Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

OMB No. 1545-0847

Α	For th	e 2008 ca	endar year, or tax year beginning and	ending						
	Check if opplicati	use ims	C Name of organization WOMEN'S INTERNATIONAL LEAGUE		D Employer identific	cation number				
[]	Addre	no inho egg	FOR PEACE AND FREEDOM							
Ë	Name chang nalibi	g u type.	Doing Business As		23-1	231270				
Tem atlor Ame		n Soe In- Specific Instruc-	lm	Room/suite 2ND FL	E Telephòne number (617)2660999				
		ives lions.	City or town, state or country, and ZIP + 4		G Gross receipts \$	554385.				
L	App!le #Gn pendi	lana -	BOSTON, MA 02116-3601		H(a) is this a group re					
	F	F Nan		MUNGER		Yes X No				
		 	e as C above			luded? Yes No				
			is: X 501(c) (4) ◀ (insert no.)			llst. (see instructions)				
			W.wilpf.org		H(c) Group exemption					
_	ιγρε οι art l		n: X Corporation	J L Year o	of formation; 1915] N	l Slate of legal domicile: MA				
	T			COURDII	TE O BOD MI	COTON				
Activities & Governance	1	STATE								
ΕĽ	2	Check this		sed of more	than 25% of its assets					
ĕ	3	Number o	f voting members of the governing body (Part VI, line 1a)		3	12				
ă	4		f independent voting members of the governing body (Part VI, line 1b) $_{\odot}$			12				
jes	5	Total num	ber of employees (Part V, line 2a)		5	11				
ξ	6	Total num	ber of volunteers (estimate if necessary)		6	1601				
Aci	7a		s unrelated business revenue from Part VIII, line 12, column (C)			0.				
_	Ь.	Net unrela	ted business taxable income from Form 990-T, line 34	************************	7ь	0.				
Ве чепре	_		-		Prior Year	Current Year				
	8	Contributi	ons and grants (Part VIII, line 1h)		541800.	545627.				
			1206. 6704.	919.						
ē		Investmen	1595.							
_			enue (Part VII), column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16971. 566681.	5547.					
		Total reve	553688.							
			d similar amounts paid (Part IX, column (A), lines 1-3)			3172.				
			Benefits paid to or for members (Part IX, column (A), line 4)							
Expenses	15		alarles, other compensation, employee benefits (Part IX, column (A), lines 5-10) 273751.							
ens	16в		nal fundraïsing fees (Part IX, column (A), line 11e)							
Ř	ь		The state of the s							
u.	''		enses (Part IX, column (A), lines 11a-11d, 11f-24f)		315326.	297641.				
	18	Total expe	inses. Add lines 13-17 (must equal Part IX, column (A), line 25)		589077.	365749.				
- 76	19	Revenue I	ess expenses. Subtract line 18 from line 12		-22396.	187939.				
Net Assets or Fund Balances				<u>F</u>	Beginning of Year	End of Year				
586	20		ts (Part X, line 16)	,	165442.	271395.				
뜋	21		itlas (Part X, line 26)		70828.	41278.				
			or fund balances. Subtract line 21 from line 20		94614.	230117.				
Pa	art II		ure Block							
		and complet	tios of perjury, I declare that I nove examined this return, including accompanying sphedules and c. Declaration of preparer (other than dillord is based on all information of which proparer has a	d slatenwhis, a ny knowledge	nd to the best of my knowledg	e and ballef, it is true, correct,				
		,			ı					
Sign		Sing	ature of officer							
Her	' a	1.			Dal a					
			URA ROSKOS & N. MUNGER, CO-PRESIDENT or print name and title	us .						
Palo	,	Preparer's		E A I I	l decelor	r's identifying number (nuctions)				
	rarer's	signature	BOB TETI CPA 08/19	9/09 ^{5elf} -	loyed 🕨 🔲					
Itee Only Comma name let KELLYTETI ASSOCIATES LLP EIN ▶										
nag	OHIY	self-employe address, end	ONE BALA AVENUE LL3							
		ZiP + 4	BALA CYNWYD, PA 19004-3218		Phone so. ► (6	510)664-7000				
May	the IF	RS discuss	this return with the preparer shown above? (see instructions)			X Yes No				

Pa	rt III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission:
	THE WILPF GLOBAL MISSION IS THE ABOLITION OF WAR AND MILITARY MIGHT TO
	SETTLE DISPUTES AND FOR THE ACHIEVEMENT BY NON-VIOLENT MEANS OF THOSE
	POLITICAL, ECONOMIC, SOCIAL AND PSYCHOLOGICAL CONDITIONS THROUGHOUT
_	THE WORLD THAT CAN ASSURE PEACE, FREEDOM AND JUSTICE.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	the prior Form 990 or 990-EZ? Yes No Yes No Yes
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes", describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
48	Vertical and a series of a little following the lit
	EDUCATION - PUBLIC EDUCATION ON PEACE, SOCIAL WELFARE AND RACE
	RELATIONS ISSUES THROUGH PEACE CURRICULA, EDUCATIONAL SEMINARS, LITERATURE, WEBSITE AND NATIONAL MAGAZINE.
	HITERATORE, WEBSITE AND NATIONAL MAGAZINE.
4Ь	(Code:) (Expenses \$ 64701. including grants of \$) (Revenue \$)
	GENERAL PROGRAMS-ORGANIZE ACTIVITIES PROMOTING PEACE IN LOCAL COMMUNITIES AND AT NATIONAL EVENTS SUCH AS PARADES, WORKSHOPS, FILM
	SCREENINGS, AWARDS, CEREMONIES, ETC.
	odichiminos, imilios, chimonino, bic.
4c	(Code:) (Expenses \$ Including grants of \$) (Revenue \$)
4d	Other program sentings (Baserina in Pahashila O.)
TU	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 193781. (Must equal Part IX, Line 25, column (B).)
	Form 990 (2008)

Part IV Checklist of Required Schedules

1	le the propriet of the discountry of the second sec		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Ves." complete Schooling 4.			۱.,
2	If "Yes," complete Schedule A	1	v	X
3	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
٠	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	١.	İ	x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	3		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	4		-
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	<u> </u>		х
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice	5_		
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D _i Part t	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0	-	-~
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? if "Yes," complete			- 22
	Schedule D, Part III	B		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?	10	_	
	If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	х	!
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was	 ''-		
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	х	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	143		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1		
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schodule F, Part II	15	χ	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, ilines 1c and 8a? If "Yes," complete Schedule G, Part II	18	i	Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a7 If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
	if "No", go to question 25	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
a 25-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
290	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
L	disqualified person during the year? If "Yes," complete Schedule L, Part I	25в		<u>x</u> _
0	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
26	prior year? If "Yes," complete Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
~	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial	_	ŀ	v
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	<u>2</u> 7		<u>X</u>

Part IV Checklist of Required Schedules (continued)

			Yes .	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
Þ	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28Ь		Х
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	ii	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	ao		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	-		
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
	sections 301,7701-2 and 301,7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?	33		<u>-1L</u>
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	x	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34	-	
	If "Yes," complete Schedule R, Part V, line 2			х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35		
	If "Yes," complete Schedule R, Part V, line 2	ا ۔۔ ا		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	-	
	and that is treated as a partnership for federal income law purposes? If IVon It consists the Partner Income in the Partner Income Investment Income Investment Income Investment Income Investment Income Investment Income	[v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	!	<u> </u>

Form **990** (2008)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	1270	P	age 5
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		1.03	1
	U.S. Information Returns. Enter-0- if not applicable	9		-
ь	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7. ; ; ; ;		
	(gambling) winnings to prize winners?	10		x
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	· 🗀	10.0	
		.1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	10.5
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	- 24		15.
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	1: !	x
Ь	If f Von I had it filed a Form 000 T few tide weeds to the sixt of		-	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	. 35		\vdash
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	,		Х
b	If "Yes," enter the name of the foreign country:	. 4a	┝─┤	A.
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and	• [;;;,]	· :	
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		·	v
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. <u>5a</u>		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	. 5Ь		
_	Tax Shelter Transaction?			1
6a	Tax Shelter Transaction? Did the organization solicit any contributions that were not tax deductible?	. <u>5c</u>	\vdash	37
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		X
_	were not tax deductible?	_		
7	Organizations that may receive deductible contributions under section 170(c).	86		
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		i	l
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a		X
-	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7 <u>b</u>	\vdash	
-	to file Form 8282?	_	i İ	3.0
ď	If "Yes," Indicate the number of Forms 8282 filed during the year 7d	7c		X
, P	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			r i i i
·	benefit contract?	-::::::::::::::::::::::::::::::::::::::	ti . Wa	
f	benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
ы Ь	For contributions of qualified intellectual property, did the organization file Form 8899 as required?	79	\rightarrow	<u> X</u>
8	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		<u>X</u>
-	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have		1	[· i
9	excess business holdings at any time during the year?			
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		·	
ь.	Did the organization make any taxable distributions under section 49667	9a	\longrightarrow	
10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations, Enter: N/A	95		
e A	Initiation fees and capital contributions included on Part VIII, line 12 10a		: I	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4::::::		٠. ٠
				:
		- : :		:
	Gross income from other sources (Do not net amounts due or paid to other sources against			di e
(2a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts, is the group/zation filing Form BBD in liquid Form 19412	-	:::	1. Î.E.
	errore tettinen a naticoscillu. Guallialum liilais, is ille otosoltsilon tillon kolm bull in linu et Leve 10419	- 40 - I		

Form 990 (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request Information about policies not required by the Internal Revenue Code.)

<u> 36</u>	cuon A. Governing Body and Management						
			Yes	No			
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,						
_	processes, or changes in Schedule O. See instructions.						
	1a Enter the number of voting members of the governing body						
t	To the state of the state of the periodic state of the periodic state of the state	2		:			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		1				
2	officer, director, trustee, or key employee?	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			l			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X			
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5 6	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х			
	Does the organization have members or stockholders?	6	X	ļ			
10	Does the organization have members, stockholders, or other persons who may elect one or more members of the		l	İ			
	governing body?	7a	X	 			
8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	. 7tb	X	<u> </u>			
٥	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			1 .			
_	by the following:			:			
a	The gardening area, a commence of the commence	8a	X	<u> </u>			
b D=		8b	_X				
9a	and a second state to a district and a state of a state	9a	Х				
В	If 'Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			ĺ			
10	and branches to ensure their operations are consistent with those of the organization?	9b	X	<u> </u>			
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			į			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х				
11	is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			ı			
<u> </u>	organization's malling address? If "Yes," provide the names and addresses in Schedule O	11	. [X			
sec	BIOTI D. POlicies						
10-	Dogs the grandantian have a write and all the state of th		Yes	Νo			
120	Does the organization have a written conflict of interest policy? If "Wo," go to line 13	12a	_X_				
·	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise						
_	to conflicts?	12b	X				
·	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
13	in Schedule O how this is done Does the organization have a written whistleblower policy?	12c	Х				
14		13		<u>X</u>			
15	Does the organization have a written document retention and destruction policy?	14		Х			
	Did the process for determining compensation of the following persons include a review and approval by independent			i ite.			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:						
- A	The organization's CEO, Executive Director, or top management official?	15a		<u>X</u>			
U	Other officers or key employees of the organization?	15b		X			
16-	Describe the process in Schedule O. (see instructions)			riik A B			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			11.1			
ь		16a		X			
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			٠. ٠٠			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's		- 1	f			
Sec	exempt status with respect to such arrangements?	16ь					
17	Ust the states with which a copy of this Form 990 is required to be filled ▶PA, NY						
18							
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7 (501(c)(3)s only) available public inspection. (action in how you work there are it to be considered in the constant of t	for					
	public inspection. Indicate how you make these available. Check all that apply. Own website						
19	care a manage casa open request						
, 3	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, at statements available to the public.	id finar	rcial				
20		_					
	State the name, physical address, and telephone number of the person who possesses the books and records of the organizal STACEY A. FERGUSON - (617)266-0999	lion; 🟲					
	565 BOYLSTON STREET-2ND FL, BOSTON, MA 02116-3601						
832006 12-18-0	10 10 10 10 10 10 10 10 10 10 10 10 10 1						
15-10-1	nu .	Form!	a910 / 2	nns)			

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ta Complete this table for all persons required to be fisted. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: Individual trustees or directors; Institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if the organization did not compensate any officer, director, trustee, or key employee.										
(A) Name and Title	(B)				C)			(D)	(E)	(F)
Maine also Title	Average hours			Position (check all that apply)			-1.4	Reportable	Reportable	Estimated
	per	_	1 1		inai	tion abb		compensation from	compensation from related	amount of other
	week	1 4			1	L	l	the	organizations	compensation
		1 2	ě				ĺ	organization	(W-2/1099-MISC)	from the
	1	l sign	E E		H F	1		(W-2/1099-MISC)		organization and related
		Ind vidual assiste or director	Institutional trustes	Odficer	yemg	High solcompensated	E	ĺ		organizations
LAURA ROSKOS	<u> </u>	5	Ē	ਲ	물	= =				
CO-PRESIDENT	30.00			x,			ĺ	ا م	•	_
NANCY MUNGER	_ 30.00	<u>-</u> -	-	^	┝			0.	0.	. 0.
CO-PRESIDENT	30.00	X]	х			•	0.	0.	0
BARBARA NIELSEN	3000	Ĥ	-	1	-	\vdash		<u></u>		0.
TREASURER-US SECTION	25.00	x		Х	ĺ			ا. ه	ο.	
TURA CAMPANELLA COOK			_				┢			
CO-CHAIR-PROGRAM COMMITT	20.00	Х						0.	0.	0.
CAROL R. URNER		i		Ţ,						
CO-CHAIR-PROGRAM COMMITT	40.00	Х						0.,	0.	0.
MARY ZEPERNICK CHAIR-PERSONNEL COMMITTE	20.00	١	.							<u>-</u>
PAT O'BRIEN	20.00	Х						0.	0.	0.
CHAIR-NOMINATING COMMITT	20.00	X.		ĺ					_	_
CHRIS MORIN	20.00	Λ.	\vdash		\dashv	_	-	0.		0.
IMMEDIATE PAST PRESIDENT	10.00	x		ĺ				0	0.	0.
LOIS FIEDLER	<u>-</u>		_	一		\vdash				<u> </u>
DEVELOPMENT CHAIR	20.00	Х						0.	0.	0.
AUDLEY GREEN			\neg			\neg				
INTERNATIONAL BOARD REPR	10.00	X						0.	0.	0.
ANNE CHALMERS PENDELL		· _		-			İ	-		
JAPA PRESIDENT STACEY ANN FERGUSON	10.00	Х	_	-	_		_	0.	0.	0.
DIRECTOR OF OPERATIONS	40.00						J	25.005	_	_
DIRECTOR OF GIBRATIONS	40.00	\dashv		\dashv		Х		25095.	0.	<u> </u>
		ı	- 1		ŀ					
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			<u>L</u>			\perp L	\perp			

832007 12-18-08

10.00	Section A. Officers, Directors, Tr		mpic I	yee			High	est		vees (continued	<u>, </u>		
	(A) Name and title	(B)		(C)					(D)	(E)		(F)	
	Name and title	Average hours	(c)	Position (check all the					Reportable compensation	Reportable compensation		Estimat amount	
		per					Γ	<u> </u>	from the	from relate organizatio	from related com		
			Ind Widust Stuates or Greeton	institutional trusta		Hopk	High salcompensated employee		organization (W-2/1099-MISC)	: (W-2/1099-M	ISC)	from () organiza and rela	tion
			L'13 védu	instituti	Safeer Safeer	Keyemp	H. H. S. S. S. S. S. S. S. S. S. S. S. S. S.	Former				organizat	
							<u> </u>						
		<u>.</u>											
	<u>-</u>										" -		•
												-	
		. <u>.</u> .									-		
	Total				·····		<u> </u>		25095.		0.		0.
2	Total number of individuals (including those compensation from the organization	in 1a) who rec	elye	d m	ore i	than	\$10	0,00	00 in reportable				
_	compensation from the organization	, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			· - • - · <u>-</u>	,	<u></u>			······································	<u> ►</u>	Yes	No No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for st	director or trus	tee,	key	eт	ploy	ee, q	or hi	ghest compensated en	iployee on			
4	For any individual listed on line 1a, is the sur and related organizations greater than \$150	m of reportable	COL	Tipe	nsal	tion	and	oth	er compensation from t	he otosofzation	•	3	_X
5	uid any person listed on line 1a receive or a	coins combeu:	satio	n fr	om a	any i	unre	late	d organization for servi	ces rendered to		4	
Sec	the organization? If "Yes," complete Schedution B. Independent Contractors	ile J far such p	erso	n	·-···						<u>.</u>	5	<u>X</u>
1	Complete this table for your five highest corthe organization.	npensated Inde	epen	der	ıt co	intre	ctor	s th	at received more than :	\$100,000 of con	pensa	ation from	<u>-</u>
	(A) Name and business a	address							(B) Description of se	ervices	Cr	(C) empensation	n
									,	7 779			
												 ·	
	·	<u></u> .									-		_
	T-1-1												
2	Total number of independent contractors (in from the organization	cluding those I 0	n 1)	Whe) tec	eive	ed m	ore	than \$100,000 in comp	eneation	• :		
				_	-	_			·			Form 990 (2	nnev

P	art	VII	Statement of Reve	nue	Z ILLEBO.	<u>. </u>		23-1231	LZ 70 Page 9
						(A) Total revenue	(8) Related or exempt function revenue	(C) Unrelated business reyenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants	1	q p	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran	16 1c 1d tlons) 1e ets, and	41939. 321549.				
Contrib			similar amounts not included abo Noncash contributions included in lines Total, Add lines 1a-1f	1 1 e-1 f: \$	182139.	545627.			
ervice	2		PROGRAM SERVICE	INCOME	Business Code 611710				
Program Service Revente		d e f	All other program service reve						
			Total. Add lines 2a-2f			919			i. Pata
	3		Investment Income (including other similar amounts)	dividends, Intere	est, and	1595.		* Technologia III. d. *	
	5		Royaltles			1849.	1849.		
	8	b c	Gross Rents	(I) Real	(il) Personal	2551.			
		a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other	2351.	2551.		
a		d	Gain or (loss) Net gain or (loss) Gross income from fundraising		>				
Other Revenue		b	Including \$ contributions reported on line Part IV, line 16 Less: direct expenses Net income or (loss) from fundi	of 1c). See a					
ļ	9	a b	Gross Income from geming act Part IV, line 19 Less: direct expenses Net Income or (loss) from gami	tivitles. See a b					
j	10	а : b	Gross sales of Inventory, less rand allowances Less: cost of goods sold Net income or (loss) from sales	eturns a b	1844. 697.	1147	1102		
ŀ		~	Miscellaneous Revenue		Business Code	1147.	1147.	Arabaetaa v	
	•	b _			DUDITIESS COUR	MARINET MARKETHING.			
B3200	12	⊋ 7	All other revenue Fotal. Add lines 11a-11d Fotal Revenue. Add lines 1h, 2g. 3, 4,			553688.	8061.	0,	0.
7-07-	09								Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and	21-2			
_	organizations in the U.S. See Part IV, line 21	3172.	3172.		
2	Grants and other assistance to individuals [n				
3	the U.S. See Part IV, line 22		,,,,		
٥	Grants and other assistance to governments,			表演的思想	
	organizations, and individuals outside the U.S.		<u> </u>		11.347-344
4	See Part IV, lines 15 and 16	·			
5	Compensation of current officers, directors,				
J	trustees, and key employees	25095.	8824.	12777	2400
6	Compensation not included above, to disqualified	20090.	0624.	13773.	2498.
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	24340.	··	23308.	1022
8	Pension plan contributions (Include section 401(k)			23300.	1032
_	and section 403(b) employer contributions)				
9	Other employee benefits	8440.	2110.	5486.	844.
10	Payroll taxes	7061.		4586.	707.
11	Fees for services (non-employees):	10011	1,00.	40001	707.
а	Management	13223.		13223.	
ь	Legal	2850.		2850.	<u> </u>
С	Accounting	4800.		4800.	. .
d				4000.	
е	Professional fundralsing services. See Part IV, line 17				···
f	Investment management fees		<u> </u>		
g	Other	27485.	7560.	19925.	
12	Advertising and promotion	684.	534.	15525.	150.
13	Office expenses	3264.		3170.	94.
14	Information technology	. ,		32,77	27.
15	Royalties				 -
16	Occupancy	10848.	8136.	2712.	
17	Travel				
16	Payments of travel or entertainment expenses	·-· · · · · · · · · ·		<u> </u>	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	43114.	27727.	14627.	760.
20	Interest	1095.		1095.	
21	Payments to affiliates	31000.	31000.		
22	Depreciation, depletion, and emortization	5193.		5193.	
23	Insurance	8572.		8572.	
24	Other expenses, Itemize expenses not covered				
	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				inter
	expenses shown on line 25 below.)				a. A. A. Santa
	PROGRAM EVENTS	74908.	74908.		
	EQUIPMENT RENTAL	17772.		17772.	
	POSTAGE & DELIVERY	17621.	9286.	7454.	881.
а	PRINTING	14277.	11593.	171.	2513.
e	TELEPHONE	8455.	5741.	2342.	372.
	All other expenses	12480.	1422.	11058.	
	Total lunctional expenses. Add lines 1 through 24f	365749.	193781.	162117.	9851.
	Joint Costs, Chack here 🕨 🔛 if following				
	SOP 98-2. Complete this line only if the organization			1	
	reported in column (8) joint costs from a combined		}		
	educational campaign and fundraising solicitation	<u> </u>			

832010 12-18-08

Form 990 (2008) FOR PE Part X: Balance Sheet

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	18839	. 1	42105.
	2	Savings and temporary cash investments	1494	. 2	778.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	900	4	
	5	Receivables from current and former officers, directors, trustees, key		1	
		employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	_	Part II of Schodule L		5	
Assets	7	Notos and loans receivable, net		7	
Ass	8	Inventories for sale or use		<u> 8</u>	
-	9	Prepaid expenses and deferred charges	33007.	9	3579.
	10a	Land, buildings, and equipment: cost basis 10a 79420.			
	b	Less: accumulated depreciation. Complete			
	1	Part VI of Schedule D 10b 63252.		10c	16168.
	11	Investments · publicly traded securities		11	<u> </u>
	13	Investments - other securities. See Part IV, line 11	4429.	12_	17965.
	14	Investments - program-related. See Part IV, line 11		13	
	15	Intangible assets	0=43.5	14	
	18	Other assets, See Part IV, line 11	85412.	15	190800.
_	17	Total assets. Add lines 1 through 15 (must equal line 34)	165442.	16	271395.
	18	Accounts payable and accrued expenses		17	4823.
	19	Grants payable	35504	18	1.00
	20	Deferred revenue Tax-exempt bond liabilities	25584.	19	16458.
va .	21	Tax-exempt bond liabilities Escrow account liability. Complete Part IV of Schedule D	<u></u> .	20	
Ë	22	Payables to current and former officers, directors, trustees, key employees,		21	1
Liabifities		highest compensated employees, and disqualified persons. Complete Part II			
	23	of Schedule L. Secured mortgages and notes payable to unrelated third parties		22	
	24	Unsecured notes and loans payable		23	<u></u>
	25	Other liabilities. Complete Part X of Schedule D	45244.	24	10002
	26	Total fiabilities. Add lines 17 through 25	70828.	25	19997.
	· ·	Organizations that follow SFAS 117, check here X and complete	70020.	26	41278.
8	i	lines 27 through 29, and lines 33 and 34.			
nces		Unrestricted net assets	90614.	27	226117.
를	28	Temporarily restricted net assets	4000.	28	4000.
Ď.	29	Permanently restricted net assets	1000.	29	4000.
Ή		Organizations that do not follow SFAS 117, check here and	fin it White	20	
Net Assets or Fund Balar		complete lines 30 through 34.			
ets .		Capital stock or trust principal, or current funds	s and the state of	30	n a an a sudu tull tiff () of () a . I
ASS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<u> </u>
듈	32	Retained earnings, endowment, accumulated income, or other funds	ii	32	
Z	33	Total net assets or fund balances	94614.	33	230117.
	34	Total liabilities and net assets/fund balances	165442.	34	271395.
Pai	t XI	Financial Statements and Reporting			
		· · · · · · · · · · · · · · · · · · ·	,		Yes No
†		inting method used to prepare the Form 990; 🔲 Cash 🛮 🛣 Accrual 📗	Other		
22	Were t	the organization's financial statements compiled or reviewed by an independent a	accountant?		9a X
ь	were t	the organization's financial statements audited by an independent accountant?			2h X
C	ff Tes	s" to lines 2a or 26, does the organization have a committee that assumes respon	sibility for oversight of the	audit.	.
	review	, or compilation of its financial statements and selection of an independent accor	Intant7		lac X
За	As a re	esult of a federal award, was the organization required to undergo an audit or aud	lits as set forth in the Singl	e Aud	ie Time
	Act an	d OMB Circular A-1337			3a X
b	и 165	, did the organization undergo the required audit or audits?			3ь
12011	12-18-D	B			Form 990 (2008)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

Name of the organization M	OMEN'S INTERNATIONAL LEAGUE	Employer identification number
	OR PEACE AND FREEDOM	23-1231270
Organization type (check	one):	20 1231210
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(4) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
tor both the General Hule a	is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or and a Special Rule. See instructions.)	(10) organization can check boxes
General Rule		
X For organizations contributor. Comp	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mon lete Parts I and II.	ey or property) from any one
Special Rules		
509(a)(1)/170(b)[1]	c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of t (A)(vi), and received from any one contributor, during the year, a contribution of the great 90, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II	ter of (1) \$5,000 or (2) 2% of the
aggregate contribu	c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one utions or bequests of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scien revention of cruelty to children or animals. Complete Parts I, II, and III.	contributor, during the year, tific, literary, or educationವ
some contribution \$1,000. (If this box etc., purpose. Do p	c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one is for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did notes that the experience of the year for an expectable of the parts unless the General Rule applies to this organization because, etc., contributions of \$5,000 or more during the year.)	ol aggregate to more than exclusively religious, charitable, use it received conexclusively
ney must answer "No" on	t are not covered by the General Rule and/or the Special Rules do not file Schedula B (Fi Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or t the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	orm 990, 990-82, or 990-PF), but on line 2 of their Form 990-PF, to
	Paperwork Reduction Act Notice, see the Instructions Schedule 8 instructions will be issued separately.	(Farm 990, 990-EZ, ar 990-PF) (2008)

Name of	i organizati	on	-	
WOME	en's j	NTER	LANOITAN	LEAGUE
			FREEDOM	

Employer identification number

	DICH THE THUBDON	<u> </u>	<u>3</u> -1231270
Part I	Contributors (see instructions)	-	-
(a) No.	(b) Name, address, and Z(P + 4	(c) Aggregate contributions	(d) Type of contribution
<u>I</u>	ESTATE OF GERALDINE M BRITTAIN FISERV INV 16606 BETHAYRES ROAD ROCKVILLE, MD 20855	s99984.	Person X Payroll Noncash (Complete Part II if there Is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	JANE ADDAMS PEACE ASSOCIATION 777 UNITED NATIONS PLAZA 6TH FLOOR NEW YORK, NY 10017	- \$321549. -	Person X Payroil Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	E ANNIS BASSLER LIVING TRUST 55 S. 200 E STREET WILLARD, CT 84380	5282 <u>5282</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	YVONNE & JOSEPH LOGAN 36 SOUTH GORE AVENUE SAINT LOUIS, MO 63119	- \$ <u>24000</u> -	Person X Payroll Noncash (Complete Part II if there Is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5		- \$	Person X Payrolt Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(e) Aggregate contributions	(d) Type of contribution
6 823452 12-18-	06	\$	Person X Payroll Noncash (Complete Part II if there Is a noncash contribution.)

Schedule D

(Form 990)

Department of the Treasury Inturnal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WOMEN'S INTERNATIONAL LEAGUE FOR PEACE AND FREEDOM

Employer identification number 23-1231270

Schedule D (Form 980) 2008

P	irt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	Is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6,	of the estate of complete in the
	· · · · · · · · · · · · · · · · · · ·	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes T
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds may b	le used only
	<u>for charitable purposes and not for the benefit of the</u> donor o	or donor advisor or other impermissible o	rivate benefit?
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990.	Part IV. line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply),	
	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat		fled historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	ervation contribution in the form of a cor	servation easement on the last day
	of the tax year.		
			Held at the End of the Ye
3	Total number of conservation easements		2a
b			26
C		poture included in (a)	2c
đ		after 8/17/06	2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	e organization during the taxable
	year ►		
4	Number of states where properly subject to conservation each	sement is located >	
5	Does the organization have a written policy regarding the per		and .
	enforcement of the conservation easements it holds?		Yes N
6	Staff or volunteer hours devoted to monitoring, inspecting, ar	nd enforcing easements during the year i	>
7	Amount of expenses incurred in manitoring, inspecting, and a	enforcing easements during the year	
B	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	Mh)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes N
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expensi	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa.	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	
1 a	If the organization elected, as permitted under SFAS 116, not	to report in its revenue statement and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pu	blic service, provide, in Part XIV, the text
	the tootnote to its financial statements that describes these it	ems.	
ð	If the organization elected, as permitted under SFAS 116, to r	eport in its revenue statement and balan	ce sheet works of art, historical treasures
	or other similar assets held for public exhibition, education, or	research in furtherance of public service	provide the following amounts relating
	these items:		
	(i) Revenues Included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Parl X		▶ \$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	I gain, provide
	the following amounts required to be reported under SFAS 11	B relating to these items:	
a	Revenues Included in Form 990, Part VIII, line 1		► s
Ь	Assets included in Form 990, Part X	***************************************	> \$
	· · · · · · · · · · · · · · · · · · ·		
LHA	For Privacy Act and Paperwork Reduction Act Notice, see	the Instructions for Form 990.	Schedule D (Form 990) 200

832051 12-23-09

	edule D (Form 990) 2008 FOR PEA	CE AND FRI	EEDOM		23-	<u>123127</u>	0 Page 2
ra	rt III Organizations Maintaining (Collections of A	<u>irt, Historical Ti</u>	reasures, or Of	her Similar As	sets (con	(inued)
3	Using the organization's accession and other	r records, check ar	ry of the following th	al are a significant :	use of its collection	ı items (che	ck all
	that apply):					•	
а			d Loan or exc	change programs			
b							
C	remain to tareta generalist						
4	Provide a description of the organization's co	ollections and expla	in how they further t	the organization's e	xempt purpose in	Part XIV.	
5	During the year, did the organization solicit o	or receive donations	of art, historical trea	sures, or other sim	llar assets		
	<u>to be sold to raise funds rather than to be ma</u>	aintained as part of	the organization's c	ollection?		Yes	□ No
Pa	rt IV Trust, Escrow and Custodial reported an amount on Form 990, Par	i Arrangement:	s. Complete il organ	ization answered "	fes" to Form 990,	Part IV, Ilne	9, or
1a	is the organization an agent, trustee, custodi	lan or other interme	diary for contribution	ns or other assets o	ot facturded		
	on Form 990, Part X?		, ,	in a, office descripti	or metacco	Yes	□ No
b	If "Yes," explain the arrangement in Part XIV	and complete the f	ellowing table:	***************************************	***********************	res	NO
			and wing table.				
c	Beginning balance				<u> </u>	<u>Amoun</u>	<u> </u>
d	Additions during the year				1c		
e	Distributions during the year			***************************************	1d		
f	Ending balance				1e		
25	Did the organization include an amount on Fo	orm 990. Part X Illas	- 919		11		
ь	If "Yes," explain the arrangement in Part XIV.	OH 1 220 OH 15, 1816	= 2 1			Yes	Ll No
Pa	rt V Endowment Funds. Complete if	Atganization appur	orod "Von" to Com (300 D-+ 87 H 40			
	The state of the s	(a) Current year					
ťа	Beginning of year balance	(a) Content year	(b) Prior year	(c) Two years back	(d) Three years ba	ck (e) Four	r years back
ь			The second of th				
-	Investment earnings or losses			lebalour i en frijs. Literatur		1	
	Grants or scholarships			Printer Communication	Edward St.		<u> 1941 - 14 - 1</u>
	Other expenditures for facilities						
·	I						
•	and programs		HERE THE THE STATE OF THE STATE	a a tadad ki jaji ili. Kangana ki ki ja	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
'	Administrative expenses	-	Pista przej – 19 Roja Pista po jednika	(MEC) Profite (I.E.		<u>41 14 </u>	
g	End of year balance		Markett Barrier		11.0		
2	Provide the estimated percentage of the year						
	Board designated or quasi-endowment		%				
D	Permanent endowment						
		86					
38	Are there endowment funds not in the posses	ssion of the organiz	ation that are held ar	nd administered for	the organization		
	by:					,	Yes No
	(i) Unrelated organizations					3a(i)	
	(ii) related organizations					3a(ii)	
	if "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedule R?	****************		3b	
4	<u>Describe</u> in Part XIV the Intended uses of the	organization's endo	wment funds				
Par	t Vi Investments - Land, Building	s, and Equipma	ent. See Form 990,	Part X, line 10.			
	Description of investment	(a) Cost or o basis (investri			Depreciation	(d) Book	(value
1a	Land	[.			
ь	Buildings						
c	Leasehold improvements		***				
	Equipment						
e	Other	·		79420.	63252.		16168.
	Add lines 1a-1e, (Column (d) should equal For				00232		16168

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. See (a) Description of security or category		<u></u>	f_1 M_4h_4 _ f _ f _ h	
(including name of security)	(b) Book value	c	(c) Method of valu Cost or end-of-year ma	
Financial derivatives and other financial products				
Closely-held equity interests				
Other MUTUAL FUND	17965.	End-of-	Year Marke	t Value
	• • • • • • • • • • • • • • • • • • • •		 .	
	·-·			.
			<u>-</u>	
			·	
		,	 '	
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)	17965.			
Part VIII Investments - Program Related. See	Form 990, Part X, line 13	<u>. </u>		
(a) Description of Investment type	(b) Book value		(c) Method of valu	
			ost or end-of-year ma	orket value
	-		<u></u>	
	·			
				
				
<u> </u>				
	<u> </u>			·
T-1-1 (A-1/1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		713.100.000		
Total. (Col (b) should aqual Form 990, Part X, col (8) line 13.) Part IX Other Assets. See Form 990, Part X, line 15	<u> </u>			
	scription		·	(b) Book value
DUE FROM JANE ADDAMS PEACE ASSO				190800
			···	190000
			-	
	<u> </u>			
······································			, <u>, , , , , , , , , , , , , , , , , , </u>	
Total, (Column (b) should equal Form 990, Part X, cel (B) line	151			100000
Part X Other Liabilities. See Form 990, Part X, line	· 25		·····	190800.
(a) Description of liability		(b) Amount	Mark to the mot	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ederal income taxes	-			1914-11 time-en 101 99 - 101 time-en 101
ACCRUED EXPENSES	,	9496.		
PAYROLL TAXAOTHER WITHHOLDINGS	PAYABLE	1033.		
REDIT CARD PAYABLE		9468.		
		<u> </u>		
		<u> </u>		
otal. (Column (b) should equal Form 990, Part X, col (B) line 2	25.1	19997.		
n Part XIV, provide the text of the footnote to the organization	's financial statements *	ant reports the com	polyation to Believe 4	service delical delication
nder HN 48.	maioni diatement N	ier tehous the old	анданон з ларику то	ir uncertain tax positions
32063 ?-73-08	<u> </u>		0-1	adula D. Karra 200 2000

WOMEN'S INTERNATIONAL LEAGUE FOR PEACE AND FREEDOM Schedule D (Form 990) 2008 23-1231270 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 1 553688. Total expenses [Form 990, Part IX, column (A), line 25) 2 365749. 2 Excess or (deficit) for the year. Subtract line 2 from line 1 187939. 3 Net unrealized gains (losses) on investments -2436.4 Donated services and use of facilities 5 5 A Investment expenses 7 Prior period adjustments 7 8 Other (Describe in Part XIV) -50000. 8 Total adjustments (net), Add lines 4-8 -52436. 9 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 135503. 10 Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements $6279\overline{21}$. Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments -2436.b Donated services and use of facilities 2ъ c Recoveries of prior year grants 2c d Other (Describe in Part XIV) 2d e Add lines 2a through 2d 74233. 26 3 Subtract line 2e from line 1 553688. Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 76 b Other (Describe in Part XIV) c Add lines 4a and 4b 0. Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I. ilne 12.) 553688. Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 414449. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities ______ b Prior year adjustments 2ь c Losses reported on Form 990, Part IX, line 25 2c d Other (Describe in Part XIV) 48700. e Add lines 2a through 2d 48700. 3 Subtract line 2e from line 1 365749. Amounts included on Form 990, Part IX, line 25, but not on line 1; b Other (Describe in Part XIV) a Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Part XII, Line 2d - Other Adjustments: NET ASSETS RELEASED FROM RESTRICTIONS \$27,969 COST OF SALES NETTED AGAINST REVENUE \$800 CONTRIBUTED LEGAL SERVICES \$47,900 Part XIII, Line 2d - Other Adjustments:

COST OF SALES RECLASSIFIED TO REVENUE \$800

Schedule D (Form 990) 2008

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Schedule F (Form 990)

Statement of Activities Outside the United States

► Attach to Form 990. Complete if the organization answered "Yes" to Farm 990, Part IV, line 14b, line 15, or line 16.

Department of the Treasury Internal Revenue Service

Name of the organization

Open to Public Inspection

OMB No. 1545-0047

Name of the organization WOMEN'S INTERI		מוזים מוזים				Employer identi	fication number
FOR PEACE AND		EAGUE				23-12312	70
		Activities Out	tside the Uni	ted States. Comple	ete if the organ	rization answered	Yes"
to Form 990, I	Part IV, line 14b.						
1 For grantmakers. Do grantees' eligibility fo	oes the organization If the orants or assi	n maintain record stance, and the	ds to substantiat selection criteria	e the amount of the gr used to award the gra	ants or assist:	ance, the	Yes X No
g +ng-+	, me gleme at asa.	otoneo, ano me :	aciestion ciliena	osed to award the gra	nts of assistar	1087l	Yes A No
For grantmakers. De	escribe in Part IV th	e organization's	procedures for n	nonitoring the use of g	rant funds out	side the United St	ates.
3 Activities per Region.	// les Schedule Ed	/Enres (100) if and	ð-1101 -				
(a) Region	(b) Number of	(c) Number of		needed.) onducted in region	(e) II activ	vity listed in (d)	(f) Total
	offices	employees or	(by type) (i	.e., fundralsing,	ls a proj	gram service,	expenditures
	In the region	agents (n region		rvices, grants to ated in the region)		: specific type :e(s) in region	in region
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Totals	<u>-</u>						
LHA For Privacy Act and F	aperwork Reduct	ion Act Notice,	see the Instruct	ions for Form 990.		Schedule F (Form 990) 2008

Schedule F (Form 990) 2008

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any 23-1231270 recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed. Part

Page 2

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832072 12-18-08

Schedule F (Form 990) 2008

WOMEN'S INTERNATIONAL LEAGUE FOR PEACE AND FREEDOM

Schedule F (Form 990) 2008

Part III. Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Page 3

23-1231270

Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistence	(b) Region	(c) Number of realpients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, aboralsal, other)
					:		:
							:
			:				
						Schedul	Schadule F (Form 990) 2008

SCHEDULE O

(Farm 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. 2008 Open to Public Inspection

Name of the organization

WOMEN'S INTERNATIONAL LEAGUE FOR PEACE AND FREEDOM

Employer identification number 23-1231270

Form 990, Part I, Line 1, Description of Organization Mission: THE WILPF GLOBAL MISSION IS THE ABOLITION OF WAR AND MILITARY MIGHT TO SETTLE DISPUTES AND FOR THE ACHIEVEMENT BY NON-VIOLENT MEANS OF THOSE POLITICAL, ECONOMIC, SOCIAL AND PSYCHOLOGICAL CONDITIONS THROUGHOUT THE WORLD THAT CAN ASSURE PEACE, FREEDOM AND JUSTICE. Form 990, Part VI, Section A, line 6: MEMBERS PAY DUES ANNUALLY AND EXERCISE MEMBERSHIP RIGHTS AS CONTAINED IN THE BY-LAWS OF THE ORGANIZATION. Form 990, Part VI, Section A, line 7a: MEMBERS PAY DUES ANNUALLY AND EXERCISE MEMBERSHIP RIGHTS AS CONTAINED IN THE BY-LAWS OF THE ORGANIZATION. Form 990, Part VI, Section A, line 7b: MEMBERS PAY DUES ANNUALLY AND EXERCISE MEMBERSHIP RIGHTS AS CONTAINED IN THE BY-LAWS OF THE ORGANIZATION. Form 990, Part VI, Section A, line 10: THE GOVERNING BODY OF THE ORGANIZATION REVIEWS AND APPROVES THE FORM 990 PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE. Form 990, Part VI, Section B, Line 12c: BOARD MEMBERS ARE REQUIRED TO FILE AN ANNUAL STATEMENT OF COMPLIANCE WITH WILPF POLICIES. Form 990, Part VI, Section C, Line 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS/CONFLICT OF INTEREST POLICY & FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. THE GOVERNING BOARD REQUIRES ALL BOARD MEMBERS

Schedule O (Form 990) 2008

FILE AN ANNUAL STATEMENT OF COMPLIANCE WITH WILPF POLICIES.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

832217 12-18-08

Employer identification number 23-1231270 Schedule R (Form 990) 2008 OMB No. 1545-0047 Open to Public Inspection Direct controlling Direct controlling entity End-of-year assets 170(b)(1)(A)(vi 0 status (if section Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. Public charity 501(c)(3)) Œ o Total income Exempt Code section 0 501(c)(3) ê Related Organizations and Unrelated Partnerships Legal domícile (state or Legal domicile (state or foreign country) foreign country) <u>ទ</u> ► See separate instructions. New York LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 HUNANITY AND DEVOTION TO PERPETUATE THE SPIRIT OF WOMEN'S INTERNATIONAL LEAGUE JANE ADDAMS: LOVE FOR Primary activity Primary activity € FOR PEACE AND FREEDOM Part II Identification of Related Tax-Exempt Organizations 13-1871554, 777 UNITED NATIONS PLAZA, NEW Identification of Disregarded Entities JANE ADDAMS PEACE ASSOCIATION INC Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization 10017-3521 Department of the Treasony Internal Revenue Service SCHEDULER Form 990) YORK, NY Part

832161 12-23-08

23

WOMEN'S INTERNATIONAL LEAGUE FOR PEACE AND FREEDOM

Schedule A (Form 990), 2008 FOR PEACE AND FREEDOM

Page 2

23-1231270

Part III Identification of Related Organizations Taxable as a Partnership

(J) Seneral or managing payther?	 		
Code V-UBI amount in box 20 of Schedule K-1 (Form 1055)			
(H) Disproportions alle rilocations?			
(G) Share of and-of-year assets			
(F) Share of total income			
(E) Predominant Income (related, Investment, unrelated)			
(D) Direct controlling entity			
(C) Legal domiclie (state or foreign countly)			
(B) Primary activity			
(A) Name, address, and EIN of related organization			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A)	(8)	9	Ę	9	[=
Name, address, and EIN of related organization	Primary activity	#	Olrect controlling entity	Type of entity (C corp. S corp. or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
		••					
					İ		
				·			
			•				
832162 12-23-08	24			i	-	Schedule R (Form 990) 2008	n 990) 2008

WOMEN'S INTERNATIONAL LEAGUE

FOR PEACE AND FREEDOM

Раде 3

23-1231270

Part V Transactions With Related Organizations Schedule R (Form 990) 2008

Schedule R (Form 990) 2008 × × Amount involved Yes × 무 2 P 4 무 Ē * Ę ٥ 무 e Loans or loan guarantees by other organization(s) d Loans or loan guarantees to or for other organization(s) Lease of facilities, equipment, or other assets to other organization(s) Sharing of facilities, equipment, maiting lists, or other assets Reimbursement paid to other organization for expenses Reimbursement paid by other organization for expenses q. Other transfer of cash or property to other organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (B) Transaction type (a-r) Lease of facilities, equipment, or other assets from other organization(s) Sharing of paid employees During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) Name of other organization(s) r Other transfer of cash or properly from other organization(s) 3 Giff, grant, or capital contribution from other organization(s) Gift, grant, or capital contribution to other organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV. Sale of assets to other organization(s) Purchase of assets from other organization(s) Exchange of assets 832163 12-20-08 모 E 0 N 즐 ত্ৰ € Ō ø 혤

Page 4

WOMEN'S INTERNATIONAL LEAGUE FOR PEACE AND FREEDOM

Schedule R (Form 990) 2006

Unrelated Organizations Taxable as a Partnership Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(A)	(8)	ō	Q	(E)	Ē	(5)	3
Name, address, and EIN	Primary activity		Are at loadoors	ored or		(5) (1) (1) (1)	
of entity		_	section 501(c)(3) organizations?	year assets	tionate alterations?	amount in box 20	managing parteer?
		country)	Yes No			(Form 1065)	•
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						Schedule # (Form 900) 2008	9000 000

2008 DEPRECIATION AND AMORTIZATION REPORT FORM 990 Page 10

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								Assot No.

828102 04-25-08

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2008 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 Page 10

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bar on	54.	93.							Zane
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Assul No.	18FURNITURE & FIXTURES * 990 Page 10 Total Management and General * Grand Total 990 Page								828702 04-25-08
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Form 8858 (Rev. 4-2009)				Page 2
 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and c 	heck this bo			<u>▶ [X]</u>
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a pre-	od enn maan. Nallt vlanniv	n Form		6
 If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). 	riously illed	OIII	BCGG.	
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the o	original (no co	ojes r	needed).	
Name of Exempt Organization			loyer identifica	itios number
Type or WOMEN'S INTERNATIONAL LEAGUE		,.		
print FOR PEACE AND FREEDOM		2	3-123127	70
File by the extended Number, street, and room or suite no. If a P.O. box, see instructions,			RS use only	
due date for 565 BOYLSTON STREET, No. 2ND FL				
return. See City, town or post office, state, and ZiP code. For a foreign address, see instructions. BOSTON, MA 02116-3601				
Check type of return to be filed (File a separate application for each return):				7171
V F PDG	1041-A	T Fo	rm 5227	Form 8870
Form 990-BL Form 990-PF Form 990-T (trust other than above) Form	4720 Ē		rm 6069	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STOP! Do not complete Part If if you were not already granted an automatic 3-month extension o	n a previous			
STACEY A. FERGUSON				
• The books are in the care of • 565 BOYLSTON STREET-2ND FL - BOST	CORT ASD	Λn	116 2601	
Telephone No. ► (617) 266–0999 FAX No. ► (617) 2	ON, MA	<u>- V Z</u>	110-3601	<u> </u>
If the organization does not have an office or place of business in the United States, check this box	00-100	0		. \Box
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	**************************************			السا 🟲
box . If it is for part of the group, check this box and attach a list with the names and	if this	s is to:	the Whole grou	up, check this
box and attach a list with the names and and attach a list with the names and request an additional 3-month extension of time until November 15, 2009	<u> Eliņs or all r</u>	пешь	ers the extension	on is for.
5 5	مطالمة			
6 If this tex year is for less than 12 months, check reason: Initial return Final r	nd ending	П.	Change In acco	··
7 State in detail why you need the extension	emu	L1 '	onange in acco	nutiud belied
ADDITIONAL INFORMATION IN THE HANDS OF A THIRD P	ARTY T	SN	EEDED TO	<u> </u>
PREPARE A CORRECT RETURN			<u> </u>	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less a	nv i			
nonrefundable credits. See instructions.	,	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6059, enter any refundable credits and esting	nated	: . " "		
tax payments made. Include any prior year overpayment allowed as a credit and any amount pake				
previously with Form 8868.		8ь	\$	
 Balance Due, Subtract line 85 from line 8a. Include your payment with this form, or, if required, d 	eposit			
with FTD coupon or, if regulred, by using EFTPS (Electronic Federal Tax Payment System). See in	structions.	8a	\$	N/A
Signature and Verification				
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statementil is true, correct, and complete, and that I am authorized to prepare this form.	ils, and to the	best of	my knowledge a	nd belief,
Signature > CPA		Baks	_	

Form 8868 (Rev. 4-2009)

2008 DEPHECIATION AND AMORTIZATION REPORT

— CURRENT YEAR FEDERAL —

WOMEN'S INTERNATIONAL LEAGUE FOR PEACE AND FREEDOM

Asset No.	Description	Date	Method	Life		Unadjusted Bu	Bus %	Reduction in Rask	Basis For	Accumulated	Current Sor 170	Current Year
		-	\top		+			2200	Incheración	Copreciation	366 173	חפחפוו
	Management and General				No.							
	FORNITURE & FOUITMENT ValideSEL	Varies		00.	<u>.</u>	39173.			39173.	39173.		0
7	2EQUIPMENT	061598200DB		5.00 1		746.			746.	746.		0.
m	3EQUIPMENT 071599200DB	071599	200DB	5.00	7	2025.			2025.	2025.		0
ਧਾ	4FURNITURE	100400SL		5.00 1		758.			758.	758.		0
. 	SEQUIPMENT	021400SL	51113.46	5.00 1	~	2067.			2067.	2067.		0
vo i		101600SL		5.00 1	17	430.			430.	430.		0
		0.913.010 1181		ू • •	13	2240.			2240.	2240.		0
00	BEQUIPMENT	093001SI		5.00 1	<u></u>	1140.			1140.	1140.		0
<i>S</i> 1	SEQUIPMENT	052202SL	7df	5.00		4167.			4167.	4167.		0
10	10EQUIPMENT	0301038L		5.00 1		832.	: -		832.	747.		85.
FF F	11 EQUIPMENT	070104SL		5.00 1	7.1	1441.			1441.	1008.		288.
12.	12EQUIPMENT	090205sr	:	5.00 1		693.			693.	416.		139.
2	TSECULDMENT	120806SL	·	5.00 1	7	7671.			7671.	1569.		1534.
1.4	14EQUIPMENT	01090751		5.00 1	-7	8526.			8526.	853.		1705.
<u>.</u>	15EQUIPMENT	012507SL		5.00 1	7	3633.			3633	363.		727.
16	16EQUIPMENT	021507SL	1	5.00	<u>~</u>	1600.			1600.	160.		320.
17	17EQUIPMENT	041107SL		5.00 1	1.7	1203.		· ·	1203.	120.		241.

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* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2008 DEPRECIATION AND AMORTIZATION REPORT

— CURRENT YEAR FEDERAL

WOMEN'S INTERNATIONAL LEAGUE 1

FREEDOM
AND
PEACE
FOR

t Year cllon	154.					
Current Year Deduction	19 S					
Current Sec 179	0.0					
Accumulated Depreciation	77.			2		
Acci	, , , ,					
Basis For Depreciation	1075 79420 79420					
Reduction in Basis	0.0					
Bus % A						1
Unadjusted Bu	1075. 9420. 9420.					• •
Cost or	7					
S S	7.7					
	7.00					
Methad	SI					
Date Acquired	003	100000 1000000 10000000000000000000000			200 (100 200 (100 200 (100	
	04 .ge					
	18FURNITURE & FIXTURES 041 * 990 Page 10 Total Management and General * Grand Total 990 Page 10 Depr	1 (1.8) 2 (1.9) 3 (1.9)				
fion	FIXT 0 TC DG (0					
Description	HOTE E					
	TTUR OPENE And epr					
	FURNITURE & F * 990 Page 10 Management an * Grand Total 10 Depr					
Assel No.	18					

Women's International League For Peace and Freedom

U.S. Section

Report on Audited Financial Statements and Supplemental Information

For the Years Ended December 31, 2008 and 2007

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KellyTeti Associates LLP

Certified Public Accountants