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Form 990	

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

Go to www.irs.go	gov/Fo	orm	990 for	instructions and the late	est information	ation.
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AF	A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022								
B	Check if	C Name of organization		D Employer identific	ation number				
а	pplicabl	NEW JERSEY PERFORMING ARTS CENTER							
	Addre	e CORPORATION							
	Name Chang			22-2889703					
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number					
	973-642-8989								
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	105,797,142.				
	Mended NEWARK, NJ 07102								
	Applic tion	F Name and address of principal officer.		for subordinates?	Yes X No				
	pendir	¹⁹ ONE CENTER STREET, NEWARK, NJ 07102		H(b) Are all subordinates inc					
11	Tax-exe	empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) c	or 📃 527	lf "No," attach a l	ist. See instructions				
٦ /	Nebsit	te: WWW.NJPAC.ORG		H(c) Group exemption	number 🕨				
KF	orm of	organization: X Corporation Trust Association Other ►	L Year	of formation: 1988 M	State of legal domicile: NJ				
Pa	art I	Summary							
	1	Briefly describe the organization's mission or most significant activities:	HEDULE O.						
Activities & Governance									
'nai	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	ed of more	than 25% of its net asse	ets.				
vel		Number of voting members of the governing body (Part VI, line 1a)			65				
ğ		Number of independent voting members of the governing body (Part VI, line 1b)		62					
ა ა		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			431				
itie		Total number of volunteers (estimate if necessary)			80				
Ę		Total unrelated business revenue from Part VIII, column (C), line 12			1,911,604.				
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11		0.					
				Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)		25,411,022.	29,907,206.				
nue		Program service revenue (Part VIII, line 2g)		1,316,931.	17,269,718.				
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,271,754.	6,074,025.				
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,288,819.	7,118,489.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		34,288,526.	60,369,438.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		22,800.	169,342.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	٥.				
s	40	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		11,487,324.	17,511,844.				
Ise	16a	Professional fundraising fees (Part IX, column (A), line 11e)		185,183.	185,882.				
Expenses	Ь	Total fundraising expenses (Part IX, column (D), line 25)							
ň	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		14,854,522.	29,829,240.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		26,549,829.	47,696,308.				
		Revenue less expenses. Subtract line 18 from line 12		7,738,697.	12,673,130.				
or	-		Be	ginning of Current Year	End of Year				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		266,001,987.	253,995,837.				
Ass	21	Total liabilities (Part X, line 26)		24,998,124.	18,709,176.				
Net	22	Net assets or fund balances. Subtract line 21 from line 20		241,003,863.	235,286,661.				
Pa	art II	Signature Block	·····	, , , , ,	,				
	Jnder 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	Signature of officer		D	ate					
Here	LENNON REGISTER, CFO								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	EVAN W. SEEKAMP	$\mathcal{S}(\mathcal{X})$	05/09/23	self-employed P01907071					
Preparer	Firm's name 🕒 KPMG LLP		F	irm's EIN 🕨 13-5565207					
Use Only	Firm's address 🕒 345 PARK AVENUE								
	NEW YORK, NY 10154-0102	2	Р	hone no.212-758-9700					
May the I	RS discuss this return with the preparer shown ab	ove? See instructions		X Yes No					
132001 12-0	32001 12-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print Name of exempt organization or other filer, see instructions. Tax print NEW JERSEY PERFORMING ARTS CENTER Tax				Taxpayer identification number (TIN			(TIN)
- 11 - 1 41	CORPORATION				22-288	39703	
File by the due date f filing your return. Se	or Number, street, and room or suite no. If a P.O. box, ONE CENTER STREET	see instruct	ions.				
instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEWARK, NJ 07102						_	
Enter th	ne Return Code for the return that this application is for (f	ile a separat	te application for each return)				0 1
Applica	ation	Return	Application			F	Return
ls For		Code	Is For				Code
Form 9	90 or Form 990-EZ	01	Form 1041-A				08
Form 4	720 (individual)	03	Form 4720 (other than individual)				09
Form 9	90-PF	04	Form 5227				10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 9	90-T (trust other than above)	06	Form 8870				12
Form 9	90-T (corporation)	07					
• If the • If this box 1 I the 2 If 	phone No. ► 973-353-8034 e organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► request an automatic 6-month extension of time until he organization named above. The extension is for the org calendar year or X tax year beginning JUL 1, 2021 the tax year entered in line 1 is for less than 12 months, Change in accounting period	: Group Exe and atta MAY 1 ganization's , an check reaso	mption Number (GEN) <u>ch a list with the names and TINs of</u> <u>5, 2023</u> , to file return for: d endingJUN 30, 2022 on: Initial return	If this is fo all memb	r the whole ers the exte	group, che nsion is for	
	this application is for Forms 990-PF, 990-T, 4720, or 606 ny nonrefundable credits. See instructions.	9, enter the	tentative tax, less	3a	\$		٥.
-	this application is for Forms 990-PF, 990-T, 4720, or 606	9, enter any	refundable credits and				
	stimated tax payments made. Include any prior year over			3b	\$		0.
_	alance due. Subtract line 3b from line 3a. Include your p						
u	sing EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ns.	3c	\$		0.
	n: If you are going to make an electronic funds withdrawa			453-TE and	d Form 887	9-TE for pay	yment
LHA	For Privacy Act and Paperwork Reduction Act Notice	, see instru	ictions.		Form	8868 (Rev.	1-2022)

F	NEW JERSEY PERFORMING ARTS CENTER OOD (2021) CORPORATION	22-288970	3 D 9
	990 (2021) CORPORATION T III Statement of Program Service Accomplishments	22-200970	³ Page 2
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: SEE SCHEDULE 0.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	C	Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	[Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as me Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, revenue, if any, for each program service reported.		
4a		\$	15,202,056.
Ĩ	PERFORMANCES AND PERFORMANCE RELATED PROGRAMS: PRESENTED 614	·	
	PERFORMANCES AND EVENTS (OF WHICH 282 WERE FREE OF CHARGE INCLUDING		
	VIRTUAL) WITH OVER 347,000 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 \$10,749,327. including grants of \$) (Revenue 5 THEATER OPERATIONS: PROVIDED SERVICES FOR THE MANAGEMENT, OPERATION AND	\$	0.)
	MAINTENANCE OF THE ARTS CENTER, PARKING FACILITIES AND CHAMBERS PLAZA		
	FOR PUBLIC USE AND ENJOYMENT.		
4c	(Code:) (Expenses \$3,908,837. including grants of \$94,747.) (Revenue \$	\$	177,214.)
	ARTS EDUCATION PROGRAMS: NJPAC ARTS EDUCATION OFFERS PROGRAMMING IN		
	FOUR MAIN AREAS: 1) SCHOOLTIME PERFORMANCES AND IN-SCHOOL ASSEMBLIES, 2) IN-SCHOOL RESIDENCIES, 3) ARTS TRAINING AND 4) PROFESSIONAL		
	DEVELOPMENT. CONTINUED IN SCHEDULE O.		
ام/	Other program convices (Describe on Schodule Q)		
40	Other program services (Describe on Schedule O.) (Expenses \$ 5,954,300. including grants of \$) (Revenue \$)
4e	Total program service expenses 38,593,639.		/
			Form 990 (2021
132002	12-09-21		
	3		

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	990 (2021) CORPORATION 22-288970	3	Р	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	L
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
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			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		_	1
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		_	1
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	х	
132003	3 12-09-21	Form	990	(2021)

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Part IV Checklist of Required Schedules (continued) 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	,	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		V	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	No
Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	2	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	3	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			x
Schedule K. If "No," go to line 25a 24 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24			
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	ia		х
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	ib		х
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	6		Х
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	7		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
instructions for applicable filing thresholds, conditions, and exceptions):			
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
"Yes," complete Schedule L, Part IV 28			X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	8b		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
"Yes," complete Schedule L, Part IV			X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	9	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
contributions? If "Yes," complete Schedule M 3 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 3			X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	<u>_</u>		x
Schedule N, Part II 3 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	3	x	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-		
Part V, line 1	4	x	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		х	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	ib	x	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	T		
If "Yes," complete Schedule R, Part V, line 2	6		Х
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	7		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Note: All Form 990 filers are required to complete Schedule O 3 Part V Statements Regarding Other IRS Filings and Tax Compliance 3	8	Х	
Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response or note to any line in this Part V	<u>.</u>		
		Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 300			
b Enter the number of Forms W-2G included on 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		v	
(gambling) winnings to prize winners?	•		2021)
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Yes Note Yes Note 2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 21 1 1 b If all eat one services on which the year covered by this return 23 X b If all eat one services on the stand 2a is greater than 250, you may be required to e.dip. See instructions. 38 X b If Yes, 'has if field a form 300 T for this year? 36 X 38 X b If Yes, 'has if field a form 300 T for this year? 4a X Yes, 'has if field a form 300 T for this year? 4a X b If Yes, 'has if the a form 300 T for this year? 4a X X 4a b If Yes, 'has the max of the facing county b Y 4a X X b D da yea columization that year and yea or backtob tas sheller transaction at a year? 4a X X b D da yea columization that year and yea or backtob tas sheller transaction at a year? 5a X c D da thy columization columization an express the provide data contribution on a party to a prohibitas a contribution and party to a prontructure that were not tas co	Form	990 (2021) CORPORATION 22-288970)3	Р	age 5	
2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 2a 31 bit at least one is reported on the 2a, did the cagestration file all required federal engloyment tax returns? 2a X 3a Did the cagestration have unrelated business gross recored by this required to a-file. See instructions. 2a X 3a Did the cagestration have unrelated business gross recores dor this required to a-file. See instructions. 2a X 3a At any time during the cacendre year, did the cagestration rows an interest in or a signature or the adhedry, over, a financial account in several role as the file of the year in the association rows an interest in or a signature or the adhedry over, a financial account is prohibed tax shell the transaction at any to a prohibited tax shell the several? 2a X bit if Yes, ' relate the name of the fore ognaturation for Form 808617. 5a X 5a X bit divary taxetable party rolly the organization for Form 808617. 5a X 5a X bit divary taxetable rolly rolly the organization for Form 808617. 5a X 5a X cill divary taxetable rolly rolly the organization for Form 808617. 5a X 7a X cill fifty Cagnitation rolly astadron rolls as adrate rolls and rolly	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
If a detail or the calendar year ending with or within the year covera by this return 2a 412 Note: If the sum of lines 1a and 2a is greater than 250, you may be required to earlies. See instructions. 2a x B of the origination have unrealed building account of 150,000 mmore during the year? 2a. x B of the origination have unrealed building account of 150,000 mmore during the year? 2a. x B of the origination have unrealed building account of the origin country 4a. x B of the origination have unreal building the scale origin country 4a. x B of the origination have unreal building the scale origin country 4a. x B of the origination have unreal building the scale origin country 4a. x B of the origination have an intrave or the scale origin country 5a. x C If Yes's to line ba or ba, did the origination the scale acromal greater than \$100,000, and did the origination solitation an express statement that such contributions or gits were not tax deductible? 5a. x D of the origination have an indication an express statement that such contributions or gits were not tax deductible? 5b. x D of the origination have annot by the direct of the value of the good or savices previded to the payoff 7b. x D of the origination have and pay to forme bases of \$75 made party size or thrant base origins or savices previded? 7b. x D				Yes	No	
b If a basit one is reported on ima 2a, dot the organization file all required federal employment tax returns? 2b X Note: If the sum of lines 1 and 2a is greate than 280, your my be required to a-pin. See instructions. 3a X b If Yes, "has it filed 5 rom 900 The file year? if Yes' to line 3b, provide an epiparation on Schedule 0. 3b X b If Yes, "has it filed 5 rom 900 The file year? if Yes' to line 3b, provide an epiparation on Schedule 0. 3b X b If Yes, "has it filed 5 rom 900 The file year? if Yes' to line 3b, provide an epiparation on Schedule 0. 3b X b If Yes, "hast if the anon of the organization have an interest in, or a signature or other stational account? 4a X b If Yes, "instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account? 5a X b US any instructions faure and enginazion file from 8886170 5c 5c 5c c Do set the organization naive any constructions faure any constructions for mass provide and spread frame file and organization file form 8886170 5c 5c c Do set the organization naive any constructions and spread station construction or grins were not tax deductibles and charable constructions? 7c X b If Yes, "indit the organization naive	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
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6 Form 990 (2021) 2021.05080 NEW JERSEY PERFORMING ART 398622_1

NEW	JERSEY	PERFORMING	ARTS	CENTER

Form	990 (2021) CORPORATION		22-2889		F	eage 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and for	a "No"	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	6	5		
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	6	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	iny other			
	officer, director, trustee, or key employee?			2	х	
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
а	The governing body?		-	8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	/enue	Code.)			
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha					
	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			11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es." de	escribe			
	on Schedule O how this was done	<i>,</i>		12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by ind	lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient wi	th a			
	taxable entity during the year?			16a	х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its pa	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	zation	's			
	exempt status with respect to such arrangements?			16b	Х	
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed \mathbf{P}^{FL} , NJ , NY , PA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	T (section 501(c)(3	B)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			nd finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records			
	MARY JAFFA - 973-353-8034					
	ONE CENTER STREET, NEWARK, NJ 01702					
13200	3 12-09-21	_		Forr	n 990	(2021)
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2021.05080 NEW JERSEY PERFORMING ART 398622_1

Form 990 ((2021) CORPORATION	22-2889703	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, H	lighest Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employ	/ees	
1a Comple	ete 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 a	all of the organization's current officers, directors, trustees (whether individuals or orgar	nizations), regardless of amount of compension	sation.

Enter -0- in columns (\widetilde{D}), (E), and (F) if no compensation was paid.

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

NEW JERSEY PERFORMING ARTS CENTER

• 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c		ition		ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week	-	cer ar	id a d	irecto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		66	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con		1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) JOHN SCHREIBER	50.00		-		-	1				
PRESIDENT & CEO	0.20	х		х				1,170,547.	0.	41,719.
(2) DAVID D. RODRIGUEZ	50.00									
EVP & EXECUTIVE PRODUCER	0.10			х				493,967.	0.	18,965.
(3) WARREN TRANQUADA	50.00									
EVP & COO	0.10			х				425,682.	0.	8,933.
(4) TIMOTHY LIZURA	50.00									
SVP, REAL ESTATE & CAPITAL PROJECTS	0.10			х				363,400.	0.	8,133.
(5) LENNON REGISTER	50.00									
VP & CHIEF FINANCIAL OFFICER	0.20			Х				289,394.	0.	18,018.
(6) AMY FITZPATRICK	50.00									
AVP, DEVELOPMENT	0.10			Х				237,121.	0.	32,093.
(7) BETH SILVER	50.00									
CHIEF PEOPLE OFFICER	0.10			Х				228,844.	0.	34,911.
(8) CHAD D. SPIES	50.00									
VP, OPERATIONS & REAL ESTATE	0.10			Х				193,800.	0.	34,946.
(9) KATIE L. SWORD	50.00									
VP, MARKETING	0.10			Х				219,208.	0.	8,124.
(10) JENNIFER L. TSUKAYAMA	50.00									
VP, ARTS EDUCATION	0.10			х				187,355.	0.	20,714.
(11) AUSTIN G. CLEARY	50.00									
AVP, SALES & PLANNING NJPAC EVENTS	0.10			х				186,722.	0.	16,942.
(12) JOHN EVAN WHITE	50.00									
AVP, PROGRAMMING	0.10			х				155,621.	0.	38,380.
(13) SARAH ROSEN	50.00									
MANAGING DIRECTOR, WA	0.10			х				146,166.	0.	39,614.
(14) ERNEST DIROCCO	50.00									
CHIEF INFORMATION OFFICER	0.10			х				160,621.	0.	20,449.
(15) YOLANDA DOGANAY	50.00									
AVP & CONTROLLER	0.20			х				127,717.	0.	36,362.
(16) MARY C. JAFFA	50.00									
AVP, FINANCE	0.10			х				146,518.	0.	13,876.
(17) TODD TANTILLO	50.00									
HEAD ENGINEER	0.10					X		119,057.	0.	27,338.
132007 12-09-21										Form 990 (2021)

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Form 990 (2021)

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Form 990 (2021) CORPORATION									22-288970	3	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos heck		۱ than c	ne	Reportable	Reportable	E	stimate	d
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	ar	nount	of
	week		cer ar	laaa	recio	n/trus	lee)	from	from related		other	
	(list any hours for	irecto						the	organizations		ipensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)		rom the Janizat	
	organizations	In dividual trustee or director	Institutional trustee		ee	mpen		1099-NEC)	1099-1120)		d relat	
	below	dual t	utiona	_	nploy	st coi	Ju Ju	100011207			anizati	
	line)	Indivi	Institu	Officer	ƙey employee	Highest compensated employee	Former					
(18) CHRISTOPHER MOSES	50.00				_							
SENIOR DIR, PRODUCTION	0.10					х		132,277.	0.		6,	575.
(19) SIMMA LEVINE	50.00											
PRODUCER SPECIAL PROJECTS	0.10					X		100,007.	0.		38,	521.
(20) MEGGAN GOMEZ (END 6/2022)	50.00											
AVP FACULTY & CREATIVE PRACTICE	0.10			х				91,818.	0.		15,	336.
(21) DEBORAH PURDON	50.00											
DIR RESEARCH & PROSPECT MGMT	0.10					X		103,763.	0.		З,	072.
(22) JAMES MCMORROW	50.00											
DIR OF SEC. SAFETY, TRAFFIC & PARK	0.10					X		100,563.	0.		2,	788.
(23) EYESHA MARABLE	50.00											
AVP, COMMUNITY ENGAGEMENT	0.10			х				95,510.	0.		2,	999.
(24) SAVION GLOVER	1.00											
BOARD MEMBER	0.10	Х						17,500.	0.			٥.
(25) CHRISTIAN MCBRIDE	1.00											
BOARD MEMBER	0.10	Х						11,250.	0.			٥.
(26) ERIN MORALES (START 4/2022)	50.00											
AVP, CORP & INSTITUTIONAL P'SHIPS	0.10			Х				0.	0.			٥.
1b Subtotal								5,504,428.	0.		488,	808.
c Total from continuation sheets to Part VI	I, Section A							0.	0.			٥.
d Total (add lines 1b and 1c)								5,504,428.	0.		488,	808.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization												21
											Yes	No
3 Did the organization list any former officer,	director, truste	ee, ⊧	key e	empl	oye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									3		X
4 For any individual listed on line 1a, is the su	•		•						•			
and related organizations greater than \$150										4	X	
5 Did any person listed on line 1a receive or a	•				•			•				
rendered to the organization? If "Yes." com	plete Schedule	e J f	or sı	ıch ı	oers	on .				5		Х
Section B. Independent Contractors												

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
LARENA CONSTRUCTION, LLC		
88 NAYLON AVENUE, LIVINGSTON, NJ 07039	CONSTRUCTION	561,035.
SJ PRESENTS CORP		
3578 ROUTE 611, BARTONSVILLE, PA 18321	CONCERT & MARKETING SERVICES	555,793.
AMERICAN EXPRESS TRAVEL, 1801 NW 66TH		
AVENUE SUITE 103A, PLANTATION, FL 33313	CREDIT CARD SVCS	517,299.
GATEWAY SECURITY SERVICES, INC.		
PO BOX 936601, ATLANTA, GA 31193-6601	SECURITY	509,839.
SKIDMORE, OWNINGS & MERRILL, LLP		
14 WALL STREET, NEW YORK, NY 10005	DESIGN AND SCHEMATIC	445,053.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization > 36		
SEE PART VII, SECTION A CONTINUATION SHEETS		Form 990 (2021)

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Form 990 CORPORATION Part VII Section A Officers Directors Tr	untana Kaur-	nel-				liek		Componente d Empland	22-28897			
Jection A. Onicers, Directors, In		npic	yee			iigh	est					
(A) Name and title	(B) Average	1			C) ition			(D) Reportable	(E) Reportable	(F) Estimated		
Name and the	hours	(c			that		Iv)	compensation	compensation	amount of		
	per	(0)					· <u>y</u> ,	from	from related	other		
	week					yee		the	organizations	compensation		
	(list any	ector				old m		organization	(W-2/1099-MISC)	from the		
	hours for	or dir	ee e			ated e		(W-2/1099-MISC)		organization		
	related	ustee	trust		66	suadu				and related		
	organizations below	lual tr	tional		voldu	st com	_			organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former					
(27) LARA ABRASH	1.00	_	-		-	-	-					
BOARD MEMBER	0.10	Х						0.	0.	0		
(28) MARSHA I. ATKIND	1.00											
BOARD MEMBER	0.10	х						٥.	0.	0		
(29) RAS J. BARAKA	1.00											
BOARD MEMBER	0.10	х						0.	0.	0		
(30) LAWRENCE E. BATHGATE II, ESQ.	1.00											
BOARD MEMBER	0.10	Х						0.	0.	0		
(31) MARC E. BERSON	1.00											
TREASURER	0.10	Х						0.	0.	(
(32) JAMES L. BILDNER	1.00											
BOARD MEMBER	0.10	Х						0.	0.	0		
(33) DANIEL M. BLOOMFIELD, MD	1.00											
BOARD MEMBER	0.10	х						0.	0.	0		
(34) MODIA BUTLER	1.00	-							_			
BOARD MEMBER	0.10	х						0.	0.	C		
(35) JACOB S. BUURMA, ESQ.	1.00											
BOARD MEMBER	0.10	х	<u> </u>					0.	0.	C		
(36) DR. NANCY CANTOR	1.00	-										
BOARD MEMBER	0.10	х						0.	0.	C		
(37) REGINA CARTER	1.00								0			
BOARD MEMBER	0.10	х						0.	0.	(
(38) RAYMOND G. CHAMBERS	1.00							0	0			
FOUNDING CHAIR (39) MINDY COHEN	0.10	Х						0.	0.	(
BOARD MEMBER	1.00							0	0.			
(40) MATTHEW CONNOR	0.10	~						0.	0.	(
BOARD MEMBER	0.10	x						0.	0.			
(41) WAYNE COOPERMAN	1.00	~						· ·	0.	(
BOARD MEMBER (END 9/2021)	0.10	x						0.	0.	C		
(42) MILDRED C. CRUMP	1.00	л						·.	0.			
BOARD MEMBER (END 10/2021)	0.10	x						0.	0.	C		
(43) EDWAN DAVIS	1.00							`` .	••			
BOARD MEMBER	0.10	x						0.	0.	C		
(44) ENRICO DELLA CORNA	1.00	1							<u>.</u>			
BOARD MEMBER	0.10	x						0.	0.	C		
(45) ALMA DEMETROPOLIS	1.00	1				<u> </u>		, ···	· ·			
BOARD MEMBER (END 10/2021)	0.10	x						0.	0.	C		
(46) PAT A. DI FILIPPO	1.00	1				<u> </u>		, °.	· ·			
BOARD MEMBER	0.10	x						0.	0.	0		
		1	1	1	1	1	1		- 1			

Form 990 CORPORATION	ERFORMING A								22-28897	03
Part VII Section A. Officers, Directors, Tru	istoos Kov Er	nnlo		<u> </u>	nd L	liah	oct (Componented Employ		
(A)	(B)	lipic	yee		C)	ngn	551	(D)	(E)	(F)
(A) Name and title	(D) Average				itio r			(D) Reportable	(ב) Reportable	(F) Estimated
Name and the	hours	(c			that		lv)	compensation	compensation	amount of
	per	(0				app T	'y) 	from	from related	other
	week					ee		the	organizations	compensation
	(list any	ector				n ploy		organization	(W-2/1099-MISC)	from the
	hours for	or dire				ted ei		(W-2/1099-MISC)		organization
	related	stee c	ruste			oen sa				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	lividu	titutio	Officer	y em p	phest	Former			
	line)	Inc		19	Ke	Ξ	Fo			
(47) JOSEPH N. DIVINCENZO, JR.	1.00									
BOARD MEMBER	0.10	Х				<u> </u>		0.	0.	0.
(48) ROBERT H. DOHERTY BOARD MEMBER	1.00	x						0.	0.	0
(49) PATRICK C. DUNICAN, JR., ESQ.	1.00	Δ						0.	0.	0.
BOARD MEMBER	0.10	x						0.	0.	0.
(50) DEBBIE DYSON	1.00							· · ·		
BOARD MEMBER	0.10	x						0.	0.	0.
(51) SHEREEF ELNAHAL, M.D.	1.00									
BOARD MEMBER (END 05/2022)	0.10	х						0.	0.	0.
(52) ANNE E. ESTABROOK	1.00									
BOARD MEMBER	0.10	х						0.	0.	0.
(53) CHRISTINE C. GILFILLAN	1.00									
BOARD MEMBER	0.10	х						٥.	0.	0.
(54) STEVEN M. GOLDMAN, ESQ.	1.00									
BOARD MEMBER	0.10	х						0.	0.	0.
(55) MICHAEL R. GRIFFINGER, ESQ.	1.00									
SECRETARY	0.10	х						0.	0.	0.
(56) YAN GU	1.00									
BOARD MEMBER	0.10	X						0.	0.	0.
(57) RYAN P. HAYGOOD, ESQ. BOARD MEMBER	1.00	x						0.	0.	0
(58) WILLIAM V. HICKEY	1.00	~						· · ·	0.	0.
BOARD MEMBER	0.10	x						0.	0.	0.
(59) JEFFREY T. HOFFMAN	1.00	л						· · ·	••	••
BOARD MEMBER	0.10	x						0.	0.	Ο.
(60) RALPH IZZO, PH.D.	1.00							· · ·	` `.	<u>``</u>
BOARD MEMBER	0.10	x						0.	0.	0.
(61) DAVID JONES	1.00									
ASSISTANT TREASURER	0.10	х						0.	0.	0.
(62) HON. THOMAS H. KEAN	1.00									
BOARD MEMBER	0.10	х						٥.	0.	0.
(63) SCOTT KOBLER, ESQ.	1.00									
BOARD MEMBER	0.10	х						0.	0.	0.
(64) MITCHELL A. LIVINGSTON, ESQ.	1.00									
BOARD MEMBER	0.10	х						0.	0.	0.
(65) CHARLES F. LOWREY	1.00									
BOARD MEMBER	0.10	х				<u> </u>		0.	0.	0.
(66) WILLIAM J. MARINO	1.00									^
BOARD MEMBER	0.10	Х			I			0.	0.	0.
Total to Part VII, Section A, line 1c										

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Form 990 CORPORATION Part VII Section A. Officers, Directors, Trees	ustoos Kov F	nnla	woo		nd L	liak		Componented Employe	22-28897	
(A)	(B)		yee		na F C)	ngn	85()	(D)	es (continued) (E)	(F)
م) Name and title	Average			-	ition			Reportable	(L) Reportable	(F) Estimated
Name and the	hours	(c	heck				lv)	compensation	compensation	amount of
	per	(.,,	from	from related	other
	week					yee		the	organizations	compensation
	(list any	rector				em plo		organization	(W-2/1099-MISC)	from the
	hours for	ordi	ee			ated		(W-2/1099-MISC)		organization
	related	ustee	trust		ee	u pen s				and related organizations
	organizations below	dual tr	tional		nploy	stcon	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
(67) ELLEN B. MARSHALL	1.00									
BOARD MEMBER	0.10	х						٥.	0.	C
(68) ELIZABETH A. MATTSON	1.00									
BOARD MEMBER	0.10	х						٥.	0.	0
(69) CARLOS MEDINA	1.00									
BOARD MEMBER (AS OF 11/2021)	0.10	х						٥.	0.	C
(70) D. NICHOLAS MICELI	1.00									
BOARD MEMBER	0.10	Х						0.	0.	0
(71) ELIZABETH MAHER MUOIO	1.00									
BOARD MEMBER	0.10	х						٥.	0.	C
(72) PHILIP D. MURPHY	1.00									
BOARD MEMBER	0.10	х						0.	0.	(
(73) BARRY H. OSTROWSKY, ESQ.	1.00									
BOARD MEMBER	0.10	х						0.	0.	C
(74) VICTOR PARSONNET, M.D.	1.00									
BOARD MEMBER (END 01/2022)	0.10	х						0.	0.	C
(75) LUIS A. QUINTANA	1.00									
BOARD MEMBER (AS OF 10/2021)	0.10	х						0.	0.	C
(76) DEEPAK RAJ	1.00								0	
BOARD MEMBER (AS OF 6/2022)	0.10	Х						0.	0.	0
(77) EVA REDA	1.00								0	
BOARD MEMBER	0.10	X						0.	0.	C
(78) CHRISTOPHER R. REIDY	1.00							0	0	
BOARD MEMBER (END 1/2022)	0.10	X						0.	0.	(
(79) STEPHEN O. RICHARD	1.00							•	0	
BOARD MEMBER (AS OF 1/2022)	0.10	X						0.	0.	(
(80) DONALD A. ROBINSON, ESQ.	0.10	x						0.	0.	(
BOARD MEMBER (END 01/2022) (81) RICHARD W. ROPER	1.00	^						· · ·	υ.	(
BOARD MEMBER	0.10	x						0.	0.	C
(82) ARTHUR F. RYAN	1.00	А						۰.	0.	
BOARD MEMBER	0.10	x						0.	0.	C
(83) PHILIP R. SELLINGER, ESQ.	1.00	<u> </u>	-		-	-		<u> </u>	٥.	
ASSISTANT SECRETARY (END 12/2021)	0.10	x						0.	0.	C
(84) GARY D. ST. HILIARE	1.00	<u> </u>	-		-	-		<u> </u>	٥.	
BOARD MEMBER	0.10	x						0.	0.	0
(85) FAYEMI SHAKUR	1.00				-			``.	••	
BOARD MEMBER (AS OF 1/2022)	0.10	x						0.	0.	C
(86) HON. CLIFFORD M. SOBEL	1.00				-			``.	••	
BOARD MEMBER	0.10	x						0.	0.	C
	1 0.10	**	L	L	I	1		Ů.	۰.	

I bottom (A) (B) (C) (C) (D) (D	Form 990 CORPORATION	PERFORMING A								22-28897	703
Name and title Average burk per werk (itst any) Peosition per werk (itst any) Peosition per werk (itst any) Peosition per werk (itst any) Reportable state organization from the organization (W-2/109-MISC) Estimated amount of the organization (W-2/109-MISC) Estimated amount of the organization (W-2/109-MISC) Estimated amount of the organization (W-2/109-MISC) Estimated amount of the organizations (87) DAVID S. STONE, ESQ. 1.00 0.00 1.00 X X 0 0.0 0 0 (87) DAVID S. STONE, ESQ. 1.00 0.00 X 0 0.0 0 0 (80) FAITH TAYLOR 1.00 0.01 X 0 0.0 0 0 (80) READE MEMBER 0.10 0.02 X 0 0.0 0 0 (80) READE WARA (80) READE WILLAR 1.00 0.00 X 0 0.0 0 0 (90) READE WARA (91) CASEE WILLAR 0.10 0.00 X 0 0.0 0 0 (91) READE WARA (92) ROBER C, WOLLAR 0.10 0.0 X 0 0 0 0 (91) READE WARA (92) ROBER VILLAR 0.10 0.0 0 0 <td></td> <td></td> <td>nplo</td> <td>yee</td> <td></td> <td></td> <td>ligh</td> <td>est (</td> <td></td> <td>, ,</td> <td></td>			nplo	yee			ligh	est (, ,	
week related organizations organizations line) week related organizations into back present use related organizations is bit use relations bit use relations bit <thue relation use relations bit <thu< td=""><td></td><td>Average hours</td><td>(cl</td><td></td><td>Pos</td><td>ition</td><td></td><td>ly)</td><td>Reportable compensation</td><td>Reportable compensation</td><td>Estimated amount of</td></thu<></thue 		Average hours	(cl		Pos	ition		ly)	Reportable compensation	Reportable compensation	Estimated amount of
BOARD MEMBER 0.10 X 0. 0. 0 (80) MICHAEL A. TANENBAUM, ESQ. 1.00 0 0 0 0 (80) FATTH TAYLOR 1.00 0 0. 0. 0 0 (80) FATTH TAYLOR 1.00 0 0. 0. 0. 0 (90) RISHI VARMA 1.00 0. 0. 0. 0. 0 (91) CARMER 0.10 X 0. 0. 0. 0 BOARD MEMBER 0.10 X 0. 0. 0. 0 BOARD MEMBER 0.10 X 0. 0. 0. 0 G010 AKMIN VILLAR 1.00 0. 0. 0. 0. 0 G02D MEMBER (END 1/2021) 0.10 X 0. 0. 0. 0 G03AD MEMBER (END 1/2021) 0.10 X 0. 0. 0 0 G0ARD MEMBER (END 1/2021) 0.10 X 0. 0. 0 0		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation from the organization and related
(80) MICHAEL A. TANENBAUM, ESQ. 1.00 0,10 0.0 0.0 0.0 BOARD MEMBER 0.10 X 0.0 0.0 0 BOARD MEMBER 0.101 X 0.0 0.0 0 BOARD MEMBER 0.101 X 0.0 0.0 0 (92) ROBERT C. WAGGONER 1.00 0.10 X 0.0 0.0 0 BOARD MEMBER (END 1/2021) 0.10 X 0.0 0.0 0 0 0 0 GOAD MEMBER (AS OF 4/2022) 0.10 X 0.0 0.0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(87) DAVID S. STONE, ESQ. BOARD MEMBER		x						0.	0.	0.
(89) PATTH TAYLOR 1.00 0.	(88) MICHAEL A. TANENBAUM, ESQ.	1.00									
BOARD MEMBER 0.10 X 0. 0. 0 (90) RISHI VARMA 1.00 X 0. 0. 0. 0 (91) CARMEN VILLAR 1.00 X 0. 0. 0. 0. BOARD MEMBER 0.10 X 0. 0. 0. 0. BOARD MEMBER 0.10 X 0. 0. 0. 0. BOARD MEMBER 0.10 X 0. 0. 0. 0. BOARD MEMBER (END 1/2022) 0.10 X 0. 0. 0. 0. BOARD MEMBER (END 1/2021) 0.10 X 0. 0. 0. 0. BOARD MEMBER (END 1/2022) 0.10 X 0. 0. 0. 0. BOARD MEMBER (END 1/2022) 0.10 X 0.	BOARD MEMBER	0.10	х						0.	0.	0.
(90) RISHI VARMA 1.00 0.10 0.00 0.00 0.00 BOARD MEMBER 0.10 X 0.00 0.00 0.00 BOARD MEMBER 0.10 X 0.00 0.00 0.00 BOARD MEMBER 0.10 X 0.00 0.00 0.00 (91) CARMEN (END 1/2022) 0.10 X 0.00 0.00 0.00 (93) ARRIT WALIA 1.00 0.00 0.00 0.00 0.00 0.00 (93) ARRIT WALIA 1.00 0.00 0.00 0.00 0.00 0.00 (94) RICARDO A, WATSON 1.00 0.00 0.00 0.00 0.00 0.00 (95) TARESHA WAY 1.000 0.00 0.00 0.00 0.00 0.00 0.00 (96) NIA M. WELLS, ESO. 1.000 0.00 0.00 0.00 0.00 0.00 (97) JOSH S, WESTON 1.00 0.00 0.00 0.00 0.00 0.00 (98) KAREN C, YOUNG 1.000 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	(89) FAITH TAYLOR	1.00									
BOARD MEMBER 0.10 X 0. 0. 0. 0. (91) CARMEN VILLAR 1.00 X 0. 0. 0. BOARD MEMBER 0.10 X 0. 0. 0. 0. BOARD MEMBER 1.00 X 0. 0. 0. 0. 0. BOARD MEMBER 1.00 X 0. 0. 0. 0. 0. BOARD MEMBER (END 1/2021) 0.10 X 0. 0. 0. 0. BOARD MEMBER (AS OF 4/2022) 0.10 X 0. 0. 0. 0. (95) TAHESHA WAY 1.00 X 0. 0. 0. 0. 0. BOARD MEMBER 0.10 X 0. <t< td=""><td>BOARD MEMBER</td><td>0.10</td><td>х</td><td></td><td></td><td></td><td></td><td></td><td>٥.</td><td>0.</td><td>0.</td></t<>	BOARD MEMBER	0.10	х						٥.	0.	0.
(91) CARMEN VILLAR 1.00 x 0.00 0.00 0.00 BOARD MEMBER 0.10 x 0.00 0.00 0 (92) ROBER 1.00 x 0.00 0.00 0 (93) ANRIT WALTA 1.00 x 0.00 0.00 0 (93) ANRIT WALTA 1.00 x 0.00 0.00 0 (94) RICARDO A, WATSON 1.00 x 0.00 0.00 0 BOARD MEMBER (END 10/2021) 0.10 x 0.00 0 0 (95) TAHESHA WAY 1.00 x 0.00 0<	(90) RISHI VARMA	1.00									
(91) CARMEN VILLAR 1.00 x 0.00 0.00 0.00 BOARD MEMBER 0.10 x 0.00 0.00 0.00 BOARD MEMBER (END 1/2022) 0.10 x 0.00 0.00 0.00 BOARD MEMBER (END 1/2022) 0.10 x 0.00 0.00 0.00 (94) RICARDO A, WATSON 1.00 x 0.00 0.00 0.00 BOARD MEMBER (END 1/2021) 0.10 x 0.00 0.00 0.00 (95) TAHESHA WAY 0.00 0.00 0.00 0.00 0.00 0.00 BOARD MEMBER 0.100 x 0.00 <td< td=""><td>BOARD MEMBER</td><td>0.10</td><td>х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></td<>	BOARD MEMBER	0.10	х						0.	0.	0.
(92) ROBERT C. WAGGONER 1.00 x 0.00 <td< td=""><td>(91) CARMEN VILLAR</td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(91) CARMEN VILLAR	1.00									
(92) ROBERT C. WAGGONER 1.00 x 0.00 <td< td=""><td>BOARD MEMBER</td><td>0.10</td><td>х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></td<>	BOARD MEMBER	0.10	х						0.	0.	0.
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(94) RICARDO A. WATSON 1.00 0.00 <	(93) AMRIT WALIA	1.00									
(94) RICARDO A. WATSON 1.00 0.00 <	BOARD MEMBER (END 10/2021)	0.10	х						0.	0.	0.
(95) TAHESHA WAY 1.00 0.0	(94) RICARDO A. WATSON	1.00									
(95) TAHESHA WAY 1.00 0.0			х						٥.	0.	0.
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Total to Part VII, Section A, line 1c											
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Total to Part VII, Section A, line 1c			1								
	Total to Part VII, Section A, line 1c										

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CORPORATION

Form 990 (2021)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) (A) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a **1 a** Federated campaigns 1b b Membership dues c Fundraising events 2,464,687. 1c d Related organizations 1d 18,431,816 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 9,010,703 1f 791,145 g Noncash contributions included in lines 1a-1f 1g |\$ 29,907,206 h Total. Add lines 1a-1f ► **Business Code** 2 a PERFORMANCE RELATED 711110 15,202,056. 15,202,056. Program Service Revenue b PERFORM OUTSIDE NJ 1,890,448 711110 1,890,448 c ARTS EDUCATION 711110 177,214. 177,214. d е f All other program service revenue 17,269,718. g Total. Add lines 2a-2f ► Investment income (including dividends, interest, and 3 999,890 999,890 other similar amounts) ► 4 Income from investment of tax-exempt bond proceeds ► 5 Royalties (i) Real (ii) Personal 1,094,073 64,401 6 a Gross rents 6a 783,223. 43,245. 6b **b** Less: rental expenses 310,850. 21,156. c Rental income or (loss) 6c 21,156, 332,006, 310,850. d Net rental income or (loss) ► (i) Securities (ii) Other 7 a Gross amount from sales of 49,321,149. assets other than inventory 7a **b** Less: cost or other basis 44,247,014. and sales expenses 7b Other Revenue 7c 5,074,135. c Gain or (loss) 5,074,135. 5,074,135. d Net gain or (loss) ► 8 a Gross income from fundraising events (not including \$ 2,464,687. of contributions reported on line 1c). See Part IV, line 18 42,150 8a 354,222 **b** Less: direct expenses 8h -312,072 -312,072. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a 9b **b** Less: direct expenses c Net income or (loss) from gaming activities ► 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous 11 a EMP. RETENTION CRED. 900099 2,458,881 2,458,881 Revenue **b** PARKING SERVICES 711110 1,663,549. 1,663,549 c REAL ESTATE RELATED 711110 663,625 663,625, 711110 2,312,500. d All other revenue 2,312,500 7,098,555 Total. Add lines 11a-11d е 60,369,438, 17,838,151, 1,911,604. 10,712,477. Total revenue. See instructions

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Form 990 (2021)

CORPORATION Part IX Statement of Functional Expenses

Form 990 (2021)

22-2889703 Page 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 74,595 74,595 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 94.747 94,747, individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 5,359,272. 1,809,157. 3,095,123 454,992. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 9,469,010. 7,524,613. 987,406. 956,991. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 77,748 30,967 37,282. 9,499. 1,478,167 892,544, 428,712 156,911. Other employee benefits 9 1,127,647 842,910 209,031 75,706. 10 Payroll taxes Fees for services (nonemployees): 11 Management а 574,978 369,111. 205,867 b Legal 229,756, 42,450, 187,306 С Accounting 68,728 68,728. Lobbying d 185,882 185,882. Professional fundraising services. See Part IV, line 17 е 395,667. 395,667. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 4,560,617 4,089,171 362,608 108,838. column (A), amount, list line 11g expenses on Sch 0.) 2,470,498 2,302,138, 18,253 150,107. Advertising and promotion 12 425,605. 304,872. 45,680 75,053. 13 Office expenses 14 Information technology Royalties 15 2,728,316. 2,714,788 9,660 3,868. 16 Occupancy 838,590 549,954 168,972, 119,664. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 103,203, 4,449, 98,754 20 Interest Payments to affiliates 21 4.349.191 4,156,524, 98,937 93,730. 22 Depreciation, depletion, and amortization 677,339 677,339 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) ARTIST & PERFORMER FEES 6,156,544. 6,051,831. 60,613 44,100. а PARKING OPERATIONS 2,239,103 2,239,103 b PRODUCTION COSTS 1,142,752 1,124,072. 13,910, 4.770. С CREDIT CARD & TM FEES 721,060. 693,222. 52 27,786. d 2,147,293 210,939 1,936,354 All other expenses е 47,696,308 38,593,639 6,634,772 2,467,897. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

15

132010 12-09-21

Form 990 (2021)

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if following SOP 98-2 (ASC 958-720)

Check here

CORPORATION

Form 990 (2021)
Part X Balance Sheet

1 41	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	to any lii	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			12,607,006.	1	17,613,360
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			30,324,867.	3	25,138,797
	4	Accounts receivable, net			2,284,941.	4	5,356,573
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial con	tributor, or 35%			
		controlled entity or family member of any of these	e persons	; L		5	
	6	Loans and other receivables from other disqualifi					
		under section 4958(f)(1)), and persons described	in sectior	n 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				2,593,531.	9	2,279,174
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	202,665,790.			
	b	Less: accumulated depreciation	10b	102,905,751.	102,331,609.	10c	99,760,039
	11	Investments - publicly traded securities			91,207,538.	11	79,449,300
	12	Investments - other securities. See Part IV, line 1			24,652,495.	12	24,398,594
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		Γ		15	
	16	Total assets. Add lines 1 through 15 (must equa			266,001,987.	16	253,995,83
	17	Accounts payable and accrued expenses			3,461,831.	17	3,641,02
	18	Grants payable		18			
	19	Deferred revenue			2,234,903.	19	2,880,63
	20	Tax-exempt bond liabilities		20	i		
	21	Escrow or custodial account liability. Complete P				21	
	22	Loans and other payables to any current or forme					
tie		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these				22	
Lia	23	Secured mortgages and notes payable to unrelat	-		5,153,434.	23	1,555,713
	24	Unsecured notes and loans payable to unrelated			5,609,227.	24	1,391,680
	25	Other liabilities (including federal income tax, pay	•	·····	, ,		
		parties, and other liabilities not included on lines					
		of Schedule D		· .	8,538,729.	25	9,240,125
	26	Total liabilities. Add lines 17 through 25			24,998,124.	26	18,709,176
	20	Organizations that follow FASB ASC 958, check			, , -		/
es		and complete lines 27, 28, 32, and 33.					
ũ	27	Net assets without donor restrictions			93,151,049.	27	107,491,188
3ala	28	Net assets with donor restrictions		147,852,814.	28	127,795,473	
P	20	Organizations that do not follow FASB ASC 95		, , -			
л Г		and complete lines 29 through 33.					
P	29	Capital stock or trust principal, or current funds			29		
ets	30	Paid-in or capital surplus, or land, building, or equ				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32				241,003,863.	32	235,286,661
	32	Total net assets or fund balances		L	,000,000.	32	253,200,001

Form 990 (2021)

132011 12-09-21

	NEW JERSEY PERFORMING ARTS CENTER				
Form 9	90 (2021) CORPORATION	22-2	889703	Pad	_{ge} 12
Part	XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI				X
1 -	Fotal revenue (must equal Part VIII, column (A), line 12)	1	60	,369,	438.
2	Fotal expenses (must equal Part IX, column (A), line 25)	2	47	,696,	308.
3	Revenue less expenses. Subtract line 2 from line 1	3		,673,	
4 I	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	241	,003,	863.
5 1	Net unrealized gains (losses) on investments	5	-18	,603,	695.
6 [Donated services and use of facilities	6			
	nvestment expenses	7			
8	Prior period adjustments	8			
9 (Other changes in net assets or fund balances (explain on Schedule O)	9		213,	363.
10 I	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
<u> </u>	column (B))	10	235	,286,	661.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
I	f the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule (Э.			
2a \	Nere the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
I	f "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed o	on a			
5	eparate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
	Nere the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
I	f "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
(consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
	f "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	eview, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	f the organization changed either its oversight process or selection process during the tax year, explain on Sche				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit			-
	Act and OMB Circular A-133?		<u>3a</u>		X
	f "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
(or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L

Form **990** (2021)

S	СН	IEDULE A			Dublic Che	rity Status an		lia Qu	innort		OMB No. 1545-0047
(Fo	orm	n 990)				arity Status an					2021
						nization is a section 501 947(a)(1) nonexempt cha			or a section		ZUZ I
		ent of the Treasu	ry		►	Attach to Form 990 or I	orm 990-	EZ.			Open to Public
Inter	nal F	Revenue Service			Go to www.irs.go	ov/Form990 for instruction	ons and th	ne latest in	nformation.		Inspection
Nar	ne	of the orga	nizati		ERSEY PERFORMIN	G ARTS CENTER				Employe	r identification number
				CORPOR							22-2889703
Pa	_					(All organizations must o			ee instruction	S.	
	or			-		(For lines 1 through 12, c	-				
1						on of churches described		on 170(b)('	1)(A)(I).		
2		_				(Attach Schedule E (Forn		\	::)		
3				-		panization described in s o			-	(iii) Entor	the hospital's name
4		city, an		-		njunction with a hospital	described	Section			the hospital s hame,
5	Г			-	or the benefit of a co	ollege or university owned	l or operat	ed by a go	overnmental u	nit describ	ed in
-				-	Complete Part II.)	5		, ,			
6						mental unit described in	section 17	70(b)(1)(A)	(v).		
7	2	-			-	antial part of its support f				ne general	public described in
		sectior	170(b)(1)(A)(vi). (C	Complete Part II.)						
8		A com	nunity	trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9		An agri	cultur	al research org	ganization described	d in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or unive	ersity	or a non-land-o	grant college of agri	culture (see instructions).	Enter the	name, city	, and state of	the college	e or
	_	univers									
10						e than 33 1/3% of its supp					
						ct to certain exceptions;					•
						e (less section 511 tax) fro	om busines	sses acqui	red by the org	janization a	after June 30, 1975.
11	Г				mplete Part III.)	aivaly to toot for public on	foty Soo	agation El	$\Omega(a)(4)$		
12				-	-	sively to test for public sa sively for the benefit of, to	•			rny out the	nurnoses of one or
12		-		-	-	ed in section 509(a)(1)	-			•	
			-		-	of supporting organization					
á	1			-	• •	supervised, or controlled		-		-	giving
						egularly appoint or elect a	• • • •	-			
		orgar	izatio	n. You must o	complete Part IV, S	ections A and B.					
ł)	Туре	II. A s	supporting org	ganization supervise	d or controlled in connec	tion with it	s supporte	ed organizatio	n(s), by hav	/ing
		contr	ol or r	nanagement c	of the supporting or	ganization vested in the s	ame perso	ns that co	ntrol or mana	ge the sup	ported
		orgar	izatio	n(s). You mus	st complete Part IV	, Sections A and C.					
C	;			-		ng organization operated				ly integrate	ed with,
	_			0	()(s). You must complete	,				
C	ł			-		porting organization oper				•	
				,	0 0	ization generally must sat	,			an attenti	veness
e						written determination fro					
				-		onally integrated supporti			турет, туре	п, туре п	
1				of supported of		shany mogratod oupport					
ç				• •	n about the support						
		(i) Name o			(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the organized (iv) is the organized (iv) (iv) is the organized (iv) (iv) (iv) (iv) (iv) (iv) (iv) (iv)	anization listed ing document?	(v) Amount o		(vi) Amount of other
		orgar	izatior	1		above (see instructions))	Yes	No	support (see in	nstructions)	support (see instructions)
Tot	al										
	-										

NEW JER	SEY PER	FORMING	ARTS	CENTER
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NE	W JERSEY PERF	ORMING ARTS CE	ENTER			
	RPORATION				22-2889	i ug
Part II Support Schedule for 0	Organizations	Described in S	Sections 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi	
(Complete only if you checked			-	failed to qualify u	nder Part III. If the	organization
fails to qualify under the tests	listed below, pleas	se complete Part II	l.)			
Section A. Public Support						
alendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	27,343,995.	17,518,783.	38,589,690.	25,411,022.	29,907,206.	138,770,69
2 Tax revenues levied for the organ-						
ization'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	27,343,995.	17,518,783.	38,589,690.	25,411,022.	29,907,206.	138,770,69
4 Total. Add lines 1 through 3	27,545,995.	17,510,705.	30,309,090.	23,411,022.	29,907,200.	130,770,0
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)						37,485,1
6 Public support. Subtract line 5 from line 4.						101,285,5
Section B. Total Support						, ,
alendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	27,343,995.	17,518,783.	38,589,690.	25,411,022.	29,907,206.	138,770,6
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources	2,552,194.	2,713,809.	1,890,579.	935,693.	2,158,364.	10,250,63
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on \dots						
0 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)	5,943,328.	6,052,373.	4,669,046.	4,672,234.	4,639,674.	25,976,6
1 Total support. Add lines 7 through 10						174,997,9
2 Gross receipts from related activities,					12	83,320,9
3 First 5 years. If the Form 990 is for th	-					-
organization, check this box and stop						> _
Section C. Computation of Public						
4 Public support percentage for 2021 (li					14	57.88
5 Public support percentage from 2020					15	51.81
6a 33 1/3% support test - 2021. If the c				4 is 33 1/3% or m	ore, check this bo	
stop here. The organization qualifies		-				
b 33 1/3% support test - 2020. If the c						_
and stop here. The organization quali						
17a 10% -facts-and-circumstances test						
and if the organization meets the facts			-		-	► Г
meets the facts-and-circumstances te	•	•	,	•		
b 10% -facts-and-circumstances test	•		heck a box on line		ra, and line 15 IS	10% OF

more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI 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

Schedule A (Form 990) 2021

►

NEW	JERSEY	PERFORMING	ARTS	CENTER
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22-2889703 Page **3**

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

CORPORATION

Schedule A (Form 990) 2021

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support		<u>.</u>						
Cale	ndar year (or fiscal year beginning in) 🕨 🛛	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(6	e) 2021	(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 per- formed, 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 bus-								
	iness under section 513								
4	Tax revenues levied for the organ- ization'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								
С	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
Sec	ction B. Total Support				<u>.</u>	-			
Cale	ndar year (or fiscal year beginning in) 🕨 📘	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e	e) 2021	(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								
с	Add lines 10a and 10b								
11	Net income from unrelated business activities not included on 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 VI.)								
	Total support. (Add lines 9, 10c, 11, and 12.)		1						
14	First 5 years. If the Form 990 is for the	0		-				·	
			•					> _	
	ction C. Computation of Public								
	Public support percentage for 2021 (lin		•	column (f))		15			%
	Public support percentage from 2020					16			%
	ction D. Computation of Inves								
17	Investment income percentage for 20	21 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17			%
	Investment income percentage from 2					18			%
19a	33 1/3% support tests - 2021. If the						5, and line 17	_	
	more than 33 1/3%, check this box an	d stop here. The	e organization qual	ifies as a publicly s	supported organiza	ation		ÞL	
b	33 1/3% support tests - 2020. If the	-						_	
	line 18 is not more than 33 1/3%, chec	ck this box and s	top here. The orga	anization qualifies a	as a publicly supp	orted or	ganization	▶[
20	Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check th	his box and see ins	structio	ns)	
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3a

Yes No

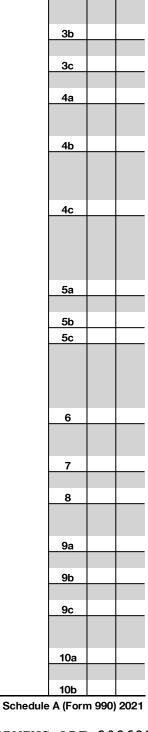
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Sche	dule A (Form 990) 2021 CORPORATION	22-2889703	Pa	age 5
Pa	t IV Supporting Organizations (continued)			
			Yes	No
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
ec	tion B. Type I Supporting Organizations			
			Yes	N
I	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of on more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among a</i>	cers, rted he		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
C	tion C. Type II Supporting Organizations			
			Yes	N
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
C	tion D. All Type III Supporting Organizations			
			Yes	N
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
С	tion E. Type III Functionally Integrated Supporting Organizations			
a 5	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru- The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.			
	Activities Test. Answer lines 2a and 2b below.		Yes	N
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that there activities constituted substantially all of its activities	29	1	1

- that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

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3b | | Schedule A (Form 990) 2021

2a

2b

3a

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sche	edule A (Form 990) 2021 CORPORATION			22-2889703 Pag
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportionally	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations must	st complete S	Sections A through E.	-
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting org	nization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

	dule A (Form 990) 2021 CORPORATION	(a)(2) Sumporting Orga	nizotiono		22-2889703 Page 7
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations (continu	ued)	a
	ion D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	1		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
_	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

NEW	JERSEY	PERFORMING	ARTS	CENTER

	NEW JERSEY PERFORMING ARTS CENTER		
Schedule A (Form 990) 2021	CORPORATION	22-2889703	Page 8
Part IV, Section A, lines line 1; Part IV, Section D	rmation. Provide the explanations required by Part II, line 10; Part II, line 17a 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line , lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pa d 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add	es 1 and 2; Part IV, Sectio art V, Section B, line 1e; P	
SCHEDULE A, PART II, LINE 10), EXPLANATION FOR OTHER INCOME:		
PARKING SERVICES			
2017 AMOUNT: \$ 2,631,145.			
2018 AMOUNT: \$ 2,718,948.			
2019 AMOUNT: \$ 2,211,912.			
2020 AMOUNT: \$ 1,561,512.			
2021 AMOUNT: \$ 1,663,549.			
FOOD SERVICES			
2017 AMOUNT: \$ 567,781.			
2018 AMOUNT: \$ 479,924.			
2019 AMOUNT: \$ 356,175.			
2020 AMOUNT: \$ 0.			
2021 AMOUNT: \$ 273,470.			
MISCELLANEOUS			
2017 AMOUNT: \$ 2,744,402.			
2018 AMOUNT: \$ 2,853,501.			
2019 AMOUNT: \$ 2,100,959.			
2020 AMOUNT: \$ 3,110,722.			
2021 AMOUNT: \$ 2,702,655.			
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Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

202⁻

Employer identification number

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	2021
Name of the organization		Employer identification n
	EW JERSEY PERFORMING ARTS CENTER ORPORATION	22-2889703
Organization type (check		22-2009703
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.
General Rule		
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin ny one contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Schedule B

(Form 990)

	B (Form 990) (2021)		Page 2
	rganization SEY PERFORMING ARTS CENTER		Employer identification number
CORPORAT			22-2889703
Part I	Contributors (see instructions). Use duplicate copies of Part I if additionate	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution
1		\$13,131,	Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
2	Name, address, and ZIP + 4	Total contribution \$2,262,	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
3	, , , , , , , , , , , , , , , , ,	\$1,834,	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
4		\$1,250,	000. Person X Payroll Noncash Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
5		\$1,173,	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
6		\$1,000,	Person X Payroll Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Schedule E	3 (Form 990) (2021)		Page 2
Name of or		E	mployer identification number
NEW JERS CORPORAT	EY PERFORMING ARTS CENTER		22-2889703
			22-2009703
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$900,00	(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$750,00	Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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	B (Form 990) (2021)		Page 3
	rganization EY PERFORMING ARTS CENTER		Employer identification number
CORPORAT	NION		22-2889703
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	Data received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
123453 11-11	-21		Schedule B (Form 990) (2021)

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Schedule I	B (Form 990) (2021)				Page 4
Name of o	rganization				Employer identification number
NEW JERS	SEY PERFORMING ARTS CENTER				
CORPORAT					22-2889703
Part III	from any one contributor. Complete columns (a) through (e) and the following	na line entry. For o	rganizations	
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of	51,000 or less for t	he year. (Enter this info. on	ce.) ► \$
(a) No.	Use duplicate copies of Part III if additional	space is needed.			
from	(b) Purpose of gift	(c) Use of g	jift	(d) Dese	cription of how gift is held
Part I					
				-	
		(e) Transf	er of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	insferor to transferee
(a) No. from					
`from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Des	cription of how gift is held
<u> </u>					
		(e) Transf	er of gift		
			_		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	insferor to transferee
(a) No. from				(.) =	
Part I	(b) Purpose of gift	(c) Use of g	litt	(d) Desc	cription of how gift is held
		·			
		(-) Torong			
		(e) Transf	er of gift		
	Transferee's name, address, a	nd 7I D + 4	P	elationship of tra	insferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of g	lift	(d) Des	cription of how gift is held
Part I	(2)	(0) 000 0. g	,	(-) 200	
		(e) Transf	er of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	insferor to transferee
123454 11-11	1-21				Schedule B (Form 990) (2021)

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SCHEDULE C	CHEDULE C Political Campaign and Lobbying Activities			OMB No. 1545-0047		
(Form 990)					2021	
	For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.				!	
Department of the Treasury Internal Revenue Service	tment of the Treasury			Open to Public Inspection		
		•			an Aativii	•
-		Form 990, Part IV, line 3, or Fo plete Parts I-A and B. Do not cor		ie 46 (Political Campal	gn Activi	lies), then
.,.,		11(c)(3)) organizations: Complete	•	Do not complete Part I-	·B	
 Section 501(c) (other Section 527 organization 			and o below.	Do not complete r art i	Ъ.	
0		Form 990, Part IV, line 4, or Fo	rm 990-FZ. Part VI. li	ne 47 (Lobbying Activit	ties), ther	1
-		nave filed Form 5768 (election un			-	
• • • •	•	nave NOT filed Form 5768 (election	())	•	•	
If the organization answ	wered "Yes," on	Form 990, Part IV, line 5 (Prox	y Tax) (See separate i	nstructions) or Form 9	90-EZ, P	art V, line 35c (Proxy
Tax) (See separate inst	ructions), then					
	, or (6) organizat	ions: Complete Part III.				
Name of organization		PERFORMING ARTS CENTER		E		identification number
	CORPORATION					22-2889703
Part I-A Comple	ete if the org	anization is exempt unde	er section 501(c) of	or is a section 527	organi	zation.
		ation's direct and indirect politica				
		ures				
3 Volunteer hours for	political campai	gn activities				
Part I-B Comple	ata if the ora	anization is exempt unde	r section $501(c)(c)$	3)		
					•	
		incurred by the organization und				
		incurred by organization manage n 4955 tax, did it file Form 4720 t				Yes No
4a Was a correction m						
b If "Yes," describe in						
		anization is exempt unde	er section 501(c),	except section 50	1(c)(3).	
1 Enter the amount d	irectly expended	by the filing organization for sec	tion 527 exempt funct	ion activities	► \$	
		ization's funds contributed to oth				
exempt function ac	tivities		-		►\$	
3 Total exempt functi	on expenditures	. Add lines 1 and 2. Enter here ar	nd on Form 1120-POL,			
line 17b				I	►\$	
4 Did the filing organi	zation file Form	1120-POL for this year?				Yes No
		ployer identification number (EIN				
		tion listed, enter the amount paic				
	•	omptly and directly delivered to a additional space is needed, provi			arate segi	regated fund or a
			1			
(a) Name	e	(b) Address	(c) EIN	(d) Amount paid fro filing organization'		e) Amount of political tributions received and
				funds. If none, enter		romptly and directly
						elivered to a separate
					μ	oolitical organization. If none, enter -0
			1	1		- · ·
			-			
For Paperwork Reducti	ion Act Notice.	see the Instructions for Form 9	90 or 990-EZ.		Sched	lule C (Form 990) 2021

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edule C (Form 990) 2

132041 11-03-21

NE	W JERSEY PERFO	RMING ARTS CENTE	R		
	RPORATION				889703 Page 2
Part II-A Complete if the organ	nization is exer	npt under sectio	n 501(c)(3) and file	d Form 5768 (ele	ection under
section 501(h)).					
A Check 🕨 🛄 if the filing organizatio	n belongs to an affi	liated group (and list ir	n Part IV each affiliated g	group member's nam	e, address, EIN,
expenses, and share o	, ,	. ,			
B Check 🕨 🔄 if the filing organizatio	n checked box A ar	nd "limited control" pro	ovisions apply.		
	on Lobbying Expe ures" means amou	nditures Ints paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influer	nce public opinion (grassroots lobbying)			
b Total lobbying expenditures to influer					
c Total lobbying expenditures (add lines	s 1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a	add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter t	he amount from the	e following table in bot	h columns.		
If the amount on line 1e, column (a) or (l) is: The lob	bying nontaxable am	nount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000,0	00 \$100,00	00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500	,000 \$175,00	00 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,00	0,000 \$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (enter	,				
h Subtract line 1g from line 1a. If zero c					
i Subtract line 1f from line 1c. If zero of			-		
j If there is an amount other than zero					
reporting section 4911 tax for this yea		eraging Period Under	Conting E01(b)		Yes No
(Some organizations that			• •	f the five columns b	elow.
		ate instructions for li			
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

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Schedule C (Form 990) 2021 CORPORATION		22-28		Page 3
Part II-B Complete if the organization is exempt under section 501(c)(3) and ha	s NOT fil	ed Form	5768	
(election under section 501(h)).				
	10		/1	<u></u>
For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(8	1)	(L	o)
of the lobbying activity.	Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		<u> </u>
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X	v		68,500.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	x	X		228.
i Other activities?	A			68,728.
j Total. Add lines 1c through 1i		x		00,720.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Λ		
 b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 		-		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), sectio	n 501(c)(5), or sec	tion	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Part III-B Complete if the organization is exempt under section 501(c)(4), section				0.1-
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"NO" OR	(b) Part II	II-A, IINe	3, IS
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal			
expenses for which the section 527(f) tax was paid).		0-		
a Current year		<u>2a</u>		
 b Carryover from last year Total 				
 c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 		<u>2c</u> 3		
 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc 		3		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
		4		
s Taxable amount of lobbying and political expenditures. See instructions				
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 ar	nd 2 (See	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.			·	
PART II-B, LINE 1, LOBBYING ACTIVITIES:				
LOBBYING ACTIVITIES				
LOBBYING ACTIVITIES CONSISTED OF NJPAC AUTHORIZED REPRESENTATIVES,				
INCLUDING BOTH NJPAC STAFF MEMBERS AND EXTERNAL LOBBYISTS, CONTACTING				
COUNTY AND FEDERAL LEGISLATORS AND THEIR STAFF TO PRESENT NJPAC'S				

POSITION ON CERTAIN LEGISLATIVE MATTERS IMPACTING NJPAC.

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Schedule C (Form 990) 2021

	; (Form 990) 2021	CORPOR	
Part IV	Supplemental	Information	(continued)

NJPAC INDIRECTLY INCURS LOBBYING EXPENSE THROUGH DUES PAID TO OTHER

ORGANIZATIONS.

Schedule C (Form 990) 2021

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SCI	HEDULE D	Suppleme	ntal Financial Statements	OMB No. 1545-0047			
(Forn	n 990)	2021 Open to Public					
	ment of the Treasury Revenue Service						
-	e of the organizatio		n. Inspection Employer identification number 22-2889703				
Par		ntions Maintaining Donor Adv n answered "Yes" on Form 990, Part I	ised Funds or Other Similar Funds or <i>I</i>	Accounts. Complete if the			
	organization		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at er	nd of year					
2		f contributions to (during year)					
3		f 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?						
6	Did the organizatio	on inform all grantees, donors, and dor	or advisors in writing that grant funds can be used	d only			
	for charitable purp	oses and not for the benefit of the dor	or or donor advisor, or for any other purpose confe				
Par	impermissible priva						
			e organization answered "Yes" on Form 990, Part	IV, line 7.			
1		ervation easements held by the organ		atorially important land area			
		of land for public use (for example, re f natural habitat		storically important land area ertified historic structure			
	<u> </u>	of open space					
2			ualified conservation contribution in the form of a	conservation easement on the last			
2	day of the tax year			Held at the End of the Tax Year			
а				2a			
b				·			
c	-	•	structure included in (a)				
d			red after 7/25/06, and not on a historic structure				
			·	2d			
3			l, released, extinguished, or terminated by the orga				
	year 🕨						
4	Number of states v	where property subject to conservation	n easement is located 🕨				
5	Does the organizat	tion have a written policy regarding the	e periodic monitoring, inspection, handling of				
		orcement of the conservation easeme					
6	Staff and voluntee	r hours devoted to monitoring, inspect	ing, handling of violations, and enforcing conserva	tion easements during the year			
7	Amount of expens	es incurred in monitoring, inspecting,	nandling of violations, and enforcing conservation	easements during the year			
	▶\$			C ,			
8	Does each conserv	vation easement reported on line 2(d)	above satisfy the requirements of section 170(h)(4)((B)(i)			
	and section 170(h)	(4)(B)(ii)?					
9	In Part XIII, describ	e how the organization reports conse	vation easements in its revenue and expense state	ement and			
	balance sheet, and	l include, if applicable, the text of the	ootnote to the organization's financial statements	that describes the			
	organization's acc	ounting for conservation easements.					
Par		-	s of Art, Historical Treasures, or Other	Similar Assets.			
		the organization answered "Yes" on I					
1a	•		C 958, not to report in its revenue statement and b				
			public exhibition, education, or research in further	rance of public			
	•		financial statements that describes these items.	and about works of			
D	-		C 958, to report in its revenue statement and balan				
			ublic exhibition, education, or research in furtheran	ice of public service,			
	•	ng amounts relating to these items:					
2			l treasures, or other similar assets for financial gair				
~	-	ints required to be reported under FAS	· · · · · · · · · · · · · · · · · · ·				
а	-		SEASC SSO relating to these items.	► \$			
		eduction Act Notice, see the Instruc		Schedule D (Form 990) 2021			
	10-28-21	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
			25				

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2021.05080 NEW JERSEY PERFORMING ART 398622_1

		PERFORMING ARTS	CENTER							
	dule D (Form 990) 2021 CORPORATION				<u> </u>	22-288		Page 2		
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Similar	Assets	contir	lued)		
3	Using the organization's acquisition, accessi	on, and other records	, check any of the f	ollowing that make	significant u	ise of its				
	collection items (check all that apply):									
а	X Public exhibition	d		hange program						
b										
С	Preservation for future generations									
4	Provide a description of the organization's co	•		•		se in Part	XIII.			
5	During the year, did the organization solicit o				ar assets	_	-			
D.	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodi		•				-			
	on Form 990, Part X?					L	Yes	No No		
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:							
							Amount			
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance						_			
	Did the organization include an amount on Fe				• • • • • • • • • • • • • • • • • • • •	L	Yes	No No		
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i						(-) [vears back		
	(a) Current year (b) Prior year (c) Two years back (d) Three years back									
	Beginning of year balance	128,788,508.	95,564,113.	, ,	· ·		575,049.			
	Contributions	528,063.	13,866,826.	, ,		55,014.	,	885,722.		
	Net investment earnings, gains, and losses	-12,296,557.	23,168,951.	-48,092.	2,9	37,994.	7,	354,241.		
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs							323,930.		
	Administrative expenses	395,667.	234,921.	177,173.		61,144.		155,670.		
g	End of year balance	111,795,116.	128,788,508.	95,564,113.	84,8	10,266.	85,	335,412.		
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:						
	Board designated or quasi-endowment		_%							
	Permanent endowment 88.9000	%								
С	Term endowment 11.1000									
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	id administered for	the organiza	ation	ſ	Mar Na		
	by:							Yes No		
	(i) Unrelated organizations						3a(i)	X		
	(ii) Related organizations						3a(ii)	X		
	If "Yes" on line 3a(ii), are the related organiza						3b			
4 Dar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm	organization's endov	vment funds.							
T ai	Complete if the organization answere		Part IV line 11a S	on Form 000 Part)	lino 10					
	Description of property	(a) Cost or ot basis (investm	• •		Accumulate epreciation	a	(d) Bool	< value		
4-	Land	· · ·			opicolation					
	Land		176	,476,802.	82,624,	853	03	851,949.		
	Buildings		1/0	, 1, 0, 002.	52,02 4 ,		, כנ	····		
	Leasehold improvements		26	,188,988.	20,280,	898	5	908,090.		
	Equipment		20	,,	20,200,		<u> </u>			
	Other		(oolump (D) lin = 1				99	760,039.		
iudi		uuai ruini 990. Part 7	. социнин (в). ШПС И	JU.1			,	, •		

Schedule D (Form 990) 2021

Schedule D (Fo	rm 990) 2021 CORPORATION			22-2889703	Page 3
	vestments - Other Securities.				
C	omplete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
	of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	r end-of-year market	value
(1) Financial d				,	
()					
	d equity interests				
(3) Other	D STRATEGIES	13,021,219.	END-OF-YEAR MARKET VALUE	1	
	re equity	9,540,939.			
			END-OF-YEAR MARKET VALUE		
(0)	NGLED TRUST	1,836,436.	END-OF-YEAR MARKET VALUE	i	
(D)					
(E)					
(F)					
(G)					
(H)					
	nust equal Form 990, Part X, col. (B) line 12.) 🕨	24,398,594.			
Part VIII Ir	vestments - Program Related.				
C	omplete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.		
	a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	r end-of-year market	value
(1)					
(2)					
(3)					
(4)					
(-) (5)					
(6)					
(7)					
(8)					
(9)					
	nust equal Form 990, Part X, col. (B) line 13.)				
	ther Assets.				
C	omplete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.		
	(a)	Description		(b) Book v	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) lin	e 15)			
Part X 0	ther Liabilities.				
C	omplete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990. Part X. line	e 25.	
1.	(a) Description of liability			(b) Book v	alue
	l income taxes			(-,	
	CE ON CONDITIONAL GRANT			8 7	769,152.
	RETIREMENT OBLIGATION			·	
					473,704.
	AL EQUIP LEASE LIABILITY				43,548.
(0)	LIABILITIES				46,279.
(6)					
(7)					
(8)					
(9)					
Total. (Column	(b) must equal Form 990, Part X, col. (B) lin	e 25.)		▶ 9,2	240,125.
	uncertain tax positions. In Part XIII, provide	,		nts that reports the	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

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Schedule D (Form 990) 2021

NEW JERSEY PERFORMING ARTS CENTER	NEW	JERSEY	PERFORMING	ARTS	CENTER
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	NEW JERSEY PERFORMING ARTS CENTER		00.0000000
Schedule D (Form 990) 2021	CORPORATION	tomonto With Dover	22-2889703 Page 4
	Revenue per Audited Financial Sta		ue per Return.
	zation answered "Yes" on Form 990, Part IV, li	ne 12a.	
	ut not on Form 990, Part VIII, line 12:	1 1	
	on investments		
	acilities		
	s		
d Other (Describe in Part XIII.)		2d	
3 Subtract line 2e from line 1			
	90, Part VIII, line 12, but not on line 1:		
a Investment expenses not inclu	uded on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)		4b	
c Add lines 4a and 4b			
5 Total revenue. Add lines 3 and	d 4c. (This must equal Form 990, Part I, line <u>1</u> 2	.)	
Part XII Reconciliation of	Expenses per Audited Financial St	atements With Expen	ises per Return.
Complete if the organiz	zation answered "Yes" on Form 990, Part IV, li	ne 12a.	
1 Total expenses and losses pe	r audited financial statements		1
2 Amounts included on line 1 bi	ut not on Form 990, Part IX, line 25:		
a Donated services and use of f	acilities	2a	
b Prior year adjustments		2b	
e Add lines 2a through 2d			2e
	90, Part IX, line 25, but not on line 1:		
	uded on Form 990, Part VIII, line 7b	4a	
			4c
	nd 4c. (This must equal Form 990, Part I, line 1		
Part XIII Supplemental Inf	ormation.	,	

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

PART III, LINE 4:

COLLECTIONS AND RELATION TO EXEMPT PURPOSE

ART COLLECTIONS CONSIST PRIMARILY OF DONATED AFRICAN ARTIFACTS. THESE ARE

EXHIBITED AT NJPAC FOR THE ENJOYMENT OF THE PUBLIC 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 X, LINE 2:

TAX STATUS & UNCERTAIN TAX POSITIONS

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Schedule D (Form 990) 2021

NEW JERSEY PERFORMING ARTS CENTER CORPORATION 22-2889703 Schedule D (Form 990) 2021 Page 5 Part XIII Supplemental Information (continued) THERE ARE CERTAIN TRANSACTIONS THAT COULD BE DEEMED UNRELATED BUSINESS INCOME AND WOULD RESULT IN A TAX LIABILITY. MANAGEMENT REVIEWS SUCH 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 AT JUNE 30, 2022 OR 2021. Schedule D (Form 990) 2021

SCHEDULE F	Stateme	nt of Act	ivities Outside the Un	ited Sta	ites	OMB No. 1545-0047	
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.						
		5	Attach to Form 990.	, , ,	_	Open to Public	
Department of the Treasury Internal Revenue Service	► Go to v	www.irs.gov/Fc	rm990 for instructions and the latest	information.		Inspection	
Name of the organization					Employer i	dentification number	
NEW JERSEY PERFORMING .	ARTS CENTER						
CORPORATION			aide the United States		22-2889		
		cuvilles Out	side the United States. Comple	ete if the organ	ization answe	ered "Yes" on	
Form 990, Part IN 1 For grantmakers. Does	•	maintain rooor	ds to substantiate the amount of its grai	nto and other	agistanag		
•	•		he selection criteria used to award the			Yes No	
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance	e outside the	
3 Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is no	eeded.)			
(a) Region	(b) Number of offices in the region		(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to	is a pro	vity listed in (c gram service, specific type	expenditures	
		contractors in the region	recipients located in the region)	of service	(s) in the regio	in the region	
NORTH AMERICA	0	0	INVESTMENTS			4,868,153.	
EUROPE	0	0	INVESTMENTS			3,802,862.	
CENTRAL							
AMERICA/CARIBBEAN	0	0	INVESTMENTS			10,760,355.	
	0	0				19,431,370.	
3 a Subtotal b Total from continuation						19,431,370.	
sheets to Part I	0	0				0.	
c Totals (add lines 3a							
and 3b)	0	0				19,431,370.	

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

Schedule F (Form 990) 2021

132071 12-20-21

CORPORATION

22-2889703

Schedule F (Form 990) 2021

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
			recognized as charities by the t					1			
			or counsel has provided a sect								
S Enter total number of	3 Enter total number of other organizations or entities										

NEW JERSEY PERFORMING ARTS CENT

Schedule F (Form 990) 2021

CORPORATION

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.								
Part III can b		(b) Region	d. (c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2021

Page 3

NEW JERSEY PERFORMING ARTS CENTER

	NEW JERSEY PERFORMING ARTS CENTER		
Schedu	le F (Form 990) 2021 CORPORATION	22-2889703	Page 4
Part			
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)	X Yes	No No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately 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; don't file with Form 990)	Yes	X 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)	X Yes	No 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)	X Yes	No 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)	X 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 separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 CORPORATION

Part V Supplemental Information

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.

SCHEDULE F, PART I, LINE 3, COLUMN F

VALUATION

INVESTMENTS ARE VALUED AT FAIR MARKET VALUE.

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities								OMB No. 1545-0047		
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2021		
Department of the Treasury		Attach to Form 990	or Fo	r m 99	0-EZ.			Open to Public		
Internal Revenue Service	► Go	to www.irs.gov/Form990 for instr	uction	s and	the latest information	on.		Inspection		
Name of the organization	NEW JERSEY	PERFORMING ARTS CENTER					Employer ide	entification number		
	CORPORATIO	N					22-288970)3		
	complete this part	Complete if the organization answe t.	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	filers are not		
1 Indicate whether the	1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.									
b X Internet and	email solicitations	s f 🔀 Solicita	tion of	gover	nment grants					
c X Phone solici	tations	g 🔀 Special	fundra	- lising (events					
d X In-person so	licitations			-						
2 a Did the organization	on have a written c	or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,	or			
•		art VII) or entity in connection with p	•	•		,	X Yes	s No		
b If "Yes." list the 10	highest paid indiv	viduals or entities (fundraisers) pursu	ant to	aareer	nents under which th	ne fur	ndraiser is to be	e		
compensated at le	•	· /·		5						
·	. , ,	Ĵ								
(i) Name and addres	s of individual	(ii) Activity		Did aiser	(iv) Gross receipts		Amount paid or retained by)	(vi) Amount paid		
or entity (fund				ustody trol of	from activity		fundraiser	to (or retained by)		
, (utions?	,	listed in col. (i)		organization		
GAIL P. STONE EVEN	TS, INC		Yes	No						
2932 VAUXHALL ROAD	, VAUXHALL,	SPECIAL EVENTS		x	2,670,687.		55,000.	2,615,687.		
LKA FUNDRASISING &								, ,		
COMMUNICATIONS - 4800 S		FUNDRAISING STRATEGY		x	402,099.		15,000.	387,099.		
GRAND ARMY ADVISORS, LLC					,			,		
- 268 BERKELEY PLA	, CE #5,	FUNDRAISING STRATEGY		x	26,000.		62,000.	-36,000.		
T BELMEAR ENTERPRI	SES, LLC				,			,		
- 1070 MORRIS AVE,	SUITE	FUNDRAISING STRATEGY		x	0.		32,700.	-32,700.		
KAREN BROOKS-HOPKI	NS - 216							,		
GARFIELD PLACE, BR	OOKLYN, NY	FUNDRAISING STRATEGY		x	0.		14,792.	-14,792.		
	,						1			
		l .								
 List all states in whi or licensing. 	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from re	gistration		
FL,NJ,NY,PA										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2021

132081 10-21-21

45 2021.05080 NEW JERSEY PERFORMING ART 398622_1 NEW JERSEY PERFORMING ARTS CENTER

CORPORATION 22 - 2889703Schedule G (Form 990) 2021 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on 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 NONE (add col. (a) through GALA JUNCHEON col. (c)) (event type) (total number) (event type) Revenue 2,156,775. 2,506,837. 350,062. 1 Gross receipts 2 Less: Contributions 2,156,775 307,912. 2,464,687. Gross income (line 1 minus line 2) 42,150. 42,150. 3 4 Cash prizes 5 Noncash prizes Direct Expense: Rent/facility costs 6 31,344. 61,779, 93,123. 7 Food and beverages 50,578 200 50,778. Entertainment 8 124,354. 85,967, 210,321. 9 Other direct expenses 354,222. **10** Direct expense summary. Add lines 4 through 9 in column (d) ► -312,072. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 4 Other direct expenses 5 % Yes % Yes % Yes 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) ► 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: NJ X Yes a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? XNO Yes b If "Yes," explain:

132082 10-21-21

Schedule G (Form 990) 2021

	NEW JERSEY PERFORMING ARTS CENTER			
Sch	edule G (Form 990) 2021 CORPORATION 22-	-288970) 3	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	X 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	X No
	Indicate the percentage of gaming activity conducted in:	1	1/	0 00 00
	The organization's facility			0.00 %
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	130		%
	Name YOLANDA DOGANAY			
	Address MONE CENTER STREET - NEWARK, NJ 07102			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	X No
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶\$ if "Yes," enter name and address of the third party:			
	Name			
	Address 🕨			
16	Gaming manager information:			
	Name LENNON REGISTER			
	Gaming manager compensation			
	Description of services provided OVERALL MANAGEMENT			
	X Director/officer Employee Independent contractor			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	🗀	Yes	X No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Pa	organization's own exempt activities during the tax year s rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III lir	0 201	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	urt III, III		55, 105,
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
(I)	NAME OF FUNDRAISER: GAIL P. STONE EVENTS, INC.			
(I)	ADDRESS OF FUNDRAISER: 2932 VAUXHALL ROAD, VAUXHALL, NJ 07088			
<u> </u>				
<u>(т)</u>	NAME OF FUNDRAISER: LKA FUNDRASISING & COMMUNICATIONS			
	ADDRESS OF FUNDRAISER:			
480	0 S MACADAM AVE SUITE 240, PORTLAND, OR 97239			
13208		dule G (Form	990) 2021
	47			

(I) NAME OF FUNDRAISER: GRAND ARMY ADVISORS, LLC

Part IV | Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER: 268 BERKELEY PLACE #5, BROOKLYN, NY 11217

CORPORATION

(I) NAME OF FUNDRAISER: T BELMEAR ENTERPRISES, LLC

(I) ADDRESS OF FUNDRAISER: 1070 MORRIS AVE, SUITE 1440, UNION, NJ 07083

(I) NAME OF FUNDRAISER: KAREN BROOKS-HOPKINS

(I) ADDRESS OF FUNDRAISER: 216 GARFIELD PLACE, BROOKLYN, NY 11215

SCHEDULE G, PART I, LINE 2B, COLUMNS (IV)-(VI)

FUNDRAISING ACTIVITIES

Schedule G (Form 990)

THE NEW JERSEY PERFORMING ARTS CENTER UTILIZES THE SERVICES OF SEVERAL

FUNDRAISING ADVISORS TO CONSULT ON THE FUNDRAISING STRATEGY OF THE

ORGANIZATION.

DUE TO THE NATURE OF THESE ARRANGEMENTS IT IS UNFEASIBLE TO DEVISE A

SYSTEM TO TRACK RECEIPTS RELATED TO CERTAIN FUNDRAISERS OR FUNDRAISING

PROJECTS. AS SUCH, THE NEW JERSEY PERFORMING ARTS CENTER IS UNABLE TO

REASONABLY DETERMINE THE GROSS RECEIPTS FROM THE FUNDRAISING ACTIVITIES

WHICH ARE SOLELY ATTRIBUTABLE TO CERTAIN OF THESE ADVISORS.

SCHEDULE G, PART I, LINE 2B, COL (V)

FUNDRAISING VS. REIMBURSEMENT EXPLANATION

GRAND ARMY ADVISORS, LLC

FIXED FEE FOR FUNDRAISING STRATEGY

GAIL P. STONE EVENTS, INC.

FIXED RETAINER FEE PLUS ACTUAL REIMBURSABLE EXPENSES FOR TRAVEL,

Schedule G (Form 990)

132084 11-18-21

48 2021.05080 NEW JERSEY PERFORMING ART 398622_1

NEW JERSEY PERFORMING ARTS CENTER	00,0000703	
Schedule G (Form 990) CORPORATION Part IV Supplemental Information (continued)	22-2889703	Page 4
(continued)		
PARKING, PRINTING AND MEETING MATERIALS.		
LKA FUNDRASISING & COMMUNICATIONS		
FIXED FEE FOR FUNDRAISING STRATEGY		
I BELMEAR ENTERPRISES, LLC		
FIXED FEE FOR FUNDRAISING STRATEGY		
KADEN DROOKS HODKING		
KAREN BROOKS-HOPKINS		
FIXED FEE FOR FUNDRAISING STRATEGY		
SCHEDULE G, PART II, LINES 2 AND 11		
FUNDRAISING EVENTS		
NJPAC RECEIVED \$2,156,775 OF CHARITABLE CONTRIBUTIONS CONNECTED TO THE		
GALA FUNDRAISING EVENT AND \$307,912 OF CHARITABLE CONTRIBUTIONS RELATED		
SALA FONDRAIDING EVENT AND \$507,512 OF CHARTENDE CONTRIDUTIONS RELATED		
TO THE LUNCHEON. THE CALCULATION ON SCHEDULE G, PART II SUBTRACTS THESE		
CHARITABLE CONTRIBUTIONS FROM GROSS RECEIPTS TO CALCULATE NET INCOME OF		
(\$305,924). THIS IS NOT AN INDICATION THAT THE EVENT SUSTAINED A LOSS.		
(305,324). THIS IS NOT AN INDICATION THAT THE EVENT SUSTAINED A 1055.		

Schedule G (Form 990)

132084 11-18-21

SCHEDULE I (Form 990)		20	o. 1545-0047						
Department of the Treasury Internal Revenue Service			Go to www.ir	Attach to For s.gov/Form990 fo		nation.			to Public pection
Name of the organization	ON NEW JERSEY PE CORPORATION	RFORMING ARTS						Employer identifica	ation number 89703
Part I General Inf	formation on Grants a	nd Assistance					I		
criteria used to av	ation maintain records t ward the grants or assis V the organization's pro	stance?							5 🗌 No
	d Other Assistance to at received more than \$					anization answered "Y	es" on Form 990, Part	IV, line 21, for any	
	dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose o or assista	
NEWARK BOARD OF EI 765 BROAD STREET	DUCATION						PERFORMANCE ADMISSIONS		
NEWARK, NJ 07102			GOV	0.	41,519.		DISCOUNT	ARTS EDUCATION	
JERSEY CITY PUBLIC 346 CLAREMONT AVEN JERSEY CITY, NJ 0	NUE		GOV	0.	6,048.		PERFORMANCE ADMISSIONS DISCOUNT	ARTS EDUCATION	
	1000 1004				0,010.				
	er of section 501(c)(3) and the section solution of other organizations of other ot	•		e line 1 table				······ }	2.
LHA For Paperwork								Schedule I (For	m 990) 2021

Schedule I (Form 990) 2021

CORPORATION

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance
THE JEFFREY CAROLLO SCHOLARSHIP	12	20,300.	0.		
HE MCJ BERKLEE SCHOLARSHIP	2	7,626.	0.		
INANCIAL AID	118	66,821.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

PERFORMANCE ADMISSIONS DISCOUNT

THE AMOUNTS REPORTED REPRESENT THE DISCOUNT PROVIDED TO LOCAL EDUCATION

INSTITUTIONS ADMISSIONS TO PERFORMANCES HELD AT NJPAC BELOW THE FAIR MARKET

VALUE.

THE JEFFREY CAROLLO MUSIC SCHOLARSHIP

THE JEFFREY CAROLLO MUSIC SCHOLARSHIP PROGRAM PROVIDES PRIVATE LESSONS FOR

Schedule I (Form 990) CORPORA
Part IV Supplemental Information

SELECTED STUDENTS THROUGH THE MUSIC PROGRAMS AT THE NEWARK SCHOOL OF THE

CORPORATION

ARTS (NSA). NSA IS A COMMUNITY-BASED ORGANIZATION COMMITTED TO PROVIDING

ACCESS TO SEQUENTIAL, COMPREHENSIVE ARTS EDUCATION AND PERFORMANCE

ACTIVITIES. THE JEFFREY CAROLLO GRANTS ARE PAID DIRECTLY TO THE SCHOOL.

MCJ BERKLEE SCHOLARSHIPS

MCJ BERKLEE SCHOLARSHIPS ARE PART OF A PARTNERSHIP WITH THE BERKLEE SCHOOL

OF MUSIC. NJPAC IS A MEMBER OF THE BERKLEE CITY MUSIC NETWORK. THOSE

STUDENTS WHO ARE ACCEPTED TO THEIR 5-WEEK SUMMER CAMP RECEIVE A TUITION

WAIVER FROM THE UNIVERSITY, AND NJPAC PAYS THE UNIVERSITY FOR THE STUDENT'S

ROOM AND BOARD, DIRECTLY TO THE SCHOOL.

FINANCIAL ASSISTANCE

NJPAC OFFERS NEEDS-BASED FINANCIAL AID FOR ITS ON-SITE PROGRAMS AND ONE

OFF-SITE PROGRAM CALLED BAND TOGETHER HELD AT ARTS HIGH SCHOOL.

QUALIFICATION FOR FINANCIAL AID OCCURS THROUGH A FORMULA WHICH EVALUATES

MAINLY TWO FACTORS: HOUSEHOLD INCOME AND NUMBER OF HOUSEHOLD MEMBERS.

HOWEVER, OTHER RELEVANT INFORMATION OFFERED BY THE FAMILY MAY ALSO BE

CONSIDERED. NJPAC ATTEMPTS TO ELIMINATE BARRIERS TO PARTICIPATION AND

APPLICATION FOR FINANCIAL AID.

PERFORMANCE ADMISSIONS DISCOUNT

THE AMOUNTS REPORTED REPRESENT THE DISCOUNT PROVIDED TO LOCAL EDUCATIONAL

INSTITUTIONS' ADMISSIONS TO PERFORMANCES HELD AT NJPAC BELOW THE FAIR

MARKET VALUE OF GENERAL ADMISSION.

Schedule I (Form 990)

SCH	EDULE J Compensation Information	ОМВ	No. 15	545-004	7	
	m 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			1		
•	Compensated Employees		U,	21	ı.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.	Ope	n to	Publi	с	
	P Attach to Form 990. Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.	-	Inspection			
Name		ployer identific	atio	n nun	nber	
	CORPORATION	22-2889703	3			
Par	t I Questions Regarding Compensation					
				Yes	No	
1a (Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,					
F	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal us	se				
Γ	Travel for companions Payments for business use of personal residen	nce				
Γ	X Tax indemnification and gross-up payments Health or social club dues or initiation fees					
Γ	Discretionary spending account Personal services (such as maid, chauffeur, ch	lef)				
b l	f any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
		-	lb	х		
	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	rustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2	х		
-			_			
3	ndicate which, if any, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.					
_	X Compensation committee Written employment contract					
_	X Independent compensation consultant X Compensation survey or study					
_	X Form 990 of other organizations X Approval by the board or compensation comm					
L						
4 [During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	brganization or a related organization:					
	Receive a severance payment or change-of-control payment?	4	la	х		
	Participate in or receive payment from a supplemental nonqualified retirement plan?		łb		Х	
	Participate in or receive payment from an equity-based compensation arrangement?		łc		х	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
(Dnly section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the revenues of:					
	The organization?	Ę	5a		х	
	Any related organization?		5b		х	
	f "Yes" on line 5a or 5b, describe in Part III.					
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the net earnings of:					
	The organization?	e	ba -		х	
	Any related organization?		6b		X	
	f "Yes" on line 6a or 6b, describe in Part III.	F				
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
	not described on lines 5 and 6? If "Yes," describe in Part III		7	x		
	Vere any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		-			
			8		х	
	nitial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		5		_	
			9			
	Regulations section 53.4958-6(c)? For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (F		990)	2021	

132111 11-02-21

CORPORATION

Schedule J (Form 990) 2021

22-2889703

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 on 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 aren't 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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred (D) Nontaxable benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) JOHN SCHREIBER	(i)	840,857.	295,000.	34,690.	7,800.	33,919.	1,212,266.	0.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) DAVID D. RODRIGUEZ	(i)	427,906.	62,310.	3,751.	7,800.	11,165.	512,932.	0.	
EVP & EXECUTIVE PRODUCER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) WARREN TRANQUADA	(i)	370,820.	53,554.	1,308.	5,850.	3,083.	434,615.	0.	
EVP & COO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) TIMOTHY LIZURA	(i)	315,196.	46,197.	2,007.	7,800.	333.	371,533.	0.	
SVP, REAL ESTATE & CAPITAL PROJECTS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) LENNON REGISTER	(i)	248,363.	35,535.	5,496.	4,103.	13,915.	307,412.	0.	
VP & CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) AMY FITZPATRICK	(i)	206,041.	30,000.	1,080.	5,409.	26,684.	269,214.	0.	
AVP, DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) BETH SILVER	(i)	196,533.	29,318.	2,993.	5,170.	29,741.	263,755.	0.	
CHIEF PEOPLE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) CHAD D. SPIES	(i)	167,784.	23,522.	2,494.	1,064.	33,882.	228,746.	0.	
VP, OPERATIONS & REAL ESTATE	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) KATIE L. SWORD	(i)	191,455.	27,169.	584.	5,399.	2,725.	227,332.	0.	
VP, MARKETING	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) JENNIFER L. TSUKAYAMA	(i)	163,597.	22,500.	1,258.	4,951.	15,763.	208,069.	0.	
VP, ARTS EDUCATION	(ii)	0.	0.	0.	0.	0.	0.	0.	
(11) AUSTIN G. CLEARY	(i)	182,514.	0.	4,208.	3,073.	13,869.	203,664.	0.	
AVP, SALES & PLANNING NJPAC EVENTS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(12) JOHN EVAN WHITE	(i)	139,881.	15,000.	740.	4,482.	33,898.	194,001.	0.	
AVP, PROGRAMMING	(ii)	0.	0.	0.	0.	0.	0.	0.	
(13) SARAH ROSEN	(i)	125,187.	19,094.	1,885.	4,090.	35,524.	185,780.	0.	
MANAGING DIRECTOR, WA	(ii)	0.	0.	0.	0.	0.	0.	0.	
(14) ERNEST DIROCCO	(i)	154,118.	3,000.	3,503.	0.	20,449.	181,070.	0.	
CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(15) YOLANDA DOGANAY	(i)	122,867.	3,000.	1,850.	2,491.	33,871.	164,079.	0.	
AVP & CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(16) MARY C. JAFFA	(i)	140,442.	5,000.	1,076.	4,068.	9,808.	160,394.	0.	
AVP, FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.	

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

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

AN OFFICER IS REIMBURSED FOR THE COST OF OBTAINING SUPPLEMENTAL INSURANCE

AS PROVIDED IN THE EMPLOYMENT CONTRACT. THE REIMBURSEMENT PAYMENT IS

CORPORATION

GROSSED-UP TO ACCOUNT FOR THE ADDITIONAL TAX COST OF THE BENEFIT. THE

GROSSED-UP AMOUNT IS REPORTED AS TAXABLE INCOME IN THE OFFICER'S W-2.

PART I, LINE 4A:

SEVERANCE PAYMENTS:

MEGGAN GOMEZ: \$60,208

PART I, LINE 7:

IN 2021, SENIOR MANAGEMENT RECEIVED NONFIXED DISCRETIONARY BONUSES ARE

INCLUDED IN THE AMOUNTS REPORTED ON SCHEDULE J, PART II, COLUMN (B) (II).

Schedule J (Form 990) 2021

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

ZUZ **Open to Public** Inspection

ne organization
e organization

Go to www.irs.gov/Form990 for instructions and the latest information.

NEW JERSEY PERFORMING ARTS CENTER

Employer identification number 22-2889703

	CORPORATION	
Part I	Types of Property	
		(Ché

		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of determi noncash contribution a	•	s
			Items contributed	Form 990, Part VIII, line 1g			
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	x		701 145			
9	Securities - Publicly traded	X	4	/91,145.	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 $_{\dots}$						
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 organiz	zation during	g the tax year for c	ontributions			
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement		1	
						Yes	No
30a	During the year, did the organization receive by	•					
	must hold for at least three years from the date		I contribution, and	which isn't required to be us			
	exempt purposes for the entire holding period?	?			<u>30a</u>		X
	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	policy that re	equires the review of	of any nonstandard contribut	ions? 31	Х	

b	If "Yes," describe in Part II.
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
	describe in Part II.

contributions?

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

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

Schedule M (Form 990) 2021

32a

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132141 11-17-21

NEW JERSEY PERFORMING ARTS CENTER CORPORATION 22-2889703 Schedule M (Form 990) 2021 Page **2** Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization Part II is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. SCHEDULE M, LINE 32B: PART I, LINE 9, COLUMN B - NUMBER OF CONTRIBUTIONS OR ITEMS INCLUDED IN THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O	Supplemental Information to Form 990 or 990	-F7	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		2021
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. 		Open to Public Inspection
Name of the organizatio		Employer	identification number
	CORPORATION	22-28	89703
FORM 990, PART I,	LINE 1 & PART III, LINE 1		
THE NEW JERSEY PER	FORMING ARTS CENTER, BY CELEBRATING DIVERSITY, SHALL		
BE AMERICA'S FOREM	OST URBAN PRESENTER OF ARTS AND ENTERTAINMENT, A		
CREATIVE AND EFFEC	TIVE LEADER IN ARTS EDUCATION FOR CHILDREN, A		
CONVENER OF USEFUL	AND ENLIGHTENING CIVIC ENGAGEMENT EVENTS, AND A		
CATALYST FOR ECONC	MIC DEVELOPMENT IN ITS HOME CITY OF NEWARK.		
FORM 990, PART I,	LINE 5		
NUMBER OF EMPLOYEE	S		
IN ACCORDANCE WITH	IRS GUIDELINES, THE NUMBER OF EMPLOYEES WAS REPORTED		
AT 431 BASED ON WA	GE AND TAX STATEMENTS FOR 2021. THIS INCLUDED ANY AND		
ALL EMPLOYEES OF N	JPAC WHO GOT PAID DURING 2021. THE NUMBER OF		
FULL-TIME AND PART	-TIME EMPLOYEES OF NJPAC AS OF THE LAST PAYDATE IN		
DECEMBER 2021 WAS	141.		
FORM 990, PART III	, LINE 4C		
PROGRAM SERVICE AC	COMPLISHMENTS		
ARTS EDUCATION PRO	GRAMS, CONTINUED FROM PART III:		
SCHOOLTIME PERFORM	ANCES BRING MORE THAN 15,000 SCHOOL STUDENTS TO THE		
NJPAC CAMPUS TO AT	TEND CLASSICAL AND WORLD-MUSIC CONCERTS, DANCE		
PERFORMANCES, AND	MUSICALS. IN-SCHOOL ASSEMBLIES BRING THE THRILL OF		
LIVE PERFORMANCE D	IRECTLY TO SCHOOLS.		
FOR SCHOOLS SEEKIN	G A DEEPER COMMITMENT, NJPAC OFFERS IN-SCHOOL		
RESIDENCIES IN DAN	CE, THEATER, AND MUSIC. THE SESSIONS LAST FROM FIVE		
TO TWELVE WEEKS.			
-	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schee	lule O (Form 990) 2021
132211 11-11-21	50		

Schedule O (Form 990) 202	1 NEW JERSEY PERFORMING ARTS CENTER	Page
Name of the organization	CORPORATION	Employer identification numbe 22-2889703
ARTS TRAINING: WORKII	NG DIRECTLY WITH NJPAC TRAINED TEACHING ARTISTS,	
STUDENTS AGES 10-18	PARTICIPATE IN PROGRAMS IN JAZZ PERFORMANCE AND	
COMPOSITION, DEVISED	THEATER, MUSICAL THEATER, HIP HOP, VIDEO, AND	
POETRY. STUDENTS HAVI	E A VARIETY OF OPPORTUNITIES TO PERFORM DURING THE	
YEAR.		
PROFESSIONAL DEVELOP	MENT: OPPORTUNITIES FOR TEACHING ARTISTS AND	
CLASSROOM TEACHERS.		
FORM 990, PART III, 1	LINE 4D, OTHER PROGRAM SERVICES:	
PROGRAM SERVICE ACCO	· · · · ·	
REAL ESTATE DEVELOPM	ENT	
PLANNING, IMPROVEMEN	I AND DEVELOPMENT OF OWNED/LEASED REAL ESTATE IN	
FURTHERANCE OF NJPAC	'S MISSION OF BEING A CATALYST IN THE ECONOMIC	
DEVELOPMENT OF ITS HO	OME CITY OF NEWARK.	
EXPENSES \$3,086,580 :	INCLUDING GRANTS OF \$0, REVENUE \$0	
MARKETING AND PUBLIC		
	IC AND THE MEDIA FULLY INFORMED ABOUT ITS PROGRAMS,	
EVENTS AND EDUCATION		
	INCLUDING GRANTS OF \$0, REVENUE \$0	
EXPENSES \$ 5,954,300	. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
FORM 990, PART VI, SI	ECTION A, LINE 2:	
BUSINESS AND FAMILY I	RELATIONSHIPS	
DIRECTORS MARC E. BEI	RSON AND ANNE E. ESTABROOK HAVE A BUSINESS	
RELATIONSHIP.		
132212 11-11-21	59	Schedule O (Form 990) 20

19180510 153541 398622

Schedule O (Form 990) 202	1	Page 2
Name of the organization	NEW JERSEY PERFORMING ARTS CENTER CORPORATION	Employer identification number 22-2889703
DIRECTORS MARC E. BEI	RSON AND HON. CLIFFORD M. SOBEL HAVE A BUSINESS	
DELATIONCUID		
RELATIONSHIP.		
DIRECTORS CHARLES F.	LOWREY AND RISHI VARMA HAVE A BUSINESS RELATIONSHIP.	
DIRECTORS ELIZBETH MA	AHER MUAIO AND DEEPAK RAJ HAVE A BUSINESS RELATIONSHIP.	
DIRECTORS RAYMOND G.	CHAMBERS AND CHRISTINE C. GILFILLAN HAVE A FAMILY	
RELATIONSHIP.		
DIRECTORS RAYMOND G.	CHAMBERS AND LAWRENCE E. BATHGATE II, ESQ. HAVE A	
BUSINESS RELATIONSHI	Ρ.	
DIRECTORS RAYMOND G.	CHAMBERS AND CLIFFORD M. SOBEL HAVE A BUSINESS	
RELATIONSHIP.		
DIRECTORS RAYMOND G.	CHAMBERS AND JAMES L. BILDNER HAVE A BUSINESS	
RELATIONSHIP.		
DIRECTORS RAYMOND G.	CHAMBERS AND MODIA BUTLER HAVE A BUSINESS	
RELATIONSHIP.		
DIRECTORS RAYMOND G.	CHAMBERS AND MARC E. BERSON HAVE A BUSINESS	
RELATIONSHIP.		
FORM 990, PART VI, SI	ECTION B, LINE 11B:	
PROCESS TO REVIEW FOR	RM 990	
132212 11-11-21	60	Schedule O (Form 990) 2021

Name of the organization NEW JERSEY PERFORMING ARTS CENTER CORPORATION	Employer identification number 22-2889703
THE FORM 990 IS PREPARED AND REVIEWED BY KPMG, LLP, THE INDEPENDENT	
ACCOUNTING FIRM THAT ALSO PERFORMS THE ANNUAL AUDIT OF NJPAC. THE AUDIT	
COMMITTEE THEN REVIEWS AND APPROVES THE FINAL FORM 990 IN A MEETING	
ATTENDED BY COMMITTEE MEMBERS, NJPAC MANAGEMENT AND KPMG. AFTER APPROVAL, A	
COMPLETE COPY OF THE FORM 990 IS PROVIDED TO THE ENTIRE BOARD OF DIRECTORS.	
THE AUDIT COMMITTEE CHAIR, CHIEF FINANCIAL OFFICER AND KPMG MAKE THEMSELVES	
·	
AVAILABLE FOR QUESTIONS PRIOR TO THE FILING OF THE RETURN WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ENFORCEMENT OF CONFLICT OF INTEREST 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, NEGOTIATIONS AND OTHER MATTERS	
RELATING TO SUCH INTEREST. NEW OFFICERS, DIRECTORS AND KEY EMPLOYEES	
INDERGO AN ORIENTATION WHICH INCLUDES A REVIEW OF THE CONFLICT OF INTEREST	
POLICY.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION PROCESS FOR OFFICERS	
THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS (ECC), WHICH	
SERVES AS THE COMPENSATION COMMITTEE, ANNUALLY ENGAGES AN INDEPENDENT	
CONSULTANT TO PROVIDE COMPARABILITY DATA FOR ALL VICE PRESIDENT LEVEL AND	
132212 11-11-21 61	Schedule O (Form 990) 20

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Name of the organization NEW JERSEY PERFORMING ARTS CENTER CORPORATION	Employer identification number 22-2889703
	22-2009/03
ABOVE OFFICERS. THE CONSULTANT ADVISES EEC ON THE REASONABLENESS OF THE	
CURRENT COMPENSATION AND THE ECC REVIEWS THE CEO'S RECOMMENDATION ON SENIOR	
MANAGEMENT COMPENSATION FOR REASONABLENESS. THE REVIEW IS CONTEMPORANEOUSLY	
DOCUMENTED.	
COMPENSATION PROCESS FOR TOP OFFICERS	
THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS (ECC), WHICH	
SERVES AS THE COMPENSATION COMMITTEE, ANNUALLY ENGAGES AN INDEPENDENT	
CONSULTANT TO PROVIDE COMPARABILITY DATA FOR THE PRESIDENT & CHIEF	
EXECUTIVE OFFICER (CEO). NJPAC'S EXECUTIVE COMMITTEE MAKES A RECOMMENDATION	
ON CEO ANNUAL INCREASES AND BONUSES, BASED ON BOTH INDIVIDUAL AND THE	
ORGANIZATION'S PERFORMANCE. THE CONSULTANT ADVISES EEC ON THE	
REASONABLENESS OF THE CEO'S CONTRACT, BASE, AND AT-RISK COMPENSATION. WITH	
THIS INFORMATION, THE ECC REVIEWS THE EXECUTIVE COMMITTEE'S RECOMMENDATION	
FOR REASONABLENESS. THE BOARD OF DIRECTORS IS INFORMED OF THE NATURE OF THE	
PROCESS AND MAY REQUEST ADDITIONAL INFORMATION FROM THE ECC CHAIR. THE	
REVIEW IS CONTEMPORANEOUSLY DOCUMENTED.	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENT DISCLOSURE	
NJPAC PUBLISHES AN ANNUAL REPORT TO THE COMMUNITY WHICH INCLUDES FINANCIAL	
STATEMENT HIGHLIGHTS. THIS REPORT IS DISTRIBUTED TO KEY STAKEHOLDERS AND IS	
AVAILABLE ON NJPAC'S 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 UPON REQUEST.	
ADDITIONALLY, THE FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE	
ON NJPAC'S WEBSITE. THE FORM 990 IS ALSO AVAILABLE ON GUIDESTAR.	

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Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Name of the organization NEW JERSEY PERFORMING ARTS CENTER CORPORATION		Page 2 Employer identification number 22-2889703
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
CHANGE IN FAIR VALUE OF INTEREST RATE SWAP	213,363.	
132212 11-11-21 63		Schedule O (Form 990) 2021

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

(Form 990) 2 Attach to Form 990. **Open to Public** Department of the Treasury Internal Revenue Service Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information. NEW JERSEY PERFORMING ARTS CENTER Name of the organization Employer identification number CORPORATION 22-2889703

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
THEATER SQUARE DEVELOPMENT COMPANY -					
61-1674276, ONE CENTER STREET, NEWARK, NJ					
07102	REAL ESTATE	NEW JERSEY	317,784.	0.	NJPAC
HIP HOP NUTCRACKER TOUR LLC - 44-4317845					
ONE CENTER STREET					
NEWARK, NJ 07102	PERF ARTS	NEW JERSEY	874,460.	0.	NJPAC
NJ MEDIA PRODUCTION STAGES LLC - 81-2214790					
ONE CENTER STREET	7				
NEWARK, NJ 07102	REAL ESTATE	DELAWARE	0.	0.	NJPAC
NJ MEDIA PRODUCTION STUDIOS LLC - 84-2250306					
ONE CENTER STREET	7				
NEWARK, NJ 07102	REAL ESTATE	DELAWARE	345,841.	0.	NJPAC

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II 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	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
THE ARTS EDUCATION ENDOWMENT FUND -							
22-3196074, ONE CENTER STREET, NEWARK, NJ							
07102	SUPPORT ORG	NEW JERSEY	501(C)(3)	12A	NJPAC	х	
	-						
	-						
	-						

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

Schedule R (Form 990) 2021

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CORPORATION

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NJ MEDIA PRODUCTION HOLDINGS LLC - 84-2257353, ONE CENTER STREET, NEWARK, NJ 07102	PERF ARTS	DELAWARE	0.	0.	NJPAC
NJ MEDIA PRODUCTION MANAGEMENT LLC - 61-1674276, ONE CENTER STREET, NEWARK, NJ 07102	REAL ESTATE	DELAWARE	0.	0	NJPAC
0/102		DELAWARE	0.	0.	NJFAC
	_				
	_				
	_				
	-				
	_				
	-				

Schedule R (Form 990) 2021 CORPORATION

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organizations treated as a par	organizations treated as a partnership during the tax year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(ł	ר)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Dispropo allocat	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera managi partne	or Percentage ng ?	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	lo	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on 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	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total income	end-of-year	(h) Percentage ownership	conti	i) etion p)(13) rolled ity?
		country)		or trust)		assets			No
NJ CTR FOR PERFORMING ARTS DEV CORP -									
22-2049475, ONE CENTER STREET, NEWARK, NJ									
07102	REAL ESTATE	NJ	NJPAC	C CORP	Ο.	٥.	100%	х	
	-								
	-								
	-								

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related

NEW JERSEY PERFORMING ARTS CENTER

CORPORATION Schedule R (Form 990) 2021

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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	1a		Х
b Gift, grant, or capital contribution to related organization(s)			Х
c Gift, grant, or capital contribution from related organization(s)	1c	x	
d Loans or loan guarantees to or for related organization(s)	1d		Х
e Loans or loan guarantees by related organization(s)	<u>1e</u>		X
f Dividends from related organization(s)	1f		x
g Sale of assets to related organization(s)			X
h Purchase of assets from related organization(s)			X
i Exchange of assets with related organization(s)			X
j Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		X
k Lease of facilities, equipment, or other assets from related organization(s)			x
I Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	x	
o Sharing of paid employees with related organization(s)		X	<u> </u>
p Reimbursement paid to related organization(s) for expenses	<u>1p</u>	x	
a Reimbursement haid by related organization(s) for expenses	10	x	1

q	Reimbursement paid by related organization(s) for expenses	1q	2	Σ
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE ARTS EDUCATION ENDOWMENT FUND	с	56,769.	5% ENDOW VALUE
(2)			
<u>(3)</u>			
(4)			
(5)			
<u>(6)</u>			Catadala D (Farma 000) 0001

22-2889703

Page 3

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NEW JERSEY PERFORMING ARTS CENTER

Schedule R (Form 990) 2021 CORPORATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on 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)	(b)	(c)	(d)	((e) e all	(f)	(g)	()	ו)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org	rs sec. c)(3) s.?	Share of total	Share of end-of-year assets	Dispr tior alloca	opor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1	General managi partner	or Percentage ownership
		<i>c c c</i> , <i>y</i> ,	Sections 512-514)	Yes	No			Yes	No	(1011111003)	Yes N	0
	1											
								+				+
	-											
								+				
	-											
	-											
	-											

Schedule R (Form 990) 2021

Schedule R	(Form 990)	2021

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

CORPORATION

Schedule R (Form 990) 2021

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