

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)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning **07/01/11**, and ending **06/30/12**

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: **NEW JERSEY PERFORMING ARTS CENTER CORPORATION**
 Doing Business As: _____
 Number and street (or P.O. box if mail is not delivered to street address): **ONE CENTER STREET**
 Room/suite: _____
 City or town, state or country, and ZIP + 4: **NEWARK NJ 07102**

D Employer identification number: **22-2889703**

E Telephone number: **973-642-8989**

F Name and address of principal officer:
JOHN SCHREIBER
ONE CENTER STREET
NEWARK NJ 07102

G Gross receipts \$: **53,139,685**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 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**

H(c) Group exemption number: _____

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O			
	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	55
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	52
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	504
	6	Total number of volunteers (estimate if necessary)	6	375
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	5,674
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	9,989,665	8,649,408
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,521,238	11,537,435
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,003,798	759,132
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,108,752	21,141,867
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	120,546
14		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,242,103	12,352,837
16a		Professional fundraising fees (Part IX, column (A), line 11e)	39,800	49,000
b		Total fundraising expenses (Part IX, column (D), line 25) 2,112,196		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	19,941,561	18,609,062
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	31,344,010	31,134,958
	19	Revenue less expenses. Subtract line 18 from line 12	-5,235,258	-9,993,091
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	211,955,468	201,342,305
22	Net assets or fund balances. Subtract line 21 from line 20	12,100,955	13,698,554	
		199,854,513	187,643,751	

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

Signature of officer: **JOHN SCHREIBER** Date: **7/18/13**
 Type or print name and title: **PRESIDENT & CEO**

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: **05/07/13** Check 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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement 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:

See Schedule O

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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **12,323,984** including grants of \$) (Revenue \$ **10,602,693**)

PERFORMANCES AND PERFORMANCE RELATED PROGRAMS PRESENTED 254 PERFORMANCES AND OTHER EVENTS WITH OVER 215,000 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 \$ **3,558,874** including grants of \$ **124,059**) (Revenue \$ **934,742**)

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 95 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 82,000 CHILDREN, PARENTS, AUDIENCES AND EDUCATORS WERE SERVED BY NJPAC'S ARTS EDUCATION PROGRAMS DURING THE YEAR.

4c (Code:) (Expenses \$ **6,943,624** 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.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ **2,818,618** including grants of \$) (Revenue \$)

4e Total program service expenses ► **25,645,100**

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	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input checked="" type="checkbox"/>	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		<input checked="" type="checkbox"/>
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, XII, and XIII is optional	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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)	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? If "Yes," complete Schedule I, Parts I and II		X
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? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
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? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
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? If "Yes," complete Schedule L, Part IV	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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? If "Yes," complete Schedule R, Part I	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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		
1a	345		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2a	504		
b	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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
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)?	X	
b	If "Yes," enter the name of the foreign country: See Schedule O 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	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?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	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?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	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.		
13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13b			
c	Enter the amount of reserves on hand		
13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
14b			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response 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 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.		
1a	55		
b	Enter the number of voting members included in line 1a, above, who are independent		
1b	52		
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?	X	
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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?		X
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?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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	X	
b	Other officers or key employees of the organization	X	
15b	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?		X
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**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization 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 07102 973-642-8989

Newark

NJ 07102

973-642-8989

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) JOHN SCHREIBER PRESIDENT & CEO	50.00	X		X				326,170	0	9,319
(2) A. MICHAEL LIPPER BOARD MEMBER	1.00	X						0	0	0
(3) ALLEN I. BILDNER BOARD MEMBER	1.00	X						0	0	0
(4) ANDREW P. SIDAMON-ERISTOFF BOARD MEMBER	1.00	X						0	0	0
(5) ANN D. BOROWIEC BOARD MEMBER	1.00	X						0	0	0
(6) ANN M. LIMBERG BOARD MEMBER	1.00	X						0	0	0
(7) ANNE E. ESTABROOK BOARD MEMBER	1.00	X						0	0	0
(8) ARTHUR F. RYAN CHAIRMAN EMERITUS	1.00	X						0	0	0
(9) J. FLETCHER CREAMER BOARD MEMBER	1.00	X						0	0	0
(10) BRENDAN P. DOUGHER BOARD MEMBER	1.00	X						0	0	0
(11) BRIAN T. BEDOL BOARD MEMBER	1.00	X						0	0	0
(12) GREGG GERKEN BOARD MEMBER	1.00	X						0	0	0
(13) JEFFREY S. SHERMAN, ESQ. BOARD MEMBER	1.00	X						0	0	0
(14) CHRISTINE C. GILFILLAN BOARD MEMBER	1.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(15) CHRISTOPHER J. CHRISTIE BOARD MEMBER	1.00	X					0	0	0	
(16) CLIFFORD M. SOBEL BOARD MEMBER	1.00	X					0	0	0	
(17) STEPHEN M. VAJTAY, JR., BOARD MEMBER	1.00	X	ESQ.				0	0	0	
(18) CORY A. BOOKER BOARD MEMBER	1.00	X					0	0	0	
(19) DAVID S. STONE BOARD MEMBER	1.00	X					0	0	0	
(20) DEBORAH SAGNER BOARD MEMBER	1.00	X					0	0	0	
(21) DENNIS BONE BD MEM TO 6/13/12	1.00	X					0	0	0	
(22) DIANA T. VAGELOS BD MEM - TO 1/7/12	1.00	X					0	0	0	
(23) DONALD A. ROBINSON ASSISTANT SECRETARY	1.00	X					0	0	0	
(24) DONALD PAYNE JR BOARD MEMBER	1.00	X					0	0	0	
(25) HAROLD MORRISON BOARD MEMBER	1.00	X					0	0	0	
1b Sub-total							326,170		9,319	
c Total from continuation sheets to Part VII, Section A							2,989,937		279,790	
d Total (add lines 1b and 1c)							3,316,107		289,109	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
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? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

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) Name and business address	(B) Description of services	(C) Compensation
AEG LIVE LLC NEW YORK NY 10036	145 WEST 45TH ST. ARTISTS/PERFORM	587,515
XEROX CORPORATION PHILADELPHIA PA 19103	1700 MARKET STREET PRINTING	567,650
MARSH USA MORRISTOWN NJ 07960	44 WHIPPANY RD INSURANCE	459,684
ISS TMC SERVICES INC. LIVINGSTON NJ 07039	81 DORSA AVENUE JANITORIAL	425,246
GATEWAY SECURITY INC. NEWARK NJ 07105	604 MARKET STREET SECURITY	387,300

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 **24**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(15) J. CHRIS SCALET BD MEM TO 6/13/12	1.00	X					0	0	0	
(16) JOHN R. STRANGFELD JR. BOARD MEMBER	1.00	X					0	0	0	
(17) JOSEPH N. DIVINCENZO, JR. BOARD MEMBER	1.00	X					0	0	0	
(18) JOSH S. WESTON BOARD MEMBER	1.00	X					0	0	0	
(19) JUDITH JAMISON BOARD MEMBER	1.00	X					0	0	0	
(20) KIMBERLY GUADAGNO BOARD MEMBER	1.00	X					0	0	0	
(21) LAWRENCE E. BATHGATE BOARD MEMBER	1.00	X					0	0	0	
(22) PATRICK C. DUNICAN BOARD MEMBER	1.00	X					0	0	0	
(23) LEONARD LIEBERMAN BOARD MEMBER	1.00	X					0	0	0	
(24) LUCIA DINAPOLI GIBBONS BOARD MEMBER	1.00	X					0	0	0	
(25) MARC E. BERSON TREASURER	1.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
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? If "Yes," complete Schedule J for such individual	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

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) Name and business address	(B) Description of services	(C) Compensation

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(15) MARC H. MORIAL BOARD MEMBER	1.00	X					0	0	0	
(16) MICHAEL A. TANENBAUM BOARD MEMBER	1.00	X					0	0	0	
(17) MICHAEL R. GRIFFINGER SECRETARY	1.00	X					0	0	0	
(18) N. LYNNE HUGHES BOARD MEMBER	1.00	X					0	0	0	
(19) NINA M. WELLS BOARD MEMBER	1.00	X					0	0	0	
(20) PAT A. DIFILIPPO BOARD MEMBER	1.00	X					0	0	0	
(21) PERCY CHUBB, III BOARD MEMBER	1.00	X					0	0	0	
(22) RALPH A. LAROSSA BOARD MEMBER	1.00	X					0	0	0	
(23) RAYMOND G. CHAMBERS FOUNDING CHAIRMAN	1.00	X					0	0	0	
(24) ROBERT C. WAGGONER BOARD MEMBER	1.00	X					0	0	0	
(25) SAVION GLOVER BOARD MEMBER	1.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
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? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

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) Name and business address	(B) Description of services	(C) Compensation

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(15) SHARON E. BURTON BOARD MEMBER	TURNER 1.00	X						0	0	0
(16) SHEILA F. KLEHM BD MEM - TO 11/15/11	1.00	X						0	0	0
(17) STEVEN E. GROSS BOARD MEMBER	1.00	X						0	0	0
(18) STEVEN M. GOLDMAN ASSISTANT TREASURER	1.00	X						0	0	0
(19) SUSAN N. SOBBOTT BOARD MEMBER	1.00	X						0	0	0
(20) THOMAS H. KEAN BOARD MEMBER	1.00	X						0	0	0
(21) THOMAS M. O'FLYNN BOARD MEMBER	1.00	X						0	0	0
(22) VERONICA M. GOLDBERG BOARD MEMBER	1.00	X						0	0	0
(23) VICTOR PARSONNET BOARD MEMBER	1.00	X						0	0	0
(24) WILLIAM J. MARINO CHAIRMAN	1.00	X						0	0	0
(25) JAMES L. BILDNER BOARD MEMBER	1.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
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? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

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) Name and business address	(B) Description of services	(C) Compensation

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(15) PHILIP R. SELLINGER BOARD MEMBER	1.00	X					0	0	0	
(16) LAWRENCE P. GOLDMAN CEO-TSDC, LLC	50.00			X			424,762	0	25,612	
(17) BARBARA ARBESFEID EXEC. V. PRES. & COO	50.00			X			303,067	0	26,786	
(18) PETER HANSEN VICE PRESIDENT	50.00			X			241,464	0	20,401	
(19) STEPHANIE HUGHLEY VICE PRESIDENT	50.00			X			205,939	0	8,859	
(20) WARREN TRANQUADA VICE PRESIDENT	50.00			X			175,565	0	6,274	
(21) JEFFREY NORMAN VICE PRESIDENT	50.00			X			151,084	0	9,623	
(22) ROSS RICHARDS VICE PRESIDENT	50.00			X			132,949	0	15,903	
(23) SANDRA BOWIE VICE PRESIDENT	50.00			X			131,857	0	9,680	
(24) AUSTIN CLEARY ASST VICE PRESIDENT	50.00			X			130,875	0	10,207	
(25) CATRINA BOISSON VICE PRESIDENT	50.00			X			112,864	0	7,935	
1b Sub-total							2,010,426		141,280	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
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? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

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) Name and business address	(B) Description of services	(C) Compensation

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(15) RENATO TOVERA ASST VICE PRESIDENT	50.00			X			107,533	0	18,476	
(16) CHAD SPIES ASST VICE PRESIDENT	50.00			X			100,536	0	17,540	
(17) BARAKA SELE ASST VICE PRESIDENT	50.00			X			99,342	0	3,317	
(18) SANAZ HOJREH ASST VICE PRESIDENT	50.00			X			82,865	0	10,007	
(19) DIETLINDE WISNIEWSKI ASST VICE PRESIDENT	50.00			X			44,566	0	6,131	
(20) DAVID RODRIGUEZ VICE PRESIDENT	50.00			X			0	0	0	
(21) ERNEST DIROCCO CIO	50.00				X		118,624	0	17,116	
(22) WILLIAM WORMAN HEAD CREW	50.00				X		114,390	0	20,525	
(23) DWAYNE PLOKHOY HEAD CREW	50.00				X		105,623	0	20,191	
(24) PAUL ALLSHOUSE HEAD CREW	50.00				X		104,267	0	20,801	
(25) MARY JAFFA SENIOR DIRECTOR	50.00				X		101,765	0	4,406	
1b Sub-total							979,511		138,510	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
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? If "Yes," complete Schedule J for such individual	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

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) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

			(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	1,846,021				
	d Related organizations	1d	45,522				
	e Government grants (contributions)	1e	1,065,433				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,692,432				
	g Noncash contributions included in lines 1a-1f:		\$ 235,538				
	h Total. Add lines 1a-1f		8,649,408				
Program Service Revenue	2a PERFORMANCE RELATED	Busn. Code 711110	10,602,693	10,602,693			
	b ARTS EDUCATION REVENUE	711110	934,742	934,742			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		11,537,435				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,638,026			1,638,026
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6a Gross rents		(i) Real	1,078,494				
		(ii) Personal					
		b Less: rental exps.	949,126				
		c Rental inc. or (loss)	129,368				
d Net rental income or (loss)			129,368			129,368	
7a Gross amount from sales of assets other than inventory		(i) Securities	29,078,775				
		(ii) Other					
		b Less: cost or other basis & sales exps.	29,957,669				
		c Gain or (loss)	-878,894				
d Net gain or (loss)			-878,894			-878,894	
8a Gross income from fundraising events (not including \$ 1,846,021 of contributions reported on line 1c). See Part IV, line 18		a	305,665				
		b Less: direct expenses	1,089,899				
	c Net income or (loss) from fundraising events		-784,234			-784,234	
9a Gross income from gaming activities. See Part IV, line 19	a	21,335					
	b Less: direct expenses	1,124					
	c Net income or (loss) from gaming activities		20,211			20,211	
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code					
11a PARKING SERVICES	711110	368,150			368,150		
b FOOD SERVICES	711110	270,832			270,832		
c MISCELLANEOUS	541800	185,891			185,891		
d All other revenue	711110	5,674		5,674			
e Total. Add lines 11a-11d		830,547					
12 Total revenue. See instructions.		21,141,867	11,537,435	5,674	949,350		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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 U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	124,059	124,059		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,254,319	1,696,920	1,172,136	385,263
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	6,778,852	5,129,358	866,594	782,900
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	117,796	74,280	31,524	11,992
9 Other employee benefits	1,206,649	1,008,475	85,685	112,489
10 Payroll taxes	995,221	709,576	175,762	109,883
11 Fees for services (non-employees):				
a Management				
b Legal	201,923	118,425	83,498	
c Accounting	103,056		103,056	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	49,000			49,000
f Investment management fees				
g Other	1,372,370	1,125,699	153,623	93,048
12 Advertising and promotion	2,458,317	2,268,677	20,339	169,301
13 Office expenses	538,264	395,996	59,899	82,369
14 Information technology				
15 Royalties				
16 Occupancy	1,908,359	1,884,935	18,418	5,006
17 Travel	109,925	92,435	12,367	5,123
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	325,863	210,383	67,178	48,302
20 Interest	167,537	56,568	110,185	784
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,239,378	4,022,746	114,463	102,169
23 Insurance	438,855	438,855		
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	4,789,293	4,788,268	575	450
b PARKING OPERATIONS	601,770	601,770		
c PRODUCTION COSTS	468,786	439,777	29,009	
d OTHER MISCELLANEOUS	227,371	186,077	19,357	21,937
e All other expenses	657,995	271,821	253,994	132,180
25 Total functional expenses. Add lines 1 through 24e	31,134,958	25,645,100	3,377,662	2,112,196
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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	224,560	1	125,861
	2	Savings and temporary cash investments	75,541	2	36,802
	3	Pledges and grants receivable, net	13,718,680	3	10,058,105
	4	Accounts receivable, net	989,089	4	1,152,769
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	701,504	9	1,001,025
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 186,212,958		
	b	Less: accumulated depreciation	10b 58,384,899		
	11	Investments—publicly traded securities	50,257,234	11	46,597,719
	12	Investments—other securities. See Part IV, line 11	14,784,310	12	14,541,965
	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)	211,955,468	16	201,342,305	
Liabilities	17	Accounts payable and accrued expenses	3,802,062	17	3,577,707
	18	Grants payable		18	
	19	Deferred revenue	2,094,151	19	2,357,531
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	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	4,450,000	23	5,025,000
	24	Unsecured notes and loans payable to unrelated third parties	1,329,172	24	2,347,904
	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	425,570	25	390,412
	26	Total liabilities. Add lines 17 through 25	12,100,955	26	13,698,554
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	123,564,654	27	114,975,044
	28	Temporarily restricted net assets	14,092,284	28	10,749,811
	29	Permanently restricted net assets	62,197,575	29	61,918,896
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	199,854,513	33	187,643,751
34	Total liabilities and net assets/fund balances	211,955,468	34	201,342,305	

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	21,141,867
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,134,958
3	Revenue less expenses. Subtract line 2 from line 1	3	-9,993,091
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	199,854,513
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,217,671
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	187,643,751

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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
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.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
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?		X
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		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

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

Schedule A (Form 990 or 990-EZ) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17,560,840	27,176,452	12,176,706	9,989,665	8,664,673	75,568,336
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	17,560,840	27,176,452	12,176,706	9,989,665	8,664,673	75,568,336
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)						12,947,952
6 Public support. Subtract line 5 from line 4						62,620,384

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	17,560,840	27,176,452	12,176,706	9,989,665	8,664,673	75,568,336
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	847,236	1,505,500	1,516,290	1,553,027	1,767,394	7,189,447
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	6,702,595	1,303,510	987,920	963,239	830,547	10,787,811
11 Total support. Add lines 7 through 10						93,545,594
12 Gross receipts from related activities, etc. (see instructions)					12	11,537,435

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	66.94 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	64.67 %

- 16a 33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2011.** 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—2010.** 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).

Part II, Line 10 - Other Income Detail

PARKING SERVICES - 2011 & 2010	\$	844,725
FOOD SERVICES - 2011 & 2010	\$	408,582
ADVERTISING FEES - 2011 & 2110	\$	105,741
MISCELLANEOUS - 2011 & 2010	\$	434,738
OTHER INCOME - 2009, 2008 & 2007	\$	8,994,025

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2011

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

1a If the organization elected, as permitted under SFAS 116 (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 XIV, 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 ▶ \$ **129,220**

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 ▶ \$

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 XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV 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 XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	65,786,292	57,336,855	53,714,417		
b Contributions	-239,105	788,404	-264,720		
c Net investment earnings, gains, and losses	-1,463,482	10,136,798	6,276,618		
d Grants or scholarships					
e Other expenditures for facilities and programs	2,620,478	2,475,765	2,389,460		
f Administrative expenses					
g End of year balance	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 endowment 95.00 %
 - c Temporarily restricted endowment 5.00 %
- 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:
- | | Yes | No |
|-----------------------------|-----|-------------------------------------|
| (i) unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) related organizations | | <input checked="" type="checkbox"/> |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4 Describe in Part XIV 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		174,058,609	49,521,697	124,536,912
c Leasehold improvements				
d Equipment		12,154,349	8,863,202	3,291,147
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				127,828,059

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	2,684,326	Market
(3) Other HEDGE FUNDS/ALTERNATIVE INVEST	11,857,639	Market
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	14,541,965	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ASSET RETIREMENT OBLIGATION	342,692
(3) FUNDS HELD FOR OTHERS	25,390
(4) ESTIMATED GIFT ANNUITY LIABILITY	22,330
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	390,412

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	21,141,867
2	Total expenses (Form 990, Part IX, column (A), line 25)	31,134,958
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-9,993,091
4	Net unrealized gains (losses) on investments	-2,217,671
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	-68,489
9	Total adjustments (net). Add lines 4 through 8	-2,286,160
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-12,279,251

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	19,162,833
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a -2,217,671
b	Donated services and use of facilities	2b 307,126
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d -68,489
e	Add lines 2a through 2d	2e -1,979,034
3	Subtract line 2e from line 1	3 21,141,867
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 XIV.)	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 21,141,867

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	31,442,084
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a 307,126
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e 307,126
3	Subtract line 2e from line 1	3 31,134,958
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 XIV.)	4b 0
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 31,134,958

Part XIV 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part III, Line 4 - Collections and Relation to Exempt Purpose

Art collections are primarily African artifacts. These are exhibited at NJPAC for the public's enjoyment free of charge.

Part V, Line 4 - Intended Uses for Endowment Funds

Endowment Fund revenue is used for general operating support unless restricted by the donor for a specific purpose.

Part XIV Supplemental Information (continued)

Part X - FIN 48 Footnote

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.

Part XI - Line 8 - Reconciliation of Changes - Other

NET INVESTMENT INCOME OF THE ARTS EDUCATION ENDOWMENT

FUND IN HONOR OF RAYMOND G. CHAMBERS INC. - INCLUDED IN \$ -68,489

CONSOLIDATED AUDITED FINANCIAL STATEMENTS.

Part XII - Line 2d - Revenue Amounts Included in Financials - Other

NET INVESTMENT INCOME OF ARTS EDUCATION ENDOWMENT \$ -68,489

FUND IN HONOR OF RAYMOND G. CHAMBERS INC. - INCLUDED IN

CONSOLIDATED FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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 its grants and other 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 its grants and other assistance outside the United States.

3 Activities 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
CENTRAL AMERICA AND THE CARRIBEAN			INVESTMENTS		6,532,150
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					6,532,150
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					6,532,150

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

Schedule F (Form 990) 2011

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, Information 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

Part V 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).

Part I, Line 3 - Activities per Region

Region	Expenditures	Investments
CENTRAL AMERICA AND THE CARRIBEAN	\$ 0	\$ 6,532,150

Part V - Additional Information

Part I, Line 3, Column F

Method of Valuation of Investments - Fair Market Value

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2011

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$16,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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. Form 990-EZ filers are not required to complete this part.

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

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising 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			
EVERGREEN PARTNERS INC. 1 51 MOUNT BETHEL RD WARREN NJ 07059	SPECIAL EV		X	2,173,021	84,000	2,089,021
THE LUKENS COMPANY 2 2800 SHIRLINGTON RD ARLINGTON VA 22206	DIRECT MAI		X	452,073	42,000	410,073
3						
4						
5						
6						
7						
8						
9						
10						
Total				2,625,094	126,000	2,499,094

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

New Jersey, New York, Florida

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)	None (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	2,151,686		2,151,686
	2	Less: Charitable contributions	1,846,021		1,846,021
	3	Gross income (line 1 minus line 2)	305,665		305,665
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	115,696		115,696
	7	Food and beverages	250,561		250,561
	8	Entertainment	121,991		121,991
	9	Other direct expenses	601,651		601,651
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				-784,234

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		21,335	21,335	
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses			1,124	1,124
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				1,124
	8	Net gaming income summary. Combine line 1, column d, and line 7				20,211

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? 9a Yes No

b If "No," explain:

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

b If "Yes," explain:

- 11 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:

13a	100.00	%
13b		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ Rene Tovera
 One Center Street
 Address ▶ 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 ▶ _____
 Gaming manager compensation ▶ \$ _____
 Description of services provided ▶ _____
 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 to be 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).

Sch G, Part I, Line 2b, Col (v) - Fundraising vs. Reimbursement Explanation
EVERGREEN PARTNERS INC.

FIXED RETAINER FEE PLUS ACTUAL REIMBURSABLE EXPENSES

THE LUKENS COMPANY

FIXED RETAINER FEE PLUS ACTUAL REIMBURSABLE EXPENSES

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

NEW JERSEY PERFORMING ARTS CENTER CORPORATION

Employer identification number

22-2889703

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

2011

Open to Public Inspection

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

Yes No [X] Yes [] No []

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. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-9 are empty.

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	81,450			
3 THE JEFFREY CAROLLO MUSIC					
4 SCHOLARSHIPS	12	19,584			
5 THE MCJ BERKLEE COLLEGE					
6 OF MUSIC SCHOLARSHIPS	5	23,025			
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

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

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					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

TRAINING FOR SELECTED STUDENTS THROUGH THE MUSIC PROGRAMS AT THE NETWORK 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 2010 BERKLEE FIVE-WEEK SUMMER PERFORMANCE PROGRAM. SCHOLARS WERE CHOSEN THROUGH FACULTY RECOMMENDATION AND AUDITIONS. THE SCHOLARS JOINED APPROXIMATELY 900 PARTICIPANTS FROM THE US AND 69 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.

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					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

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.
 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)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

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 Questions Regarding Compensation

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.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on 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

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?

3 Indicate which, if any, of the following the filing organization uses 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. Explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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:

- a Receive a severance payment or change-of-control payment?
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
- b Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
- b Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2011

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	(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				
1	JOHN SCHREIBER	(i) 309,686 (ii) 0	0	16,484	0	9,319	335,489	0
2	LAWRENCE P. GOLDMAN	(i) 415,046 (ii) 0	0	9,716	2,215	23,397	450,374	0
3	BARBARA ARRESFELD	(i) 239,027 (ii) 0	59,225	4,815	5,985	20,801	329,853	0
4	PETER HANSEN	(i) 194,750 (ii) 0	36,000	10,714	1,239	19,162	261,865	0
5	STEPHANIE HUGHLEY	(i) 163,741 (ii) 0	39,000	3,198	2,048	6,811	214,798	0
6	WARREN TRANQUADA	(i) 148,893 (ii) 0	26,250	422	4,732	1,542	181,839	0
7	JEFFREY NORMAN	(i) 125,197 (ii) 0	22,600	3,287	2,320	7,303	160,707	0
8								
9								
10								
11								
12								
13								
14								
15								
16								

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.

Part I, Line 1a - Fringe or Expense Explanation

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS

CERTAIN OFFICERS ARE REIMBURSED FOR THE COST OF OBTAINING SUPPLEMENTAL INSURANCE AS PROVIDED IN THEIR EMPLOYMENT CONTRACTS. THE REIMBURSEMENT PAYMENT IS GROSSED-UP TO ACCOUNT FOR THE ADDITIONAL TAX COST OF RECEIVING THIS BENEFIT. THE GROSSED-UP AMOUNT IS REPORTED AS TAXABLE INCOME IN THE OFFICERS' W-2.

Part I, Line 4 - Severance, Nonqualified, and Equity-Based Payments

Severance Nonqualified Equity-based

STEPHANIE HUGHLEY	26,680	0	0
BARAKA SELE	13,254	0	0

Part I, Line 7 - Non-Fixed Payments Provided

A VARIABLE PORTION OF THE COMPENSATION OF CERTAIN OFFICERS IS "AT RISK." A TARGET AMOUNT FOR THIS VARIABLE COMPENSATION IS SET FOR EACH OFFICER WHICH IS A PERCENTAGE OF SALARY BASED ON LEVEL OF POSITION. PURSUANT TO NJPAC POLICY AS REVIEWED AND APPROVED PERIODICALLY BY THE HUMAN RESOURCES

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.

COMMITTEE OF THE BOARD, PAYMENT OF UP TO THE MAXIMUM OF THIS TARGET IS DETERMINED BASED ON THE OFFICER'S ANNUAL PERFORMANCE REVIEW.

Part III - Other Additional Information

COMPENSATION OF DAVID RODRIGUEZ - OFFICER

DAVID RODRIGUEZ JOINED THE NEW JERSEY PERFORMING ARTS CENTER AS A VICE PRESIDENT IN JANUARY 2012. HE IS A COMPENSATED EMPLOYEE BUT DID NOT RECEIVE ANY W-2 COMPENSATION IN CALENDAR YEAR 2011.

COMPENSATION OF LAWRENCE P. GOLDMAN - OFFICER

LAWRENCE P. GOLDMAN SERVED AS THE PRESIDENT AND CEO OF THE NEW JERSEY PERFORMING ARTS CENTER (NJPAC) FROM JANUARY 1, 2011 TO JUNE 30, 2011 AND ITS WHOLLY OWNED SUBSIDIARY, THE THEATER SQUARE DEVELOPMENT COMPANY LLC (TSDC) FROM JULY 1, 2011 TO JUNE 30, 2012. HIS REPORTABLE W-2 COMPENSATION OF \$424,762 CONSISTS OF \$269,442 FROM NJPAC AND \$155,320 FROM TSDC. OTHER COMPENSATION CONSISTS OF \$16,391 FROM NJPAC AND \$9,221 FROM TSDC.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, line 26a, 26b, 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

2011

Open To Public Inspection

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) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

1	(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
		To	From			Yes	No	Yes	No	Yes	No
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
Total						▶ \$ _____					

Part III Grants or Assistance Benefiting Interested Persons.

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

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

**Open To Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

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	1	235,538	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 Acknowledgement **0**

	Yes	No
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?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
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.		

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

**NEW JERSEY PERFORMING ARTS CENTER
CORPORATION**

Employer identification number
22-2889703

Form 990 - 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.

Form 990 - Additional Information

Part 1, Line 19 - Revenue less expenses

Line 19 shows a reduction in net assets of \$9,993,091 in the current year,
and \$5,235,258 in the prior year. This should not be interpreted as net
operating loss. The following clarifies the components of the reduction
in net assets:

Current 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)

-

Prior Year - (\$5,235,258)

Net operating income - \$0

Depreciation and other building fund charges - (\$3,319,952)

Real estate pre-development - (\$630,389)

Interest & realized gain on endowment - \$4,980,614

Name of the organization

NEW JERSEY PERFORMING ARTS CENTER

Employer identification number

22-2889703

Net use of temporarily and other restricted funds - (\$6,265,531)

The use of temporarily and other restricted funds primarily reflects expenditures made against multi-year pledges that were reported as revenue in prior years.

Form 990, Part III, Line 4d - All Other Accomplishment

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.

Form 990, Part V, Line 4b - Financial Accounts in Foreign Countries Netherlands Antilles, Cayman Islands

Form 990, Part VI, Line 2 - Related Party Information Among Officers

MARC E. BERSON

RAYMOND G. CHAMBERS

DIRECTOR

DIRECTOR

BUSINESS RELATIONSHIP

MARC E. BERSON

GREGG N. GERKEN

DIRECTOR

DIRECTOR

BUSINESS RELATIONSHIP

Name of the organization

NEW JERSEY PERFORMING ARTS CENTER

Employer identification number

22-2889703

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

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

Name of the organization

NEW JERSEY PERFORMING ARTS CENTER

Employer identification number

22-2889703

JAMES L. BILDNER

ALLEN I. BILDNER

DIRECTOR

DIRECTOR

FAMILY RELATIONSHIP

ROSS RICHARDS

SANAZ HOJREH

OFFICER

OFFICER

FAMILY RELATIONSHIP

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

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.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

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,

Name of the organization

NEW JERSEY PERFORMING ARTS CENTER

Employer identification number

22-2889703

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.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

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.

Form 990, Part VI, Line 15b - Compensation Process for Officers

THE HUMAN RESOURCES COMMITTEE ANNUALLY ENGAGES AN INDEPENDENT CONSULTANT TO PROVIDE COMPARABILITY DATA FOR ALL VICE PRESIDENT LEVEL AND ABOVE

Name of the organization

NEW JERSEY PERFORMING ARTS CENTER

Employer identification number

22-2889703

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.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

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 IS ALSO AVAILABLE ON ITS WEBSITE AND ON WWW.GUIDESTAR.ORG.

Form 990, Part VII - Related Organizations

Section A, Column B - Estimated Hours Per Week for Related Organization

John Schreiber - .2

A. Michael Lipper .1

Allen I. Bildner .1

Andrew P. Sidamon-Eristoff .1

Ann Borowiec .1

Ann Limberg .1

Anne Estabrook .1

Arthur Ryan .1

J. Fletcher Creamer .1

Brendan P. Dougher .1

Name of the organization

NEW JERSEY PERFORMING ARTS CENTER

Employer identification number

22-2889703

Brian T. Bedol .1

Gregg Gerken .1

Jeffrey S. Sherman .1

Christine C. Gilfillan .1

Christopher Christie .1

Clifford M. Sobel .1

Stephen M. Vajtay Jr. .1

Cory A. Booker .1

David S. Stone .1

Deborah Sagner .1

Dennis Bone .1

Diana Vagelos .1

Donald A. Robinson .1

Donald Payne Jr. .1

Harold Morrison .1

James L. Bildner .1

J. Chris Scalet .1

John Strangfeld Jr. .1

Joseph n. Divincenzo .1

Josh S. Weston .1

Judith Jamison .1

Kimberly Guadagno .1

Lawrence E. Bathgate .1

Leonard Lieberman .1

Lucia D. Gibbons .1

Marc E. Berson .1

Marc H. Morial .1

Name of the organization

NEW JERSEY PERFORMING ARTS CENTER

Employer identification number

22-2889703

Michael Tanenbaum .1

Michael R. Griffinger .1

N. Lynne Hughes .1

Nina M. Wells .1

Pat Di Filippo .1

Patrick C. Dunican .1

Percy Chubb III .1

Ralph LaRossa .1

Raymond G. Chambers .1

Robert C. Waggoner .1

Savion Glover .1

Sharon E. Burton .1

Sheila F. Klehm .1

Steven E. Gross .1

Steven M. Goldman .1

Susan Sobott .1

Thomas H. Kean .1

Thomas M. O'Flynn .1

Veronica M. Goldberg .1

Victor Parsonnet .1

William J. Marino .1

Barabara Arbesfeld .1

Peter Hansen .1

Stephanie Hughley .1

Catrina Boisson .1

warren Tranquada .2

Jeffrey Norman .1

Name of the organization

NEW JERSEY PERFORMING ARTS CENTER

Employer identification number

22-2889703

Sandra Bowie .2

Ross Richards .1

David Rodriguez .1

Austin Cleary .1

Dietlinde Wisniewski .1

Renato Tovera .5

Chad Spies .1

Baraka Sele .1

Sanaz Hojreh .1

Form 990, Part XI, Line 5 - Other Changes in Net Assets Explanation

NET UNREALIZED INVESTMENT LOSS - \$2,217,671

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NEW JERSEY PERFORMING ARTS CENTER
CORPORATION

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.

CMB No. 1545-0047

2011

**Open to Public
Inspection**

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 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			N/A
(2)					
(3)					
(4)					
(5)					

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	SUPPORTING	NJ	501C3	11a	NJPAC		X
(2)							
(3)							
(4)							
(5)							

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) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1099)	(j) General or managing partner?		(k) Percentage ownership
								Yes	No		Yes	No	
(1)	(1) NJ CTR FOR PERFORMING ARTS DEV CORP ONE CENTER STREET NEWARK NJ 07102 22-2049475	R/ ESTATE	NJ	N/A									100.000000
(2)													
(3)													
(4)													

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
(1)	(1) NJ CTR FOR PERFORMING ARTS DEV CORP ONE CENTER STREET NEWARK NJ 07102 22-2049475	R/ ESTATE	NJ	N/A	C			100.000000
(2)								
(3)								
(4)								

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)

- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses

- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

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.

(1)	(a) Name of other organization	(b) Transaction type (a-1)	(c) Amount involved	(d) Method of determining amount involved	Yes		No	
					1j	1k	1l	1m
(1)	THE ARTS EDUCATION ENDOWMENT FUND	C	45,522	5% OF ENDOWMENT VALUE			X	X
(2)								
(3)								
(4)								
(5)								
(6)								

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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.

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512.514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate 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		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														

Forms 990 / 990-PF	Mortgages and Other Notes Payable	2011
For calendar year 2011, or tax year beginning 07/01/11 , and ending 06/30/12		
Name NEW JERSEY PERFORMING ARTS CENTER CORPORATION		Employer Identification Number 22-2889703

Form 990, Part X, Line 23 - Additional Information

Name of lender	Relationship to disqualified person
(1) JPMORGAN CHASE BANK	
(2) JPMORGAN CHASE BANK	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 3,300,000	04/30/10	04/30/13		
(2) 2,500,000	Various	04/26/13		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) CERTAIN REVENUES, UNRESTRICTED PLEDGE	THEATER CONSTRUCTION FINANCING
(2) CERTAIN REVENUES, UNRESTRICTED PLEDGE	WORKING CAPITAL CREDIT LINE
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1) NA	2,950,000	2,525,000
(2) NA	1,500,000	2,500,000
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	4,450,000	5,025,000

Federal Statements

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 1,638,026		25			
Total	\$ <u>1,638,026</u>					

Tax-Exempt Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>InState Muni (\$ or %)</u>
	\$				14	
Total	\$ <u>0</u>					

Federal Statements

Form 990. Part IX. Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Total	\$ 1,372,370	\$ 1,125,699	\$ 153,623	\$ 93,048
	\$ 1,372,370	\$ 1,125,699	\$ 153,623	\$ 93,048

Form 990. Part IX. Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
TELECOMMUNICATIONS	\$ 181,721	\$ 29,189	\$ 151,061	\$ 1,471
CREDIT CARD FEES	181,396	167,927	210	13,259
RECRUITMENT	106,029	52,162	4,828	49,039
TICKETS	104,938	22,543	13,984	68,411
BANK AND PAYROLL SERVICE	83,911		83,911	
Total	\$ 657,995	\$ 271,821	\$ 253,994	\$ 132,180

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2011, or tax year beginning 07/01, 2011, and ending 06/30, 2012

2011

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

See instructions on back.

Department of the Treasury
Internal Revenue Service

Name of exempt organization

NEW JERSEY PERFORMING ARTS CENTER CORPORATION

Employer identification number

22-2889703

Part I Type of Return and Return Information (Whole Dollars Only)

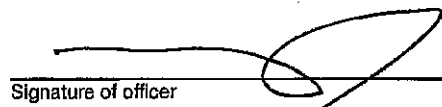
Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	21,141,867
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration of Officer

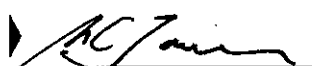
- 6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here  Date 5/7/13 Title **PRESIDENT & CHIEF EXECUTIVE OFFICER**

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.


ERO's signature  Date 5/9/13 Check if also paid preparer Check if self-employed ERO's SSN or PTIN **P01356084**

Firm's name (or yours if self-employed), address, and ZIP code **A.F.PAREDES & CO. LLP** EIN **22-2987972**

250 STELTON ROAD, PISCATAWAY, NJ 08854 Phone no. **732-752-9530**

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only

Print/Type preparer's name **M. HODGKINS** Preparer's signature  Date **5/8/13** Check if self-employed PTIN **P01420019**

Firm's name **KPMG LLP** Firm's EIN **13-5565207**

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