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Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
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Information about Form 990 and its instructions is at www.irs.gov/foi990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 09-01-2015, and ending 08-31-2016

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
AMERICAN LEGION-DEPT OF NEW JERSEY

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
171 JERSEY STREET

City or town, state or province, country, and ZIP or foreign postal code
TRENTON, NJ 08611

D Employer identification number
21-0391093

E Telephone number
(609) 695-5418

G Gross receipts \$ 1,388,128

F Name and address of principal officer
JOHN BAKER
171 JERSEY STREET
TRENTON, NJ 08611

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status 501(c)(3) 501(c) (19) ◀ (insert no) 4947(a)(1) or 527

J Website: WWW NJAMERICANLEGION ORG

K Form of organization Corporation Trust Association Other

L Year of formation 1919

M State of legal domicile NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
ASSISTANCE TO VETERANS INCLUDING HOSPITAL, MEMORIAL, EMPLOYMENT, REHABILITATION & FINANCIAL SERVICES

2 Check this box 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	29
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	10
6 Total number of volunteers (estimate if necessary)	6	400
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	482,861	570,774
9	Program service revenue (Part VIII, line 2g)	455,746	311,260
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	31,686	36,418
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	298,785	374,362
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,269,078	1,292,814

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	49,000	50,500
14	Benefits paid to or for members (Part IX, column (A), line 4)	6,022	5,236
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	526,824	524,191
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	739,782	589,180
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,321,628	1,169,107
19	Revenue less expenses Subtract line 18 from line 12	-52,550	123,707

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,501,228	1,612,709
21	Total liabilities (Part X, line 26)	480,604	457,216
22	Net assets or fund balances Subtract line 21 from line 20	1,020,624	1,155,493

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: [Signature] Date: 2016-12-22

JOHN BAKER DEPT ADJUTANT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name BJONDINA KAPRUZI	Preparer's signature BJONDINA KAPRUZI	Date	Check <input type="checkbox"/> if self-employed	PTIN P01270786
Firm's name ▶ MERCADIEN PC			Firm's EIN ▶ 22-3271712	
Firm's address ▶ PO BOX 7648 PRINCETON, NJ 085437648			Phone no (609) 689-9700	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE ORGANIZATION PROVIDES ASSISTANCE TO VETERANS, WHICH INCLUDE HOSPITAL, MEMORIAL, EMPLOYMENT, REHABILITATION & FINANCIAL SERVICES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
DEPARTMENT SERVICE OFFICE-EMPLOYS TWO(2) INDIVIDUALS AS ACCREDITED REPRESENTATIVES AND TWO(2) CLERICAL SUPPORT EMPLOYEES ASSIST AND COUNSEL VETERANS AND THEIR DEPENDENTS AND SURVIVORS ON ALL ASPECTS OF VETERANS CLAIMS FOR THE YEAR ENDED 8/31/16, THIS OFFICE REPORTED MORE THAN 17,500 CONTACTS

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
THE AMERICAN LEGION JERSEY BOYS STATE PROGRAM - LOCAL POSTS SPONSORED MORE THAN 950 HIGH SCHOOL JUNIORS IN THIS ONE WEEK PROGRAM ON GOVERNMENT STRUCTURE FROM THE LOCAL TO THE NATIONAL LEVELS

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
REHABILITATION HOSPITAL PROGRAM - PROVIDED RECREATIONAL SERVICES TO 1,000 RESIDENTS OF THE THREE NEW JERSEY VETERANS HOMES AND TWO FEDERAL VETERANS AFFAIRS MEDICAL CENTERS IN NEW JERSEY, AS WELL AS TO VETERANS WHO ARE PATIENTS IN STATE HOSPITALS
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

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>	1	No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2	Yes
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 	7	No
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> 	8	No
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> 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	10	No
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> 	11a	Yes
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 	11b	Yes
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	11e	Yes
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 	11f	Yes
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> 	12a	Yes
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> 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	No
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>	15	No
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>	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) 	17	No
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> 	18	Yes
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> 	19	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants 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>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and health insurance issuers.

Part VI Governance, Management, and Disclosure

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

Check if Schedule O contains a response 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	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?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	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?		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed **NJ**

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
MARY LOU TANCREDI 171 JERSEY STREET TRENTON, NJ 08611 (609) 695-5418

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a					
	b Membership dues 1b	470,774				
	c Fundraising events 1c					
	d Related organizations 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	100,000				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f ▶	570,774				
Program Service Revenue	2a LABEL PROGRAM	Business Code				
		900099	75,319	75,319		
	b DEPARTMENT POST	900099	61,219	61,219		
	c JUNE PROGRAM	900099	58,299	58,299		
	d CONVENTION COMMITTEE	900099	46,615	46,615		
	e HOLIDAY CARD PROGRAM	900099	31,510	31,510		
	f All other program service revenue		38,298	38,298		
	g Total. Add lines 2a-2f ▶		311,260			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		43,453		43,453	
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		16,000		
		b Less cost or other basis and sales expenses		23,035		
		c Gain or (loss)		-7,035		
	d Net gain or (loss) ▶		-7,035	-7,035		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a		146,299		
		b Less direct expenses b		63,761		
		c Net income or (loss) from fundraising events ▶		82,538		82,538
	9a Gross income from gaming activities See Part IV, line 19	a				
		b Less direct expenses b				
		c Net income or (loss) from gaming activities ▶				
	10a Gross sales of inventory, less returns and allowances	a		21,780		
b Less cost of goods sold b			8,518			
c Net income or (loss) from sales of inventory ▶			13,262	13,262		
Miscellaneous Revenue	Business Code					
11a COMMANDER'S SPECIAL PR	900099	115,222	115,222			
b INSURANCE ADMIN	517000	102,952	102,952			
c MISCELLANEOUS	900099	36,003	36,003			
d All other revenue		24,385	24,385			
e Total. Add lines 11a-11d ▶		278,562				
12 Total revenue. See Instructions ▶		1,292,814	596,049	0	125,991	

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				
2	Grants and other assistance to domestic individuals See Part IV, line 22	50,500			
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	5,236			
5	Compensation of current officers, directors, trustees, and key employees	229,629			
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	188,283			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,998			
9	Other employee benefits	60,845			
10	Payroll taxes	30,436			
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	20,000			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	67,481			
14	Information technology	11,530			
15	Royalties				
16	Occupancy				
17	Travel	45,330			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	175,602			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,251			
23	Insurance	18,114			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	COMMANDER'S SPECIAL PRO	115,222			
b	PROGRAM EXPENSES	90,488			
c	OTHER - SAL	31,162			
d	DONATIONS	5,000			
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,169,107			
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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	19,147	1	14,391
	2 Savings and temporary cash investments	240,665	2	406,023
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	61,054	4	63,479
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	6,692	9	0
	10a Land, buildings, and equipment—cost or other basis Complete Part VI of Schedule D	10a 92,957		
	b Less accumulated depreciation	10b 57,029	38,133	10c 35,928
	11 Investments—publicly traded securities	19,232	11	19,301
	12 Investments—other securities See Part IV, line 11	1,116,305	12	1,070,402
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	0	15	3,185
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,501,228	16	1,612,709	
Liabilities	17 Accounts payable and accrued expenses	118,374	17	85,606
	18 Grants payable		18	
	19 Deferred revenue	268,944	19	262,146
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	93,286	25	109,464
	26 Total liabilities. Add lines 17 through 25	480,604	26	457,216
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	992,124	27	1,028,493
	28 Temporarily restricted net assets	28,500	28	127,000
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,020,624	33	1,155,493	
34 Total liabilities and net assets/fund balances	1,501,228	34	1,612,709	

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	1,292,814
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,169,107
3	Revenue less expenses Subtract line 2 from line 1	3	123,707
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,020,624
5	Net unrealized gains (losses) on investments	5	11,162
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,155,493

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 in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 21-0391093

Name: AMERICAN LEGION-DEPT OF NEW JERSEY

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ including grants of \$) (Revenue \$)

SPONSORED AMERICAN LEGION BASEBALL-PROVIDED A STRUCTURED BASEBALL PROGRAM TO MORE THAN 5,000 YOUNGSTERS

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROGER A GENGARO COMMANDER	5 00	X		X				0	0	0
LARRY BISHOP VICE COMMANDER	2 00	X		X				0	0	0
ALLAN DANLEY SR VICE COMMANDER	2 00	X		X				0	0	0
WILLIAM DOBBINS VICE COMMANDER	2 00	X		X				0	0	0
DOUGLAS HERRIN VICE COMMANDER	2 00	X		X				0	0	0
THOMAS MESSINA VICE COMMANDER	2 00	X		X				0	0	0
DANIEL MCCOLE NATIONAL COMMITTEEMAN	4 00	X		X				0	0	0
CHARLES ROBBINS ALTERNATE NATIONAL COMMITTEEMAN	2 00			X				0	0	0
ELIZABETH BARANOWSKI FINANCE OFFICER	2 00	X		X				0	0	0
R LOUIS GALLAGHER JUDGE ADVOCATE	2 00			X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
REVROBERT H HORN CHAPLAIN	2 00			X				0	0	0
WALTER H KUNTZ JR MASTER-AT-ARMS	2 00			X				0	0	0
DAVID KOBRICK HISTORIAN	2 00			X				0	0	0
ROBERT W BENAC EXECUTIVE COMMITTEEMAN	2 00	X						0	0	0
WILLIAM E BERGLUND EXECUTIVE COMMITTEEMAN	2 00	X						0	0	0
RICHARD R CALLANAN EXECUTIVE COMMITTEEMAN	2 00	X						0	0	0
MICHAEL J CARROLL EXECUTIVE COMMITTEEMAN	2 00	X						0	0	0
DANIEL R CHANNEL EXECUTIVE COMMITTEEMAN	2 00	X						0	0	0
JOHN CHECHELO EXECUTIVE COMMITTEEMAN	2 00	X						0	0	0
FREDERIC A FINN EXECUTIVE COMMITTEEMAN	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHEN V FISHER EXECUTIVE COMMITTEEMAN	2 00	X						0	0	0
SCOTT HARRIS EXECUTIVE COMMITTEEMAN	2 00	X						0	0	0
JOSEPH S IMPERATO EXECUTIVE COMMITTEEMAN	2 00	X						0	0	0
RAYMOND A MILLER EXECUTIVE COMMITTEEMAN	2 00	X						0	0	0
ROBERT B NEWELL EXECUTIVE COMMITTEEMAN	2 00	X						0	0	0
DARRYL REID EXECUTIVE COMMITTEEMAN	2 00	X						0	0	0
RUSSELL S ROBINSON EXECUTIVE COMMITTEEMAN	2 00	X						0	0	0
JAMES SCANLON EXECUTIVE COMMITTEEMAN AND VICE COMMANDER (FORMER)	2 00	X		X				0	0	0
EDWARD SIMON SR EXECUTIVE COMMITTEEMAN	2 00	X						0	0	0
SALVATORE A TORRE EXECUTIVE COMMITTEEMAN	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PETER V VARSALONA EXECUTIVE COMMITTEEMAN	2 00	X						0	0	0
PHILIP W WIEN EXECUTIVE COMMITTEEMAN	2 00	X						0	0	0
MICHAEL G WILSON EXECUTIVE COMMITTEEMAN	2 00	X						0	0	0
WALTER ZJAWIN EXECUTIVE COMMITTEEMAN	2 00	X						0	0	0
JOHN D BAKER ADJUTANT	35 00			X				60,750	0	6,762
VINCENT B MENTO ASSISTANT ADJUTANT	35 00			X				32,162	0	16,290
KENNETH CONNORS SERVICE OFFICER	35 00			X				51,655	0	6,155
JUDITH MORALES ASSISTANT SERVICE OFFICER	35 00			X				44,613	0	2,504
MICHAEL C BABLI JR COMMANDER (FORMER)	5 00	X		X				0	0	0
ARTHUR MATTHEWS VICE COMMANDER (FORMER)	2 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KENNETH PULCHLOPEK VICE COMMANDER (FORMER)	2 00	X		X				0	0	0
RUSSELL SAMANO VICE COMMANDER (FORMER)	2 00	X		X				0	0	0
ALFRED WILSON VICE COMMANDER (FORMER)	2 00	X		X				0	0	0
GARY COOPER HISTORIAN (FORMER)	2 00			X				0	0	0
CRAIG JAMES MASTER-AT-ARMS (FORMER)	2 00			X				0	0	0
MARSHALL E BEHR JR EXECUTIVE COMMITTEEMAN (FORMER)	2 00	X						0	0	0
THOMAS BUCHANAN EXECUTIVE COMMITTEEMAN (FORMER)	2 00	X						0	0	0
RONALD MCCLEAR EXECUTIVE COMMITTEEMAN (FORMER)	2 00	X						0	0	0

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ 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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2015
Open to Public Inspection

Name of the organization
AMERICAN LEGION-DEPT OF NEW JERSEY
Employer identification number
21-0391093

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

(continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 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 ▶
 - c** Temporarily restricted endowment ▶
- 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 | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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' to 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		600		600
b Buildings				
c Leasehold improvements				
d Equipment		92,357	57,029	35,328
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				35,928

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	1,383,290
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	11,162	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	72,279	
e	Add lines 2a through 2d			2e 83,441
3	Subtract line 2e from line 1			3 1,299,849
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	-7,035	
c	Add lines 4a and 4b			4c -7,035
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5 1,292,814

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	1,248,421
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	7,035	
d	Other (Describe in Part XIII)	2d	72,279	
e	Add lines 2a through 2d			2e 79,314
3	Subtract line 2e from line 1			3 1,169,107
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 0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5 1,169,107

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.

Return Reference	Explanation
PART X, LINE 2	U S GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE DEPARTMENT AND RECOGNIZE A TAX LIABILITY IF THE DEPARTMENT HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. MANAGEMENT EVALUATED THE DEPARTMENT'S TAX POSITION AND CONCLUDED THAT THE DEPARTMENT HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.

Part XIII Supplemental Information (continued)

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	LOSS ON DISPOSAL OF VEHICLE -7,035
PART XII, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EXPENSE 63,761 COST OF GOODS SOLD 8,518

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2015

**Open to Public
Inspection**

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

▶ Attach to Form 990 or Form 990-EZ

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN LEGION-DEPT OF NEW JERSEY

Employer identification number

21-0391093

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				▶		

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.

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)
		SPRING SWEEPSTAKES (event type)	FALL SWEEPSTAKES (event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	73,093	73,206		146,299
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	73,093	73,206		146,299
Direct Expenses	4 Cash prizes	14,500	14,500		29,000
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	17,850	16,911		34,761
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				63,761
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				82,538

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))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	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 _____

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	%
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 ▶ _____

Address ▶ _____

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law 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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization AMERICAN LEGION-DEPT OF NEW JERSEY

Employer identification number 21-0391093

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

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

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

Part III Grants and Other Assistance to 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 non-cash assistance
(1) BOYS STATE SCHOLARSHIP	4	8,000			
(2) DEPARTMENT SCHOLARSHIP	8	18,000			
(3) BOY SCOUT SCHOLARSHIP	1	1,000			
(4) SAL SCHOLARSHIP	1	3,500			
(5) ORATORICAL CONTEST SCHOLARSHIP	5	10,500			
(6) BASEBALL SCHOLARSHIP	2	8,000			
(7) CASEY SCHOLARSHIP	1	1,500			

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

Return Reference	Explanation
PART I, LINE 2	ELIGIBLE SCHOLARSHIP CANDIDATES ARE JUDGED ON FIVE CATEGORIES CHARACTER, EXTRA-CURRICULAR ACTIVITIES, NEED, GRADES (INCLUDING REFERENCES), AND CHOICE OF VOCATION EACH SCHOLARSHIP IS PAID IN TWO TO FOUR INSTALLMENTS UPON NOTIFICATION FROM THE COLLEGE OR UNIVERSITY FOR WHICH THE STUDENT HAS BEEN ACCEPTED IN ADDITION TO THE ACCEPTANCE LETTER, PART OF THE DOCUMENTATION MAINTAINED ON SCHOLARSHIP RECIPIENTS INCLUDES A COPY OF THE STUDENT'S COLLEGE TUITION INVOICE

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) KENNETH CONNORS	KENNETH SERVES AS THE DEPARTMENT SERVICE OFFICER FOR AMERICAN LEGION	99,618	KEN ALSO SERVES AS A BOARD MEMBER FOR THE LEGIONNAIRE INSURANCE TRUST AMERICAN LEGION OFFERS THIS INSURANCE TO THEIR MEMBERS THE MORE MEMBERS THAT USE THE INSURANCE, THE MORE COMMISSION THE LEGION RECEIVES AS REVENUE FROM LEGIONNAIRE INSURANCE TRUST		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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**SCHEDULE O
(Form 990 or
990-EZ)**Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2015****Open to Public
Inspection**Name of the organization
AMERICAN LEGION-DEPT OF NEW JERSEY**Employer identification number**

21-0391093

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	ELIZABETH BARANOWSKI, JOSEPH S IMPERATO, RUSSELL S ROBINSON, STEVEN FISHER, DANIEL MCCOLE, PHILIP W WIEN, SALVATORE TORRE, WILLIAM E BERGLUND AND PETER VARSALONA SERVE AS BOARD MEMBERS FOR BOTH AMERICAN LEGION DEPARTMENT OF NEW JERSEY AND AMERICAN LEGION BOYS STATE CORPORATION
FORM 990, PART VI, SECTION A, LINE 6	AMERICAN LEGION MEMBERS ELECT DELEGATES AND APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY MEMBERS ALSO PAY ANNUAL DUES AND PARTICIPATE IN ORGANIZATIONAL ACTIVITIES ACROSS THE STATE OF NEW JERSEY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS OF AMERICAN LEGION ELECT THE COMMANDER, VICE COMMANDERS, FINANCE OFFICER, NATIONAL EXECUTIVE COMMITTEEMAN, AND ALTERNATE NATIONAL EXECUTIVE COMMITTEEMAN
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS FIRST DISTRIBUTED TO MANAGEMENT FOR REVIEW THE EXECUTIVE COMMITTEE, COMMANDER AND VICE COMMANDERS ARE PROVIDED WITH A COPY OF THE FORM 990 FOR REVIEW PRIOR TO ITS FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EVERY NEW EMPLOYEE IS REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT THAT WILL REMAIN IN EFFECT THROUGHOUT THE EMPLOYEE'S EMPLOYMENT. FURTHERMORE, EACH MEMBER OF THE EXECUTIVE COMMITTEE AND INDEPENDENT OFFICER MUST SIGN THE CONFLICT OF INTEREST STATEMENT EVERY CALENDAR YEAR. THE POLICY IS REVIEWED AND UPDATED ANNUALLY BY AMERICAN LEGION DEPARTMENT OF NEW JERSEY.
FORM 990, PART VI, SECTION B, LINE 15	ALL COMPENSATION FOR PAID EMPLOYEES AND OFFICERS IS DETERMINED BY THE FINANCE COMMITTEE SUBJECT TO THE APPROVAL OF THE EXECUTIVE COMMITTEE. COMPENSATION IS CALCULATED DURING THE BUDGET PROCESS USING INFORMATION OBTAINED FROM THE BUREAU OF LABOR STATISTICS. THE FINANCE COMMITTEE ALSO DETERMINED ANY ADJUSTMENTS IN SALARY USING THE SAME RESOURCE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	INDIVIDUALS CAN REQUEST A COPY OF THE FORM 990 AT THEIR MAIN OFFICE LOCATED IN TRENTON, NJ AMERICAN LEGION ONLY ACCEPTS REQUESTS AT THE OFFICE AND REQUIRES THOSE INDIVIDUALS TO VERIFY THAT THEY HAVE RECEIVED A COPY OF THE FORM 990
FORM 990, PART XII, LINE 2C	THE PROCESS UTILIZED BY THE AMERICAN LEGION FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT DID NOT CHANGE WITHIN THE CURRENT TAX YEAR