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Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

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

A For the 2006 calendar year, or tax year beginning 04/01, 2006, and ending 03/31/2007

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.

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

G Website: WWW.WARRESISTERS.ORG

J Organization type (check only one) [X] 501(c)(4) ( ) 4947(a)(1) or 527

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

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

H(c) Are all affiliates included? Yes No

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

I Group Exemption Number

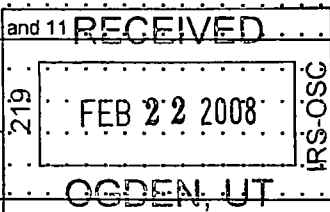
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 334,602.

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 the instructions)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes sub-rows for contributions, program service revenue, membership dues, interest on savings, dividends, gross rents, net rental income, other investment income, gross amount from sales of assets, special events, gross sales of inventory, other revenue, total revenue, program services, management and general, fundraising, payments to affiliates, total expenses, excess or deficit, net assets at beginning/end of year.

SCANNED MAR 12 2008



**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	
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>				
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>				
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>				
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule)	<b>25a</b>			STMT 1	
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	<b>25b</b>				
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b>				
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>				
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>				
<b>29</b> Payroll taxes	<b>29</b>				
<b>30</b> Professional fundraising fees	<b>30</b>				
<b>31</b> Accounting fees	<b>31</b>				
<b>32</b> Legal fees	<b>32</b>				
<b>33</b> Supplies	<b>33</b>				
<b>34</b> Telephone	<b>34</b>				
<b>35</b> Postage and shipping	<b>35</b>				
<b>36</b> Occupancy	<b>36</b>				
<b>37</b> Equipment rental and maintenance	<b>37</b>				
<b>38</b> Printing and publications	<b>38</b>				
<b>39</b> Travel	<b>39</b>				
<b>40</b> Conferences, conventions, and meetings	<b>40</b>				
<b>41</b> Interest	<b>41</b>				
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b>				
<b>43</b> Other expenses not covered above (itemize)					
a	<b>43a</b>				
b	<b>43b</b>				
c	<b>43c</b>				
d	<b>43d</b>				
e	<b>43e</b>				
f	<b>43f</b>				
g	<b>43g</b>				
<b>44</b> Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	<b>44</b>	375,986.	216,423.	62,604.	96,959.

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 IV Balance Sheets** (See the instructions.)

		(A) Beginning of year		(B) 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	5,649.	45	8,649.
	46	Savings and temporary cash investments		46	
	47a	Accounts receivable			
		b Less allowance for doubtful accounts		47c	
	48a	Pledges receivable			
		b Less allowance for doubtful accounts		48c	
	49	Grants receivable	200.	49	NONE
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
		b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach schedule)			
		b Less allowance for doubtful accounts		51c	
	52	Inventories for sale or use	15,332.	52	8,761.
	53	Prepaid expenses and deferred charges		53	
	54a	Investments - publicly-traded securities			
		b Investments - other securities (attach schedule)			
	55a	Investments - land, buildings, and equipment basis			
		b Less accumulated depreciation (attach schedule)		55c	
	56	Investments - other (attach schedule)		56	
57a	Land, buildings, and equipment basis	35,909.			
	b Less accumulated depreciation (attach schedule)	32,117.			
		6,016.	57c	3,792.	
58	Other assets, including program-related investments (describe ▶ STMT 3 )	1,034.	58	1,587.	
59	<b>Total assets</b> (must equal line 74) Add lines 45 through 58	28,231.	59	22,789.	
<b>Liabilities</b>	60	Accounts payable and accrued expenses	18,895.	60	45,524.
	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 4	19,784.	64b	19,784.
	65	Other liabilities (describe ▶ STMT 5 )	6,003.	65	15,316.
	66 <b>Total liabilities.</b> Add lines 60 through 65	44,682.	66	80,624.	
<b>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				
	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	-16,451.	72	-57,835.
	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 and column (B) must equal line 21))	-16,451.	73	-57,835.
	74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	28,231.	74	22,789.





Part VI Other Information (continued)

		Yes	No
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?		X
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)		
	82 b		N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84 b		N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		X
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
c	Dues, assessments, and similar amounts from members		
	85 c		N/A
d	Section 162(e) lobbying and political expenditures		
	85 d		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85 e		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85 f		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		X
85 g			
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?		X
85 h			
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
	86 a		N/A
b	Gross receipts, included on line 12, for public use of club facilities		
	86 b		N/A
87	501(c)(12) orgs Enter a Gross income from members or shareholders		
	87 a		N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	87 b		N/A
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
88 a			
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88 b			
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under: section 4911 N/A, section 4912 N/A, section 4955 N/A		
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
89 b			
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
			N/A
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		
			N/A
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 e			
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89 g			
90 a	List the states with which a copy of this return is filed		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)		
90 b			
91 a	The books are in care of JOHN MILLER Telephone no 212-228-0450		
	Located at 339 LAFAYETTE STREET, NEW YORK, NY ZIP + 4 10012		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
		Yes	No
	91 b		X



Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? ... 91c [ ] [X]
If "Yes," enter the name of the foreign country ...
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 the instructions.)

Note: Enter gross amounts unless otherwise indicated

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue (172,105), Medicare/Medicaid payments, Fees and contracts from government agencies, Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income, Gain or (loss) from sales of assets, Gross profit or (loss) from sales of inventory, and Subtotal (178,550). Total (178,550).

Note: Line 105 plus line 1e, 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)

Table with 2 columns: 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.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entry; (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 [X] No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ... [ ] Yes [X] No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

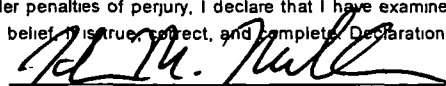
Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				


**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

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

  
 Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 John M Miller Treasurer 2/14/08  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature 	Date 2/26/08	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst X) P00234381
Firm's name (or yours if self-employed), address, and ZIP + 4 ARTHUR YORKE & COMPANY LLP 520 EIGHTH AVENUE - 18TH FLOOR NEW YORK, NY 10018	EIN 13-3247887	Phone no 212-764-8888	

FORM 990, PART II, LINE 25A - CURRENT OFFICER COMPENSATION SCHEDULE  
=====

CURRENT OFFICER NAME -----	PROGRAM SERVICES -----
JOHN M. MILLER COMPENSATION:	600.
TOTALS	----- 600. =====

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
-----	-----
OTHER RECEIVABLES	1,006.
UTILITY DEPOSIT	581.
EXCHANGES	NONE
TOTALS	----- 1,587. =====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

=====

LENDER: LOANS PAYABLE

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

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TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	19,784.
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TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	19,784.
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FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION

-----

ENDING  
BOOK VALUE

-----

OTHER PAYABLES  
PENSION PAYABLES

9,613.

5,703.

TOTALS

-----  
15,316.  
=====

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	NONE		
FRIDA BERRIGAN 339 LAFAYETTE STREET NEW YORK, NY 10012	VICE PRESIDENT	NONE		
MURRAY ROSENBLITH 339 LAFAYETTE STREET NEW YORK, NY 10012	SECRETARY	NONE		
JOHN M. MILLER 48 DUFFIELD STREET BROOKLYN, NY 11201	TREASURER	600.		
GRAND TOTALS		600.		



FORM 990, PART VII - PROGRAM SERVICE REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
LITERATURE/ MUGS E					59,898.
WIN MAGAZINE					2,764.
ANTI-MILITARISM & YOUTH PROGRAM					13,042.
SPECIAL EVENTS					11,401.
WRL/GRANTS					85,000.
TOTALS					172,105.

WAR RESISTERS LEAGUE				
STATEMENT OF FUNCTIONAL EXPENSES				
3/31/2007				
	TOTAL	PROGRAM SERVICES	MGMT & GEN'L	FUND RAISING
<b>EXPENSE CATEGORY:</b>				
<b>ADMINISTRATIVE:</b>				
ADMINISTRATIVE	310	-	310	-
AUDIT	3,100	-	3,100	-
BANK SERVICE CHARGES	560	-	560	-
COPIER LEASE	8,981	5,389	1,796	1,796
CREDIT CARD PROC. FEE	2,208	-	2,208	-
DEPRECIATION	3,741	-	3,741	-
COMPUTER EQUIPMENT	738	-	738	-
EQUIPMENT REPAIRS	1,517	-	1,517	-
INSURANCE LIABILITY	665	-	665	-
INTERNET SERVICE	403	-	403	-
NATIONAL COMMITTEE: MEETING	927	-	927	-
NATIONAL COMMITTEE: TRAVEL	3,940	-	3,940	-
DISABILITY INSURANCE	108	80	14	14
FICA / MEDICARE	1,552	1,148	202	202
FICA / SOCIAL SECURITY	6,492	4,804	844	844
FUTA	270	200	35	35
NY SUI	2,377	1,759	309	309
QB PAYROLL	216	-	216	-
WORKERS COMPENSATION	74	54	10	10
PERSONNEL/GROSS SALARIES	114,155	84,475	14,840	14,840
HEALTH INSURANCE	39,793	29,447	5,173	5,173
NE WR	3,000	2,220	390	390
PENSION PLAN	2,010	1,488	261	261
OFFICE POSTAGE	4,519	2,711	904	904
PROFESSIONAL FEES	124	-	124	-
PROFESSIONAL FEES: ADMIN ASSISTANCE	3,672	-	3,672	-
PROFESSIONAL FEES: BOOKKEEPING	6,996	-	6,996	-
PROFESSIONAL FEES: PENSION PLAN	2,125	1,573	276	276
RECRUITMENT	393	-	393	-
RENT	10,440	3,480	3,480	3,480
SUPPLIES	4,448	1,779	1,779	890
NYS FILING FEE	50	-	50	-
TECH ASSISTANCE	8,356	5,014	1,671	1,671
TELEPHONE	5,300	3,180	1,060	1,060
WEB SITE	999	999	-	-
<b>BOOKS AND LITERATURE:</b>				
BOOK COSTS	3,323	-	-	3,323
BOOK POSTAGE	1,195	-	-	1,195
DVD/VIDEO PRODUCTION	41	-	-	41
PIE CHART PRODUCTION	2,983	2,983	-	-
<b>CALENDAR COSTS:</b>				
POSTAGE	3,109	-	-	3,109
PRODUCTION	23,117	-	-	23,117
PROMO BROCHURE	2,303	-	-	2,303
PROMO POSTAGE	4,820	-	-	4,820
PROMO ADS & LISTS	960	-	-	960
<b>MERCHANDISE COSTS:</b>				
BASEBALL CAPS	311	-	-	311
T-SHIRTS COST	460	-	-	460

<b>WAR RESISTERS LEAGUE</b>				
<b>STATEMENT OF FUNCTIONAL EXPENSES</b>				
<b>3/31/2007</b>				
	<b>TOTAL</b>	<b>PROGRAM SERVICES</b>	<b>MGMT &amp; GEN'L</b>	<b>FUND RAISING</b>
<b>EXPENSE CATEGORY:</b>				
		-	-	-
<b>FUNDRAISING COSTS:</b>				
FUNDRAISING COSTS	2,283	-	-	2,283
FUND APPEALS	28,897	8,669	-	20,228
PLEDGE COSTS	170	-	-	170
<b>SPECIAL EVENTS:</b>				
SPECIAL EVENTS	870	435	-	435
SPECIAL EVENTS-ANNUAL DINNER	2,936	1,468	-	1,468
SPECIAL EVENTS-A. D.-DINNER JOURNAL	1,162	581	-	581
<b>PROGRAM EXPENSES</b>				
PROG EXP: ANTI-MILITARISM COSTS	15	15	-	-
PROG EXP. ANTI-MILITARISM COSTS: CONFERENCE	1,825	1,825	-	-
PROG EXP: ANTI-MILITARISM COSTS. CONSULTANTS	5,162	5,162	-	-
PROG EXP ANTI-MILITARISM COSTS: LITERATURE	378	378	-	-
PROG EXP ANTI-MILITARISM COSTS: MERCHANT OF DEATH;	75	75	-	-
PROG EXP: ANTI-MILITARISM COSTS: MERCHANT OF DEATH;	275	275	-	-
PROG EXP: ANTI-MILITARISM COSTS: POSTAGE	95	95	-	-
PROG EXP ANTI-MILITARISM COSTS: TRAVEL	1,884	1,884	-	-
PROG EXP. ANTI-MILITARISM COSTS: WEBSITE	360	360	-	-
PROG EXP. NOT YOUR SOLDIER: NYS ADVISORY BOARD	1,925	1,925	-	-
<b>DUES AND SUBSCRIPTIONS:</b>				
NCADP DUES	-	-	-	-
NWTRCC DUES	700	700	-	-
UFPJ	500	500	-	-
WRI DUES	2,700	2,700	-	-
<b>OTHER PROGRAM COSTS:</b>				
ORGANIZING NETWORK COSTS	2,855	2,855	-	-
800 NUMBER	194	194	-	-
ACC DISCRETIONARY FUND	1,128	1,128	-	-
MISCELLANEOUS PROGRAM EXP	280	280	-	-
WRI REP TRAVEL	826	826	-	-
<b>YOUTH PEACE PROGRAM COSTS:</b>				
CONFERENCE/TRAVEL	718	718	-	-
CR HANDBOOK	-	-	-	-
FLYERS/PLEDGE	1,615	1,615	-	-
INTERNATIONAL CO DAY	3,186	3,186	-	-
NOT YOUR SOLDIER PROJECT	5,087	5,087	-	-
STAFF DEVELOPMENT	263	263	-	-
TRAVEL - YOUTH	1,515	1,515	-	-
<b>WIN MAGAZINE COSTS</b>				
WIN MAGAZINE COSTS	23	23	-	-
WIN MAGAZINE COSTS: LAYOUT/OFFICER COMPENSATION	600	600	-	-
WIN MAGAZINE COSTS: POSTAGE, HANDLING, SHIPPING	7,068	7,068	-	-
WIN MAGAZINE COSTS: PRINTING COSTS	10,410	10,410	-	-
WIN MAGAZINE COSTS: WEB DESIGN	825	825	-	-
	375,986	216,423	62,604	96,959

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box,  **X**
- 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. You 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-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**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.

- I request an additional 3-month extension of time until 02/15, 20 08.
- For calendar year \_\_\_\_\_, or other tax year beginning 04/01, 2006 and ending 03/31, 2007.
- If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 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.	8a \$	
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.	8b \$	NONE
c <b>Balance Due.</b> 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.	8c \$	NONE

**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  11/1/07

**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 YORKES &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>

# 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.

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

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and 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) and click on *e-file for Charities & Nonprofits*

Type or print	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 section 501(c) corporation required to file Form 990-T) extension of time until 11/15, 2007 , 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, 2006 , and ending 03/31, 2007

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.	3a	\$
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.	3b	\$
c <b>Balance Due.</b> 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	3c	\$ <u>NONE</u>

**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.