

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)

OMB No 1545-0047

2004

Open to Public Inspection

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

A For the 2004 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization PRIESTS FOR LIFE		D Employer identification number 94-3123315
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 20 EBBITTS STREET		E Telephone number 718 980-4400
		City or town, state or country, and ZIP + 4 STATEN ISLAND, NY 10306		F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

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

H and I are not applicable to section 527 organizations

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

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

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

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

G Website: WWW.PRIESTSFORLIFE.ORG

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

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

I Group Exemption Number

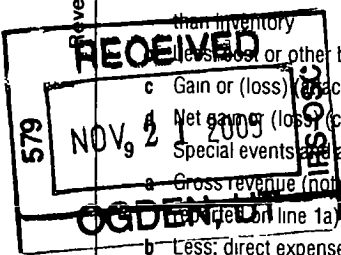
M Check if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **7,143,907.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	7,142,253.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ 7,101,365. noncash \$ 40,888.)	1d	7,142,253.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	1,635.		
	5	Dividends and interest from securities	5	19.		
	6a	Gross rents	6a			
	6b	Less: rental expenses	6b			
	6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe)	7				
Other revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	8b	Less: cost of sales or other basis and sales expenses	8a			
	8c	Gain or (loss) (attach schedule)	8b			
	8d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
Special events	9a	Gross revenue (not including \$ of contributions included on line 1a)	9a			
	9b	Less: direct expenses other than fundraising expenses	9b			
	9c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
Sales of inventory	10a	Gross sales of inventory, less returns and allowances	10a			
	10b	Less: cost of goods sold	10b			
	10c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
Total Revenue	11	Other revenue (from Part VII, line 103)	11			
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	7,143,907.		
	Expenses	13	Program services (from line 44, column (B))	13	4,536,073.	
		14	Management and general (from line 44, column (C))	14	777,740.	
		15	Fundraising (from line 44, column (D))	15	1,727,043.	
16		Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17	7,040,856.			
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	103,051.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	276,188.		
	20	Other changes in net assets or fund balances (attach explanation) See Statement 1	20	83.		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	379,322.		

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 138,010. noncash \$ _____)	22 138,010.	138,010.	Statement 4	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25 292,350.	199,159.	58,200.	34,991.
26	Other salaries and wages	26 1,074,362.	774,409.	251,075.	48,878.
27	Pension plan contributions	27 2,946.	2,321.	425.	200.
28	Other employee benefits	28 201,384.	142,983.	46,318.	12,083.
29	Payroll taxes	29 112,368.	79,781.	25,845.	6,742.
30	Professional fundraising fees	30 514,183.			514,183.
31	Accounting fees	31 36,789.		36,789.	
32	Legal fees	32 26,065.		26,065.	
33	Supplies	33 246,033.	182,778.	52,700.	10,555.
34	Telephone	34 128,639.	86,590.	24,966.	17,083.
35	Postage and shipping	35 1,145,691.	155,713.	67,397.	922,581.
36	Occupancy	36 468,551.	437,907.	22,983.	7,661.
37	Equipment rental and maintenance	37 6,614.	4,913.	1,417.	284.
38	Printing and publications	38 757,481.	757,481.		
39	Travel	39 662,924.	659,922.	3,002.	
40	Conferences, conventions, and meetings	40 190,706.	143,032.	47,674.	
41	Interest	41 4,849.		4,849.	
42	Depreciation, depletion, etc. (attach schedule)	42 135,851.	124,983.	8,151.	2,717.
43	Other expenses not covered above (itemize):				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	See Statement 2	43e 895,060.	646,091.	99,884.	149,085.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 7,040,856.	4,536,073.	777,740.	1,727,043.

Joint Costs Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose?

EDUCATIONAL OUTREACH TO PRIESTS AND THE GENERAL PUBLIC

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)

a	See Statement 3				
		(Grants and allocations \$	138,010.)		4,536,073.
b		(Grants and allocations \$)		
c		(Grants and allocations \$)		
d		(Grants and allocations \$)		
e	Other program services (attach schedule)	(Grants and allocations \$)		
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)				4,536,073.

Part IV Balance Sheets

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	98,602.	45	320,177.
	46 Savings and temporary cash investments	550.	46	159.
	47 a Accounts receivable			
	47 b Less: allowance for doubtful accounts	4,102.	47c	
	48 a Pledges receivable	240,000.		
	48 b Less: allowance for doubtful accounts	234,000.	48c	240,000.
	49 Grants receivable	285,628.	49	304,348.
	50 Receivables from officers, directors, trustees, and key employees	48,643.	50	69,308.
	51 a Other notes and loans receivable	160,764.		
	51 b Less: allowance for doubtful accounts		51c	160,764.
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities Stmt 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	3,793.	54	5,732.
	55 a Investments - land, buildings, and equipment: basis			
	55 b Less: accumulated depreciation		55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	817,342.			
57 b Less: accumulated depreciation	642,632.	57c	174,710.	
58 Other assets (describe See Statement 6)	73,148.	58	63,824.	
59 Total assets (add lines 45 through 58) (must equal line 74)	1,043,621.	59	1,339,022.	
Liabilities	60 Accounts payable and accrued expenses	693,027.	60	899,458.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	64 b Mortgages and other notes payable	74,406.	64b	60,242.
	65 Other liabilities (describe)		65	
66 Total liabilities (add lines 60 through 65)	767,433.	66	959,700.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	42,188.	67	139,322.
	68 Temporarily restricted	234,000.	68	240,000.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	276,188.	73	379,322.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1,043,621.	74	1,339,022.	

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

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

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

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

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
FATHER FRANK A. PAVONE 20 EBBITTS STREET STATEN ISLAND, NY 10306	NATIONAL DIRECTOR 70	0.	0.	0.
ANTHONY DE STEFANO 20 EBBITTS STREET STATEN ISLAND, NY 10306	EXECUTIVE DIRECTOR 65	174,956.	1,000.	0.
JANET MORANA 20 EBBITTS STREET STATEN ISLAND, NY 10306	CHIEF OPERATIONAL OFFICER 65	95,394.	600.	0.
FATHER PETER WEST 20 EBBITTS STREET STATEN ISLAND, NY 10306	ASSOCIATE PRIEST 30	22,000.	0.	0.
FATHER DENNIS WILDE, OSA 20 EBBITTS STREET STATEN ISLAND, NY 10306	ASSOCIATE PRIEST 30	0.	0.	0.
FATHER WALTER QUINN, OSA 20 EBBITTS STREET STATEN ISLAND, NY 10306	30	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule **Stmt 7** Yes No

Part VI Other Information

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
b If "Yes," enter the name of the organization
81 a Enter direct or indirect political expenditures. See line 81 instructions
b Did the organization file Form 1120-POL for this year?
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
c Dues, assessments, and similar amounts from members
d Section 162(e) lobbying and political expenditures
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
f Taxable amount of lobbying and political expenditures (line 85d less 85e)
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12
b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations Enter: a Gross income from members or shareholders
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
b 501(c)(3) and 501(c)(4) organizations. 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?
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
d Enter: Amount of tax on line 89c, above, reimbursed by the organization
90 a List the states with which a copy of this return is filed
b Number of employees employed in the pay period that includes March 12, 2004
91 The books are in care of
Telephone no.

Located at 20 EBBITTS STREET, STATEN ISLAND, NY ZIP + 4 10306

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

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated					
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,635.	
96 Dividends and interest from securities			14	19.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		1,654.	0.
105 Total (add line 104, columns (B), (D), and (E))					1,654.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

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

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

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

Part X Information Regarding Transfers Associated with

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a p
- Note:** If "Yes" to (b), file Form 9870 and Form 4720 (see instructions)

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

Signature of officer: _____ Date: _____

Paid Preparer's Use Only: Preparer's signature: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: SAROWITZ MILITO & CO CPA
169 WEST END AVENUE
BROOKLYN, NY 11235-4808

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2004

Name of the organization

PRIESTS FOR LIFE

Employer identification number

94 3123315

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>DR PAUL SCHENCK</u>	<u>PASTORAL ASSO</u>			
	<u>FULL TIME</u>	<u>64,400.</u>	<u>0.</u>	<u>0.</u>
<u>TRACY CORALLO</u>	<u>FINANCE MGR</u>			
	<u>FULL TIME</u>	<u>60,000.</u>	<u>0.</u>	<u>0.</u>
Total number of other employees paid over \$50,000 ▶	<u>0</u>			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>FRANK NORRIS</u>		
<u>1962 GROVE PLACE, ESCONDIDO, CA 92027</u>	<u>FUNDRAISING</u>	<u>95,750.</u>
<u>STRATEGIC COMMUNICATIONS CORPORATION</u>		
<u>3601 PLANK ROAD, FREDRICKSBURG, VA 22407</u>	<u>MEDIA/ADVERTISING</u>	<u>321,183.</u>
<u>JM&J ASSOCIATES</u>		
<u>4256 LAWNVALE DRIVE, GAINESVILLE, VA 20155</u>	<u>FUNDRAISING</u>	<u>69,125.</u>
Total number of others receiving over \$50,000 for professional services ▶	<u>0</u>	

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions) See Statement 8		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e	Transfer of any part of its income or assets?		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b	Do you have a section 403(b) annuity plan for your employees?	X	
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

- The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)
- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
 - 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
 - 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
 - 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
 - 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
 - 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
 - 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 11b A community trust. Section 170(b)(1)(A)(vii). (Also complete the **Support Schedule** in Part IV-A.)
 - 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
 - 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

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

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

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

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	5,183,778.	5,452,495.	6,254,526.	5,865,103.	22,755,902.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,852.	3,284.	8,953.	5,103.	19,192.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	5,185,630.	5,455,779.	6,263,479.	5,870,206.	22,775,094.
24 Line 23 minus line 17	5,185,630.	5,455,779.	6,263,479.	5,870,206.	22,775,094.
25 Enter 1% of line 23	51,856.	54,558.	62,635.	58,702.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 455,502.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 22,775,094.
d Add: Amounts from column (e) for lines: 18 19,192. 19 22 26b					26d 19,192.
e Public support (line 26c minus line 26d total)					26e 22,755,902.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.9157%
27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return Enter the sum of such amounts for each year: N/A					
(2003) (2002) (2001) (2000)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2003) (2002) (2001) (2000)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

None

Part V. Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)	32d	
<hr/> <hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
<hr/> <hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is -		
	The lobbying nontaxable amount is -		
	Not over \$500,000		20% of the amount on line 40
	Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000
	Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000
	Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000
	Over \$17,000,000		\$1,000,000
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

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

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

- (i) Cash
- (ii) Other assets

b Other transactions:

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

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

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

	Yes	No
51a(i)		<input checked="" type="checkbox"/>
a(ii)		<input checked="" type="checkbox"/>
b(i)		<input checked="" type="checkbox"/>
b(ii)		<input checked="" type="checkbox"/>
b(iii)		<input checked="" type="checkbox"/>
b(iv)		<input checked="" type="checkbox"/>
b(v)		<input checked="" type="checkbox"/>
b(vi)		<input checked="" type="checkbox"/>
c		<input checked="" type="checkbox"/>

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

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

b If "Yes," complete the following schedule: N/A

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

PRIESTS FOR LIFE
EMPLOYER ID# 94-3123315
FORM 990
YEAR ENDED DECEMBER 31, 2004
PART II, LINE 42
PART IV, LINE 57
LAND, BUILDING AND EQUIPMENT

<u>Description</u>	<u>Cost/ Basis</u>	<u>Depreciation/ Amortization Expense</u>	<u>Accumulated Depreciation/ Amortization</u>	<u>Book Value</u>
Furniture	\$ 77,663	\$ 14,533	\$ 60,465	\$ 17,198
Computer Equipment	105,105	6,234	103,784	1,321
Video Equipment	3,303	-0-	3,303	-0-
Office Equipment	41,455	8,291	31,045	10,410
Telephone Equipment	33,305	6,661	28,516	4,789
Automobiles	59,089	11,617	26,577	32,512
Religious Art	54,850	-0-	-0-	54,850
Leasehold Improvements	<u>442,572</u>	<u>88,515</u>	<u>388,942</u>	<u>53,630</u>
Totals	<u>\$ 817,342</u>	<u>\$ 135,851</u>	<u>\$ 642,632</u>	<u>\$ 174,710</u>

PRIESTS FOR LIFE
EMPLOYER ID# 94-3123315
FORM 990
YEAR ENDED DECEMBER 31, 2004
PART IV-LINE 50
RECEIVABLES DUE FROM OFFICERS, ETC.

Borrower: Anthony DeStefano, Executive Director:

Payroll and Travel Advances Due From Executive
Director As of December 31, 2004

\$ 69,308

PRIESTS FOR LIFE
EMPLOYER ID# 94-3123315
FORM 990
YEAR ENDED DECEMBER 31, 2004
PART IV-LINE 51a
OTHER RECEIVABLES

Due from Rachel's Vineyard Ministries
(an affiliated 501(c)(3) nonprofit organization)

\$ 160,764

PRIESTS FOR LIFE
EMPLOYER ID# 94-3123315
FORM 990
YEAR ENDED DECEMBER 31, 2004
PART IV-LINE 64b
MORTGAGES AND OTHER NOTES PAYABLE

Line of Credit – Staten Island Savings Bank	
Interest @ 12% per annum	\$ 25,689
Capital Lease – Copier	6,847
Loan Payable – Ford Credit Corp.	
Interest @ 10.76% per annum	21,368
Loan Payable - Equity Bank	
Interest @ 7.35% per annum	<u>6,338</u>
	<u>\$ 60,242</u>

Form 990	Other Changes in Net Assets or Fund Balances	Statement	1	
Description				Amount
UNREALIZED GAINS ON INVESTMENTS				83.
Total to Form 990, Part I, line 20				83.

Form 990

Other Expenses

Statement 2

Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
DUES AND SUBSCRIPTIONS	14,117.		14,117.	
INSURANCE	51,091.	40,851.	7,196.	3,044.
PAYROLL SERVICES	10,570.	7,852.	2,264.	454.
OTHER PROFESSIONAL FEES	197,582.	144,653.	51,165.	1,764.
MAINTENANCE AND REPAIRS	76,249.	70,149.	4,575.	1,525.
ADVERTISING AND MARKETING	276,273.	276,273.		
LIST ACQUISITION	142,298.			142,298.
VIDEO/AUDIO TAPES	106,278.	106,278.		
INVESTMENT FEES	17,675.		17,675.	
OTHER EXPENSES	2,927.	35.	2,892.	
Total to Fm 990, ln 43	895,060.	646,091.	99,884.	149,085.

Description of Program Service One

IN 2004, THE ORGANIZATION PROVIDED A BI-MONTHLY NEWSLETTER TO 210,000 INDIVIDUALS AND DISTRIBUTED EDUCATIONAL PUBLICATIONS, AUDIO AND VIDEOTAPES, AND OTHER MATERIALS TO THE GENERAL PUBLIC WITHOUT CHARGE.

THE ORGANIZATION ALSO PROMOTED AND MAINTAINED AN INFORMATIONAL WEBSITE IN WHICH IT RECEIVED OVER 35,000 DISTINCT VISITORS PER DAY, OVER 12.8 MILLION A YEAR.

IN 2004 THE ORGANIZATION PRODUCED TWO TELEVISION SERIES FOR A CATHOLIC AUDIENCE AND A PROTESTANT AUDIENCE TOTALING 100 MILLION HOUSEHOLDS.

PRIESTS FOR LIFE CONDUCTED OVER 400 EDUCATIONAL WORKSHOPS AND SEMINARS THROUGHOUT THE COUNTRY. THE ORGANIZATION'S LEADERSHIP TRAVELS EXTENSIVELY THROUGHOUT THE COUNTRY TO PROMOTE THE ORGANIZATION'S MISSION AND TO COORDINATE ITS EFFORTS WITH OTHER SIMILAR ORGANIZATIONS.

	Grants	Expenses
To Form 990, Part III, line a	138,010.	4,536,073.

Form 990

Cash Grants and Allocations

Statement 4

<u>Classification</u>	<u>Donee's Name</u>	<u>Donee's Address</u>	<u>Donee's Relationship</u>	<u>Amount</u>
SEE ATTACHED SCHEDULE			NONE	138,010.
Total Included on Form 990, Part II, line 22				138,010.

PRIESTS FOR LIFE
EMPLOYER ID# 94-3123315
FORM 990, PART II-LINE 22
GRANTS AND ALLOCATIONS PAID
DURING THE YEAR ENDED DECEMBER 31, 2004

<u>RECIPIENT NAME</u>	<u>PURPOSE</u>	<u>AMOUNT</u>
Pontifical Council for Justice and Peace	General	\$ 82,000
Center for Bio-Ethical Reform	General	20,000
King of America	General	9,000
St. Roch's Parish	General	7,500
Pontifical Academy for Life	General	7,000
Crossroad Foundation	General	5,500
Stand True	General	2,500
Crisis Magazine	General	1,500
Simedega Catholic Diocese	General	1,000
Life Center of Long Island	General	1,000
Alpha Omega Life, Inc.	General	500
Crossing Over Ministry	General	500
Passionist Ministry	General	<u>10</u>
Total		<u>\$138,010</u>

Form 990

Non-Government Securities

Statement 5

Security Description	Cost/FMV	Corporate Stocks	Corporate Bonds	Other Publicly Traded Securities	Total Non-Gov't Securities
COMMON STOCKS	FMV	5,732.			5,732.
To Form 990, line 54, Col B		5,732.			5,732.

Form 990	Other Assets	Statement	6
<u>Description</u>		<u>Amount</u>	
SECURITY DEPOSITS		58,325.	
EMPLOYEE LOANS		5,499.	
Total to Form 990, Part IV, line 58, Column B		63,824.	

Form 990

Part V - Officer Compensation from
Related Organizations

Statement 7

Officer's Name	Name and EIN of Related Organization	Compen- sation	Employee Ben Plan Contrib	Expense Account
ANTHONY DE STEFANO	RACHEL'S VINEYARD MINISTRIES - 20-0498300	35,800.	0.	0.

Schedule A	Statement Regarding Activities with Substantial Contributors, Trustees, Directors, Creators, Key Employees, Etc., Part III, Line 2	Statement 8
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D - SEE PART V - FORM 990

- 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 - 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 PRIESTS FOR LIFE	Employer identification number 94-3123315
	Number, street, and room or suite no. If a P.O. box, see instructions 20 EBBITTS STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions STATEN ISLAND, NY 10306	

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

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

- The books are in the care of **ANTHONY DE STEFANO**
Telephone No **718 980-4400** FAX No _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box If it is for **part of the group**, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **November 15, 2005**

5 For calendar year **2004**, or other tax year beginning _____ and ending _____

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

7 State in detail why you need the extension

ADDITIONAL INFORMATION IS NEEDED FROM OUTSIDE THIRD PARTIES IN ORDER TO COMPLETE THIS TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Signature and Verification

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

Signature  Title **CPA** Date **8/11/05**

Notice to Applicant - To Be Completed by the IRS

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

EXTENSION APPROVED

Director _____ By _____ Date **AUG 23 2005**

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 SAROWITZ MILITO & CO CPA'S
	Number and street (include suite, room, or apt. no.) or a P.O. box number 169 WEST END AVENUE
	City or town, province or state, and country (including postal or ZIP code) BROOKLYN, NY 11235-4808