Form **990** 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

OMB No 1545-0047

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2005 calendar year, or tax year beginning and ending

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Final return [ ] Amended return [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: PRIESTS FOR LIFE

Number and street (or P O box if mail is not delivered to street address): 20 EBBITTS STREET | Room/suite

City or town, state or country, and ZIP + 4: STATEN ISLAND, NY 10306

D Employer identification number: 94-3123315

E Telephone number: 718 980-4400

F Accounting method: [ ] Cash [X] Accrual [ ] Other (specify) ▶

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

H and I are not applicable to section 527 organizations.

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

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

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 [X] No

I Group Exemption Number ▶ N/A

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

G Website: ▶WWW.PRIESTSFORLIFE.ORG

J Organization type (check only one) ▶ [X] 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 chooses to file a return, be sure to file a complete return **Some states require a complete return.**

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 8,189,851.

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	8,176,201.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash $ 8,026,122. noncash $ 150,079.)			1d	8,176,201.
	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	484.
	5	Dividends and interest from securities			5	1,787.
	6 a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
	7	Other investment income (describe ▶ CAPITAL GAINS DISTRIBUTIONS)			7	1,897.
	8 a	Gross amount from sales of assets other than inventory — (A) Securities: ; (B) Other:	8a			
	b	Less cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	
	9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ [ ]				
	a	Gross revenue (not including $ ________ of contributions reported on line 1a)	9a			
	b	Less direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
	10 a	Gross sales of inventory, less returns and allowances	10a			
	b	Less cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
	11	Other revenue (from Part VII, line 103)			11	9,482.
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	8,189,851.
Expenses	13	Program services (from line 44, column (B))			13	5,736,576.
	14	Management and general (from line 44, column (C))			14	729,210.
	15	Fundraising (from line 44, column (D))			15	1,782,389.
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** (add lines 16 and 44, column (A))			17	8,248,175.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	-58,324.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	379,322.
	20	Other changes in net assets or fund balances (attach explanation) See Statement 1			20	-14,569.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	306,429.

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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 $121,826. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22	121,826.	121,826.	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	288,035.	196,612.	57,633.	33,790.
26 Other salaries and wages	26	1,215,169.	974,259.	228,471.	12,439.
27 Pension plan contributions	27	1,186.	924.	226.	36.
28 Other employee benefits	28	267,922.	208,690.	50,993.	8,239.
29 Payroll taxes	29	122,482.	95,403.	23,312.	3,767.
30 Professional fundraising fees	30	575,872.			575,872.
31 Accounting fees	31	16,886.		16,886.	
32 Legal fees	32	45,261.		45,261.	
33 Supplies	33	74,981.	64,551.	9,433.	997.
34 Telephone	34	123,727.	89,209.	13,036.	21,482.
35 Postage and shipping	35	1,173,629.	130,463.	73,923.	969,243.
36 Occupancy	36	492,665.	461,325.	23,505.	7,835.
37 Equipment rental and maintenance	37	10,904.	9,387.	1,372.	145.
38 Printing and publications	38	1,139,590.	1,139,590.		
39 Travel	39	1,088,386.	1,082,163.	6,223.	
40 Conferences, conventions, and meetings	40	175,548.	136,289.	39,259.	
41 Interest	41	13,201.		13,201.	
42 Depreciation, depletion, etc. (attach schedule)	42	97,995.	90,155.	5,880.	1,960.
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g See Statement 2	43g	1,202,910.	935,730.	120,596.	146,584.
44 **Total functional expenses.** Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	8,248,175.	5,736,576.	729,210.	1,782,389.

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes [X] No

If "Yes," enter (i) the aggregate amount of these joint costs $ N/A , (ii) the amount allocated to Program services $ N/A ,

(iii) the amount allocated to Management and general $ N/A , and (iv) the amount allocated to Fundraising $ N/A

** See Statement 3

Part III Statement of Program Service Accomplishments *(See the instructions.)*

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

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 5 (Grants and allocations $ 121,826.) If this amount includes foreign grants, check here ▶ ☐	5,736,576.
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	5,736,576.

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

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			(A) Beginning of year		(B) End of year
Assets					
45 Cash - non-interest-bearing			320,177.	45	48,955.
46 Savings and temporary cash investments			159.	46	22,333.
47 a Accounts receivable	47a				
b Less. allowance for doubtful accounts	47b			47c	
48 a Pledges receivable	48a	420,000.			
b Less: allowance for doubtful accounts	48b		240,000.	48c	420,000.
49 Grants receivable			304,348.	49	446,798.
50 Receivables from officers, directors, trustees, and key employees			69,308.	50	144,795.
51 a Other notes and loans receivable	51a	280,903.			
b Less: allowance for doubtful accounts	51b		160,764.	51c	280,903.
52 Inventories for sale or use				52	
53 Prepaid expenses and deferred charges				53	78,618.
54 Investments - securities Stmt 6	▶ ☐ Cost [X] FMV		5,732.	54	292,504.
55 a Investments - land, buildings, and equipment: basis	55a				
b Less: accumulated depreciation	55b			55c	
56 Investments - other				56	
57 a Land, buildings, and equipment: basis	57a	944,200.			
b Less: accumulated depreciation	57b	734,627.	174,710.	57c	209,573.
58 Other assets (describe ▶ See Statement 7)			63,824.	58	62,688.
59 **Total assets** (must equal line 74). Add lines 45 through 58			1,339,022.	59	2,007,167.
Liabilities					
60 Accounts payable and accrued expenses			899,458.	60	627,597.
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	
b Mortgages and other notes payable			60,242.	64b	1,073,141.
65 Other liabilities (describe ▶)				65	
66 **Total liabilities.** Add lines 60 through 65)			959,700.	66	1,700,738.
Net Assets or Fund Balances					
Organizations that follow SFAS 117, check here ▶ [X] and complete lines 67 through 69 and lines 73 and 74.					
67 Unrestricted			139,322.	67	-113,571.
68 Temporarily restricted			240,000.	68	420,000.
69 Permanently restricted				69	
Organizations that do not follow SFAS 117, check here ▶ ☐ 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)			379,322.	73	306,429.
74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			1,339,022.	74	2,007,167.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	8,175,282.
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1	-14,569.		
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify):	b4			
	Add lines b1 through b4			b	-14,569.
c	Subtract line b from line a			c	8,189,851.
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines d1 and d2			d	0.
e	**Total revenue** (Part I, line 12). Add lines c and d ▶			e	8,189,851.

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

a	Total expenses and losses per audited financial statements			a	8,248,175.
b	Amounts included on line a but not on Part I, line 17:				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify):	b4			
	Add lines b1 through b4			b	0.
c	Subtract line b from line a			c	8,248,175.
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines d1 and d2			d	0.
e	**Total expenses** (Part I, line 17). Add lines c and d ▶			e	8,248,175.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(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 plans	(E) Expense account and other allowances
FATHER FRANK A. PAVONE 20 EBBITTS STREET STATEN ISLAND, NY 10306	NATIONAL DIRECTOR 80.00	0.	0.	0.
ANTHONY DESTEFANO 20 EBBITTS STREET STATEN ISLAND, NY 10306	EXECUTIVE DIRECTOR 80.00	168,641.	1,000.	0.
JANET MORANA 20 EBBITTS STREET STATEN ISLAND, NY 10306	CHIEF OPERATIONAL OFFICER 70.00	95,394.	1,000.	0.
FATHER PETER WEST 20 EBBITTS STREET STATEN ISLAND, NY 10306	ASSOCIATE PRIEST 30.00	22,000.	0.	0.
FATHER DENNIS WILDE, OSA 20 EBBITTS STREET STATEN ISLAND, NY 10306	ASSOCIATE PRIEST 30.00	0.	0.	0.
FATHER WALTER QUINN, OSA 20 EBBITTS STREET STATEN ISLAND, NY 10306	ASSOCIATE PRIEST 30.00	0.	0.	0.

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

			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 6			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? See Statement 8	75c	X	
	Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization			
d	Does the organization have a written conflict of interest policy?	75d	X	

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

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
None				

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
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?	80a	X	
b	If "Yes," enter the name of the organization ▶ RACHEL'S VINEYARD MINISTRIES and check whether it is [X] exempt or [ ] nonexempt			
81 a	Enter direct or indirect political expenditures. (See line 81 instructions.) 81a 0.			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information *(continued)*

			Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) — 82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members — 85c N/A			
d	Section 162(e) lobbying and political expenditures — 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
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? N/A	85h		
86	*501(c)(7) organizations.* Enter: **a** Initiation fees and capital contributions included on line 12 — 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities — 86b N/A			
87	*501(c)(12) organizations* Enter: **a** Gross income from members or shareholders — 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) — 87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. , section 4912 ▶ 0. , section 4955 ▶ 0.			
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? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.			

90 a List the states with which a copy of this return is filed ▶ PA, TN, VA, WV

b Number of employees employed in the pay period that includes March 12, 2005 — 90b 35

91 a The books are in care of ▶ ANTHONY DESTEFANO Telephone no ▶ (718) 980-4400

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

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		X
	If "Yes," enter the name of the foreign country ▶ N/A			

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041**- Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

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

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income		Excluded by section 512, 513, or 514		
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
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	484.	
96 Dividends and interest from securities			14	1,787.	
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			18	1,897.	
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 INTEREST ON EMPLOYEE					
b LOANS			30	9,482.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		13,650.	0.
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					13,650.

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

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

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

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

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

Part X Information Regarding Transfers Associated [redacted]

(a) Did the organization, during the year, receive any funds, directly or indirectly, [redacted]

(b) Did the organization, during the year, pay premiums, directly or indirectly, on [redacted]

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

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including acco[redacted] correct, and complete. Declaration of preparer (other than officer) is based on all info[redacted]

▶ Signature of officer — Date NOV [redacted]

Paid Preparer's Use Only

Preparer's signature ▶ [redacted]

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

523163
02-03-06

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 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

2005

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
DR PAUL SCHENCK	PASTORAL ASSO 40.00	50,983.		
TRACY CORALLO	FINANCE MGR 40.00	79,466.		
PETER ARJONA	ASSISTANT MEDIA DIR. 40.00	55,000.		
MICHAEL NUCCIARONE	BUILDING MANAGER 40.00	52,006.		
RUBEN OBREGON	CHIEF TECH OFFICER 40.00	61,673.		
Total number of other employees paid over $50,000 ▶	0			

Part II-A 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
STRATEGIC COMMUNICATIONS CORPORATION 3601 PLANK ROAD, FREDRCIKSBURG, VA 22407	MEDIA/ADVERTISING	190,749.
FIDELIS MANAGEMENT 1962 GROVE PLACE, ESCONDIDO, CA 92027	FUNDRAISING	154,162.
JM&J ASSOCIATES 4256 LAWNVALE DRIVE, GAINESVILLE,VA 20155	FUNDRAISING	66,500.
CATHOLIC MARKETING COMPANY P.O. BOX 503864, SAN DIEGO, CA 92150	FUNDRAISING	64,344.
Total number of others receiving over $50,000 for professional services ▶ 0		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
BROTHERS OF ST. AUGUSTINE ST. THOMAS MONASTERY, VILLA NOVA, PA 19085	PASTORAL SERVICES	55,200.
Total number of other contractors receiving over $50,000 for other services ▶ 0		

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)	1		X
	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			
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.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? See Statement 9	2d	X	
e	Transfer of any part of its income or assets?	2e		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)	3a		X
b	Do you have a section 403(b) annuity plan for your employees?	3b	X	
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		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?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		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)(vi) (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)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ▶ ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations (See page 6 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 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	7,117,533.	5,152,544.	5,295,318.	5,923,309.	23,488,704.
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	1,654.	1,852.	3,284.	8,953.	15,743.
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	7,119,187.	5,154,396.	5,298,602.	5,932,262.	23,504,447.
24 Line 23 minus line 17	7,119,187.	5,154,396.	5,298,602.	5,932,262.	23,504,447.
25 Enter 1% of line 23	71,192.	51,544.	52,986.	59,323.	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a 470,089.

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 2001 through 2004 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 23,504,447.

d Add Amounts from column (e) for lines 18 15,743. 19 ______ 22 ______ 26b ______ ▶ 26d 15,743.

e Public support (line 26c minus line 26d total) ▶ 26e 23,488,704.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 99.9330 %

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

(2004) (2003) (2002) (2001)

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 11b, 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

(2004) (2003) (2002) (2001)

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 2001 through 2004, 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?	29		
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?	30		
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?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
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?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
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?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
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?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
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	41		
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)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(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	Yes	No	Amount
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**.)			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 12 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?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

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

(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, 2005
PART IV-LINE 51a
OTHER RECEIVABLES

Due from Rachel's Vineyard Ministries (an affiliated 501(c)(3) nonprofit organization)	**$ 280,903**

Form 990 Other Changes in Net Assets or Fund Balances Statement 1

Description	Amount
UNREALIZED LOSSES ON INVESTMENTS	-14,569.
Total to Form 990, Part I, line 20	-14,569.

Form 990 Other Expenses Statement 2

Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
DUES AND SUBSCRIPTIONS	28,369.	0.	28,369.	0.
INSURANCE	50,510.	43,084.	5,682.	1,744.
PAYROLL SERVICES	4,298.	3,700.	541.	57.
OTHER PROFESSIONAL FEES	229,082.	157,174.	71,655.	253.
MAINTENANCE AND REPAIRS	96,966.	89,209.	5,818.	1,939.
ADVERTISING AND MARKETING	447,263.	447,263.	0.	0.
LIST ACQUISITION	142,317.	0.	0.	142,317.
VIDEO/AUDIO TAPES	143,156.	143,156.	0.	0.
BANK AND CREDIT CARD CHARGES	34,691.	34,391.	300.	0.
OTHER EXPENSES	26,258.	17,753.	8,231.	274.
Total to Fm 990, ln 43	1,202,910.	935,730.	120,596.	146,584.

Form 990 Officer Compensation Allocation Statement 3
Part II, Line 25

Name of Officer, etc.	Compensation	Employee Ben. Plans	Expense Accounts	Totals
ANTHONY DESTEFANO	168,641.	1,000.		169,641.
A. Program Services	109,617.	779.		110,396.
B. Management and General	25,296.	190.		25,486.
C. Fundraising	33,728.	31.		33,759.

Name of Officer, etc.	Compensation	Employee Ben. Plans	Expense Accounts	Totals
JANET MORANA	95,394.	1,000.		96,394.
A. Program Services	63,437.	779.		64,216.
B. Management and General	31,957.	190.		32,147.
C. Fundraising		31.		31.

Name of Officer, etc.	Compensation	Employee Ben. Plans	Expense Accounts	Totals
FR. PETER WEST	22,000.	0.		22,000.
A. Program Services	22,000.			22,000.
B. Management and General				
C. Fundraising				

Total Program Services	196,612.
Total Management and General	57,633.
Total Fundraising	33,790.
Total Officer, etc., Compensation included on Parts V-A and V-B	288,035.

Form 990 Cash Grants and Allocations Statement 4

Classification	Donee's Name	Donee's Address	Donee's Relationship	Amount
SEE ATTACHED SCHEDULE			NONE	121,826.
Total Included on Form 990, Part II, line 22				121,826.

PRIESTS FOR LIFE
EMPLOYER ID# 94-3123315
FORM 990, PART II-LINE 22
GRANTS AND ALLOCATIONS PAID
DURING THE YEAR ENDED DECEMBER 31, 2005

RECIPIENT NAME	PURPOSE	AMOUNT
Life Dynamics Inc.	General	$ 37,500
Pontifical Council for Justice and Peace	General	$ 35,000
Diocese of Amarillo	General	25,000
St. Thomas Monastery	General	6,650
Stone Ministries	General	5,000
St. Roch's Parish	General	4,000
Faith & Action	General	2,000
Legatus International	General	2,000
Clifridge Associates (Crisis Pregnancy)	General	1,500
Crisis Magazine	General	1,500
Crossroad Foundation	General	750
Globe Aware	General	550
Immaculate Conception Church	General	276
Crossing Over Ministry	General	100
Total		**$121,826**

Form 990 Statement of Program Service Accomplishments Statement 5

Description of Program Service One

IN 2005, THE ORGANIZATION PROVIDED A BI-MONTHLY NEWSLETTER TO 300,000 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 2005 THE ORGANIZATION PRODUCED TWO TELEVISION SERIES AS WELL A RADIO SERIES FOR A CATHOLIC AUDIENCE AND A PROTESTANT AUDIENCE TOTALING 150 MILLION HOUSEHOLDS.

PRIESTS FOR LIFE CONDUCTED OVER 500 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	121,826.	5,736,576.

Form 990 Non-Government Securities Statement 6

Security Description	Cost/FMV	Corporate Stocks	Corporate Bonds	Other Publicly Traded Securities	Total Non-Gov't Securities
COMMON STOCKS	FMV	292,504.			292,504.
To Form 990, line 54, Col B		292,504.			292,504.

Form 990	Other Assets	Statement 7

Description	Amount
SECURITY DEPOSITS	58,325.
EMPLOYEE LOANS	4,363.
Total to Form 990, Part IV, line 58, Column B	62,688.

Form 990 Part V-A Officer Compensation from Related Organizations Statement 8

Officer's Name	Compensation	Employee Benefit Plan Contribution	Expense Account
ANTHONY DE STEFANO	4,920.	0.	0.

Name of Related Organization	Employer ID Number
RACHEL'S VINEYARD MINISTRIES	20-0498300

Relationship Between Organizations

THE ORGANIZATIONS ARE RELATED THROUGH COMMON BOARD MEMBERSHIP.

Compensation Description

SALARY PAID EMPLOYEE.

Officer's Name	Compensation	Employee Benefit Plan Contribution	Expense Account
TRACY CORALLO	16,667.	0.	0.

Name of Related Organization	Employer ID Number
RACHEL'S VINEYARD MINISTRIES	20-0498300

Relationship Between Organizations

THE ORGANIZATIONS ARE RELATED THROUGH COMMON BOARD MEMBERSHIP.

Compensation Description

SALARY PAID EMPLOYEE.

Schedule A	Explanation of Transactions Part III, Line 2d	Statement 9

SEE PART V - FORM 990.

PRIESTS FOR LIFE
EMPLOYER ID# 94-3123315
FORM 990
YEAR ENDED DECEMBER 31, 2005
PART II, LINE 42
PART IV, LINE 57
LAND, BUILDING AND EQUIPMENT

Description	Cost/ Basis	Depreciation/ Amortization Expense	Accumulated Depreciation/ Amortization	Book Value
Furniture	$ 77,663	$ 10,408	$ 70,873	$ 6,790
Computer Equipment	212,659	8,492	112,276	100,383
Video Equipment	3,303	-0-	3,303	-0-
Office Equipment	41,455	7,078	38,123	3,332
Telephone Equipment	33,305	4,236	32,752	553
Automobiles	78,393	15,257	35,834	42,559
Religious Art & Building Statues	54,850	-0-	-0-	54,850
Leasehold Improvements	442,572	52,524	441,466	1,106
Totals	**$ 944,200**	**$ 97,995**	**$ 734,627**	**$ 209,573**

PRIESTS FOR LIFE
EMPLOYER ID# 94-3123315
FORM 990
YEAR ENDED DECEMBER 31, 2005
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, 2005	$ 144,795

The above advance balance includes accrued interest at a rate of prime plus 2%.

The December 31, 2005 outstanding balance was repaid in its entirety on September 28, 2006.

PRIESTS FOR LIFE
EMPLOYER ID# 94-3123315
FORM 990
YEAR ENDED DECEMBER 31, 2005
PART IV-LINE 64b
MORTGAGES AND OTHER NOTES PAYABLE

Line of Credit – Staten Island Savings Bank Interest @ 12% per annum	$ 24,440
Capital Lease – Copier	3,931
Loan Payable – Ford Credit Corp. Interest @ 10.75% per annum	14,919
Loan Payable - Equity Bank Interest @ 7.35% per annum	2,813
Loan Payable – Chrysler Financial Interest @ 14.69% per annum	13,462
Note Payable – Digital Imaging, Data Processing & Mailing Services, LC Interest @ 3% per annum	1,013,576
	$ 1,073,141

ENVELOPE POSTMARK DATE AUG 0 9 2006

- 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)

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] 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, 2006

5 For calendar year 2005 , 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 ▶ 8/9/06

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

RECEIVED AUG 1 6 2006 OGDEN, UT IRS-OSC 893

By. ________________

Director Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	
	Name SAROWITZ MILITO & CO CPA'S
	Number and street (include suite, room, or apt. no.) or a P.O. box number 169 WEST END AVENUE
523832 05-01-05	City or town, province or state, and country (including postal or ZIP code) BROOKLYN, NY 11235-4808

EXTENSION APPROVED AUG 2 9 2006 FIELD DIRECTOR, SUBMISSION PROCESSING OGDEN