



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



**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 2005 calendar year, or tax year beginning** 04/01, 2005, and ending 03/31/2006

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> WAR RESISTERS LEAGUE	<b>D Employer identification number</b> 13-5471808
	Please use IRS label or print or type. See Specific Instructions. Number and street (or P.O. box if mail is not delivered to street address) Room/suite 339 LAFAYETTE STREET City or town, state or country, and ZIP + 4 NEW YORK, NY 10012	<b>E Telephone number</b> (212) 228-0450
<b>F Accounting method:</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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

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

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Group Exemption Number ▶

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

**G Website:** ▶ WWW.WARRESISTERS.ORG

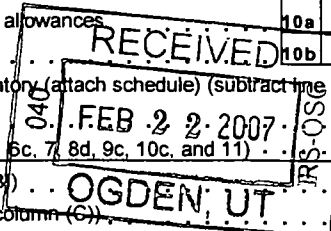
**J Organization type** (check only one) ▶  501(c)(4) ◀ (insert no)  4947(a)(1) or  527

**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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 422,553.

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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Direct public support	<b>1a</b>	182,769.		
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 182,769. noncash \$ )	<b>1d</b>		182,769.	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		239,784.	
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			
	<b>5</b> Dividends and interest from securities	<b>5</b>			
	<b>6a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe ▶ )	<b>7</b>				
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
		<b>8a</b>			
		<b>8b</b>			
		<b>8c</b>			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>				
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>			
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>			
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
<b>10a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>			
	<b>b</b> Less cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>				
<b>12 Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		422,553.		
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		269,607.	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		58,463.	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		114,928.	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17 Total expenses</b> (add lines 16 and 44, column (A))	<b>17</b>		442,998.	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		-20,445.	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		3,994.	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		-16,451.	



SCANNED MAR 13 2007

**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 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 \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25				
26 Other salaries and wages	26				
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize)					
a -----	43a				
b -----	43b				
c -----	43c				
d -----	43d				
e -----	43e				
f -----	43f				
g -----	43g				
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44	442,998.	269,607.	58,463.	114,928.

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 the instructions)

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

<p>What is the organization's primary exempt purpose? <b>SEE STATEMENT 1</b></p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p><b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)</p>
<p><b>a</b> <u>PROMOTING NON-VIOLENCE. DISTRIBUTING BROCHURES, LEAFLETS, AND ANALYSIS TO MEMBERS AND TO THE PUBLIC. SENDING NON-VIOLENT ACTIVIST MAGAZINES TO MEMBERS.</u></p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>269,607.</p>
<p><b>b</b></p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>c</b></p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>d</b></p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>e</b> Other program services (attach schedule)</p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . .</p>	<p>269,607.</p>

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	14,690.	45	5,649.
	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	300.	49	200.
	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	12,876.	52	15,332.
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	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	34,391.	57a		
b Less: accumulated depreciation (attach schedule)	28,375.	57b	57c	
58 Other assets (describe <input type="checkbox"/> STMT 2 )	1,034.	58	1,034.	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58.	38,581.	59	28,231.	
Liabilities	60 Accounts payable and accrued expenses	8,678.	60	18,895.
	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)	STMT 3 19,784.	64b	19,784.
	65 Other liabilities (describe <input type="checkbox"/> STMT 4 )	6,125.	65	6,003.
<b>66 Total liabilities.</b> Add lines 60 through 65	34,587.	66	44,682.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74</b>			
	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	3,994.	72	-16,451.
<b>73 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)	3,994.	73	-16,451.	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	38,581.	74	28,231.	



Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings
75b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships?
75c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?
75d Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 shows -0- in all columns.

Part VI Other Information (See the instructions)

76 Did the organization engage in any activity not previously reported to the IRS?
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b 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?
80a 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?
80b If "Yes," enter the name of the organization
81a Enter direct and indirect political expenditures (See line 81 instructions).
81b Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

		Yes	No
<b>82 a</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?		X
<b>82 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)		
			N/A
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>83 b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>84 b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
<b>85 a</b>	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?		X
<b>85 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, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		X
<b>85 c</b>	Dues, assessments, and similar amounts from members		N/A
<b>85 d</b>	Section 162(e) lobbying and political expenditures		N/A
<b>85 e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
<b>85 f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
<b>85 g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		X
<b>85 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?		X
<b>86 a</b>	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12		N/A
<b>86 b</b>	Gross receipts, included on line 12, for public use of club facilities		N/A
<b>87 a</b>	501(c)(12) orgs. Enter a Gross income from members or shareholders		N/A
<b>87 b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		N/A
<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		X
<b>89 a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> , section 4912 <u>N/A</u> , section 4955 <u>N/A</u>		
<b>89 b</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		X
	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
	Enter Amount of tax on line 89c, above, reimbursed by the organization		N/A
<b>90 a</b>	List the states with which a copy of this return is filed		
<b>90 b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)		
<b>91 a</b>	The books are in care of <u>JOHN MILLER</u> Telephone no <u>212-228-0450</u> Located at <u>339 LAFAYETTE STREET, NEW YORK, NY</u> ZIP + 4 <u>10012</u>		
<b>91 b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
<b>91 c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country		X
<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 <u>92</u>		N/A



**Part VII Analysis of Income-Producing Activities (See 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	
93 Program service revenue:					
a LITERATURE/ MUGS E					73,865.
b NVA REVENUES					3,826.
c RAFFLE					10,683.
d ANNUAL DINNER					34,924.
e WRL/GRANTS					116,486.
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)) . . . . .					239,784.
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					239,784.

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 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 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 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. Miller Date: 2/15/07

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

**Paid Preparer's Use Only**

Preparer's signature: [Signature] Date: 2/14/07 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: ARTHUR YORKES & COMPANY LLP  
520 EIGHTH AVENUE - 18TH FLOOR  
NEW YORK, NY 10018

Preparer's SSN or PTIN (See Gen. Inst. W): P00234381  
EIN: 13-3247887  
Phone no: 212-764-8888

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	581.
EXCHANGES	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.
---	---------

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

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
OTHER PAYABLES	1,098.
PENSION PAYABLES	4,905.
TOTALS	----- 6,003. =====

FORM 990, PART V-A - CURRENT 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 VARIOUS	NONE		
FRIDA BERRIGAN 339 LAFAYETTE STREET NEW YORK, NY 10012	VICE PRESIDENT VARIOUS	NONE		
MURRAY ROSENBLITH 339 LAFAYETTE STREET NEW YORK, NY 10012	SECRETARY VARIOUS	NONE		
JOHN M. MILLER 48 DUFFIELD STREET BROOKLYN, NY 11201	TREASURER VARIOUS	5,347.		

GRAND TOTALS

5,347.

WAR RESISTERS LEAGUE				
STATEMENT OF FUNCTIONAL EXPENSES				
3/31/2006				
	TOTAL	PROGRAM SERVICES	MGMT & GEN'L	FUND RAISING
<b>EXPENSE CATEGORY:</b>				
<b>ADMINISTRATIVE:</b>				
OFFICER'S COMPENSATION	5,347	5,347		
AUDIT	4,700		4,700	
BANK SERVICE CHARGES	824		824	
COPIER LEASE	9,281	5,569	1,856	1,856
CREDIT CARD PROC. FEE	2,450	-	2,450	-
DEPRECIATION	3,666		3,666	
E-MAIL	263	263		
EQUIPMENT REPAIRS	989		989	
INSURANCE:LIABILITY	651		651	
NATIONAL COMMITTEE: MEETING	2,161		2,161	
NATIONAL COMMITTEE: TRAVEL	3,637		3,637	
DISABILITY INSURANCE	297	219	39	39
FICA / MEDICARE	2,132	1,578	277	277
FICA / SOCIAL SECURITY	9,117	6,746	1,185	1,185
FUTA	1,203	890	156	156
NY SUI	4,873	3,606	634	634
TAX PENALTIES	274	203	36	36
WORKERS COMPENSATION	161	119	21	21
PER-DIEMS & STIPENDS	908	672	118	118
PERSONNEL/GROSS SALARIES	159,203	117,810	20,696	20,696
HEALTH INSURANCE	42,758	31,641	5,558	5,558
NE WRL	3,000	2,220	390	390
PENSION PLAN	4,523	3,347	588	588
OFFICE POSTAGE	2,484	1,490	497	497
PROFESSIONAL FEES: MEDIATION	1,265	1,265		
RENT	10,206	3,402	3,402	3,402
SUPPLIES	7,165	2,866	2,866	1,433
NYS FILING FEE	50	-	50	-
TELEPHONE	5,085	3,051	1,017	1,017
WEB SITE	2,130	2,130		
<b>BOOKS AND LITERATURE:</b>				
BOOK COSTS	3,599			3,599
BOOK POSTAGE	1,489			1,489
LIST PRODUCTION COST	1,006			1,006
T-SHIRTS COST	230			230
PIE CHART PRODUCTION	4,135	4,135		
<b>CALENDAR COSTS:</b>				
POSTAGE	5,186			5,186
PRODUCTION	9,878			9,878
PROMO BROCHURE	1,891			1,891
PROMO POSTAGE	5,156			5,156
PROMO/LISTS/ADS	921			921
<b>DISARMAMENT COSTS:</b>				
800#	163	163		
FLYERS	360	360		
INTERN PER-DIEMS	76	76		
MERCHANTS OF DEATH: EXPENSES	251	251		
MERCHANTS OF DEATH: SPEAKER FEES	1,175	1,175		

WAR RESISTERS LEAGUE				
STATEMENT OF FUNCTIONAL EXPENSES				
3/31/2006				
	TOTAL	PROGRAM SERVICES	MGMT & GEN'L	FUND RAISING
<b>EXPENSE CATEGORY:</b>				
POSTAGE	189	189		
TRAVEL	297	297		
WEBSITE	240	240		
<b>DUES AND SUBSCRIPTIONS:</b>				
NCADP DUES	100	100		
NWTRCC DUES	700	700		
UFPJ	500	500		
WRI DUES	2,700	2,700		
<b>FUNDRAISING COSTS:</b>				
FUND APPEALS	36,108	10,832		25,276
PHONEBANK	12,269			12,269
PLEDGE COSTS	274			274
SPECIAL EVENTS-ANNUAL DINNER	10,568	5,284		5,284
SPECIAL EVENTS-A. D.-DINNER JOURNAL	981	491		491
SPECIAL EVENTS-CALENDAR PARTY	1,809			1,809
SPECIAL EVENTS-RAFFLE	2,267			2,267
MISCELLANEOUS	2,705	2,705		
<b>NONVIOLENT ACTIVIST COSTS:</b>				
DESIGN/LAYOUT	615	615		
POSTAGE, HANDLING, SHIPPING	17,562	17,562		
PRINTING COST	13,003	13,003		
<b>OTHER PROGRAM COSTS:</b>				
ORGANIZING NETWORK COSTS	879	879		
INTL WRI REP-RM	1,583	1,583		
MISCELLANEOUS PROGRAM EXP	1,023	1,023		
<b>YOUTH PEACE PROGRAM COSTS:</b>				
YOUTH PEACE PROGRAM COSTS	115	115		
800 NUMBER	124	124		
CR HANDBOOK	7	7		
FLYERS/PLEDGE	961	961		
FREELAND	1,000	1,000		
INTERN PER-DIEMS/STIPENDS	675	675		
IT'S NOT JUST A JOB VIDEO	263	263		
MEETINGS/CLUBS	37	37		
POSTAGE	44	44		
STAFF DEVELOPMENT	174	174		
TRAVEL - YOUTH	2,818	2,818		
ZINE PRODUCTION	4,089	4,089		
UNCATEGORIZED ITEMS	1	1		
	442,998	269,607	58,463	114,928



## 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).

**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)**

**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](http://www.irs.gov/efile).

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

• 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, 2006 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, 2005, and ending 03/31, 2006.

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 <b>WAR RESISTERS LEAGUE</b>	Employer identification number <b>13-5471808</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>339 LAFAYETTE STREET</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10012</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(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 02/15/2007

5 For calendar year \_\_\_\_\_, or other tax year beginning 04/01/2005 and ending 03/31/2006

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 NEED MORE INFORMATION IN ORDER TO COMPLETE THE RETURN

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  \_\_\_\_\_ Title  \_\_\_\_\_ Date  1/3/07

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