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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 09-01-2008, and ending 08-31-2009

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: AMERICAN LEGION JERSEY BOYS STATE GORDON A VREELAND. Number and street (or P O box, if mail is not delivered to street address) Room/suite: 135 WEST HANOVER STREET. City or town, state or country, and ZIP + 4: TRENTON, NJ 08618

D Employer identification number: 21-0742992. E Telephone number: (973) 605-2777. F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash [] Accrual [x] Other (specify)

I Website: WWW.ALJBS.ORG

H Check [x] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one): [x] 501(c)(3) (insert no) [] 4947(a)(1) or [] 527

K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ \$ 178,286

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes sub-rows for detailed calculations like 5a-5c, 6a-6c, 7a-7c.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, Land and buildings, Other assets, Total assets, Total liabilities, and Net assets or fund balances.

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? ANNUAL SEMINAR ON STRUCTURE OF NEW JERSEY STATE GOVERNMENT			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28 EDUCATION OF N J YOUTH TO BE BETTER CITIZENS (Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	172,323
29			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31 Other program services (attach schedule)			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	172,323

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		No
35 <i>If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T</i>			
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		No
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? <i>If "Yes," complete applicable parts of Schedule N</i>	36		No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b Did the organization file Form 1120-POL for this year?	37b		No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39 <i>501(c)(7) organizations.</i> Enter			
a Initiation fees and capital contributions included on line 9	39a		
b Gross receipts, included on line 9, for public use of club facilities	39b		
40a <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b <i>Section 501(c)(3) and (4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? <i>If "Yes," complete Schedule L, Part I.</i>	40b		No
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		No
41 List the states with which a copy of this return is filed ▶ <u>NJ</u>			
42a The books are in care of ▶ <u>GORDON A VREELAND</u> Telephone no ▶ <u>(973) 827-1055</u> 3 FIELDSTONE LANE Located at ▶ <u>FRANKLIN, NJ</u> ZIP + 4 ▶ <u>07416</u>			
b 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)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c		No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43	43		
44 Did the organization maintain any donor advised funds? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ.</i>	44	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ.</i>	45		No

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		No
49a Did the organization make any transfers to an exempt non-charitable related organization?		No
49b If "Yes," was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

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

Signature of officer: ***** Date: 2010-01-06

GORDON A VREELAND TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: VICTOR MAISANO CPA Date: 2010-01-07 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: GERMAN VREELAND & ASSOCIATES LLP
7 CENTURY DRIVE SUITE 301
PARSIPPANY, NJ 07054

EIN: Phone no: (973) 605-2777

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

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	168,665	157,220	154,609	156,271	158,395	795,160
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3	168,665	157,220	154,609	156,271	158,395	795,160
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						795,160

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	168,665	6,210	154,609	156,271	158,395	795,160
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,679	6,210	8,245	6,979	6,613	31,726
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						826,886
12 Gross receipts from related activities, etc (See instructions)					12	72,537
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	96.163 %
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	97.003 %
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

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

Total Support

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

Computation of Public Support Percentage

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

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	

- 19a 33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 21-0742992
Name: AMERICAN LEGION JERSEY BOYS STATE
 GORDON A VREELAND

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
THEODORE J HOWARTH JR 135 WEST HANOVER STREET TRENTON, NJ 08618	PRESIDENT 1	0		
PETER VARSALONA 135 WEST HANOVER STREET TRENTON, NJ 08618	VICE-PRES 1	0		
GORDON A VREELAND 135 WEST HANOVER STREET TRENTON, NJ 08618	TREASURER 4	0		
DAVID S BAGATELLE 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 4	0		
ROBERT PHILLIPS 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
ANTHONY KURAN 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
SALVATORE TORRE 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
ARTHUR ANDERSON 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
JOSEPH C TOWE 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
GEORGE HEUPEL 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
ROBERT THWAITES JR 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
LAURICE WOOD 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
FRANK TOMCZUK 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
DAN MCCOLE 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
CLIFF GRIFFITHS 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
JOSEPH R MCCONOMY 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
BILL ZWEIR 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
JOHN O'BOYLE 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
JAMES AMOS 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
ELMER KOLLAR 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
BERLEY HANNA JR 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
ALBERT M ROBOTTI 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
EVERARD EATON 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
ALLEN BLACK 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
PATRICK G RUGGIERO 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
ANTHONY LORI 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
WILLIAM BREEN 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
PHILIP WIEN 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
EMERSON R LUCAS 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
CALVIN WEEMS 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
MICHAEL K BURHART 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
EDWARD R WHITNEY 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
JACK KUEPFER 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
RUSSELL ROBINSON 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
WILLIAM RAKESTRAW 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
ROBERT COX 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
JACK MAGNIFICO 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
ZOLTAN A GILANYI 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
CLINTON JONES 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
AL VAN RAVENSWAAY 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
WILLIAM MACK 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
TED CAFFYN 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
STEVE LOPES 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
ART GRANT 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		
CHARLES REILLY 135 WEST HANOVER STREET TRENTON, NJ 08618	TRUSTEE 1	0		

TY 2008 Compensation Explanation

Name: AMERICAN LEGION JERSEY BOYS STATE
 GORDON A VREELAND

EIN: 21-0742992

Person Name	Explanation
THEODORE J HOWARTH JR	
PETER VARSALONA	
GORDON A VREELAND	
DAVID S BAGATELLE	
ROBERT PHILLIPS	
ANTHONY KURAN	

Person Name	Explanation
SALVATORE TORRE	
ARTHUR ANDERSON	
JOSEPH C TOWE	
GEORGE HEUPEL	
ROBERT THWAITES JR	
LAURICE WOOD	

Person Name	Explanation
FRANK TOMCZUK	
DAN MCCOLE	
CLIFF GRIFFITHS	
JOSEPH R MCCONOMY	
BILL ZWEIR	
JOHN OBOYLE	

Person Name	Explanation
JAMES AMOS	
ELMER KOLLAR	
BERLEY HANNA JR	
ALBERT M ROBOTTI	
EVERARD EATON	
ALLEN BLACK	

Person Name	Explanation
PATRICK G RUGGIERO	
ANTHONY LORI	
WILLIAM BREEN	
PHILIP WIEN	
EMERSON R LUCAS	
CALVIN WEEMS	

Person Name	Explanation
MICHAEL K BURHART	
EDWARD R WHITNEY	
JACK KUEPFER	
RUSSELL ROBINSON	
WILLIAM RAKESTRAW	
ROBERT COX	

Person Name	Explanation
JACK MAGNIFICO	
ZOLTAN A GILANYI	
CLINTON JONES	
AL VAN RAVENSWAAY	
WILLIAM MACK	
TED CAFFYN	

Person Name	Explanation
STEVE LOPES	
ART GRANT	
CHARLES REILLY	

TY 2008 Other Assets Schedule

Name: AMERICAN LEGION JERSEY BOYS STATE
 GORDON A VREELAND

EIN: 21-0742992

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS RECEIVABLE	1,850	
INVENTORIES FOR SALE OR USE	11,407	7,820
PREPAID EXPENSES AND DEFERRED CHARGES	399	410
	13,656	8,230

TY 2008 Other Expenses Schedule

Name: AMERICAN LEGION JERSEY BOYS STATE
GORDON A VREELAND

EIN: 21-0742992

Description	Amount
EXPENSES	
DIRECTOR'S CONFERENCE	5,263
OFFICE SUPPLIES	5,893
SUMMER SESSION EXPENSES	10,324
PRINTING	10,214
SMITH-LICAUSI MEMORIAL AW	1,000
TODD EATON MEMORIAL AWARD	1,000
BEST CITIZEN	1,000
ANNUAL REPORT	25
ANNUAL FILING FEE	30

TY 2008 Other Liabilities Schedule

Name: AMERICAN LEGION JERSEY BOYS STATE
 GORDON A VREELAND

EIN: 21-0742992

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	122,201	2,663
	122,201	2,663

TY 2008 Other Revenues Schedule

Name: AMERICAN LEGION JERSEY BOYS STATE
GORDON A VREELAND

EIN: 21-0742992

Description	Amount
TUITION FEES	156,140