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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>2012</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 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

| | | | |
|--|---|-----------------------------------|--|
| B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization NEW JERSEY PERFORMING ARTS CENTER CORPORATION | | D Employer identification number 22-2889703 |
| | Doing Business As | | |
| | Number and street (or P O box if mail is not delivered to street address) ONE CENTER STREET | Room/suite | E Telephone number (973) 642-8989 |
| | City or town, state or country, and ZIP + 4 NEWARK, NJ 07102 | | G Gross receipts \$ 47,491,797 |
| | F Name and address of principal officer JOHN SCHREIBER ONE CENTER STREET NEWARK, NJ 07102 | | 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"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | J Website: ▶ WWW.NJPAC.ORG | |

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ 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 TO PRESENT THE WORLD'S GREATEST ARTISTS IN THE STATE'S MOST SPECTACULAR SETTING, TO CONVENE ONGOING CIVIC, SOCIAL, CULTURAL AND INTELLECTUAL EXCHANGES, TO ENGAGE NEW JERSEY'S DIVERSE POPULATION, TO ENHANCE AND TRANSFORM THE LIVES OF CHILDREN AND FAMILIES THROUGH ARTS EDUCATION, TO HELP DRIVE NEWARK'S REVITALIZATION | | |
| | | | |
| | | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 58 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 54 |
| | 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) | 5 | 580 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 332 | |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 | |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 8,649,408 | 14,015,139 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 11,537,435 | 14,622,961 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 759,132 | 2,213,078 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 195,892 | 850,737 |
| | | 21,141,867 | 31,701,915 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 124,059 | 144,381 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 12,352,837 | 13,432,924 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 49,000 | 90,671 |
| | b Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 2,132,216 | | |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 18,609,062 | 20,621,750 |
| | 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 31,134,958 | 34,289,726 |
| | 19 Revenue less expenses Subtract line 18 from line 12 | -9,993,091 | -2,587,811 |
| Net Assets or Fund Balances | | Beginning of Current Year | End of Year |
| | 20 Total assets (Part X, line 16) | 201,342,305 | 204,330,091 |
| | 21 Total liabilities (Part X, line 26) | 13,698,554 | 14,169,693 |
| | 22 Net assets or fund balances Subtract line 21 from line 20 | 187,643,751 | 190,160,398 |

Part II Signature Block

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

| | | | | | |
|-------------------------------|---|--|----------------------|------------|--------------------|
| Sign Here | ***** | | | 2014-05-13 | |
| | Signature of officer | | | | Date |
| | JOHN SCHREIBER PRESIDENT & CEO | | | | |
| | Type or print name and title | | | | |
| Paid Preparer Use Only | Prnt/Type preparer's name | | Preparer's signature | | Date 2015-08-20 |
| | Check <input type="checkbox"/> if self-employed | | | PTIN | |
| | Firm's name | | | Firm's EIN | |
| | Firm's address | | | Phone no | |

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

Part IIIStatement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization's mission

TO PRESENT THE WORLD'S GREATEST ARTISTS IN THE STATE'S MOST SPECTACULAR SETTING, TO CONVENE ONGOING CIVIC, SOCIAL, CULTURAL AND INTELLECTUAL EXCHANGES, TO ENGAGE NEW JERSEY'S DIVERSE POPULATION, TO ENHANCE AND TRANSFORM THE LIVES OF CHILDREN AND FAMILIES THROUGH ARTS EDUCATION, TO HELP DRIVE NEWARK'S REVITALIZATION

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 15,565,852 including grants of \$) (Revenue \$ 13,520,947)

PERFORMANCES AND PERFORMANCE RELATED PROGRAMS PRESENTED 279 PERFORMANCES AND OTHER EVENTS WITH OVER 340,000 PATRONS IN ATTENDANCE PROGRAMS INCLUDED ORCHESTRA, RECITAL, MUSICAL THEATER, DANCE, POP, VARIETY, JAZZ AND OTHER DISCIPLINES, PERFORMED BY LOCAL, NATIONAL AND INTERNATIONAL ARTISTS

4b

(Code) (Expenses \$ 3,251,917 including grants of \$ 144,381) (Revenue \$ 1,102,014)

ARTS EDUCATION PROGRAMS CONDUCTED ARTS EDUCATION ACTIVITIES THAT CATER TO THE FULL SPECTRUM OF SCHOOLS' NEEDS AND CHILDREN'S ABILITIES WITH 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 70 SCHOOLTIME AND FAMILYTIME PERFORMANCES WITH A WIDE VARIETY OF ARTISTS IN MUSIC, DANCE AND THEATER IN ADDITION, SUPPLEMENTAL WORKSHOPS, LECTURES, CURRICULUM MATERIALS AND COMMUNITY EVENTS WERE HELD MORE THAN 80,000 CHILDREN, PARENTS, AUDIENCES AND EDUCATORS WERE SERVED BY NJPAC'S ARTS EDUCATION PROGRAMS DURING THE YEAR

4c

(Code) (Expenses \$ 7,010,742 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 PUBLIC USE AND ENJOYMENT

(Code) (Expenses \$ 2,705,345 including grants of \$) (Revenue \$)

MARKETING AND PUBLIC AFFAIRS NJPAC KEEPS THE PUBLIC AND THE MEDIA FULLY INFORMED ABOUT ITS PROGRAMS, EVENTS AND EDUCATIONAL ACTIVITIES REAL ESTATE DEVELOPMENT PLANNING, IMPROVEMENT AND DEVELOPMENT OF OWNED/LEASED REAL ESTATE IN FURTHERANCE OF NJPAC'S MISSION OF DRIVING THE REVITALIZATION OF CITY OF NEWARK

4d

Other program services (Describe in Schedule O)

(Expenses \$ 2,705,345 including grants of \$) (Revenue \$)












4e

Total program service expenses

28,533,856

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 (see instructions)?  | 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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4 Yes | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | 5 | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6 | 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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9 | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10 Yes | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  | 11a Yes | |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b Yes | |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e Yes | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f Yes | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | 12a | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b Yes | |
| 13 Is the organization a school 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 United States? | 14a | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  | 14b Yes | |
| 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, Parts II and IV  | 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, Parts III and IV  | 16 | No |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  | 17 Yes | |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18 Yes | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  | 19 Yes | |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | |

Part IV

Checklist of Required Schedules (continued)

| | | | | |
|-----|--|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | | No |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> | 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? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | Yes | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | 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> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | 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> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | Yes | |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | Yes | |
| 36 | Section 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> | 36 | | No |
| 37 | Did the organization conduct more than 5% 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> | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

| | | Yes | No |
|-----|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. | | |
| 2b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | No |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. | | |
| 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)? | Yes | |
| b | If "Yes," enter the name of the foreign country: _____ See instructions for 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? | | No |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | No |
| 5c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | No |
| 6b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 7a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | Yes | |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | Yes | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | No |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year. | | |
| 7e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | No |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | No |
| 7g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| 7h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| 9a | Did the organization make any taxable distributions under section 4966? | | |
| 9b | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12. | | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | | |
| 11 | Section 501(c)(12) organizations. Enter | | |
| 11a | Gross income from members or shareholders. | | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| 13a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | |
| 13b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. | | |
| 13c | Enter the amount of reserves on hand. | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | No |
| 14b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | | |

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

| | | | |
|--|---|-----|-----|
| | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 58 | |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 54 | |
| 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 governing documents since the prior Form 990 was filed? | 4 | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | No |
| 6 | Did the organization have members or stockholders? | 6 | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| a | The governing body? | 8a | Yes |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes |
| 9 | Is there any officer, director, 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 | 9 | No |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | | |
|--|--|-----|-----|
| | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes |
| 14 | Did 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? | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | Yes |
| b | Other officers or key employees of the organization | 15b | Yes |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 | ►NJ , NY , FL , PA |
| 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 made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►RENE TOVERA ONE CENTER STREET NEWARK, NJ (973) 642-8989 | |

Check if Schedule O contains a response to any question in this Part VII ☐

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

Part VII

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 3,911,694 | | 346,989 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶22

| | | 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 Yes | |
| 4 | For any individual listed on line 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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) | (B) | (C) |
|---|-------------------------|--------------|
| Name and business address | Description of services | Compensation |
| CULINAIRE INTERNATIONAL , 2100 ROSS AVE DALLAS TX 75201 | CATERING | 623,811 |
| GATEWAY SECURITY INC , 604 MARKET STREET NEWARK NJ 07105 | SECURITY | 570,487 |
| ISS FACILITY SERVICES INC , 81 DORSA AVENUE LIVINGSTON NJ 07039 | JANITORIAL | 541,927 |
| JL MEDIA , 1600 ROUTE 22 UNION NJ 07083 | ADVERTISING | 517,915 |
| TONIGHT TOURING LP , 1560 BROADWAY NEW YORK NY 10036 | ARTIST | 410,944 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 41

Part VIII

Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|-----|--|------------------------------|--|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns . . . | 1a | | | |
| | b | Membership dues | 1b | | | |
| | c | Fundraising events | 1c | 1,547,901 | | |
| | d | Related organizations | 1d | 45,469 | | |
| | e | Government grants (contributions) | 1e | 1,105,433 | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 11,316,336 | | |
| | g | Noncash contributions included in lines 1a-1f \$ | | 134,984 | | |
| | h | Total. Add lines 1a-1f | | 14,015,139 | | |
| Program Service Revenue | 2a | PERFORMANCE RELATED | Business Code 711110 | 13,520,947 | 13,520,947 | |
| | b | ARTS EDUCATION REVENUE | 711110 | 1,102,014 | 1,102,014 | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f | All other program service revenue | | | | |
| | g | Total. Add lines 2a-2f | | 14,622,961 | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 1,727,465 | | 1,727,465 |
| | 4 | Income from investment of tax-exempt bond proceeds . . | | | | |
| | 5 | Royalties | | | | |
| | 6a | Gross rents | (i) Real 1,144,186 | (ii) Personal | | |
| | b | Less rental expenses | 956,847 | | | |
| | c | Rental income or (loss) | 187,339 | | | |
| | d | Net rental income or (loss) | | 187,339 | | 187,339 |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities 14,655,720 | (ii) Other | | |
| | b | Less cost or other basis and sales expenses | 14,170,107 | | | |
| | c | Gain or (loss) | 485,613 | | | |
| | d | Net gain or (loss) | | 485,613 | | 485,613 |
| | 8a | Gross income from fundraising events (not including \$ 1,547,901 of contributions reported on line 1c) See Part IV, line 18 | a 301,875 | | | |
| | b | Less direct expenses | b 661,684 | | | |
| | c | Net income or (loss) from fundraising events . . | | -359,809 | | -359,809 |
| | 9a | Gross income from gaming activities See Part IV, line 19 | a 48,800 | | | |
| | b | Less direct expenses | b 1,244 | | | |
| | c | Net income or (loss) from gaming activities . . | | 47,556 | | 47,556 |
| | 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 . . | | | | |
| | | Miscellaneous Revenue | Business Code | | | |
| | 11a | PARKING SERVICES | 711110 | 415,642 | | 415,642 |
| | b | FOOD SERVICES | 711110 | 367,378 | | 367,378 |
| | c | MISCELLANEOUS | 711110 | 192,631 | | 192,631 |
| | d | All other revenue | | | | |
| | e | Total. Add lines 11a-11d | | 975,651 | | |
| | 12 | Total revenue. See Instructions | | 31,701,915 | 14,622,961 | 3,063,815 |

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).

Check if Schedule O contains a response to any question in this Part IX

| 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 United States. See Part IV, line 21. | | | | |
| 2 | Grants and other assistance to individuals in the United States. See Part IV, line 22. | 144,381 | 144,381 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. | | | | |
| 4 | Benefits paid to or for members. | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees. | 3,524,231 | 1,585,463 | 1,504,617 | 434,151 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | | | | |
| 7 | Other salaries and wages. | 7,428,486 | 5,994,161 | 738,205 | 696,120 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). | 62,164 | 41,430 | 11,689 | 9,045 |
| 9 | Other employee benefits. | 1,253,584 | 1,105,048 | 61,643 | 86,893 |
| 10 | Payroll taxes. | 1,164,459 | 861,489 | 190,629 | 112,341 |
| 11 | Fees for services (non-employees): | | | | |
| a | Management. | | | | |
| b | Legal. | 144,264 | 112,714 | 31,550 | |
| c | Accounting. | 115,653 | | 115,653 | |
| d | Lobbying. | 12,897 | | 12,897 | |
| e | Professional fundraising services. See Part IV, line 17. | 90,671 | | | 90,671 |
| f | Investment management fees. | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 1,712,684 | 1,412,110 | 203,800 | 96,774 |
| 12 | Advertising and promotion. | 2,609,068 | 2,403,941 | 18,310 | 186,817 |
| 13 | Office expenses. | 522,360 | 362,595 | 65,986 | 93,779 |
| 14 | Information technology. | | | | |
| 15 | Royalties. | | | | |
| 16 | Occupancy. | 2,521,198 | 2,504,505 | 12,875 | 3,818 |
| 17 | Travel. | 197,719 | 169,298 | 21,130 | 7,291 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 | Conferences, conventions, and meetings. | 360,303 | 265,828 | 43,606 | 50,869 |
| 20 | Interest. | 160,570 | 44,611 | 115,338 | 621 |
| 21 | Payments to affiliates. | | | | |
| 22 | Depreciation, depletion, and amortization. | 4,257,398 | 4,022,815 | 120,910 | 113,673 |
| 23 | Insurance. | 454,935 | 454,935 | | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O): | | | | |
| a | ARTIST & PERFORMER FEES | 5,302,527 | 5,295,926 | 4,551 | 2,050 |
| b | PARKING OPERATIONS | 685,955 | 685,955 | | |
| c | PRODUCTION COSTS | 534,259 | 507,919 | 26,025 | 315 |
| d | CREDIT CARD/TM FEES | 353,162 | 333,715 | 193 | 19,254 |
| e | All other expenses | 676,798 | 225,017 | 324,047 | 127,734 |
| 25 | Total functional expenses. Add lines 1 through 24e. | 34,289,726 | 28,533,856 | 3,623,654 | 2,132,216 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X

Balance Sheet

Check if Schedule O contains a response to any question in this Part X

☐

| | | | | (A) | | (B) |
|-----------------------------|---|--|-----|-------------------|-------------|-----------------|
| | | | | Beginning of year | | End of year |
| Assets | 1 | Cash—non-interest-bearing | | 125,861 | 1 | 1,578,393 |
| | 2 | Savings and temporary cash investments | | 36,802 | 2 | 107,323 |
| | 3 | Pledges and grants receivable, net | | 10,058,105 | 3 | 10,672,311 |
| | 4 | Accounts receivable, net | | 1,152,769 | 4 | 1,167,257 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | | 6 | |
| | 7 | Notes and loans receivable, net | | | 7 | |
| | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 1,001,025 | 9 | 1,105,274 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 187,304,198 | | |
| | b | Less accumulated depreciation | 10b | 62,642,297 | 127,828,059 | 10c 124,661,901 |
| | 11 | Investments—publicly traded securities | | 46,597,719 | 11 | 51,731,911 |
| | 12 | Investments—other securities See Part IV, line 11 | | 14,541,965 | 12 | 13,305,721 |
| | 13 | Investments—program-related See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 201,342,305 | 16 | 204,330,091 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 3,577,707 | 17 | 3,782,262 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 2,357,531 | 19 | 2,352,830 |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 5,025,000 | 23 | 6,104,001 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 2,347,904 | 24 | 1,247,291 |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | 390,412 | 25 | 683,309 |
| | 26 | Total liabilities. Add lines 17 through 25 | | 13,698,554 | 26 | 14,169,693 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | |
| | 27 | Unrestricted net assets | | 114,975,044 | 27 | 114,873,109 |
| | 28 | Temporarily restricted net assets | | 10,749,811 | 28 | 13,329,388 |
| | 29 | Permanently restricted net assets | | 61,918,896 | 29 | 61,957,901 |
| | Organizations that do not follow SFAS 117 (ASC 958), 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 | | 187,643,751 | 33 | 190,160,398 |
| | 34 | Total liabilities and net assets/fund balances | | 201,342,305 | 34 | 204,330,091 |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

| | | | |
|----|---|----|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 31,701,915 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 34,289,726 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -2,587,811 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 187,643,751 |
| 5 | Net unrealized gains (losses) on investments | 5 | 5,104,458 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 190,160,398 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

| | | Yes | No |
|----|--|-----|-----|
| 1 | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a | No |
| 2b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2b | Yes |
| 2c | If "Yes," to line 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | 2c | Yes |
| 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 | No |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | |

Additional Data

Software ID:

Software Version:

EIN: 22-2889703

Name: NEW JERSEY PERFORMING ARTS CENTER CORPORATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 | | | |
| JOHN SCHREIBER PRESIDENT & | 50 00 20 | X | | X | | | | 671,319 | 0 | 19,954 |
| A MICHAEL LIPPER BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| ALLEN I BILDNER BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| ANDREW P SIDAMON-ERISTOFF BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| ANN D BOROWIEC BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| ANN M LIMBERG BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| ANNE E ESTABROOK BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| ARTHUR F RYAN CHAIRMAN EME | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| J FLETCHER CREAMER BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| BRENDAN P DOUGHER BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| BRIAN T BEDOL BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| GREGG GERKEN BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| JEFFREY S SHERMAN ESQ BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| CHRISTINE C GILFILLAN BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| CHRISTOPHER J CHRISTIE BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| CLIFFORD M SOBEL BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| STEPHEN M VAJTAY JR ESQ BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| CORY A BOOKER BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| DAVID S STONE BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| DEBORAH SAGNER BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| DANIEL BLOOMFIELD BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| DONALD A ROBINSON ASSISTANT SE | 1 00 10 | X | | X | | | | 0 | 0 | 0 |
| THOMAS J MARINO BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| HAROLD MORRISON BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| LINDA A WILLETT BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 | | | |
| JOHN R STRANGFELD JR CO-CHAIRMAN | 1 00 10 | X | | X | | | | 0 | 0 | 0 |
| JOSEPH N DIVINCENZO JR BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| JOSH S WESTON BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| JUDITH JAMISON BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| KIMBERLY GUADAGNO BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| LAWRENCE E BATHGATE BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| PATRICK C DUNICAN BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| LEONARD LIEBERMAN BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| LUCIA DINAPOLI GIBBONS BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| JAMES L BILDNER BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| MARC E BERSON TREASURER | 1 00 10 | X | | X | | | | 0 | 0 | 0 |
| MARC H MORIAL BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| PHILIP RSELLINGER BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| MICHAEL A TANENBAUM BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| MICHAEL R GRIFFINGER SECRETARY | 1 00 10 | X | | X | | | | 0 | 0 | 0 |
| N LYNNE HUGHES BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| NINA M WELLS BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| PAT A DIFILIPPO BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| PERCY CHUBB III BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| RALPH A LAROSSA BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| RAYMOND G CHAMBERS FOUNDING CHA | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| ROBERT C WAGGONER BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| SAVION GLOVER BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| ELIZABETH A MATTSON BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| JOSEPH M TAYLOR BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 | | | |
| STEVEN E GROSS BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| STEVEN M GOLDMAN ASSISTANT TR | 1 00 10 | X | | X | | | | 0 | 0 | 0 |
| SUSAN N SOBBOTT BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| THOMAS H KEAN BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| THOMAS M O'FLYNN BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| VERONICA M GOLDBERG BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| VICTOR PARSONNET BOARD MEMBER | 1 00 10 | X | | | | | | 0 | 0 | 0 |
| WILLIAM J MARINO CO-CHAIRMAN | 1 00 10 | X | | X | | | | 0 | 0 | 0 |
| LAWRENCE P GOLDMAN CEO-TSDC, LLC | 50 00 | | | X | | | | 431,960 | 0 | 32,571 |
| BARBARA ARBESFELD EXEC V PRE | 50 00 10 | | | X | | | | 310,306 | 0 | 27,482 |
| PETER HANSEN VICE PRESIDE | 50 00 10 | | | X | | | | 250,254 | 0 | 19,596 |
| DAVID RODRIGUEZ VICE PRESIDE | 50 00 10 | | | X | | | | 213,164 | 0 | 14,073 |
| WARREN TRANQUADA VICE PRESIDE | 50 00 20 | | | X | | | | 196,762 | 0 | 7,145 |
| JEFFREY NORMAN VICE PRESIDE | 50 00 10 | | | X | | | | 174,603 | 0 | 7,077 |
| DIETLINDE WISNIEWSKI ASST VICE PR | 50 00 10 | | | X | | | | 150,240 | 0 | 12,513 |
| ROSS RICHARDS VICE PRESIDE | 50 00 10 | | | X | | | | 142,599 | 0 | 16,579 |
| AUSTIN CLEARY ASST VICE PR | 50 00 10 | | | X | | | | 136,472 | 0 | 10,240 |
| SANDRA BOWIE VICE PRESIDE | 50 00 10 | | | X | | | | 119,844 | 0 | 8,366 |
| RENATO TOVERA ASST VICE PR | 50 00 50 | | | X | | | | 110,512 | 0 | 20,089 |
| CHAD SPIES ASST VICE PR | 50 00 10 | | | X | | | | 101,906 | 0 | 18,455 |
| DIANE LEBRON ASST VICE PR | 50 00 10 | | | X | | | | 87,057 | 0 | 19,030 |
| SANAZ HOJREH ASST VICE PR | 50 00 10 | | | X | | | | 84,303 | 0 | 8,675 |
| DONNA WALKER-KUHNE - HIRED 1012 VICE PRESIDE | 50 00 10 | | | X | | | | 25,603 | 0 | 9,350 |
| LAURIE CARTER - HIRED 0413 VICE PRESIDE | 50 00 10 | | | X | | | | 0 | 0 | 0 |
| ALISON SCOTT-WILLIAMS - HIRED 0513 ASST VICE-PR | 50 00 10 | | | X | | | | 0 | 0 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 | | | |
| WILLIAM WORMAN HEAD CREW | 60 00 | | | | | X | | 125,416 | 0 | 25,561 |
| ERNEST DIROCCO CIO | 50 00 10 | | | | | X | | 122,327 | 0 | 18,023 |
| DWAYNE PLOKHOY HEAD CREW | 57 00 | | | | | X | | 120,001 | 0 | 24,528 |
| MARY JAFFA SENIOR DIREC | 50 00 10 | | | | | X | | 114,613 | 0 | 4,606 |
| MARIO CORRALES HEAD CREW | 62 00 | | | | | X | | 114,233 | 0 | 23,076 |
| STEPHANIE HUGHLEY VICE PRESIDE | | | | | | | X | 108,200 | 0 | 0 |

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
NEW JERSEY PERFORMING ARTS CENTER CORPORATION

Employer identification number
22-2889703

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)
- | | 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 monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support | | | | | | |
|--|------------|------------|-----------|-----------|------------|------------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | 27,176,452 | 12,176,706 | 9,989,665 | 8,649,408 | 14,015,139 | 72,007,370 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 27,176,452 | 12,176,706 | 9,989,665 | 8,649,408 | 14,015,139 | 72,007,370 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 14,339,206 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 57,668,164 |

| Section B. Total Support | | | | | | | |
|---|---|------------|------------|-----------|-----------|------------|------------|
| Calendar year (or fiscal year beginning in) ▶ | | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 7 | Amounts from line 4 | 27,176,452 | 12,176,706 | 9,989,665 | 8,649,408 | 14,015,139 | 72,007,370 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 3,716,255 | 2,339,960 | 3,002,990 | 2,716,520 | 2,871,651 | 14,647,376 |
| 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) | 1,067,806 | 838,677 | 863,172 | 824,873 | 975,651 | 4,570,179 |
| 11 | Total support (Add lines 7 through 10) | | | | | | 91,224,925 |
| 12 | Gross receipts from related activities, etc (see instructions) | | | | | 12 | 56,661,728 |
| 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 ▶ | | | | | | |

| Section C. Computation of Public Support Percentage | | | |
|---|---|----|----------|
| 14 | Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 14 | 63 220 % |
| 15 | Public support percentage for 2011 Schedule A, Part II, line 14 | 15 | 66 940 % |
| 16a | 33 1/3% support test—2012. 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% support test—2011. If the organization did not check a 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—2012. 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—2011. 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 a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | |

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

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

| Section A. Public Support | | | | | | |
|--|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |

| Section B. Total Support | | | | | | |
|--|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 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 ▶ | | | | | | |

| Section C. Computation of Public Support Percentage | | | |
|---|----|--|--|
| 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | 15 | | |
| 16 Public support percentage from 2011 Schedule A, Part III, line 15 | 16 | | |

| Section D. Computation of Investment Income Percentage | | | |
|--|----|--|--|
| 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) | 17 | | |
| 18 Investment income percentage from 2011 Schedule A, Part III, line 17 | 18 | | |
| 19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ | | | |
| b 33 1/3% support tests—2011. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

| |
|------------------------------|
| Facts And Circumstances Test |
| |

| |
|-------------|
| Explanation |
| |
| |
| |
| |

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

If the organization answered “Yes” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

| | |
|---|--|
| Name of the organization NEW JERSEY PERFORMING ARTS CENTER CORPORATION | Employer identification number 22-2889703 |
|---|--|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

| | | |
|---|--|------|
| 1 | Provide a description of the organization’s direct and indirect political campaign activities in Part IV | |
| 2 | Political expenditures | ▶ \$ |
| 3 | Volunteer hours | |

Part I-B Complete if the organization is exempt under section 501(c)(3).

| | | |
|----|---|--|
| 1 | Enter the amount of any excise tax incurred by the organization under section 4955 | ▶ \$ |
| 2 | Enter the amount of any excise tax incurred by organization managers under section 4955 | ▶ \$ |
| 3 | If the organization incurred a section 4955 tax, did it file Form 4720 for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b | If “Yes,” describe in Part IV | |

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

| | | |
|---|---|--|
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function activities | ▶ \$ |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities | ▶ \$ |
| 3 | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b | ▶ \$ |
| 4 | Did the filing organization file Form 1120-POL for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV | |

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|--|------------------------------------|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | | |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns | | | | | | | | | | | | | | | |
| <table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000 | | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a If zero or less, enter -0- | | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- | | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | | (a) | | (b) |
|---|--|-----|----|--------|
| | | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a | Volunteers? | | No | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Yes | | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | | No | |
| e | Publications, or published or broadcast statements? | | No | |
| f | Grants to other organizations for lobbying purposes? | | No | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 46,987 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | | No | |
| j | Total. Add lines 1c through 1i. | | | 46,987 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | | | |
|---|---|-----|----|
| | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | |

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | | | |
|---|--|----|--|
| 1 | Dues, assessments and similar amounts from members | 1 | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a | Current year | 2a | |
| b | Carryover from last year | 2b | |
| c | Total | 2c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|------------|-------------------------------|---|
| | SCHEDULE C, PART II-B, LINE 1 | LOBBYING ACTIVITIES CONSISTED OF NJPAC AUTHORIZED REPRESENTATIVES CONTACTING NJ STATE LEGISLATORS AND THEIR STAFF TO PRESENT NJPAC'S POSITION ON A CERTAIN LEGISLATIVE MATTER IMPACTING NJPAC |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 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 education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

Complete lines 2a through 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, and not on a historic structure listed in the National Register |

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶_____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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

▶ \$ _____ 129,221

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 (ASC 958) 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 Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2012

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

3

Using the organization's acquisition, 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

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

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 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 the arrangement in Part XIII and complete the following table

| | |
|----|--------|
| | 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 XIII. Check here if the explanation has been provided in Part XIII

☐

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

| | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|----|--|---------------|---------------------|---------------------|--------------------|
| 1a | Beginning of year balance | 61,463,227 | 65,786,292 | 57,336,855 | 53,714,417 |
| b | Contributions | 984 | -239,105 | 788,404 | -264,720 |
| c | Net investment earnings, gains, and losses | 7,313,323 | -1,463,482 | 10,136,798 | 6,276,618 |
| d | Grants or scholarships | | | | |
| e | Other expenditures for facilities and programs | 2,814,531 | 2,620,478 | 2,475,765 | 2,389,460 |
| f | Administrative expenses | | | | |
| g | End of year balance | 65,963,003 | 61,463,227 | 65,786,292 | 57,336,855 |

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment94 000 %

c

Temporarily restricted endowment6 000 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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)

☐ Yes☐ No

(ii) related organizations

3a(ii)

☐ Yes☐ No

b

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

3b

☐ Yes☐ No

4

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

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-------------------------|---|---------------------------------|------------------------------|----------------|
| 1a | Land | | | |
| b | Buildings | 174,094,300 | 52,822,678 | 121,271,622 |
| c | Leasehold improvements | | | |
| d | Equipment | 13,209,898 | 9,819,619 | 3,390,279 |
| e | Other | | | |
| Total. | Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | 124,661,901 |

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|----------|---|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 37,214,860 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | 5,104,458 |
| b | Donated services and use of facilities | 2b | 340,998 |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII) | 2d | 67,489 |
| e | Add lines 2a through 2d | 2e | 5,512,945 |
| 3 | Subtract line 2e from line 1 | 3 | 31,701,915 |
| 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 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | 5 | 31,701,915 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|----------|--|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 34,630,724 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | 340,998 |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII) | 2d | |
| e | Add lines 2a through 2d | 2e | 340,998 |
| 3 | Subtract line 2e from line 1 | 3 | 34,289,726 |
| 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 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | 5 | 34,289,726 |

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Identifier | Return Reference | Explanation |
|--|--------------------------------------|--|
| COLLECTIONS AND RELATION TO EXEMPT PURPOSE | SCHEDULE D, PAGE 2, PART III, LINE 4 | ART COLLECTIONS ARE PRIMARILY AFRICAN ARTIFACTS THESE ARE EXHIBITED AT NJPAC FOR THE PUBLIC'S ENJOYMENT FREE OF CHARGE |
| INTENDED USES FOR ENDOWMENT FUNDS | SCHEDULE D, PAGE 2, PART V, LINE 4 | ENDOWMENT FUND REVENUE IS USED FOR GENERAL OPERATING SUPPORT UNLESS RESTRICTED BY THE DONOR FOR A SPECIFIC PURPOSE |
| LIABILITY UNDER FIN 48 FOOTNOTE | SCHEDULE D, PAGE 3, PART X | THERE ARE CERTAIN TRANSACTIONS THAT COULD BE DEEMED UNRELATED BUSINESS INCOME AND WOULD RESULT IN A TAX LIABILITY. MANAGEMENT REVIEWS TRANSACTIONS TO ESTIMATE POTENTIAL TAX LIABILITIES USING A THRESHOLD OF MORE LIKELY THAN NOT. IT IS MANAGEMENT'S ESTIMATION THAT THERE ARE NO MATERIAL TAX LIABILITIES THAT NEED TO BE RECORDED. |

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization
NEW JERSEY PERFORMING ARTS CENTER
CORPORATION

Employer identification number
22-2889703

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. 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 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|--|-------------------------------------|--|---|--|--|
| (1) CENTRAL AMERICA AND THE CARRIBEAN | | | INVESTMENTS | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| 3a Sub-total | | | | | 3,936,288 |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | | | | | 3,936,288 |

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶
- 3 Enter total number of other organizations or entities ▶

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☒ Yes

☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☒ Yes

☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐ Yes

☒ No

Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

[illegible]

Additional Data

Software ID:
Software Version:
EIN: 22-2889703
Name: NEW JERSEY PERFORMING ARTS CENTER CORPORATION

Form 990 Schedule F - Supplemental Information

| Identifier | ReturnReference | Explanation |
|-----------------------|------------------------------------|---|
| ACTIVITIES PER REGION | SCHEDULE F, PAGE 1, PART I, LINE 3 | CENTRAL AMERICA AND THE CARRIBEAN 0 3,936,288 |

Form 990 Schedule F - Supplemental Information

| Identifier | ReturnReference | Explanation |
|------------------------|----------------------------|---|
| ADDITIONAL INFORMATION | SCHEDULE F, PAGE 5, PART V | PART I, LINE 3, COLUMN F METHOD OF VALUATION OF INVESTMENTS - FAIR MARKET VALUE |

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

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

e

☒

Solicitation of non-government grants

b

☒

Internet and email solicitations

f

☒

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

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 services?

☒ 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.

| (i) Name and address 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 | | | |
| 1 THE AVALON CONSULTING GROUP 2031 M STREET NW WASHINGTON, DC 20036 | DIRECT MAI | | No | 540,592 | 81,000 | 459,592 |
| 2 EVERGREEN PARTNERS INC 51 MOUNT BETHEL RD WARREN, NJ 07059 | SPECIAL EV | | No | 1,898,576 | 64,000 | 1,834,576 |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total ▶ | | | | 2,439,168 | 145,000 | 2,294,168 |

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.

NJ, NY, FL, PA

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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) | (total number) | (add col (a) through col (c)) |
| Revenue | 1 | Gross receipts | 1,849,776 | | 1,849,776 |
| | 2 | Less Contributions . . . | 1,547,901 | | 1,547,901 |
| | 3 | Gross income (line 1 minus line 2) | 301,875 | | 301,875 |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes . . . | | | |
| | 6 | Rent/facility costs . . . | 14,230 | | 14,230 |
| | 7 | Food and beverages . | 247,468 | | 247,468 |
| | 8 | Entertainment | 107,507 | | 107,507 |
| | 9 | Other direct expenses . | 292,479 | | 292,479 |
| | 10 | Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | (661,684) |
| | 11 | Net income summary Combine line 3, column (d), and line 10 ▶ | | | -359,809 |

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 | | 48,800 | 48,800 |
| Direct Expenses | 2 | Cash prizes | | | |
| | 3 | Non-cash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses . . . | | 1,244 | 1,244 |
| | 6 | Volunteer labor | <div><input type="checkbox"/> Yes</div> <div><input checked="" type="checkbox"/> No</div> | <div><input type="checkbox"/> Yes</div> <div><input checked="" type="checkbox"/> No</div> | <div><input type="checkbox"/> Yes</div> <div><input checked="" type="checkbox"/> No</div> |
| | 7 | Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | 1,244 |
| | 8 | Net gaming income summary Combine lines 1 and 7 in column (d) ▶ | | | 47,556 |

9 Enter the state(s) in which the organization operates gaming activities NJ

a Is the organization licensed to operate gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No


b If "Yes," explain _____


Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ No

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? ☐ Yes ☒ No



| | |
|--|----------------------|
| 13 Indicate the percentage of gaming activity operated in | |
| a The organization's facility | 13a 100 000 % |
| b An outside facility | 13b |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name  RENE TOVERA

Address  ONE CENTER STREET
NEWARK, NJ 07102

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No


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 of the third party


Name  _____

Address  _____

16 Gaming manager information

Name  WARREN TRANQUADA


Gaming manager compensation  \$ _____ 450

Description of services provided  OVERALL MANAGEMENT

☒ Director/officer ☐ Employee ☐ 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? ☐ Yes ☒ No

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  \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

| Identifier | Return Reference | Explanation |
|--|---|--|
| FUNDRAISING VS REIMBURSEMENT EXPLANATION | SCHEDULE G PAGE 1 PART I LINE 2B COLUMN V | THE AVALON CONSULTING GROUP FIXED RETAINER FEE PLUS ACTUAL REIMBURSABLE EXPENSES EVERGREEN PARTNERS INC FIXED RETAINER FEE PLUS ACTUAL REIMBURSABLE EXPENSES |

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2012

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NEW JERSEY PERFORMING ARTS CENTER
CORPORATION

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 |
|--|---------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| | | | | | | | |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a)Type of grant or assistance | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|-------------------------|-------------------------|----------------------------------|--|---------------------------------------|
| (1) THE STAR-LEDGER | | | | | |
| (2) SCHOLARSHIPS | 12 | 95,200 | | | |
| (3) THE JEFFREY CAROLLO MUSIC | | | | | |
| (4) SCHOLARSHIPS | 12 | 20,196 | | | |
| (5) THE MCJ BERKLEE COLLEGE | | | | | |
| (6) OF MUSIC SCHOLARSHIPS | 5 | 28,985 | | | |
| | | | | | |

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

| Identifier | Return Reference | Explanation |
|---|------------------------------------|---|
| PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES | SCHEDULE I, PAGE 1, PART I, LINE 2 | THE STAR LEDGER SCHOLARSHIP PROGRAM IS DESIGNED TO PROVIDE HIGHER EDUCATION OPPORTUNITIES FOR YOUNG PEOPLE IN NEWARK THIS PROGRAM ENABLES NJPAC TO IDENTIFY, CULTIVATE AND TRAIN GIFTED COLLEGE-BOUND NEWARK HIGH SCHOOL SENIORS WHO DEMONSTRATE THE POTENTIAL TO BECOME LEADING ARTS PROFESSIONALS THE SCHOLARSHIPS SUPPORT A 4-YEAR EDUCATION LEADING TO THE COMPLETION OF A DEGREE FROM AN ACCREDITED UNDERGRADUATE INSTITUTION THE SCHOLARSHIPS ALSO PROVIDE THE OPPORTUNITY TO GAIN PRACTICAL EXPERIENCE THROUGH INTERNSHIPS AT NJPAC THE JEFFREY CAROLLO MUSIC SCHOLARSHIP PROGRAM PROVIDES COMPREHENSIVE TRAINING FOR SELECTED STUDENTS THROUGH THE MUSIC PROGRAMS AT THE NEWARK SCHOOL OF THE ARTS (NSA) NSA IS A COMMUNITY-BASED ORGANIZATION COMMITTED TO PROVIDING ACCESS TO SEQUENTIAL, COMPREHENSIVE ARTS EDUCATION AND PERFORMANCE ACTIVITIES MCJ-AMELIOR FOUNDATION SPONSORED FIVE FULL SCHOLARSHIPS TO THE 2012 BERKLEE FIVE-WEEK SUMMER PERFORMANCE PROGRAM SCHOLARS WERE CHOSEN THROUGH FACULTY RECOMMENDATION AND AUDITIONS THE SCHOLARS JOINED APPROXIMATELY 900 PARTICIPANTS FROM THE US AND 60 OTHER COUNTRIES TO SHARE IN A PREMIERE CONTEMPORARY MUSIC SUMMER PROGRAM FOR YOUNG MUSICIANS WITH WORLD-CLASS BERKLEE FACULTY, VISITING ARTISTS AND STATE-OF-THE ART FACILITIES CANDIDATES MUST AUDITION AT THE NJPAC'S ANNUAL YOUNG ARTIST TALENT SEARCH AUDITIONEERS ARE EVALUATED ON TECHNICAL ABILITY AND ARTISTIC INTERPRETATION BY AN AUDITION COMMITTEE AND SCHOLARSHIP ADVISORY COMMITTEE THE STARLEDGER SCHOLARSHIP GRANTS ARE PAID DIRECTLY TO THE SCHOOL BY NJPAC UP TO THE GRANT AMOUNT IN CASES WHERE THE GRANT EXCEEDS THE TUITION DUE, IT IS PAID TO THE STUDENT TO COVER OTHER EDUCATIONAL EXPENSES FOR THE TERM ALL SCHOLARSHIP PAYMENTS ARE CONTINGENT ON VERIFICATION OF ENROLLMENT EACH SEMESTER |

| | | |
|--|---|---------------------------|
| Schedule J (Form 990) <div>Department of the Treasury Internal Revenue Service</div> | Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23. ▶ Attach to Form 990. ▶ See separate instructions. | OMB No 1545-0047 |
| | | 2012 |
| | | 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"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div> | | |
| b | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</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 with respect to the filing organization or a related organization <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | 4a Yes | |
| | | 4b | No |
| | | 4c | No |
| | | | |
| 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 <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 5a or 5b, describe in Part III | 5a No | |
| | | 5b | No |
| 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 <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 6a or 6b, describe in Part III | 6a No | |
| | | 6b | No |
| 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 No | |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---------------------------|--|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| See Additional Data Table | | | | | | | | |

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

990 Schedule J, Supplemental Information

| Identifier | Return Reference | Explanation |
|-------------------------------|-------------------------------------|-------------|
| FRINGE OR EXPENSE EXPLANATION | SCHEDULE J, PAGE 1, PART I, LINE 1A | |

Software ID:
Software Version:
EIN: 22-2889703
Name: NEW JERSEY PERFORMING ARTS CENTER CORPORATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (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 | | | | |
| JOHN SCHREIBER | (i) (ii) | 537,767 | 131,230 | 2,322 | 6,868 | 13,086 | 691,273 | |
| LAWRENCE P GOLDMAN | (i) (ii) | 260,102 | 165,000 | 6,858 | 8,137 | 24,434 | 464,531 | |
| BARBARA ARBESFELD | (i) (ii) | 245,740 | 61,002 | 3,564 | 6,702 | 20,780 | 337,788 | |
| PETER HANSEN | (i) (ii) | 183,534 | 64,398 | 2,322 | 1,403 | 18,193 | 269,850 | |
| DAVID RODRIGUEZ | (i) (ii) | 211,922 | | 1,242 | 6,786 | 7,287 | 227,237 | |
| WARREN TRANQUADA | (i) (ii) | 168,582 | 27,689 | 491 | 4,840 | 2,305 | 203,907 | |
| JEFFREY NORMAN | (i) (ii) | 130,264 | 42,600 | 1,739 | 1,534 | 5,543 | 181,680 | |
| DIETLINDE WISNIEWSKI | (i) (ii) | 143,253 | 5,000 | 1,987 | 4,415 | 8,098 | 162,753 | |
| ROSS RICHARDS | (i) (ii) | 118,573 | 23,438 | 588 | 3,863 | 12,716 | 159,178 | |
| WILLIAM WORMAN | (i) (ii) | 125,416 | | | 11,287 | 14,274 | 150,977 | |
| STEPHANIE HUGHLEY | (i) (ii) | | | 108,200 | | | 108,200 | |

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

| | |
|---|--|
| 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).

Complete if the organization 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) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|---|---------------------------------|---|--------------------------------|----------------|----|
| | | | | Yes | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

2 Enter the amount of tax incurred by 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.

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

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|------------------------|----|
| | | | To | From | | | Yes | No | | Yes | No |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total ▶ \$ | | | | | | | | | | | |

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization 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 assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

Part IV Business Transactions Involving Interested Persons.

Complete if the organization 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 |
| (1) HORIZON BLUE CROSS BLUE SHIELD OF N | BD MEM WILLETT | 778,728 | HEALTH INSURANCE | | No |
| (2) PUBLIC SERVICE ELECTRIC GAS | BD MEM LAROSSA | 441,348 | ELECTRIC SERVICE | | No |
| (3) CHUBB INSURANCE COMPANY | BD MEM MORRISON | 311,558 | PROPERTY INSURANCE | | No |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
NEW JERSEY PERFORMING ARTS CENTER CORPORATION

Employer identification number
22-2889703

Part I

Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------------|--|---|--|
| 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 | 134,984 | FAIR 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 ► (_____) | | | | |
| 26 Other ► (_____) | | | | |
| 27 Other ► (_____) | | | | |
| 28 Other ► (_____) | | | | |

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 Acknowledgement29

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?

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

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

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

Yes

No

No

Yes

No

Part II

Supplemental Information.

Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|--------------------------|-----------------------------|---|
| SUPPLEMENTAL INFORMATION | SCHEDULE M, PAGE 2, PART II | PART 1, LINE 9, COLUMN B - NUMBER OF CONTRIBUTIONS OR ITEMS INCLUDED THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS |

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public
Inspection

| | |
|--|--|
| Name of the organization NEW JERSEY PERFORMING ARTS CENTER CORPORATION | Employer identification number 22-2889703 |
|--|--|

| Identifier | Return Reference | Explanation |
|------------------------|-----------------------------------|--|
| ORGANIZATION'S MISSION | FORM 990 - ORGANIZATION'S MISSION | TO PRESENT THE WORLD'S GREATEST ARTISTS IN THE STATE'S MOST SPECTACULAR SETTING, TO CONVENE ONGOING CIVIC, SOCIAL, CULTURAL AND INTELLECTUAL EXCHANGES, TO ENGAGE NEW JERSEY'S DIVERSE POPULATION, TO ENHANCE AND TRANSFORM THE LIVES OF CHILDREN AND FAMILIES THROUGH ARTS EDUCATION, TO HELP DRIVE NEWARK'S REVITALIZATION |

| Identifier | Return Reference | Explanation |
|------------------------|------------------|---|
| ADDITIONAL INFORMATION | FORM 990 | <p>PART 1, LINE 19 - REVENUE LESS EXPENSES LINE 19 SHOWS A REDUCTION IN NET ASSETS OF 2,587,811 IN THE CURRENT YEAR, AND 9,993,091 IN THE PRIOR YEAR THIS SHOULD NOT BE INTERPRETED AS NET OPERATING LOSS THE FOLLOWING CLARIFIES THE COMPONENTS OF THE REDUCTION IN NET ASSETS</p> <p>CURRENT YEAR - (2,587,811) NET OPERATING INCOME - 0 DEPRECIATION AND OTHER BUILDING FUND CHARGES - (2,959,557) REAL ESTATE PRE-DEVELOPMENT - (787,107) INTEREST & REALIZED GAIN ON ENDOWMENT - 2,208,977 NET USE OF TEMPORARILY AND OTHER RESTRICTED FUNDS - (1,050,124) - PRIOR YEAR - (9,993,091) NET OPERATING INCOME - 0 DEPRECIATION AND OTHER BUILDING FUND CHARGES - (3,239,916) REAL ESTATE PRE-DEVELOPMENT - (899,906) INTEREST & REALIZED GAIN ON ENDOWMENT - 754,656 NET USE OF TEMPORARILY AND OTHER RESTRICTED FUNDS - (6,607,925) - THE USE OF TEMPORARILY AND OTHER RESTRICTED FUNDS PRIMARILY REFLECTS EXPENDITURES MADE AGAINST MULTI-YEAR PLEDGES THAT WERE REPORTED AS REVENUE IN PRIOR YEARS - PART I, LINE 5 - NUMBER OF EMPLOYEES IN ACCORDANCE WITH IRS GUIDELINES, THE NUMBER OF EMPLOYEES WAS REPORTED AT 580 BASED ON THE FORM W-3, TRANSMITTAL OF WAGE AND TAX STATEMENTS FOR 2012 THIS INCLUDED ANY AND ALL EMPLOYEES WHO GOT PAID DURING 2012 THE NUMBER OF FULL-TIME AND PART-TIME EMPLOYEES OF NJPAC AS OF THE LAST PAY DATE IN DECEMBER 2012 WAS 291</p> |

| Identifier | Return Reference | Explanation |
|--------------------------------------|-------------------------------------|--|
| ALL OTHER ACCOMPLISHMENT DESCRIPTION | FORM 990, PAGE 2, PART III, LINE 4D | MARKETING AND PUBLIC AFFAIRS NJPAC KEEPS THE PUBLIC AND THE MEDIA FULLY INFORMED ABOUT ITS PROGRAMS, EVENTS AND EDUCATIONAL ACTIVITIES REAL ESTATE DEVELOPMENT PLANNING, IMPROVEMENT AND DEVELOPMENT OF OWNED/LEASED REAL ESTATE IN FURTHERANCE OF NJPAC'S MISSION OF DRIVING THE REVITALIZATION OF CITY OF NEWARK |

| Identifier | Return Reference | Explanation |
|---|---------------------------|--------------------------------------|
| FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES | FORM 990, PART V, LINE 4B | NETHERLANDS ANTILLES, CAYMAN ISLANDS |

| Identifier | Return Reference | Explanation |
|--|-----------------------------------|---|
| RELATED PARTY INFORMATION AMONG OFFICERS | FORM 990, PAGE 6, PART VI, LINE 2 | MARC E. BERSON GREGG N. GERKEN DIRECTOR DIRECTOR BUSINESS RELATIONSHIP MARC E. BERSON CLIFFORD M. SOBEL DIRECTOR DIRECTOR BUSINESS RELATIONSHIP MARC E. BERSON DAVID S. STONE DIRECTOR DIRECTOR BUSINESS RELATIONSHIP RAYMOND G. CHAMBERS ALLEN I. BILDNER DIRECTOR DIRECTOR BUSINESS RELATIONSHIP RAYMOND G. CHAMBERS LAWRENCE P. BATHGATE II DIRECTOR DIRECTOR BUSINESS RELATIONSHIP RAYMOND G. CHAMBERS CHRISTINE C. GILFILLAN DIRECTOR DIRECTOR FAMILY RELATIONSHIP RAYMOND G. CHAMBERS ARTHUR F. RYAN DIRECTOR DIRECTOR BUSINESS RELATIONSHIP RAYMOND G. CHAMBERS CLIFFORD M. SOBEL DIRECTOR DIRECTOR BUSINESS RELATIONSHIP JAMES L. BILDNER ALLEN I. BILDNER DIRECTOR DIRECTOR FAMILY RELATIONSHIP ROSS RICHARDS SANAZ HOJREH OFFICER OFFICER FAMILY RELATIONSHIP |

| Identifier | Return Reference | Explanation |
|--|-------------------------------------|---|
| ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 | FORM 990, PAGE 6, PART VI, LINE 11B | FORM 990 IS PREPARED INTERNALLY BY THE FINANCE DEPARTMENT. THE DRAFT FORM 990 IS REVIEWED BY KPMG, AN INDEPENDENT ACCOUNTING FIRM. THE AUDIT COMMITTEE THEN REVIEWS AND APPROVES THE FINAL 990 IN A MEETING ATTENDED BY COMMITTEE MEMBERS, NJPAC MANAGEMENT AND INDEPENDENT ACCOUNTANTS. AFTER APPROVAL, A COMPLETE COPY OF THE 990 IS PROVIDED TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW. THE AUDIT COMMITTEE CHAIR, CHIEF FINANCIAL OFFICER AND THE INDEPENDENT ACCOUNTANTS MAKE THEMSELVES AVAILABLE FOR QUESTIONS PRIOR TO THE FILING OF THE RETURN WITH THE IRS. |

| Identifier | Return Reference | Explanation |
|---------------------------------|-------------------------------------|--|
| ENFORCEMENT OF CONFLICTS POLICY | FORM 990, PAGE 6, PART VI, LINE 12C | ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES COMPLETE AN ANNUAL QUESTIONNAIRE TO DISCLOSE POTENTIAL CONFLICTS. THE QUESTIONNAIRE INCLUDES KEY DEFINITIONS AND EXAMPLES. IN ADDITION, THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY WITH OFFICERS, DIRECTORS AND KEY EMPLOYEES AND THE SAME ARE REGULARLY REMINDED TO DISCLOSE ANY CHANGES. FOR ALL ACTUAL AND POTENTIAL CONFLICTS THAT ARE IDENTIFIED BY NJPAC MANAGEMENT, THE AFFECTED PERSON IS REQUIRED TO RECUSE HIMSELF OR HERSELF FROM ALL TRANSACTIONS, DELIBERATIONS, NEGOTIATIONS AND OTHER MATTERS RELATING TO 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 |
|---|--|--|
| COMPENSATION PROCESS FOR TOP OFFICIAL | FORM 990, PAGE 6, PART VI, LINE 15A | THE HUMAN RESOURCES COMMITTEE ANNUALLY ENGAGES AN INDEPENDENT CONSULTANT TO PROVIDE COMPARABILITY DATA FOR ALL VICE PRESIDENT LEVEL AND ABOVE OFFICERS THE CONSULTANT ADVISES THE COMMITTEE ON THE REASONABLENESS OF CURRENT COMPENSATION THE PRESIDENT AND CEO ADVISES THE COMMITTEE ON ACTIONS IMPACTING THE COMPENSATION OF VICE PRESIDENTS THE EMPLOYMENT CONTRACTS FOR THE PRESIDENT AND CEO, EXECUTIVE VICE PRESIDENT AND COO, VICE PRESIDENT OF DEVELOPMENT, AND PRESIDENT OF THEATER SQUARE DEVELOPMENT COMPANY ARE REVIEWED BY THE COMMITTEE AND THE CONSULTANT THE HUMAN RESOURCES COMMITTEE CHAIR RECOMMENDS THE CONTRACTS AND AT-RISK COMPENSATION FOR THE PRESIDENT AND CEO TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR REVIEW AND APPROVAL THE BOARD OF DIRECTORS IS INFORMED OF THE NATURE OF THE PROCESS AND MAY REQUEST ADDITIONAL INFORMATION FROM THE HUMAN RESOURCES COMMITTEE CHAIR THE DELIBERATIONS AND DECISION OF THE HUMAN RESOURCES COMMITTEE ARE DOCUMENTED CONTEMPORANEOUSLY IN THE MINUTES THE MINUTES ARE SUBMITTED TO THE EXECUTIVE COMMITTEE OF THE BOARD AND ARE ALSO DOCUMENTED IN THE MINUTES NO INDIVIDUALS WHO HAVE A CONFLICT OF INTEREST MAY BE INVOLVED IN THE COMPENSATION REVIEW, DISCUSSIONS AND DECISIONS |

| Identifier | Return Reference | Explanation |
|---|---|---|
| COMPENSATION PROCESS FOR OFFICERS | FORM 990, PAGE 6, PART VI, LINE 15B | THE HUMAN RESOURCES COMMITTEE ANNUALLY ENGAGES AN INDEPENDENT CONSULTANT TO PROVIDE COMPARABILITY DATA FOR ALL VICE PRESIDENT LEVEL AND ABOVE OFFICERS THE PRESIDENT AND CEO ADVISES THE COMMITTEE ON ACTIONS IMPACTING THE COMPENSATION OF VICE PRESIDENTS THE VICE PRESIDENTS RECOMMEND THE COMPENSATION OF THEIR RESPECTIVE ASSISTANT VICE PRESIDENTS AND KEY EMPLOYEES BASED ON ANNUAL PERFORMANCE REVIEWS AND IN COMPLIANCE WITH COMPENSATION POLICY SET FOR THE ORGANIZATION THE REVIEW IS CONTEMPORANEOUSLY DOCUMENTED |

| Identifier | Return Reference | Explanation |
|--|------------------------------------|---|
| GOVERNING DOCUMENTS DISCLOSURE EXPLANATION | FORM 990, PAGE 6, PART VI, LINE 19 | 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 WEBSITE - 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 GENERAL PUBLIC ON REQUEST FORM 990 AND AUDIT ARE ALSO AVAILABLE ON ITS WEBSITE AND 990 ONLY ON GUIDESTAR |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
NEW JERSEY PERFORMING ARTS CENTER CORPORATION

Employer identification number
22-2889703

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

| (a) Name, address, and EIN (if applicable) 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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) THEATER SQUARE DEVELOPMENT COMPANY ONE CENTER STREET NEWARK, NJ 07102 61-1674276 | R/ESTATE | NJ | | | NJPAC |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (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 | (g) Section 512(b)(13) controlled entity? | |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1) THE ARTS EDUCATION ENDOWMENT FUND ONE CENTER STREET NEWARK, NJ 07102 22-3196074 | SUPPORTNG | NJ | 501C3 | 11A | NJPAC | Yes | |
| | | | | | | | |
| | | | | | | | |
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Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (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, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Dispropportionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|--|--|---------------------------------|--|--|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | |
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Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (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 | (i) Section 512 (b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) NJ CTR FOR PERFORMING ARTS DEV CORP NJ CTR FOR PERFORMING ARTS DEV CORP ONE CENTER STREET NEWARK, NJ 07102 22-2049475 | R/ ESTATE | NJ | NJPAC | C CORP | | | 100 000 % | Yes | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

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

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 or (iv) rent from a controlled entity

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

No

1s

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 | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---------------------------------------|----------------------------------|------------------------|--|
| (1) THE ARTS EDUCATION ENDOWMENT FUND | C | 45,469 | 5 OF ENDOWMENT VALUE |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Schedule R (Form 990) 2012

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]

Software ID:
Software Version:
EIN: 22-2889703
Name: NEW JERSEY PERFORMING ARTS CENTER CORPORATION

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| Identifier | Return Reference | Explanation | |
|------------|------------------|-------------|--|
|------------|------------------|-------------|--|

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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2012

Attachment
Sequence No **179**

Name(s) shown on return
NEW JERSEY PERFORMING ARTS CENTER CORPORATION

Business or activity to which this form relates
INDIRECT DEPRECIATION

Identifying number

22-2889703

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|---|--|---|-----------|
| 1 | Maximum amount (see instructions) | 1 | 500,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 2,000,000 |
| 4 | Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions | 5 | |

| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost | |
|----|---|------------------------------|------------------|--|
| 6 | | | | |
| 7 | Listed property Enter the amount from line 29 | 7 | | |
| 8 | Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 | 8 | | |
| 9 | Tentative deduction Enter the smaller of line 5 or line 8 | 9 | | |
| 10 | Carryover of disallowed deduction from line 13 of your 2011 Form 4562 | 10 | | |
| 11 | Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | | |
| 12 | Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 | 12 | | |
| 13 | Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 | 13 | | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

| | | | |
|----|---|----|-----------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 4,257,398 |

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

| | | | |
|----|---|----|--|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2012 | 17 | |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | | |

Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental property | | | 27 5 yrs | MM | S/L | |
| | | | 27 5 yrs | MM | S/L | |
| i Nonresidential real property | | | 39 yrs | MM | S/L | |
| | | | | MM | S/L | |

Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|--|--|--------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs | | S/L | |
| c 40-year | | | 40 yrs | MM | S/L | |

Part IV Summary (see instructions)

| | | | |
|----|--|----|-----------|
| 21 | Listed property Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions | 22 | 4,257,398 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

| | | | | | | | | |
|--|-------------------------------|--|----------------------------|--|------------------------|---|--------------------------------|---------------------------------|
| 24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | 24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation/ deduction | (i) Elected section 179 cost |
| 25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) | | | | | | | 25 | |
| 26 Property used more than 50% in a qualified business use | | | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| 27 Property used 50% or less in a qualified business use | | | | | | | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 | | | | | | 28 | | |
| 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 | | | | | | | 29 | |

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

| | | | | | | | | | | | | |
|--|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| 30 Total business/investment miles driven during the year (do not include commuting miles) | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal(noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year Add lines 30 through 32 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

| | | |
|---|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | Yes | No |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) | | |
| Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles | | |

Part VI Amortization

| | | | | | |
|---|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
| 42 Amortization of costs that begins during your 2012 tax year (see instructions) | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2012 tax year | | | | 43 | |
| 44 Total. Add amounts in column (f) See the instructions for where to report | | | | 44 | |