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Extension to 5/15/04

OMB No 1545-0047

2002

Open to Public Inspection

Form 990

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)

Department of the Treasury Internal Revenue Service

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

A For the 2002 calendar year, or tax year beginning 07/01, 2002, and ending 06/30, 2003

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

C Name of organization: WORKERS DEFENSE LEAGUE, INC. Number and street: 275 7TH AVENUE City or town, state or country, and ZIP + 4: NEW YORK, NY 10001-

D Employer identification number: 13-2658431 E Telephone number: (212) 627-1931 F Accounting method: X Cash, Accrual, Other (specify)

G Web site

J Organization type (check only one): X 501(c) (3), 4947(a)(1), 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Enter 4-digit GEN

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 180,146

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received (Total 42,347); 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities (Total 2,051); 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9a Revenue not including contributions reported on line 1a (Total 135,448); 9b Less: direct expenses other than fundraising expenses (Total 32,451); 9c Net income (loss) from special events (Total 102,997); 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit (loss) from sales of inventory; 11 Other revenue (Total 300); 12 Total revenue (Total 147,695); 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses (Total 113,286); 18 Excess or (deficit) for the year (Total 34,409); 19 Net assets or fund balances at beginning of year (Total 284,082); 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year (Total 318,491).

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**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 21 of the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	51,273	20,509	20,509	10,255
26	Other salaries and wages	12,720	5,088	5,088	2,544
27	Pension plan contributions	4,985		4,985	
28	Other employee benefits				
29	Payroll taxes	5,456	2,182	2,182	1,092
30	Professional fundraising fees				
31	Accounting fees	1,750		1,750	
32	Legal fees				
33	Supplies				
34	Telephone	3,617	1,809	904	904
35	Postage and shipping	1,008	857	101	50
36	Occupancy				
37	Equipment rental and maintenance	397	159	119	119
38	Printing and publications	742	297	223	222
39	Travel	17	17		
40	Conferences, conventions, and meetings	322	322		
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)				
43	Other expenses not covered above (itemize) a				
b	.....				
c	See attached schedule	30,999	24,793	4,941	1,265
d	.....				
e	.....				
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	113,286	56,033	40,802	16,451

**Joint Costs.** Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_,  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See page 24 of the instructions.)

What is the organization's primary exempt purpose? ▶	LEGAL RIGHTS OF WORKING PEOPLE	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others)
a	<b>UNEMPLOYMENT INSURANCE ASSISTANCE-HELP WORKERS WITH U.I. ISSUES AND PROVIDE REPRESENTATION AT HEARINGS.</b> ..... (Grants and allocations \$ _____)	22,413
b	<b>CALLER ASSISTANCE HELPLINE-ASSIST CALLERS WITH WORK RELATED PROBLEMS AND PROVIDE REFERRALS TO THE APPROPRIATE AGENCIES FOR ASSISTANCE.</b> ..... (Grants and allocations \$ _____)	22,413
c	<b>RESEARCH PROJECT ON PRE-APPRENTICESHIP TRAINING, CONDUCT ORAL HISTORY &amp; PLAN CONFERENCE REGARDING PRE-APPRENTICESHIP TRAINING FOR MINORITY GROUPS.</b> ..... (Grants and allocations \$ _____)	11,207
d	..... ..... (Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ▶	<b>56,033</b>

**Part IV Balance Sheets** (See page 24 of the instructions.)

		(A)		(B)	
		Beginning of year		End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only					
<b>Assets</b>	45 Cash—non-interest-bearing . . . . .	1,337	45	2,486	
	46 Savings and temporary cash investments . . . . .	284,315	46	322,676	
	47a Accounts receivable . . . . .	47a			
	b Less: allowance for doubtful accounts . . . . .	47b	47c		
	48a Pledges receivable . . . . .	48a			
	b Less: allowance for doubtful accounts . . . . .	48b	48c		
	49 Grants receivable . . . . .		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		50		
	51a Other notes and loans receivable (attach schedule) . . . . .	51a			
	b Less: allowance for doubtful accounts . . . . .	51b	51c		
	52 Inventories for sale or use . . . . .		52		
	53 Prepaid expenses and deferred charges . . . . .		53		
	54 Investments—securities (attach schedule) . . . . .		54		
	55a Investments—land, buildings, and equipment, basis . . . . .		55a		
	b Less: accumulated depreciation (attach schedule) . . . . .		55b	55c	
	56 Investments—other (attach schedule) . . . . .		56		
	57a Land, buildings, and equipment basis . . . . .	57a			
	b Less: accumulated depreciation (attach schedule) . . . . .		57b	57c	
	58 Other assets (describe ▶ _____ )		58		
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .	285,652	59	325,162		
<b>Liabilities</b>	60 Accounts payable and accrued expenses . . . . .	1,570	60	6,671	
	61 Grants payable . . . . .		61		
	62 Deferred revenue . . . . .		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63		
	64a Tax-exempt bond liabilities (attach schedule) . . . . .		64a		
	b Mortgages and other notes payable (attach schedule) . . . . .			64b	
	65 Other liabilities (describe ▶ _____ )		65		
66 <b>Total liabilities</b> (add lines 60 through 65) . . . . .	1,570	66	6,671		
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted . . . . .	22,444	67	63,735	
	68 Temporarily restricted . . . . .	261,638	68	254,756	
	69 Permanently restricted . . . . .		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds . . . . .		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71		
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .		72		
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21) . . . . .	284,082	73	318,491		
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .	285,652	74	325,162		

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 26 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	147,695
b	Amounts included on line a but not on line 12, Form 990.		
(1)	Net unrealized gains on investments . . . \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants . . . \$		
(4)	Other (specify) _____		
	..... \$		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b . . . . . ▶	c	147,695
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify): _____		
	..... \$		
	Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) . . . ▶	e	147,695

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a	Total expenses and losses per audited financial statements . . . ▶	a	113,286
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 . . . . . \$		
(3)	Losses reported on line 20, Form 990 . . . \$		
(4)	Other (specify) _____		
	..... \$		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b . . . . . ▶	c	113,286
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify) _____		
	..... \$		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) . . . ▶	e	113,286

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 26 of the instructions.)

(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
HARRY FLEISCHMAN 111 COCCIO, W.ORANGE,	CHAIRMAN 3	0		
LEON LYNCH 5 GATEWAY CTR,PITTSBUR	PRESIDENT 1	0		
NOREEN CONNELL 151 W.74ST, NY,NY	V PRESIDENT 1	0		
PATRICIA SEXTON 2 WASH SQ,NY,NY	V PRESIDENT 1	0		
MAY YING CHAN NEW YORK, NY	SECY 1	0		
LARRY CARY 1501 BROADWAY,NY,NY	TREAS 1	0		

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If "Yes," attach schedule—see page 26 of the instructions.

<b>Part VI Other Information</b> (See page 27 of the instructions)		Yes	No
<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>76</b>	X
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	<b>77</b>	X
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	X
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>78b</b>	
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>	X
<b>80a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	<b>80a</b>	X
<b>b</b>	If "Yes," enter the name of the organization <b>WORKERS DEFENSE LEAGUE</b> ..... and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81a</b>	Enter direct or indirect political expenditures See line 81 instructions <b>81a</b>		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?	<b>81b</b>	X
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>82a</b>	X
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) <b>82b</b>		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	X
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>	X
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>	
<b>85</b>	<b>501(c)(4), (5), or (6) organizations</b> <b>a</b> Were substantially all dues nondeductible by members?	<b>85a</b>	
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	<b>85b</b>	
<b>c</b>	Dues, assessments, and similar amounts from members <b>85c</b>		
<b>d</b>	Section 162(e) lobbying and political expenditures <b>85d</b>		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <b>85e</b>		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) <b>85f</b>		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>	
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85h</b>	
<b>86</b>	<b>501(c)(7) orgs</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12 <b>86a</b>		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities. <b>86b</b>		
<b>87</b>	<b>501(c)(12) orgs</b> Enter: <b>a</b> Gross income from members or shareholders. <b>87a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them) <b>87b</b>		
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization, under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<b>88</b>	X
<b>89a</b>	<b>501(c)(3) organizations</b> Enter. Amount of tax imposed on the organization during the year under: section 4911 <b>89a</b> , section 4912 <b>89a</b> , section 4955 <b>89a</b>		
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs</b> 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? If "Yes," attach a statement explaining each transaction. <b>89b</b>	<b>89b</b>	X
<b>c</b>	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. <b>89c</b>		
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization. <b>89d</b>		
<b>90a</b>	List the states with which a copy of this return is filed <b>NY</b> <b>90a</b>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2002 (See instructions) <b>90b</b>	<b>90b</b>	
<b>91</b>	The books are in care of <b>WORKERS DEFENSE LEAGUE</b> Telephone no. <b>(. 212.)627-1931</b> Located at <b>275 SEVENTH AVE, NYC</b> ZIP + 4 <b>10001</b>		
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>92</b>		

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities			<b>14</b>	<b>2,051</b>	
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events			<b>01</b>	<b>102,997</b>	
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: a <b>MISCELLANEOUS</b>					<b>300</b>
b _____					
c _____					
d _____					
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))				<b>105,048</b>	<b>300</b>
<b>105</b> Total (add line 104, columns (B), (D), and (E))					<b>105,348</b>

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 32 of the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

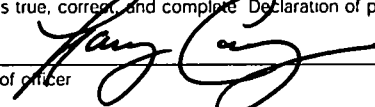
**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
  - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

Please Sign Here: Signature of officer:  Date: **5/10/04**

Type or print name and title: \_\_\_\_\_

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4	<b>02/28/2004</b>		<b>P00070834</b>
	<b>Michael Katz, CPA</b>	EIN	<b>13-3305188</b>	
	<b>7 Penn Plaza Suite 316 New York, NY 10001</b>	Phone no	<b>(212) 947-1293</b>	



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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2002**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information—(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**WORKERS DEFENSE LEAGUE, INC.**

Employer identification number

**13 2658431**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(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
 .....				
 .....				
 .....				
 .....				
 .....				
 .....				
Total number of other employees paid over \$50,000 ▶				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
 .....		
 .....		
 .....		
 .....		
 .....		
 .....		
 .....		
Total number of others receiving over \$50,000 for professional services ▶		



**Part III** Statements About Activities (See page 2 of the instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
<b>e</b> Transfer of any part of its income or assets?		X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)		X
<b>4</b> Do you have a section 403(b) annuity plan for your employees?		X
Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.		

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions.)

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5**  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6**  A school Section 170(b)(1)(A)(ii) (Also complete Part V.)
- 7**  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8**  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9**  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b**  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12**  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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A.)
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28) . . . . .	33,291	72,473	66,462	256,511	428,737
16 Membership fees received . . . . .					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . . .				741	741
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .	4,778	10,577	9,450	5,953	30,758
19 Net income from unrelated business activities not included in line 18 . . . . .					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. . . . .					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. . . . .					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .					
23 Total of lines 15 through 22. . . . .	38,069	83,050	75,912	263,205	460,236
24 Line 23 minus line 17. . . . .	38,069	83,050	75,912	262,464	459,495
25 Enter 1% of line 23 . . . . .	381	831	759	2,632	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. . . . . ▶				26a	9,190
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶				26b	
c Total support for section 509(a)(1) test. Enter line 24, column (e) . . . . . ▶				26c	459,495
d Add: Amounts from column (e) for lines 18 <u>30,758</u> 19 _____				26d	30,758
22 _____ 26b _____ ▶				26e	428,737
e Public support (line 26c minus line 26d total) ▶				26f	93.306130%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year					
(2001) _____ (2000) _____ (1999) _____ (1998) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					
(2001) _____ (2000) _____ (1999) _____ (1998) _____					
c Add: Amounts from column (e) for lines 15 _____ 16 _____				27c	
17 _____ 20 _____ 21 _____ ▶				27d	
d Add: Line 27a total _____ and line 27b total _____ ▶				27e	
e Public support (line 27c total minus line 27d total) ▶				27f	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e). . . . . ▶				27g	%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ▶				27h	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). ▶					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

(i) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

	Yes	No
<b>51a(i)</b>		X
<b>a(ii)</b>		X
<b>b(i)</b>		X
<b>b(ii)</b>		X
<b>b(iii)</b>		X
<b>b(iv)</b>		X
<b>b(v)</b>		X
<b>b(vi)</b>		X
<b>c</b>		X

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

*MMS*

Form. <b>990</b>	<b>Supplemental Schedule</b>	For Tax Year <b>2002</b>
Name <b>WORKERS DEFENSE LEAGUE, INC.</b>		Employer ID Number 13-2658431

**Page 2, part II, line 43**

	<u>Total</u>	<u>Program Services</u>	<u>Management and general</u>	<u>Fundraising</u>
OFFICE	1,552	620	466	466
SUBSCRIPTIONS	1,285	1,285		
BANK CHARGES	579		579	
INTERNET SERVICE	244	98	73	73
CONSULTANTS	23,710	21,339	2,371	
HEALTH INSURANCE	1,069	427	428	214
INSURANCE	2,560	1,024	1,024	512
	<u>\$ 30,999</u>	<u>\$ 24,793</u>	<u>\$ 4,941</u>	<u>\$ 1,265</u>

**Page 1, part I, line 9**

<u>Description</u>	<u>Revenue from event</u>	<u>Expenses related to event</u>	<u>Gain/Loss</u>
ANNUAL BENEFIT DINNER	135,448	32,451	102,997
Total	<u>\$ 135,448</u>	<u>\$ 32,451</u>	<u>\$ 102,997</u>

You are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box 
Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time- Must File Original and One Copy.

Table with 2 columns: Type or print, and Employer identification number. Row 1: Name of Exempt Organization: WORKERS DEFENSE LEAGUE, INC.; Employer identification number: 13-2658431. Row 2: Number, street, and room or suite no: 275 7TH AVENUE; For IRS use only. Row 3: City, town or post office, state, and ZIP code: NEW YORK, NY 10001-

Check type of return to be filed (File a separate application for each return):

- Form 990 (checked), Form 990-EZ, Form 990-T (sec. 401(a) or 408(a) trust), Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- 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)
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 EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until May, 17, 20 04.
5 For calendar year or other tax year beginning July, 01, 20 02 and ending June, 30, 20 03
6 If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period
7 State in detail why you need the extension: Organization's bookkeeper has not finished all work necessary for me to audit the organization and prepare the 990.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits: \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax credits made: \$
c Balance due: Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with EFTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature: Michael Katz Title: CPA Date: 1/26/04

Notice to Applicant- To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period
We cannot consider this application because it was filed after the due date of the return for which an extension was requested
Other

EXTENSION APPROVED

Director By: [Signature] Date: FEB 03 2004

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Table with 2 columns: Type or print, and Name. Row 1: Name: Michael Katz, CPA. Row 2: Number and street (include suite, room, or apt. no.) Or a P.O. box number: 7 Penn Plaza Suite 316. Row 3: City or town, province or state, and country (including postal or ZIP code): New York, NY 10001

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

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time**—Only submit original (no copies needed)

**Note: Form 990-T corporations requesting an automatic 6-month extension check this box and complete Part I only**   
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

<b>Type or print</b>	Name of Exempt Organization <b>WORKERS DEFENSE LEAGUE, INC.</b>	Employer identification number <b>13:2658431</b>
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 <b>275 7TH AVENUE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>NEW YORK, NY 10001-</b>	

**Check type of return to be filed** (file a separate application for each return):

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- 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 EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until February, 16 , 20 04 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 20 02 or  
 ▶  tax year beginning July, 01 , 20 02 , and ending June, 30 , 20 03 .

**2** If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

**3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

**b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

**c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ \_\_\_\_\_

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ \_\_\_\_\_ Title ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_