12a

Yes

12b

Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

12b

Yes

12c

Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

12c

Yes

13

Does the organization have a written whistleblower policy?

13

Yes

14

Does the organization have a written document retention and destruction policy?

14

Yes

15

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision

15a

The organization's CEO, Executive Director, or top management official?

15a

Yes

15b

Other officers or key employees of the organization?

15b

Yes

Describe the process in Schedule O

16a

Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

16a

No

16b

If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

16b

Section C. Disclosure

17

List the States with which a copy of this Form 990 is required to be filed

FL , NJ , NY

18

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ own website ☒ another's website ☒ upon request

19

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.

20

State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
RENE C TOVERA CONTROLLER
ONE CENTER STREET
NEWARK, NJ 07102
(973) 297-5814

Form 990 (2008)

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

[illegible]

Part VII

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								3,198,385	0	358,745

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **16**

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ELIRAN MURPHY GRP LTD 1040 AVE OF THE AMERICAS NEW YORK, NY 10036	ADVERTISING AGENCY	855,854
ABM JANITORIAL SERVICES PO BOX 19459A NEWARK, NJ 07195	JANITORIAL SERVICES	492,646
SUNRISE TOURING LLC 145 W 45TH ST NEW YORK, NY 10036	ARTISTS/PERFORMERS	461,485
GATEWAY SECURITY INC 604-68 MARKET ST NEWARK, NJ 07105	SECURITY SERVICES	425,544
MAGIC ARTS ENTERTAINMENT 10145 PHILLIP PWAY STREETSBORO, OH 44241	ARTISTS/PERFORMER	360,773

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

Part VIII

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues					
		1b					
	c	Fundraising events	1,752,754				
		1c					
	d	Related organizations	58,007				
		1d					
	e	Government grants (contributions)	1,366,809				
		1e					
f	All other contributions, gifts, grants, and similar amounts not included above			23,998,882			
	1f						
g	Noncash contributions included in lines 1a-1f \$ 11,608,654						
h	Total (Add lines 1a-1f)			27,176,452			
Program Service Revenue	2a	PERFORMANCE RELATED	Business Code 711,110	9,480,056	9,480,056		
	b	ARTS EDUCATION REVENUE	711,110	944,508	944,508		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
		P \$ 10,424,564					
	Other Revenue	3	Investment income (including dividends, interest other similar amounts)		1,089,693		
4		Income from investment of tax-exempt bond proceeds		0			
5		Royalties		0			
6a		Gross Rents	(i) Real 2,626,562	(ii) Personal			
b		Less rental expenses	2,210,755				
c		Rental income or (loss)	415,807				
d		Net rental income or (loss)		415,807	415,807		
7a		Gross amount from sales of assets other than inventory	(i) Securities 15,699,903	(ii) Other			
b		Less cost or other basis and sales expenses	16,684,625				
c		Gain or (loss)	-984,722				
d		Net gain or (loss)		-984,722			-984,722
8a		Gross income from fundraising events (not including \$ 301,840 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000	a 1,752,574				
b		Less direct expenses	b 866,200				
c		Net income or (loss) from fundraising events		-564,360	-564,360		
9a		Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000	a 9,185				
b		Less direct expenses	b 715				
c		Net income or (loss) from gaming activities		8,470	8,470		
10a		Gross sales of inventory, less returns and allowances	a				
b		Less cost of goods sold	b				
c		Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
11a	ADVERTISING FEES	541,800	227,234		227,234		
b	PARKING SERVICES	900,099	704,402			704,402	
c	FOOD SERVICES	900,099	228,151			228,151	
d	All other revenue		135,253	60,603		74,650	
e	Total. Add lines 11a-11d						
	\$ 1,295,040						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			38,860,944	10,345,084	227,234	1,112,174

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 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 governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	99,394	99,394		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,854,257	958,034	1,395,420	500,803
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	6,835,447	5,300,060		874,557
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	174,966	116,246	34,450	24,270
9	Other employee benefits	1,047,756	872,490	51,266	124,000
10	Payroll taxes	822,626	637,847	79,529	105,250
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	64,012		64,012	
c	Accounting	90,705		90,705	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	197,433			197,433
f	Investment management fees	0			
g	Other	714,818	515,997	146,503	52,318
12	Advertising and promotion	2,734,137	2,497,035	17,340	219,762
13	Office expenses	547,558	316,023	155,399	76,136
14	Information technology	0			
15	Royalties	0			
16	Occupancy	2,178,486	2,085,719	70,681	22,086
17	Travel	171,825	125,901	22,097	23,827
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	343,228	216,586	61,066	65,576
20	Interest	148,660	49,417	98,427	816
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,045,813	3,831,848	119,292	94,673
23	Insurance	458,565	458,565		
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	ARTIST AND PERFORMER FEES	4,838,222	4,836,472	1,150	600
b	TELECOMMUNICATIONS	199,526	38,347	160,048	1,131
c	PRODUCTION EXPENSES	339,283	326,090	12,847	346
d	PARKING OPERATIONS	671,921	671,921		
e	REAL ESTATE PRE-DEVELOPMENT EX	678,929		678,929	
f	All other expenses	601,080	315,866	121,318	163,896
25	Total functional expenses. Add lines 1 through 24f	30,858,647	24,269,858	4,041,309	2,547,480
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	3,433,905	2	6,126,234
	3 Pledges and grants receivable, net	19,033,161	3	19,424,944
	4 Accounts receivable, net	1,408,150	4	1,328,106
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,095,842	9	926,449
	10a Land, buildings, and equipment cost basis			
		10a 183,488,515		
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>			
		10b 45,828,794	140,439,511	10c 137,659,721
	11 Investments—publicly traded securities	52,533,953	11	43,169,250
	12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	4,758,221	12	5,955,946
	13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13	
14 Intangible assets		14		
15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	222,702,743	16	214,590,650	
Liabilities	17 Accounts payable and accrued expenses	4,034,084	17	3,881,895
	18 Grants payable		18	
	19 Deferred revenue	3,331,943	19	2,961,562
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23 Secured mortgages and notes payable to unrelated third parties	7,166,219	23	6,372,317
	24 Unsecured notes and loans payable		24	
	25 Other liabilities <i>Complete Part X of Schedule D</i>	1,370,227	25	385,515
	26 Total liabilities. Add lines 17 through 25	15,902,473	26	13,601,289
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	137,205,906	27	125,164,464
	28 Temporarily restricted net assets	14,800,497	28	14,190,580
	29 Permanently restricted net assets	54,793,867	29	61,634,317
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	206,800,270	33	200,989,361
	34 Total liabilities and net assets/fund balances	222,702,743	34	214,590,650

Part XI **Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b	No
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization NEW JERSEY PERFORMING ARTS CENTER CORPORATION	Employer identification number 22-2889703
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	<input checked="" type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	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	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	<input type="checkbox"/>	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 <div><div>a <input type="checkbox"/> Type I</div><div>b <input type="checkbox"/> Type II</div><div>c <input type="checkbox"/> Type III - Functionally Integrated</div><div>d <input type="checkbox"/> Type III - Other</div></div>
e	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <div><div>(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 the supported organization?</div><div>(ii) a family member of a person described in (i) above?</div><div>(iii) a 35% controlled entity of a person described in (i) or (ii) above?</div></div>
h	<input type="checkbox"/>	Provide the following information about the organizations the organization supports

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

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the 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 U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	13,083,865	10,014,656	20,172,682	17,560,840	27,176,452	88,008,495
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3	13,083,865	10,014,656	20,172,682	17,560,840	27,176,452	88,008,495
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						17,513,917
6 Public Support subtract line 5 from line 4						70,494,578

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	13,083,865	697,152	20,172,682	17,560,840	27,176,452	88,008,495
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	494,615	697,152	961,814	847,236	1,505,500	4,506,317
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,825,955	2,456,686	1,437,906	6,702,595	1,303,510	13,726,652
11 Total Support (Add lines 7 through 10)						106,241,464
12 Gross receipts from related activities, etc (See instructions)					12	54,911,439
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	66.353 %
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	77.26 %
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16	Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a	33 1/3% Tests - 2008. 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% Tests - 2007. 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		

Part IV

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test			
NET INCOME FROM GAMING ACTIVITIES	8,470	ADVERTISING FEES	227,234
SERVICES	704,402	FOOD SERVICES	228,151
INCOME \$1,303,510		MISCELLANEOUS	135,253
		TOTAL OTHER	

Additional Data

Software ID:

Software Version:

EIN: 22-2889703

Name: NEW JERSEY PERFORMING ARTS CENTER CORPORATION

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Lawrence P Goldman , President & CEO	50 0	X		X				680,687	0	75,383
MICHAEL GRIFFINGER , BOARD MEMBER	1 0	X						0	0	0
N LYNNE HUGHES ESQ , BOARD MEMBER	1 0	X						0	0	0
JUDITH JAMISON , BOARD MEMBER	1 0	X						0	0	0
THOMAS H KEAN , BOARD MEMBER	1 0	X						0	0	0
RALPH A LAROSSA , BOARD MEMBER	1 0	X						0	0	0
LEONARD LIEBERMAN , TREASURER	1 0	X		X				0	0	0
ANN M LIMBERG , BOARD MEMBER	1 0	X						0	0	0
A MICHAEL LIPPER , BOARD MEMBER	1 0	X						0	0	0
WILLIAM J MARINO , VICE CHAIRMAN	1 0	X		X				0	0	0
MARC H MORIAL , BOARD MEMBER	1 0	X						0	0	0
THOMAS M O FLYNN , BOARD MEMBER	1 0	X						0	0	0
VICTOR PARSONNET MD , BOARD MEMBER	1 0	X						0	0	0
DONALD A ROBINSON ESQ , BOARD MEMBER	1 0	X						0	0	0
ARTHUR F RYAN , CHAIRMAN	1 0	X		X				0	0	0
DEBORAH SAGNER , BOARD MEMBER	1 0	X						0	0	0
J CHRIS SCALET , BOARD MEMBER	1 0	X						0	0	0
CLIFFORD M SOBEL , BOARD MEMBER	1 0	X						0	0	0
SUSAN N SOBBOTT , BOARD MEMBER	1 0	X						0	0	0
DAVID S STONE ESQ , BOARD MEMBER	1 0	X						0	0	0
MORRIS TANENBAUM , BOARD MEMBER	1 0	X						0	0	0
DIANA VAGELOS , BOARD MEMBER	1 0	X						0	0	0
RICHARD H BAGGER , BOARD MEMBER	1 0	X						0	0	0
LAWRENCE E BATHGATE II ESQ , BOARD MEMBER	1 0	X						0	0	0
BRIAN BEDOL , BOARD MEMBER	1 0	X						0	0	0
ANDREW BERRY DECEASED , ASSISTANT SECRETARY	1 0	X		X				0	0	0
MARC BERSON , ASSISTANT TREASURER	1 0	X		X				0	0	0
ROBERT BERTOLINI , BOARD MEMBER	1 0	X						0	0	0
ALLEN I BILDNER , BOARD MEMBER	1 0	X						0	0	0
DENNIS BONE , BOARD MEMBER	1 0	X						0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RAYMOND G CHAMBERS , BOARD MEMBER	1 0	X						0	0	0
PERCY CHUBB III , BOARD MEMBER	1 0	X						0	0	0
BARBARA BELL COLEMAN , BOARD MEMBER	1 0	X						0	0	0
LEON G COOPERMAN , BOARD MEMBER	1 0	X						0	0	0
FRED CORRADO , BOARD MEMBER	1 0	X						0	0	0
CHARLES D CRAIG JR ESQ , BOARD MEMBER	1 0	X						0	0	0
CLIVE S CUMMIS ESQ DECEASED , SECRETARY	1 0	X		X				0	0	0
HAROLD REED DENTON , BOARD MEMBER	1 0	X						0	0	0
PAT A DIFILIPPO , BOARD MEMBER	1 0	X						0	0	0
BRENDAN P DOUGHER , BOARD MEMBER	1 0	X						0	0	0
LUCIA D GIBBONS , BOARD MEMBER	1 0	X						0	0	0
SAVION GLOVER , BOARD MEMBER	1 0	X						0	0	0
VERONICA GOLDBERG , BOARD MEMBER	1 0	X						0	0	0
ROBERT C WAGGONER , BOARD MEMBER	1 0	X						0	0	0
JOSH S WESTON , BOARD MEMBER	1 0	X						0	0	0
JOHN J PETILLO , BOARD MEMBER	1 0	X						0	0	0
GORDON SMITH , BOARD MEMBER	1 0	X						0	0	0
CORY A BOOKER EX OFFICIO , BOARD MEMBER	1 0	X						0	0	0
JON S CORZINE EX OFFICIO , BOARD MEMBER	1 0	X						0	0	0
MILDRED CRUMP EX OFFICIO , BOARD MEMBER	1 0	X						0	0	0
JOSEPH N DIVINCENZO EX OFFICIO , BOARD MEMBER	1 0	X						0	0	0
CAROL HERBERT EX OFFICIO , BOARD MEMBER	1 0	X						0	0	0
GABRIELLA MORRIS EX OFFICIO , BOARD MEMBER	1 0	X						0	0	0
N DAVID ROUSSEAU EX OFFICIO , BOARD MEMBER	1 0	X						0	0	0
NINA MITCHELL WELLS EX OFFICIO , BOARD MEMBER	1 0	X						0	0	0
BARBARA ARBESFEID , EXEC VICE PRESIDENT & COO	50 0			X				248,401	0	23,668
M JOHN RICHARD , EXEC VICE PRESIDENT & COO	50 0			X				341,371	0	22,264
PETER HANSEN , VICE PRESIDENT	50 0			X				226,675	0	22,879
CATRINA BOISSON , VICE PRESIDENT	50 0			X				173,547	0	22,225
JEFFREY NORMAN , VICE PRESIDENT	50 0			X				145,627	0	10,491

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROSS RICHARDS , VICE PRESIDENT	50 0			X				132,065	0	12,679
SANDRA BOWIE , VICE PRESIDENT	50 0			X				67,754	0	2,052
DENISE LONDON , ASSISTANT VICE PRESIDENT	50 0			X				108,703	0	3,031
CAROLYN VAN DUSEN , ASSISTANT VICE PRESIDENT	50 0			X				127,877	0	26,952
RENATO TOVERA , ASSISTANT VICE PRESIDENT	50 0			X				109,621	0	18,030
BARAKA SELE , ASSISTANT VICE PRESIDENT	50 0			X				104,045	0	7,639
CHAD SPIES , ASSISTANT VICE PRESIDENT	50 0			X				96,257	0	18,460
SANAZ HOJREH , ASSISTANT VICE PRESIDENT	50 0			X				82,221	0	8,485
WARREN TRANQUADA , VICE PRESIDENT	50 0			X				0	0	0
ERNEST DIROCCO , CHIEF INFORMATION OFFICER	50 0					X		119,371	0	18,511
AUSTIN CLEARY , DIRECTOR OF EVENTS	50 0					X		116,851	0	9,920
JEROME HOPPE , HEAD CREW	50 0					X		111,463	0	23,006
WILLIAM WORMAN , HEAD CREW	50 0					X		104,899	0	19,477
MARIO CORRALES , CREW	50 0					X		100,950	0	13,593

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

TO PRESENT THE WORLD'S GREATEST ARTISTS IN A PREMIER CULTURAL SETTING; TO BE "NEW JERSEY'S TOWN SQUARE" THROUGH CIVIC, SOCIAL, CULTURAL AND INTELLECTUAL ENGAGEMENT AND A STAGE FOR NEW JERSEY'S BEST ARTISTS; TO ENRICH CHILDREN AND FAMILIES AND THE GREATER COMMUNITY THROUGH LIFELONG ARTS EDUCATION; TO BRING DIVERSE COMMUNITIES TOGETHER AND TO BE A MAJOR DRIVER OF NEWARK'S REVITALIZATION.

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization
NEW JERSEY PERFORMING ARTS CENTER CORPORATION

Employer identification number
22-2889703

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate Contributions to (during year)	
3	Aggregate Grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its 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 service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its 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 service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$115,710

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

For Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2008

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☒

Public exhibition

d

☐

Loan or exchange programs

b

☐

Scholarly research

e

☐

Other

c

☐

Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	62,559,026				
b Contributions	7,472,587				
c Investment earnings or losses	-13,718,203				
d Grants or scholarships					
e Other expenditures for facilities and programs	2,598,993				
f Administrative expenses					
g End of year balance	53,714,417				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 %

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

3a(i)

No

(ii)

related organizations

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings		174,007,551	39,638,044	134,369,507
c Leasehold improvements				
d Equipment		8,813,720	6,190,750	2,622,970
e Other		667,244		667,244
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				137,659,721

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other FARALLON CAPITAL INSTITUTIONAL	4,010,210	F
Other CHILTON GLOBAL NATURAL RESOURC	1,945,736	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) 		

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

(a) Description of Liability	(b) Amount
Federal Income Taxes	
ASSET RETIREMENT OBLIGATION	313,612
ESTIMATED GIFT ANNUITY LIABILITY	28,593
DEPOSITS HELD FOR OTHERS	43,310
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	385,515

Schedule D (Form 990) 2008

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	138,860,944
2	Total expenses (Form 990, Part IX, column (A), line 25)	230,858,647
3	Excess or (deficit) for the year Subtract line 2 from line 1	38,002,297
4	Net unrealized gains (losses) on investments	4-13,813,206
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9-13,813,206
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-5,810,909

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	124,939,190
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a-13,813,206	
b	Donated services and use of facilities2b254,774	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e-13,558,432	
3	Subtract line 2e from line 1338,497,622	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b363,322	
c	Add lines 4a and 4b4c363,322	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)538,860,944	

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	131,113,421
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a254,774	
b	Prior year adjustments2b	
c	Losses reported on Form 990, Part IX, line 252c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e254,774	
3	Subtract line 2e from line 1330,858,647	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)530,858,647	

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	ENDOWMENT FUND REVENUE IS USED FOR GENERAL OPERATING SUPPORT UNLESS IT IS RESTRICTED BY THE DONOR FOR A SPECIFIC PURPOSE
FIN 48	SCHEDULE D, PART X	FIN 48 WAS NOT APPLICABLE AS OF JUNE 30, 2009
SCHEDULE D, PART XII, LINE 4B		INVESTMENT AND UNREALIZED LOSSES OF THE ARTS EDUCATION ENDOWMENT FUND IN HONOR OF RAYMOND G CHAMBERS INC , INCLUDED IN CONSOLIDATED AUDITED FINANCIAL STATEMENTS - \$363,322
SCHEDULE D, PART III, LINE 4		ART COLLECTIONS CONSIST OF AFRICAN ARTS AND ARTIFACTS THE COLLECTIONS ARE DISPLAYED AT CONSPICUOUS SPACES FOR THEATER PATRONS' AND THE GENERAL PUBLIC'S ENJOYMENT FREE OF CHARGE

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
NEW JERSEY PERFORMING ARTS CENTER CORPORATION

Employer identification number
22-2889703

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒

Mail solicitations

b

☒

Email solicitations

c

☒

Phone solicitations

d

☒

In-person solicitations

e

☒

Solicitation of non-government grants

f

☒

Solicitation of government grants

g

☒

Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
THE LUKENS COMPANY	DIRECT MAIL		No	475,000	42,000	433,000
THE WAYLAND GROUP	CAMPAIGN		No	23,223,000	97,500	23,125,500
EVERGREEN PARTNERS INC	SPECIAL EVE		No	2,063,500	101,800	1,961,700
SUE-ELLEN WRIGHT	CORPORATE		No	1,000,000	57,500	942,500
Total ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.
FL,NJ,NY

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		ANNUAL GALA (event type)	(event type)	0 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	2,054,414		2,054,414
	2	Less Charitable contributions	1,752,574		1,752,574
	3	Gross revenue (line 1 minus line 2)	301,840		301,840
Direct Expenses	4	Cash Prizes			
	5	Non-cash Prizes			
	6	Rent/Facility costs			
	7	Other direct expenses	866,200		866,200
	8	Direct expense summary Add lines 4 through 7 in column (d) ▶			866,200
	9	Net income summary Combine lines 3 and 8 in column (d). ▶			-564,360

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

	Yes	No
13 Indicate the percentage of gaming activity operated in		
a The organization's facility	13a	
b An outside facility	13b	
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c If "Yes," enter name and address		
Name ►		
Address ►		
16 Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
NEW JERSEY PERFORMING ARTS CENTER CORPORATION

Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

OMB No 1545-0047

2008

Open to Public
Inspection

Employer identification number
22-2889703

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed.

☒

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

Enter total number of section 501(c)(3) and government organizations

3

Enter total number of other organizations

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
NEW JERSEY PERFORMING ARTS CENTER CORPORATION

Employer identification number
22-2889703

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a		
a	Receive a severance payment or change of control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Lawrence P Goldman	(i)	518,221	146,698	15,768	55,270	20,113	756,070	335,163
	(ii)	0	0	0	0	0	0	0
BARBARA ARBESFEID	(i)	197,993	47,500	2,908	9,283	14,385	272,069	134,382
	(ii)	0	0	0	0	0	0	0
M JOHN RICHARD	(i)	273,617	63,009	4,745	10,884	11,380	363,635	173,785
	(ii)	0	0	0	0	0	0	0
PETER HANSEN	(i)	192,882	32,400	1,393	5,411	17,468	249,554	121,434
	(ii)	0	0	0	0	0	0	0
CATRINA BOISSON	(i)	145,834	26,635	1,078	5,566	16,659	195,772	91,589
	(ii)	0	0	0	0	0	0	0
JEFFREY NORMAN	(i)	122,689	21,006	1,932	4,682	5,809	156,118	73,906
	(ii)	0	0	0	0	0	0	0
CAROLYN VAN DUSEN	(i)	117,050	9,750	1,077	5,996	20,956	154,829	71,198
	(ii)	0	0	0	0	0	0	0
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							

Part III	Supplemental Information
-----------------	---------------------------------

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

[illegible]

Schedule L
(Form 990 or 990-EZ)

OMB No 1545-0047

2008

Open to Public Inspection

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization
NEW JERSEY PERFORMING ARTS CENTER CORPORATION

Employer identification number
22-2889703

Part I

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

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2

Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3

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

Part II

Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III

Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV

Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Additional Data

Software ID:

Software Version:

EIN: 22-2889703

Name: NEW JERSEY PERFORMING ARTS CENTER CORPORATION

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
PSEG	R LAROSSA & T	545,000	ELECTRIC & GAS SERVICE		No
-	O'FLYNN, NJPAC		VENDOR		No
-	DIRECTORS ARE				No
-	OFFICERS OF				No
-	THE ENTITY				No
HORIZON BLUE CROSS BLUE SHIELD	W MARINO, NJPAC	726,000	HEALTH INSURANCE		No
-	DIRECTOR IS AN		VENDOR		No
-	OFFICER OF THE				No
-	ENTITY				No
ALVIN AILEY DANCE FOUNDATION	J JAMISON, NJPAC	237,000	PERFORMING ARTIST		No
-	DIRECTOR IS AN				No
-	OFFICER OF THE				No
	ENTITY				

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
NEW JERSEY PERFORMING ARTS CENTER CORPORATION

Employer identification number
22-2889703

Part ITypes of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	8	11,530,313	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (describe AIR FARE)	X	1	77,341	MARKET VALUE
26 Other (describe)				
27 Other (describe)				
28 Other (describe)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

b If "Yes", describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

No

b If "Yes", describe in Part II

33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II

Part II

[illegible]

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
NEW JERSEY PERFORMING ARTS CENTER CORPORATION

Employer identification number
22-2889703

Identifier	Return Reference	Explanation
PART VI, LINE 10-FORM 990 REVIEW PROCESS		FORM 990 IS PREPARED INTERNALLY, BY THE FINANCE DEPARTMENT THE DRAFT FORM 990 IS THEN REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM (KPMG), AND IS MODIFIED UNTIL BOTH ARE SATISFIED WITH THE RETURN THE AUDIT COMMITTEE THEN REVIEWS AND APPROVES THE FORM 990 IN A MEETING ATTENDED BY COMMITTEE MEMBERS, MANAGEMENT AND THE INDEPENDENT ACCOUNTANTS AFTER APPROVAL, THE ENTIRE BOARD OF DIRECTORS IS PROVIDED AN INFORMATION COPY FOR REVIEW PRIOR TO FILING THE RETURN WITH THE IRS THE AUDIT COMMITTEE CHAIR, CHIEF FINANCIAL OFFICER AND THE INDEPENDENT ACCOUNTANTS ARE AVAILABLE TO THE BOARD FOR QUESTIONS

Identifier	Return Reference	Explanation
PART VI, LINE 12C-CONFLICT OF INTEREST COMPLIANCE		ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES ANNUALLY COMPLETE A QUESTIONNAIRE TO DISCLOSE POTENTIAL CONFLICTS THE QUESTIONNAIRE INCLUDES KEY DEFINITIONS AND EXAMPLES IN ADDITION, THE CONFLICT OF INTEREST POLICY IS ANNUALLY REVIEWED WITH OFFICERS, DIRECTORS AND KEY EMPLOYEES AND THE SAME ARE REGULARLY REMINDED TO DISCLOSE ANY CHANGES FOR ALL ACTUAL OR POTENTIAL CONFLICTS THAT ARE IDENTIFIED BY MANAGEMENT, THE AFFECTED PERSON IS ASKED TO RECUSE HIMSELF OR HERSELF FROM ALL DELIBERATIONS, TRANSACTIONS, NEGOTIATIONS AND OTHER MATTERS RELATING TO ANY SUCH INTEREST NEW OFFICERS, DIRECTORS AND KEY EMPLOYEES UNDERGO AN ORIENTATION WHICH INCLUDES A REVIEW OF THE CONFLICT OF INTEREST POLICY

Identifier	Return Reference	Explanation
PART VI, LINE 15		PROCESS FOR DETERMINING COMPENSTATION FOR OFFICERS AND KEY EMPLOYEES THE HUMAN RESOURCES COMMITTEE ANNUALLY ENGAGES AN INDEPENDENT CONSULTANT TO PROVIDE COMPARABILITY DATA FOR ALL VICE PRESIDENT LEVEL AND ABOVE STAFF THE CONSULTANT ADVISES THE COMMITTEE ON THE REASONABLENESS OF CURRENT COMPENSATION THE PRESIDENT AND CEO ADVISE THE COMMITTEE ON ACTIONS IMPACTING THE COMPENSATION OF VICE PRESIDENTS THE EMPLOYMENT CONTRACTS FOR THE PRESIDENT AND CEO AND THE EXECUTIVE VICE PRESIDENT AND COO ARE REVIEWED BY THE COMMITTEE AND CONSULTANT AT LENGTH THE HUMAN RESOURCES COMMITTEE CHAIR RECOMMENDS THE CONTRACTS TO THE EXECUTIVE COMMITTEE WHO REVIEWS AND APPROVES THE CONTRACTS THE BOARD OF DIRECTORS IS INFORMED OF THE NATURE OF THE PROCESS AND MAY ASK FOR ADDITIONAL INFORMATION FROM THE CHAIR OF THE HUMAN RESOURCES COMMITTEE THE DELIBERATIONS AND DECISION OF THE HUMAN RESOURCES COMMITTEE ARE DOCUMENTED CONTEMPORANEOUSLY IN THE MINUTES THE MINUTES ARE SUBMITTED TO THE EXECUTIVE COMMITTEE AND TO THE ENTIRE BOARD AND ARE ALSO DOCUMENTED IN THE RESPECTIVE MINUTES NO INDIVIDUALS WHO HAVE A CONFLICT OF INTEREST MAY BE INVOLVED IN COMPENSATION DISCUSSIONS OR DECISIONS

Identifier	Return Reference	Explanation
PART VI, LINE 19		HOW GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC NJPAC PUBLISHES AN ANNUAL REPORT TO THE COMMUNITY WHICH INCLUDES FINANCIAL STATEMENT HIGHLIGHTS THIS REPORT IS DISTRIBUTED TO KEY STAKEHOLDERS AND IS AVAILABLE ON ITS WEB SITE - WWW NJPAC ORG NJPAC'S CONFLICT OF INTEREST POLICY, FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE DISTRIBUTED TO THE BOARD OF DIRECTORS AND ARE AVAILABLE TO THE GENRAL PUBLIC ON REQUEST THE 990 IS ALSO AVAILABLE AT WWW GUIDESTAR ORG

Identifier	Return Reference	Explanation
PART III, LINE 4D- OTHER PROGRAM SERVICES		MARKETING AND PUBLIC AFFAIRS - NJPAC KEEPS THE PUBLIC AND THE MEDIA FULLY INFORMED ABOUT NJPAC'S PROGRAMS, EVENTS AND EDUCATIONAL ACTIVITTES

Identifier	Return Reference	Explanation
FORM 990, PART IV, LINE 12 AND PART XI, LINE 2B	AUDITED FINANCIAL STATEMENTS IN ACCORDANCE WITH GAAP	NJPAC'S FINANCIAL STATEMENTS ARE prepared in accordance w ith gaap and AUDITED BY AN INDEPENDENT ACCOUNTING FIRM, AND NJPAC HAS AN AUDIT COMMITTEE TO OVERSEE THE SELECTION OF THE AUDITORS AND THE AUDIT PROCESS HOWEVER, THE INTERNAL REVENUE SERVICE INSTRUCTIONS TO THE 2008 FORM 990, FOR PART IV, LINE 12, REQUIRE STATING THAT AN ORGANIZATION DOES NOT HAVE AUDITED FINANCIAL STATEMENTS IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES IF THE FINANCIAL STATEMENTS INCLUDE A RELATED ENTITY THAT IS CONSOLIDATED NJPAC'S FINANCIAL STATEMENTS INCLUDE A SMALL AFFILIATE, THE ARTS EDUCATION ENDOWMENT FUND IN HONOR OF RAYMOND G CHAMBERS, INC ACCORDINGLY, NJPAC INDICATED THAT IT DOES NOT HAVE AUDITED FINANCIAL STATEMENTS IN ACCORDANCE WITH GAAP

Identifier	Return Reference	Explanation
PART VI, LINE 2 - FAMILY AND BUSINESS RELATIONSHIPS		ROSS RICHARDS, OFFICER AND SANAZ HOJREH, OFFICER - FAMILY RELATIONSHIP MARC BERSON, DIRECTOR AND RAYMONDS G CHAMBERS, DIRECTOR - BUSINESS RELATIONSHIP MARC BERSON, DIRECTOR AND CLIFF SOBEL, DIRECTOR - BUSINESS RELATIONSHIP RAYMOND G CHAMBERS, DIRECTOR AND BARBARA BELL-COLEMAN, DIRECTOR - BUSINESS RELATIONSHIP RAYMOND G CHAMBERS, DIRECTOR AND ALLEN L BILDNER, DIRECTOR - BUSINESS RELATIONSHIP RAYMOND G CHAMBERS, DIRECTOR AND LAWRENCE P BATHGATE III, DIRECTOR - BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
PART VII AND SCHEUDLE J	ALLOCATION OF COMPENSATION FOR SHARED EMPLOYEES	SOME OF THE EMPLOYEES OF NJPAC ARE ALSO OFFICERS AND DIRECTORS OF ITS RELATED AFFILIATE, THE ARTS EDUCATION ENDOWMENT FUND (FUND) HOWEVER, BECAUSE THE AMOUNT OF TIME SPENT BY THESE EMPLOYEES ON ACTIVITIES OF THE FUND ARE MINIMAL (LESS THAN 1 HOURS PER WEEK), NO PORTION OF THE COMPENSATION PAID BY NJPAC TO THESE EMPLOYEES IS ALLOCATED TO THE FUND

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

▶ **Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**

▶ **See separate instructions.**

Name of the organization
NEW JERSEY PERFORMING ARTS CENTER CORPORATION

Employer identification number
22-2889703

Part I

Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
THE ARTS EDUCATION ENDOWMENT FUND ONE CENTER STREET NEWARK, NJ07102 22-3196074	SUPPORTNG ORG	NJ	501(C)(3)	11B	NA

Part III

Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
NJPAC DEVELOPMENT CORPORATION (INACTIVE) ONE CENTER STREET NEWARK, NJ07102 22-2079475	REAL ESTATE	NJ	NA	C CORP	0	0	100 %

Part V

Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		
(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) THE ARTS EDUCATION ENDOWMENT FUND	C	58,007
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]