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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 2004 calendar year, or tax year beginning 04/01, 2004, and ending 03/31/2005

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: WAR RESISTERS LEAGUE. D Employer identification number: 13-5471808. E Telephone number: (212) 228-0450. F Accounting method: Cash, Accrual, Other (specify).

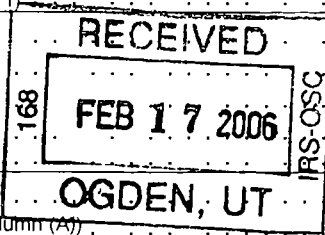
Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

G Website: WWW.WARRESISTERS.ORG. J Organization type: 501(c)(4). K Check here if the organization's gross receipts are normally not more than \$25,000. L Gross receipts: 420,088.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants and similar amounts received (225,293); 2 Program service revenue (194,795); 12 Total revenue (420,088); 17 Total expenses (422,117); 21 Net assets or fund balances at end of year (3,994).



SCANNED FEB 24 2006

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 22 of the instructions)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc, 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc, 43 Other expenses not covered above (itemize a-e), 44 Total functional expenses.

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 [X] 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 25 of the instructions)

Table with 2 columns: Description, Program Service Expenses. Row a: PROMOTING NON-VIOLENCE, DISTRIBUTING BROCHURES, LEAFLETS, AND ANALYSIS TO MEMBERS AND TO THE PUBLIC. SENDING NON-VIOLENT ACTIVIST MAGAZINES TO MEMBERS. (Grants and allocations \$) 232,730. Row b: (Grants and allocations \$) Row c: (Grants and allocations \$) Row d: (Grants and allocations \$) Row e: Other program services (attach schedule) (Grants and allocations \$) Row f: Total of Program Service Expenses (should equal line 44, column (B), Program services) 232,730.

Part IV Balance Sheets (See page 25 of the instructions)

		(A) Beginning of year		(B) End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only					
Assets	45 Cash - non-interest-bearing		16,146.45		14,690.
	46 Savings and temporary cash investments			46	
	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		8,000.	49	300.
	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		9,853.	52	12,876.
	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	34,391			
b Less accumulated depreciation (attach schedule)	57b	24,710	10,872.	57c	9,681.
58 Other assets (describe ► <u>STMT 3</u>)			1,034.	58	1,034.
59 Total assets (add lines 45 through 58) (must equal line 74)			45,905.	59	38,581.
Liabilities	60 Accounts payable and accrued expenses		12,882.	60	8,678.
	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)		19,784.	64b	19,784.
	65 Other liabilities (describe ► <u>STMT 5</u>)			7,216.	65
66 Total liabilities (add lines 60 through 65)			39,882	66	34,587.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted			67	
	68 Temporarily restricted			68	
	69 Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here <input checked="" 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		6,023	72	3,994.
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		6,023.	73	3,994.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)			45,905.	74

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 VI Other Information (See page 28 of the instructions)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78 b If "Yes" has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
80 a 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?
80 b If "Yes," enter the name of the organization: WAR RESISTERS LEAGUE, INC.
81 a Enter direct and indirect political expenditures See line 81 instructions
81 b Did the organization file Form 1120-POL for this year?
82 a 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?
82 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)
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85 h 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?
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs Enter a Gross income from members or shareholders
87 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)
88 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
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911
89 b 501(c)(3) and 501(c)(4) orgs 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
89 c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89 d Enter Amount of tax on line 89c, above, reimbursed by the organization
90 a List the states with which a copy of this return is filed
90 b Number of employees employed in the pay period that includes March 12 2004 (See instructions)
91 The books are in care of JOHN MILLER Telephone no 212-228-0450
Located at 339 LAFAYETTE STREET, NEW YORK, NY ZIP +4 10012
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions)

	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	
93 Program service revenue					
a LITERATURE/ MUGS E					82,194.
b NVA REVENUES					3,302.
c RAFFLE					9,091.
d ANNUAL DINNER					8,124.
e WRL/GRANTS					92,084.
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					194,795.
105 Total (add line 104, columns (B) (D), and (E))					194,795

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 34 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 34 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
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 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)

Please Sign Here

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

Signature of officer: *John M. Meller* Date: 2/14/06

Type or print name and title: John M. Meller Treasurer

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. W): P00234381

Firm's name (or yours if self-employed): ARTHUR YORKES & COMPANY LLP EIN: 13-3247887

address and ZIP + 4: 520 EIGHTH AVENUE - 18TH FLOOR Phone no: 212-764-8888

NEW YORK, NY 10018

WAR RESISTERS LEAGUE				
STATEMENT OF FUNCTIONAL EXPENSES				
3/31/2005				
	TOTAL	PROGRAM SERVICES	MGMT & GEN'L	FUND RAISING
EXPENSE CATEGORY:				
ADMINISTRATIVE:				
ADMINISTRATIVE	167		167	
AUDIT	750		750	
BANK SERVICE CHARGES	3,417		3,417	
COPIER LEASE	9,710	5,826	1,942	1,942
DEPRECIATION	4,494		4,494	
E-MAIL	285	285		
EQUIPMENT	1,442		1,442	
EQUIPMENT REPAIRS	1,887		1,887	
INSURANCE LIABILITY	569		569	
NATIONAL COMMITTEE MEETING	1,488		1,488	
NATIONAL COMMITTEE TRAVEL	2,921		2,921	
PAYROLL EXPENSES				
DISABILITY INSURANCE	287	213	37	37
FICA / MEDICARE	1,956	1,447	254	254
FICA / SOCIAL SECURITY	8,362	6,188	1,087	1,087
FUTA	337	249	44	44
NY SUI	4,250	3,145	552	552
TAX PENALTIES	4	3	0	0
WORKERS COMPENSATION	174	129	23	23
PERSONNEL/GROSS SALARIES	134,994	99,895	17,549	17,549
HEALTH INSURANCE	39,623	29,321	5,151	5,151
NE WRL	3,000	2,220	390	390
PENSION PLAN	6,793	5,027	883	883
OFFICE POSTAGE	3,297	1,978	659	659
PROFESSIONAL FEES: COMPUTER CONSULTING	3,486	3,486		
PROFESSIONAL FEES: DATA ENTRY	1,487	1,487		
PROFESSIONAL FEES: DESKTOP PUBLISHING	75	75		
RECRUITMENT	312		312	
RENT	9,504	3,168	3,168	3,168
SUPPLIES	9,157	3,663	3,663	1,831
NYS FILING FEE	50		50	
TELEPHONE	5,024	3,014	1,005	1,005
WEB SITE	2,254	2,254		
BOOKS AND LITERATURE:				
BOOK COSTS	6,681			6,681
BOOK POSTAGE	2,344			2,344
T-SHIRTS COST	1,046			1,046
PIE CHART PRODUCTION	3,275	3,275		
CALENDAR COSTS:				
POSTAGE	4,620			4,620
PRODUCTION	23,606			23,606
PROMO BROCHURE	4,429			4,429
PROMO POSTAGE	1,552			1,552
PROMO/LISTS/ADS	655			655
DISARMAMENT COSTS:				
800#	369	369		
CONFERENCE TRAVEL	30	30		

WAR RESISTERS LEAGUE				
STATEMENT OF FUNCTIONAL EXPENSES				
3/31/2005				
	TOTAL	PROGRAM SERVICES	MGMT & GEN'L	FUND RAISING
EXPENSE CATEGORY:				
MERCHANTS OF DEATH. EXPENSES	1,588	1,588		
MERCHANTS OF DEATH: SPEAKER FEES	1,455	1,455		
ORG TRAINING	100	100		
OUTREACH	75	75		
POSTAGE	190	190		
REGIONAL ORGANIZATION GRANT	600	600		
TRAVEL	490	490		
DUES AND SUBSCRIPTIONS:				
IPB DUES	100	100		
NCADP DUES	100	100		
NWTRCC DUES	525	525		
UFPJ	500	500		
WRI DUES	2,025	2,025		
EC FUND	185	185		
FUNDRAISING COSTS:				
FUND APPEALS	29,784	8,935		20,849
PHONEBANK	30,341			30,341
PLEDGE COSTS	263			263
SPECIAL EVENTS-ANNUAL DINNER	3,240	1,620		1,620
SPECIAL EVENTS-A. D -DINNER JOURNAL	405	203		203
SPECIAL EVENTS-RAFFLE	2,696			2,696
MISCELLANEOUS	20	20		
NONVIOLENT ACTIVIST COSTS:				
CONSULTANT	3,245	3,245		
DESIGN/LAYOUT	88	88		
POSTAGE, HANDLING, SHIPPING	12,685	12,685		
PRINTING COST	9,940	9,940		
OTHER PROGRAM COSTS:				
ORGANIZING NETWORK COSTS	4,050	4,050		
OTHER PROGRAM COSTS	1,000	1,000		
INT'L WRI REP-RM	2,391	2,391		
MISCELLANEOUS PROGRAM EXP	1,869	1,869		
TASK FORCE COMMUNICATION	68	68		
TRAINING PROGRAM	50	50		
YOUTH PEACE PROGRAM COSTS:				
800 NUMBER	193	193		
CONFERENCE CALLS	167	167		
CONFERENCE/TRAVEL	122	122		
IT'S NOT JUST A JOB VIDEO	375	375		
MEETINGS/CLUBS	86	86		
TABLING FEES	70	70		
TRAVEL - YOUTH	853	853		
UNCATEGORIZED ITEMS	24	24		
	422,117	232,730	53,905	135,482

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

ORGANIZING EDUCATION PROGRAMS. WRL PROMOTES NON-VIOLENCE BY ORGANIZING AND PARTICIPATING IN PROJECTS FOR DISARMAMENT, PEACE & ISSUES RELATING TO WAR. MEMBERS RECEIVE EDUCATIONAL MATERIAL ABOUT NON-VIOLENCE AND ISSUES RELATED TO WAR. NON-VIOLENT ACTIVIST MAGAZINES ARE SENT TO MEMBERS. BROCHURES, LEAFLETS, ANALYSIS AND STATEMENTS ARE DISTRIBUTED TO MEMBERS AND TO THE PUBLIC.

FORM 990; PART IV - OTHER ASSETS

DESCRIPTION

ENDING
BOOK VALUE

UTILITY DEPOSIT
EXCHANGES

581.

453.

TOTALS

1,034.
=====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: LOANS PAYABLE

BEGINNING BALANCE DUE	19,784.
ENDING BALANCE DUE	19,784.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	19,784.
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TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	19,784.
--	---------

FORM 990; PART IV - OTHER LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
OTHER PAYABLES	4,443.
PENSION PAYABLES	1,682.
TOTALS	----- 6,125. =====

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
RALPH DIGIA 339 LAFAYETTE STREET NEW YORK, NY 10012	PRESIDENT	NONE		
JUDITH A ATIRI 339 LAFAYETTE STREET NEW YORK, NY 10012	VICE-PRESI	34,257.		
FRIDA BERRIGAN 123 GARFIELD PLACE BROOKLYN, NY 11215	1ST VICE P	NONE		
MURRAY ROSENBLITH 339 LAFAYETTE STREET NEW YORK, NY 10012	SECRETARY	NONE		
JOHN M. MILLER 48 DUFFIELD STREET BROOKLYN, NY 11201	TREASURER	3,893.		
GRAND TOTALS		38,150.		

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ 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)

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

Automatic 3-Month Extension of Time - Only submit original (no copies needed)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print	Name of Exempt Organization WAR RESISTERS LEAGUE	Employer identification number 13-5471808
	Number, street, and room or suite no. If a P O box, see instructions 339 LAFAYETTE STREET	
	City, town or post office, state, and ZIP code For a foreign address, see instructions NEW YORK, NY 10012	

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 |

• The books are in the care of ▶ JOHN MILLER

Telephone No. ▶ 212 228-0450 FAX No ▶ _____

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

1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until 11/15, 2005 to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year _____ or

▶ tax year beginning 04/01, 2004, and ending 03/31, 2005

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 \$ _____

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box.

Note: 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.

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization WAR RESISTERS LEAGUE	Employer Identification number 13-5471808
	Number, street, and room or suite no. If a P O box, see instructions 339 LAFAYETTE STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10012	

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

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

• The books are in the care of **JOHN MILLER**
Telephone No **212 228-0450** FAX No

• If the organization does not have an office or place of business in the United States, check this box.

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 02/15/2006

5 For calendar year _____, or other tax year beginning 04/01/2004 and ending 03/31/2005

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 INFORMATION NECESSARY TO PREPARE TAX RETUURS IS NOT YET AVAILABLE

8a 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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c Balance Due. Subtract line 8b from line 8a. 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 [Signature] Title CPA Date 11/24/05

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 extended due date of the return for which an extension was requested

Other _____

Director _____ By _____ Date _____

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

Type or print	Name ARTHUR YORKE & COMPANY LLP
	Number and street (include suite, room, or apt. no) or a P.O. box number 520 EIGHTH AVENUE - 18TH FLOOR
	City or town, province or state, and country (including postal or ZIP code) NEW YORK, NY 10018