

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NEW JERSEY PERFORMING ARTS CENTER CORPORATION Doing business as		D Employer identification number 22-2889703
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE CENTER STREET		E Telephone number 973-642-8989
	City or town, state or province, country, and ZIP or foreign postal code NEWARK, NJ 07102		G Gross receipts \$ 105,797,142.
	F Name and address of principal officer: JOHN SCHREIBER ONE CENTER STREET, NEWARK, NJ 07102		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.NJPAC.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1988
			M State of legal domicile: NJ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	65
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	62
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	431
	6 Total number of volunteers (estimate if necessary)	6	80
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,911,604.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	25,411,022.	29,907,206.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,316,931.	17,269,718.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,271,754.	6,074,025.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,288,819.	7,118,489.
		34,288,526.	60,369,438.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	22,800.	169,342.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,487,324.	17,511,844.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	185,183.	185,882.
	b Total fundraising expenses (Part IX, column (D), line 25)	2,467,897.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,854,522.	29,829,240.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	26,549,829.	47,696,308.	
19 Revenue less expenses. Subtract line 18 from line 12	7,738,697.	12,673,130.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	266,001,987.	253,995,837.
	22 Net assets or fund balances. Subtract line 21 from line 20	24,998,124.	18,709,176.
	241,003,863.	235,286,661.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	LENNON REGISTER, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	EVAN W. SEEKAMP		05/09/23		P01907071
	Firm's name	Firm's EIN			
	KPMG LLP	13-5565207			
	Firm's address	Phone no. 212-758-9700			
	345 PARK AVENUE NEW YORK, NY 10154-0102				

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

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. NEW JERSEY PERFORMING ARTS CENTER CORPORATION	Taxpayer identification number (TIN) 22-2889703
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. ONE CENTER STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEWARK, NJ 07102	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

MARY JAFFA

- The books are in the care of ▶ ONE CENTER STREET - NEWARK, NJ 01702

Telephone No. ▶ 973-353-8034

Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning JUL 1, 2021, and ending JUN 30, 2022.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III Statement of Program Service Accomplishments

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 O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 17,981,175. including grants of \$) (Revenue \$ 15,202,056.)
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 \$ 0.)
THEATER OPERATIONS: PROVIDED SERVICES FOR THE MANAGEMENT, OPERATION AND 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.

4d Other program services (Describe on Schedule O.) (Expenses \$ 5,954,300. including grants of \$) (Revenue \$)

4e Total program service expenses 38,593,639.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	X	
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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 431		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15	X	
If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17		
If "Yes," complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 65 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 62		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	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 arrangement with a taxable entity during the year?	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	X	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL, NJ, NY, PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **MARY JAFFA - 973-353-8034**
ONE CENTER STREET, NEWARK, NJ 01702

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest 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 Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN SCHREIBER PRESIDENT & CEO	50.00 0.20	X		X				1,170,547.	0.	41,719.
(2) DAVID D. RODRIGUEZ EVP & EXECUTIVE PRODUCER	50.00 0.10			X				493,967.	0.	18,965.
(3) WARREN TRANQUADA EVP & COO	50.00 0.10			X				425,682.	0.	8,933.
(4) TIMOTHY LIZURA SVP, REAL ESTATE & CAPITAL PROJECTS	50.00 0.10			X				363,400.	0.	8,133.
(5) LENNON REGISTER VP & CHIEF FINANCIAL OFFICER	50.00 0.20			X				289,394.	0.	18,018.
(6) AMY FITZPATRICK AVP, DEVELOPMENT	50.00 0.10			X				237,121.	0.	32,093.
(7) BETH SILVER CHIEF PEOPLE OFFICER	50.00 0.10			X				228,844.	0.	34,911.
(8) CHAD D. SPIES VP, OPERATIONS & REAL ESTATE	50.00 0.10			X				193,800.	0.	34,946.
(9) KATIE L. SWORD VP, MARKETING	50.00 0.10			X				219,208.	0.	8,124.
(10) JENNIFER L. TSUKAYAMA VP, ARTS EDUCATION	50.00 0.10			X				187,355.	0.	20,714.
(11) AUSTIN G. CLEARY AVP, SALES & PLANNING NJPAC EVENTS	50.00 0.10			X				186,722.	0.	16,942.
(12) JOHN EVAN WHITE AVP, PROGRAMMING	50.00 0.10			X				155,621.	0.	38,380.
(13) SARAH ROSEN MANAGING DIRECTOR, WA	50.00 0.10			X				146,166.	0.	39,614.
(14) ERNEST DIROCCO CHIEF INFORMATION OFFICER	50.00 0.10			X				160,621.	0.	20,449.
(15) YOLANDA DOGANAY AVP & CONTROLLER	50.00 0.20			X				127,717.	0.	36,362.
(16) MARY C. JAFFA AVP, FINANCE	50.00 0.10			X				146,518.	0.	13,876.
(17) TODD TANTILLO HEAD ENGINEER	50.00 0.10					X		119,057.	0.	27,338.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHRISTOPHER MOSES SENIOR DIR, PRODUCTION	50.00 0.10					X		132,277.	0.	6,575.
(19) SIMMA LEVINE PRODUCER SPECIAL PROJECTS	50.00 0.10					X		100,007.	0.	38,521.
(20) MEGGAN GOMEZ (END 6/2022) AVP FACULTY & CREATIVE PRACTICE	50.00 0.10			X				91,818.	0.	15,336.
(21) DEBORAH PURDON DIR RESEARCH & PROSPECT MGMT	50.00 0.10					X		103,763.	0.	3,072.
(22) JAMES MCMORROW DIR OF SEC. SAFETY, TRAFFIC & PARK	50.00 0.10					X		100,563.	0.	2,788.
(23) EYESHA MARABLE AVP, COMMUNITY ENGAGEMENT	50.00 0.10			X				95,510.	0.	2,999.
(24) SAVION GLOVER BOARD MEMBER	1.00 0.10	X						17,500.	0.	0.
(25) CHRISTIAN MCBRIDE BOARD MEMBER	1.00 0.10	X						11,250.	0.	0.
(26) ERIN MORALES (START 4/2022) AVP, CORP & INSTITUTIONAL P'SHIPS	50.00 0.10			X				0.	0.	0.
1b Subtotal								5,504,428.	0.	488,808.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								5,504,428.	0.	488,808.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 21

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
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, OWINGS & 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 above) who received more than \$100,000 of compensation from the organization 36

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LARA ABRASH BOARD MEMBER	1.00 0.10	X						0.	0.	0.
(28) MARSHA I. ATKIND BOARD MEMBER	1.00 0.10	X						0.	0.	0.
(29) RAS J. BARAKA BOARD MEMBER	1.00 0.10	X						0.	0.	0.
(30) LAWRENCE E. BATHGATE II, ESQ. BOARD MEMBER	1.00 0.10	X						0.	0.	0.
(31) MARC E. BERSON TREASURER	1.00 0.10	X						0.	0.	0.
(32) JAMES L. BILDNER BOARD MEMBER	1.00 0.10	X						0.	0.	0.
(33) DANIEL M. BLOOMFIELD, MD BOARD MEMBER	1.00 0.10	X						0.	0.	0.
(34) MODIA BUTLER BOARD MEMBER	1.00 0.10	X						0.	0.	0.
(35) JACOB S. BUURMA, ESQ. BOARD MEMBER	1.00 0.10	X						0.	0.	0.
(36) DR. NANCY CANTOR BOARD MEMBER	1.00 0.10	X						0.	0.	0.
(37) REGINA CARTER BOARD MEMBER	1.00 0.10	X						0.	0.	0.
(38) RAYMOND G. CHAMBERS FOUNDING CHAIR	1.00 0.10	X						0.	0.	0.
(39) MINDY COHEN BOARD MEMBER	1.00 0.10	X						0.	0.	0.
(40) MATTHEW CONNOR BOARD MEMBER	1.00 0.10	X						0.	0.	0.
(41) WAYNE COOPERMAN BOARD MEMBER (END 9/2021)	1.00 0.10	X						0.	0.	0.
(42) MILDRED C. CRUMP BOARD MEMBER (END 10/2021)	1.00 0.10	X						0.	0.	0.
(43) EDWAN DAVIS BOARD MEMBER	1.00 0.10	X						0.	0.	0.
(44) ENRICO DELLA CORNA BOARD MEMBER	1.00 0.10	X						0.	0.	0.
(45) ALMA DEMETROPOLIS BOARD MEMBER (END 10/2021)	1.00 0.10	X						0.	0.	0.
(46) PAT A. DI FILIPPO BOARD MEMBER	1.00 0.10	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(47) JOSEPH N. DIVINCENZO, JR. BOARD MEMBER	1.00 0.10	X					0.	0.	0.
(48) ROBERT H. DOHERTY BOARD MEMBER	1.00 0.10	X					0.	0.	0.
(49) PATRICK C. DUNICAN, JR., ESQ. BOARD MEMBER	1.00 0.10	X					0.	0.	0.
(50) DEBBIE DYSON BOARD MEMBER	1.00 0.10	X					0.	0.	0.
(51) SHEREEF ELNAHAL, M.D. BOARD MEMBER (END 05/2022)	1.00 0.10	X					0.	0.	0.
(52) ANNE E. ESTABROOK BOARD MEMBER	1.00 0.10	X					0.	0.	0.
(53) CHRISTINE C. GILFILLAN BOARD MEMBER	1.00 0.10	X					0.	0.	0.
(54) STEVEN M. GOLDMAN, ESQ. BOARD MEMBER	1.00 0.10	X					0.	0.	0.
(55) MICHAEL R. GRIFFINGER, ESQ. SECRETARY	1.00 0.10	X					0.	0.	0.
(56) YAN GU BOARD MEMBER	1.00 0.10	X					0.	0.	0.
(57) RYAN P. HAYGOOD, ESQ. BOARD MEMBER	1.00 0.10	X					0.	0.	0.
(58) WILLIAM V. HICKEY BOARD MEMBER	1.00 0.10	X					0.	0.	0.
(59) JEFFREY T. HOFFMAN BOARD MEMBER	1.00 0.10	X					0.	0.	0.
(60) RALPH IZZO, PH.D. BOARD MEMBER	1.00 0.10	X					0.	0.	0.
(61) DAVID JONES ASSISTANT TREASURER	1.00 0.10	X					0.	0.	0.
(62) HON. THOMAS H. KEAN BOARD MEMBER	1.00 0.10	X					0.	0.	0.
(63) SCOTT KOBLER, ESQ. BOARD MEMBER	1.00 0.10	X					0.	0.	0.
(64) MITCHELL A. LIVINGSTON, ESQ. BOARD MEMBER	1.00 0.10	X					0.	0.	0.
(65) CHARLES F. LOWREY BOARD MEMBER	1.00 0.10	X					0.	0.	0.
(66) WILLIAM J. MARINO BOARD MEMBER	1.00 0.10	X					0.	0.	0.
Total to Part VII, Section A, line 1c									

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) ELLEN B. MARSHALL BOARD MEMBER	1.00 0.10	X						0.	0.	0.
(68) ELIZABETH A. MATTSO BOARD MEMBER	1.00 0.10	X						0.	0.	0.
(69) CARLOS MEDINA BOARD MEMBER (AS OF 11/2021)	1.00 0.10	X						0.	0.	0.
(70) D. NICHOLAS MICELI BOARD MEMBER	1.00 0.10	X						0.	0.	0.
(71) ELIZABETH MAHER MUOIO BOARD MEMBER	1.00 0.10	X						0.	0.	0.
(72) PHILIP D. MURPHY BOARD MEMBER	1.00 0.10	X						0.	0.	0.
(73) BARRY H. OSTROWSKY, ESQ. BOARD MEMBER	1.00 0.10	X						0.	0.	0.
(74) VICTOR PARSONNET, M.D. BOARD MEMBER (END 01/2022)	1.00 0.10	X						0.	0.	0.
(75) LUIS A. QUINTANA BOARD MEMBER (AS OF 10/2021)	1.00 0.10	X						0.	0.	0.
(76) DEEPAK RAJ BOARD MEMBER (AS OF 6/2022)	1.00 0.10	X						0.	0.	0.
(77) EVA REDA BOARD MEMBER	1.00 0.10	X						0.	0.	0.
(78) CHRISTOPHER R. REIDY BOARD MEMBER (END 1/2022)	1.00 0.10	X						0.	0.	0.
(79) STEPHEN O. RICHARD BOARD MEMBER (AS OF 1/2022)	1.00 0.10	X						0.	0.	0.
(80) DONALD A. ROBINSON, ESQ. BOARD MEMBER (END 01/2022)	1.00 0.10	X						0.	0.	0.
(81) RICHARD W. ROPER BOARD MEMBER	1.00 0.10	X						0.	0.	0.
(82) ARTHUR F. RYAN BOARD MEMBER	1.00 0.10	X						0.	0.	0.
(83) PHILIP R. SELLINGER, ESQ. ASSISTANT SECRETARY (END 12/2021)	1.00 0.10	X						0.	0.	0.
(84) GARY D. ST. HILIARE BOARD MEMBER	1.00 0.10	X						0.	0.	0.
(85) FAYEMI SHAKUR BOARD MEMBER (AS OF 1/2022)	1.00 0.10	X						0.	0.	0.
(86) HON. CLIFFORD M. SOBEL BOARD MEMBER	1.00 0.10	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

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

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	74,595.	74,595.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	94,747.	94,747.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,359,272.	1,809,157.	3,095,123.	454,992.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	9,469,010.	7,524,613.	987,406.	956,991.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	77,748.	30,967.	37,282.	9,499.
9 Other employee benefits	1,478,167.	892,544.	428,712.	156,911.
10 Payroll taxes	1,127,647.	842,910.	209,031.	75,706.
11 Fees for services (nonemployees):				
a Management				
b Legal	574,978.	369,111.	205,867.	
c Accounting	229,756.	42,450.	187,306.	
d Lobbying	68,728.	68,728.		
e Professional fundraising services. See Part IV, line 17	185,882.			185,882.
f Investment management fees	395,667.		395,667.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	4,560,617.	4,089,171.	362,608.	108,838.
12 Advertising and promotion	2,470,498.	2,302,138.	18,253.	150,107.
13 Office expenses	425,605.	304,872.	45,680.	75,053.
14 Information technology				
15 Royalties				
16 Occupancy	2,728,316.	2,714,788.	9,660.	3,868.
17 Travel	838,590.	549,954.	168,972.	119,664.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	103,203.	4,449.	98,754.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,349,191.	4,156,524.	98,937.	93,730.
23 Insurance	677,339.	677,339.		
24 Other expenses. Itemize expenses not covered 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 O.)				
a ARTIST & PERFORMER FEES	6,156,544.	6,051,831.	60,613.	44,100.
b PARKING OPERATIONS	2,239,103.	2,239,103.		
c PRODUCTION COSTS	1,142,752.	1,124,072.	13,910.	4,770.
d CREDIT CARD & TM FEES	721,060.	693,222.	52.	27,786.
e All other expenses	2,147,293.	1,936,354.	210,939.	
25 Total functional expenses. Add lines 1 through 24e	47,696,308.	38,593,639.	6,634,772.	2,467,897.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	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 former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	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 11	24,652,495.	12	24,398,594.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	266,001,987.	16	253,995,837.	
Liabilities	17 Accounts payable and accrued expenses	3,461,831.	17	3,641,022.
	18 Grants payable		18	
	19 Deferred revenue	2,234,903.	19	2,880,636.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	5,153,434.	23	1,555,713.
	24 Unsecured notes and loans payable to unrelated third parties	5,609,227.	24	1,391,680.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	8,538,729.	25	9,240,125.
	26 Total liabilities. Add lines 17 through 25	24,998,124.	26	18,709,176.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	93,151,049.	27	107,491,188.
	28 Net assets with donor restrictions	147,852,814.	28	127,795,473.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	241,003,863.	32	235,286,661.
33 Total liabilities and net assets/fund balances	266,001,987.	33	253,995,837.	

Form 990 (2021)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	60,369,438.
2	Total expenses (must equal Part IX, column (A), line 25)	2	47,696,308.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,673,130.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	241,003,863.
5	Net unrealized gains (losses) on investments	5	-18,603,695.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	213,363.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 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
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization NEW JERSEY PERFORMING ARTS CENTER CORPORATION

Employer identification number
22-2889703

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.	138,770,696.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	27,343,995.	17,518,783.	38,589,690.	25,411,022.	29,907,206.	138,770,696.
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)						37,485,191.
6 Public support. Subtract line 5 from line 4.						101,285,505.

Section B. Total Support

Calendar 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.	138,770,696.
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.	10,250,639.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	5,943,328.	6,052,373.	4,669,046.	4,672,234.	4,639,674.	25,976,655.
11 Total support. Add lines 7 through 10						174,997,990.
12 Gross receipts from related activities, etc. (see instructions)					12	83,320,990.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	57.88 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	51.81 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

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

(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.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 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)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 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?		
2 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a 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? <i>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 these activities constituted substantially all of its activities.</i>	Yes	No	
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? <i>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.</i>			
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? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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	<input type="checkbox"/> 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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide 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 organization is responsive (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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	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: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	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:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

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.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990 or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- 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).

Name of organization NEW JERSEY PERFORMING ARTS CENTER CORPORATION	Employer identification number 22-2889703
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 13,131,774.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 2,262,873.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 1,834,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 1,250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 1,173,169.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW JERSEY PERFORMING ARTS CENTER CORPORATION	Employer identification number 22-2889703
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ _____ 900,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ _____ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW JERSEY PERFORMING ARTS CENTER CORPORATION	Employer identification number 22-2889703
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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.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization NEW JERSEY PERFORMING ARTS CENTER CORPORATION	Employer identification number 22-2889703
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

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

Name of organization NEW JERSEY PERFORMING ARTS CENTER CORPORATION	Employer identification number 22-2889703
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ► \$ _____
- 3 Volunteer hours for political campaign activities

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

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

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

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

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

Lobbying Expenditures During 4-Year 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					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		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	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		68,500.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		228.
j Total. Add lines 1c through 1i			68,728.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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 and 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.

Part IV Supplemental Information *(continued)*

NJPAC INDIRECTLY INCURS LOBBYING EXPENSE THROUGH DUES PAID TO OTHER

ORGANIZATIONS.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization NEW JERSEY PERFORMING ARTS CENTER CORPORATION

Employer identification number 22-2889703

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

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

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public exhibition. 1b: Reporting on revenue and assets for public exhibition. 2: Reporting on revenue and assets for financial gain.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	128,788,508.	95,564,113.	84,810,266.	85,335,412.	74,575,049.
b Contributions	528,063.	13,866,826.	14,565,383.	155,014.	6,885,722.
c Net investment earnings, gains, and losses	-12,296,557.	23,168,951.	-48,092.	2,937,994.	7,354,241.
d Grants or scholarships					
e Other expenditures for facilities and programs	4,829,231.	3,576,461.	3,586,271.	3,457,010.	3,323,930.
f Administrative expenses	395,667.	234,921.	177,173.	161,144.	155,670.
g End of year balance	111,795,116.	128,788,508.	95,564,113.	84,810,266.	85,335,412.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 88.9000 %
 - c Term endowment 11.1000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		176,476,802.	82,624,853.	93,851,949.
c Leasehold improvements				
d Equipment		26,188,988.	20,280,898.	5,908,090.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				99,760,039.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) HEDGED STRATEGIES	13,021,219.	END-OF-YEAR MARKET VALUE
(B) PRIVATE EQUITY	9,540,939.	END-OF-YEAR MARKET VALUE
(C) COMMINGLED TRUST	1,836,436.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	24,398,594.	

Part VIII Investments - Program Related.

Complete 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 end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCE ON CONDITIONAL GRANT	8,769,152.
(3) ASSET RETIREMENT OBLIGATION	473,704.
(4) CAPITAL EQUIP LEASE LIABILITY	43,548.
(5) OTHER LIABILITIES	-46,279.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	9,240,125.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements 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 ...

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information.

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

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 F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization
NEW JERSEY PERFORMING ARTS CENTER
CORPORATION

Employer identification number
22-2889703

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

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments 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.
3 a Subtotal	0	0			19,431,370.
b Total from continuation 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

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)

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

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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 No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

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
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2021

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
GAIL P. STONE EVENTS, INC. - 2932 VAUXHALL ROAD, VAUXHALL,	SPECIAL EVENTS		X	2,670,687.	55,000.	2,615,687.
LKA FUNDRAISING & COMMUNICATIONS - 4800 S	FUNDRAISING STRATEGY		X	402,099.	15,000.	387,099.
GRAND ARMY ADVISORS, LLC - 268 BERKELEY PLACE #5,	FUNDRAISING STRATEGY		X	26,000.	62,000.	-36,000.
T BELMEAR ENTERPRISES, LLC - 1070 MORRIS AVE, SUITE	FUNDRAISING STRATEGY		X	0.	32,700.	-32,700.
KAREN BROOKS-HOPKINS - 216 GARFIELD PLACE, BROOKLYN, NY	FUNDRAISING STRATEGY		X	0.	14,792.	-14,792.
Total				3,098,786.	179,492.	2,919,294.

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

FL, NJ, NY, PA

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 (add col. (a) through col. (c))
		GALA (event type)	LUNCHEON (event type)	NONE (total number)	
Revenue	1	Gross receipts	2,156,775.	350,062.	2,506,837.
	2	Less: Contributions	2,156,775.	307,912.	2,464,687.
	3	Gross income (line 1 minus line 2)		42,150.	42,150.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	31,344.	61,779.	93,123.
	8	Entertainment	50,578.	200.	50,778.
	9	Other direct expenses	124,354.	85,967.	210,321.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			354,222.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-312,072.

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

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

Name ► YOLANDA DOGANAY

Address ► ONE CENTER STREET - NEWARK, NJ 07102

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► LENNON REGISTER

Gaming manager compensation ► \$ _____

Description of services provided ► OVERALL MANAGEMENT

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

SCHEDULE 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

(I) NAME OF FUNDRAISER: LKA FUNDRASISING & COMMUNICATIONS

(I) ADDRESS OF FUNDRAISER:

4800 S MACADAM AVE SUITE 240, PORTLAND, OR 97239

Part IV Supplemental Information (continued)

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

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

(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

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,

Part IV Supplemental Information (continued)

PARKING, PRINTING AND MEETING MATERIALS.

LKA FUNDRAISING & COMMUNICATIONS

FIXED FEE FOR FUNDRAISING STRATEGY

T BELMEAR ENTERPRISES, LLC

FIXED FEE FOR FUNDRAISING STRATEGY

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

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.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **NEW JERSEY PERFORMING ARTS CENTER
CORPORATION**

Employer identification number
22-2889703

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(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 of grant or assistance
NEWARK BOARD OF EDUCATION 765 BROAD STREET NEWARK, NJ 07102		GOV	0.	41,519.		PERFORMANCE ADMISSIONS DISCOUNT	ARTS EDUCATION
JERSEY CITY PUBLIC SCHOOLS 346 CLAREMONT AVENUE JERSEY CITY, NJ 07305-1634		GOV	0.	6,048.		PERFORMANCE ADMISSIONS DISCOUNT	ARTS EDUCATION

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

3 Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) 2021

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.		
THE MCJ BERKLEE SCHOLARSHIP	2	7,626.	0.		
FINANCIAL 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

Part IV Supplemental Information

SELECTED STUDENTS THROUGH THE MUSIC PROGRAMS AT THE NEWARK SCHOOL OF THE
ARTS (NSA). NSA IS A COMMUNITY-BASED ORGANIZATION COMMITTED TO PROVIDING
ACCESS TO SEQUENTIAL, COMPREHENSIVE ARTS EDUCATION AND PERFORMANCE
ACTIVITIES. 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 J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **NEW JERSEY PERFORMING ARTS CENTER CORPORATION**

Employer identification number
22-2889703

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate 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.

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 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:

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

6 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:

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

7 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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2021

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.

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

Part III Supplemental Information

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

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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4	791,145.	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				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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

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.

Multiple horizontal lines for data entry.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization NEW JERSEY PERFORMING ARTS CENTER CORPORATION	Employer identification number 22-2889703
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FORM 990, PART I, LINE 1 & PART III, LINE 1

THE NEW JERSEY PERFORMING ARTS CENTER, BY CELEBRATING DIVERSITY, SHALL
 BE AMERICA'S FOREMOST URBAN PRESENTER OF ARTS AND ENTERTAINMENT, A
 CREATIVE AND EFFECTIVE LEADER IN ARTS EDUCATION FOR CHILDREN, A
 CONVENER OF USEFUL AND ENLIGHTENING CIVIC ENGAGEMENT EVENTS, AND A
 CATALYST FOR ECONOMIC DEVELOPMENT IN ITS HOME CITY OF NEWARK.

FORM 990, PART I, LINE 5

NUMBER OF EMPLOYEES

IN ACCORDANCE WITH IRS GUIDELINES, THE NUMBER OF EMPLOYEES WAS REPORTED
 AT 431 BASED ON WAGE AND TAX STATEMENTS FOR 2021. THIS INCLUDED ANY AND
 ALL EMPLOYEES OF NJPAC 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 ACCOMPLISHMENTS

ARTS EDUCATION PROGRAMS, CONTINUED FROM PART III:

SCHOOLTIME PERFORMANCES BRING MORE THAN 15,000 SCHOOL STUDENTS TO THE
 NJPAC CAMPUS TO ATTEND CLASSICAL AND WORLD-MUSIC CONCERTS, DANCE
 PERFORMANCES, AND MUSICALS. IN-SCHOOL ASSEMBLIES BRING THE THRILL OF
 LIVE PERFORMANCE DIRECTLY TO SCHOOLS.

FOR SCHOOLS SEEKING A DEEPER COMMITMENT, NJPAC OFFERS IN-SCHOOL
 RESIDENCIES IN DANCE, THEATER, AND MUSIC. THE SESSIONS LAST FROM FIVE
 TO TWELVE WEEKS.

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization NEW JERSEY PERFORMING ARTS CENTER CORPORATION	Employer identification number 22-2889703
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ARTS TRAINING: WORKING 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 HAVE A VARIETY OF OPPORTUNITIES TO PERFORM DURING THE YEAR.

PROFESSIONAL DEVELOPMENT: OPPORTUNITIES FOR TEACHING ARTISTS AND CLASSROOM TEACHERS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
PROGRAM SERVICE ACCOMPLISHMENTS - OTHER
REAL ESTATE DEVELOPMENT
PLANNING, IMPROVEMENT AND DEVELOPMENT OF OWNED/LEASED REAL ESTATE IN FURTHERANCE OF NJPAC'S MISSION OF BEING A CATALYST IN THE ECONOMIC DEVELOPMENT OF ITS HOME CITY OF NEWARK.
EXPENSES \$3,086,580 INCLUDING GRANTS OF \$0, REVENUE \$0

MARKETING AND PUBLIC AFFAIRS
NJPAC KEEPS THE PUBLIC AND THE MEDIA FULLY INFORMED ABOUT ITS PROGRAMS, EVENTS AND EDUCATIONAL ACTIVITIES.
EXPENSES \$2,867,720 INCLUDING GRANTS OF \$0, REVENUE \$0
EXPENSES \$ 5,954,300. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:
BUSINESS AND FAMILY RELATIONSHIPS
DIRECTORS MARC E. BERSON AND ANNE E. ESTABROOK HAVE A BUSINESS RELATIONSHIP.

Name of the organization NEW JERSEY PERFORMING ARTS CENTER CORPORATION	Employer identification number 22-2889703
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DIRECTORS MARC E. BERSON AND HON. CLIFFORD M. SOBEL HAVE A BUSINESS RELATIONSHIP.

DIRECTORS CHARLES F. LOWREY AND RISHI VARMA HAVE A BUSINESS RELATIONSHIP.

DIRECTORS ELIZBETH MAHER 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 RELATIONSHIP.

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, SECTION B, LINE 11B:

PROCESS TO REVIEW FORM 990

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

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

Name of the organization NEW JERSEY PERFORMING ARTS CENTER CORPORATION	Employer identification number 22-2889703
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN FAIR VALUE OF INTEREST RATE SWAP	213,363.
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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization	NEW JERSEY PERFORMING ARTS CENTER CORPORATION	Employer identification number	22-2889703
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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 NEWARK, NJ 07102	REAL ESTATE	DELAWARE	0.	0.	NJPAC
NJ MEDIA PRODUCTION STUDIOS LLC - 84-2250306 ONE CENTER STREET NEWARK, NJ 07102	REAL ESTATE	DELAWARE	345,841.	0.	NJPAC

Part II 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 organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE ARTS EDUCATION ENDOWMENT FUND - 22-3196074, ONE CENTER STREET, NEWARK, NJ 07102	SUPPORT ORG	NEW JERSEY	501(C)(3)	12A	NJPAC	X	

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

Schedule R (Form 990) 2021

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

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 organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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 country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
NJ CTR FOR PERFORMING ARTS DEV CORP - 22-2049475, ONE CENTER STREET, NEWARK, NJ 07102	REAL ESTATE	NJ	NJPAC	C CORP	0.	0.	100%	X	

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.

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c	X	
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n	X	
1o	X	
1p	X	
1q	X	
1r		X
1s		X

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	C	56,769.	5% ENDOW VALUE
(2)			
(3)			
(4)			
(5)			
(6)			

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.