

**Short Form
Return of Organization Exempt From Income Tax**

COPY

OMB No 1545-1150

2008

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning Jul 1, 2008, and ending Jun 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Pro-Life Union Number and street (or P O box, if mail is not delivered to street address) Room/suite 88 Pennsylvania Avenue City or town, state or country, and ZIP + 4 Oreland PA 19075	D Employer identification number 23-2699342 E Telephone number (215) 885-8150 F Group Exemption Number ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶ www.prolifeunion.org

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

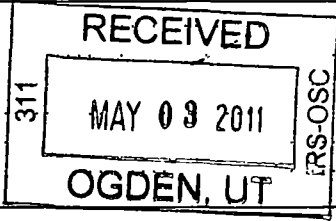
J Organization type (check only one) — 501(c) (4) (insert no) 4947(a)(1) or 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **391,652.**

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

	1 Contributions, gifts, grants, and similar amounts received	1	334,652.	
	2 Program service revenue including government fees and contracts	2		
	3 Membership dues and assessments	3		
	4 Investment income	4	4,769.	
REVENUE	5a Gross amount from sale of assets other than inventory	5a		
	b Less cost or other basis and sales expenses	5b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c		
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	54,696.	
b Less direct expenses other than fundraising expenses	6b	57,536.		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-2,840.		
	7a Gross sales of inventory, less returns and allowances	7a		
	b Less cost of goods sold	7b		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
	8 Other revenue (describe ▶ <u>Scrip Income (net of Scrip Expenses of \$5,505)</u>)	8	-2,465.	
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	334,116.	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10		
	11 Benefits paid to or for members	11		
	12 Salaries, other compensation, and employee benefits	12	53,193.	
	13 Professional fees and other payments to independent contractors	13	2,650.	
	14 Occupancy, rent, utilities, and maintenance	14	15,109.	
	15 Printing, publications, postage, and shipping	15	42,646.	
	16 Other expenses (describe ▶ See Other Expenses Statement)	16	51,084.	
	17 Total expenses (add lines 10 through 16)	17	164,682.	
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	169,434.	
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	82,613.	
	20 Other changes in net assets or fund balances (attach explanation)	20		
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	252,047.	



Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		82,613.	252,047.
23 Land and buildings		0.	0.
24 Other assets (describe ▶ _____)		0.	0.
25 Total assets		82,613.	252,047.
26 Total liabilities (describe ▶ _____)		0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		82,613.	252,047.

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Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses
What is the organization's primary exempt purpose? Strengthening family values		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
28	<u>The purchase as well as printing and distribution of brochures & books relating the the sacredness of human life. The publishing & mailing of news bulletins.</u> (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a 119,211.
29	----- ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a
30	----- ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32 119,211.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated See the instrs)				
(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 and deferred compensation	(e) Expense account and other allowances
<u>William Wohlegemuth</u> <u>88 Pennsylvania Ave</u> <u>Oreland PA 19075</u>	President 2.00	0.	0.	
<u>Joyce Brady</u> <u>88 Pennsylvania Avenue</u> <u>Oreland, PA 19075</u>	Vice President 2.00	0.	0.	
<u>Sandra Sasso</u> <u>88 Pennsylvania Avenue</u> <u>Oreland PA 19075</u>	Secretary 2.00	0.	0.	
<u>Nicholas Gibboni</u> <u>88 Pennsylvania Avenue</u> <u>Oreland, PA 19075</u>	Treasurer 2.00	0.	0.	
<u>Edel Finnegan</u> <u>88 Pennsylvania Avenue</u> <u>Oreland, PA 19075</u>	Executive Director 40.00	53,193.	0.	
<u>Rev. Christopher Walsh</u> <u>88 Pennsylvania Avenue</u> <u>Oreland PA 19075</u>	Spiritual Advisor 2.00	0.	0.	
<u>Lenard Iacono</u> <u>88 Pennsylvania Avenue</u> <u>Oreland PA 19075</u>	Board Member 2.00	0.	0.	
<u>John Williamson, Esq</u> <u>88 Pennsylvania Avenue</u> <u>Oreland PA 19074</u>	Board Member 2.00	0.	0.	
<u>Regina O'Reilly</u> <u>88 Pennsylvania Avenue</u> <u>Oreland, PA 19075</u>	Board Member 2.00	0.	0.	
<u>Patricia Cahill</u> <u>88 Pennsylvania Avenue</u> <u>Oreland, PA 19075</u>	Board Member 2.00	0.	0.	
<u>John Ward</u> <u>88 Pennsylvania Avenue</u> <u>Oreland, PA 19075</u>	Board Member 2.00	0.	0.	
<u>See List of Officers, Directors, Trustees, & Key Employees Stmt</u>				

Part V Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		
39	501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	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 (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,' complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ _____		

42a The books are in care of ▶ Nicholas Gibboni Telephone no ▶ (215) 969-8417
 Located at ▶ 8616 Alicia Street, Philadelphia PA ZIP + 4 ▶ 19115

		Yes	No
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
42c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country. ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 |

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
b If 'Yes,' was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000	▶			

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000	▶	

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

Sign Here

▶ *Edel Finnegan* Signature of officer Date 4-26-11

▶ Edel Finnegan Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ *George R O'Connell* Date 4/26/11 Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ O'Connell & Company Preparer's Identifying Number (See instructions)

▶ Ste 213, 8101 Washington Lane EIN ▶

▶ Wyncote PA 19095 Phone no ▶ (215) 887-4425

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

BAA Form 990-EZ (2008)

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
	Dinner (event type)	(event type)	(total number)	(Add col (a) through col (c))
1	Gross receipts	54,696.		54,696.
2	Less. Charitable contributions			
3	Gross revenue (line 1 minus line 2)	54,696.		54,696.
DIRECT EXPENSES	4	Cash prizes		
	5	Non-cash prizes		
	6	Rent/facility costs	57,536.	57,536.
	7	Other direct expenses		
	8	Direct expense summary Add lines 4- through 7 in column (d)		
9	Net income summary Combine lines 3 and 8 in column (d)			-2,840.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
	(Add col (a) through col (c))			
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d)			
8	Net gaming income summary Combine lines 1 and 7 in column (d)			

9 Enter the state(s) in which the organization operates gaming activities. _____

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' Explain.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	YES	NO
9a		
10a		
11		
12		

		YES	NO
13 Indicate the percentage of gaming activity operated in. a The organization's facility	13 a	%	
b An outside facility	13 b	%	
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records Name. ▶ _____ Address ▶ _____			
15 a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15 a		
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____ c If 'Yes,' enter name and address Name ▶ _____ Address ▶ _____			
16 Gaming manager information Name ▶ _____ Gaming manager compensation ▶ \$ _____ Description of services provided ▶ _____ <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17 a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. ▶ \$ _____			

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

Contributions	34,981.
Equipment Expense	514.
Contracted Services	1,000.
Supplies	6,453.
Bank Fees	38.
Conferences, Meetings, and Travel	2,317.
Publicity	5,408.
Insurance	373.
Total	<u>51,084.</u>

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(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 and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Patricia Shelton 88 Pennsylvania Avenue Oreland, PA 19075 Foreign city _____ Foreign country _____	Title Board Member Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Irene Moeller 88 Pennsylvania Avenue Oreland, PA 19075 Foreign city _____ Foreign country _____	Title Board Member Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> John Stanton 88 Pennsylvania Avenue Oreland, PA 19075 Foreign city _____ Foreign country _____	Title Board Member Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Patrick Stanton 88 Pennsylvania Avenue Oreland PA 19075 Foreign city _____ Foreign country _____	Title Board Member Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Jeannette Wynne 88 Pennsylvania Avenue Oreland, PA 19075 Foreign city _____ Foreign country _____	Title Board Member Hours/Week 2.00	0.	0.	

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(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 and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Kathleen Sobocinski 88 Pennsylvania Avenue Oreland, PA 19075 Foreign city _____ Foreign country _____	Title Board Member Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> William J. Miller 88 Pennsylvania Avenue Oreland, PA 19075 Foreign city _____ Foreign country _____	Title Board Member Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Sandra Slater 88 Pennsylvania Avenue Oreland PA 19075 Foreign city _____ Foreign country _____	Title Board Member Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Michael McMonagle 88 Pennsylvania Avenue Oreland PA 19075 Foreign city _____ Foreign country _____	Title Board Member Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Joseph Pirolli 88 Pennsylvania Avenue Oreland, PA 19075 Foreign city _____ Foreign country _____	Title Board Member Hours/Week 2.00	0.	0.	

Additional Information For Tax Return

Pro-Life Union

23-2699342

Form 990-EZ: Item B, Amended return

During 2010, management determined that a bequest received in May, 2009 was not recognized on the 2009 financial statements. As a result, contributions were understated by \$161,621 (Part I, Line 1), interest income was understated by \$160 (Part I, Line 4), and cash was understated by \$161,781 (Part II, Line 22). The 2009 990 has been restated to correct these misstatements.