Short Form
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)

Form 990-EZ
Department of the Treasury
Internal Revenue Service

2011

O.M.B. No. 1545-1150

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable

C Name of organization

THE PILGRIMS FOUNDATION, INC.

Number and street (or P.O. box, if mail is not delivered to street address)

20 WEST 44TH STREET 505

City or town, state or country, and ZIP + 4

NEW YORK, NY 10036

D Employer identification number

13-3095744

E Telephone number

(212) 991-9944

F Group Exemption Number

K

J Tax-exempt status (check only one) [ ] 501(c)(3) [ ] 501(c)( ) (insert no.) 4947(a)(1) or [ ] 527

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ.

X

$22,474

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

Check if the organization used Schedule O to respond to any question in this Part I

1 Contributions, gifts, grants, and similar amounts received

2 Program service revenue including government fees and contracts

3 Membership dues and assessments

4 Investment income

5 Gross amounts from sale of assets other than inventory

b Less: cost or other basis and sales expenses

c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)

6 Gaming and fundraising events

a Gross income from gaming (attach Schedule G if greater than

$15,000)

b Gross income from fundraising events (not including $ of contributions

from fundraising events reported on line 1) (attach Schedule G if the sum of such

gross income and contributions exceeds $15,000)

c Less: direct expenses from gaming and fundraising events

d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)

7a Gross sales of inventory, less returns and allowances

b Less: cost of goods sold

c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)

8 Other revenue (describe in Schedule O)

9 Total revenue Add lines 1, 2, 3, 4, 5, 6c, 7a, 7b, and 8

10 Grants and similar amounts paid (list in Schedule O)

11 Benefits paid to or for members

12 Salaries, other compensation, and employee benefits

13 Professional fees and other payments to independent contractors

14 Occupancy, rent, utilities, and maintenance

15 Printing, publications, postage, and shipping

16 Other expenses (describe in Schedule O)

17 Total expenses. Add lines 10 through 16

18 Excess or (deficit) for the year (Subtract line 17 from line 9)

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)

20 Other changes in net assets or fund balances (explain in Schedule O)

21 Net assets or fund balances at end of year. Combine lines 18 through 20

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

132171 02-09-12

17350802 758673 133095744 2011.04000 THE PILGRIMS FOUNDATION, IN 13309571

2071.5
Part II Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II

<table>
<thead>
<tr>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash, savings, and investments</td>
<td>$82,281.22</td>
</tr>
<tr>
<td>Land and buildings</td>
<td>$23</td>
</tr>
<tr>
<td>Other assets (describe in Schedule O)</td>
<td>$24</td>
</tr>
<tr>
<td>Total assets</td>
<td>$82,281.25</td>
</tr>
<tr>
<td>Total liabilities (describe in Schedule O)</td>
<td>$0.26</td>
</tr>
<tr>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>$82,281.27</td>
</tr>
</tbody>
</table>

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(required for sections 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 ASSISTING THE PILGRIMS OF THE UNITED STATES IN PROMOTING THE UNDERSTANDING BETWEEN THE UNITED STATES, UNITED KINGDOM, AND THE COMMONWEALTH.
(Grants $ )
If this amount includes foreign grants, check here □ □ 28a $20,726.

29

(Grants $ )
If this amount includes foreign grants, check here □ □ 29a

30

(Grants $ )
If this amount includes foreign grants, check here □ □ 30a

31 Other program services (describe in Schedule O)
(Grants $ )
If this amount includes foreign grants, check here □ □ 31a

32 Total program service expenses (add lines 28a through 31a)

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV

<table>
<thead>
<tr>
<th>(a) Name and address</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOHN R DREXEL IV, 20 WEST 44TH STREET, NEW YORK, NY 10036</td>
<td>PRESIDENT</td>
<td>2.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>THOMAS L PULLING, 20 WEST 44TH STREET, NEW YORK, NY 10036</td>
<td>VICE PRESIDENT</td>
<td>0.05</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>THE HON WILLIAM J VAN HEUVEL, 20 WEST 44TH STREET, NEW YORK, NY 10036</td>
<td>SECRETARY</td>
<td>0.05</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>JAMES D ZIRIN, 20 WEST 44TH STREET, NEW YORK, NY 10036</td>
<td>TREASURER</td>
<td>0.05</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>JILL SPILLER, 20 WEST 44TH STREET, NEW YORK, NY 10036</td>
<td>EXECUTIVE DIRECTOR</td>
<td>1.00</td>
<td>8,800.</td>
<td>0.</td>
</tr>
</tbody>
</table>
[Part V] Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V.

---

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.

- Yes
- No [X]

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conforming copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).

- Yes
- No [X]

35a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

- Yes
- No [X]

b If "Yes," line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.

- Yes
- No [X]

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.

- Yes
- No [X]

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.

- Yes
- No [X]

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.

- Yes
- No [X]

b Did the organization file Form 1120-POL for this year?

- Yes
- No [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 outstanding at the end of the tax year covered by this return?

- Yes
- No [X]

b If "Yes," complete Schedule L, Part II and enter the total amount involved.

- Yes
- No [X]

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9.

- Yes
- No [X]

b Gross receipts, included on line 9, for public use of club facilities.

- Yes
- No [X]

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

- Section 4911
- Section 4912
- Section 4955

- Yes
- No [X]

b Section 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 engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?

- Yes
- No [X]

If "Yes," complete Schedule L, Part I.

- Yes
- No [X]

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.

- Yes
- No [X]

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.

- Yes
- No [X]

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.

- Yes
- No [X]

41 List the states with which a copy of this return is filed. [NY]

42a The organization's books are in care of THE FOUNDATION Telephone no. (212) 991-9944

Located at 20 WEST 44TH STREET, NEW YORK, NY ZIP + 4 10036

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)?

- Yes
- No [X]

If "Yes," enter the name of the foreign country.

- Yes
- No [X]

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

- Yes
- No [X]

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

- Yes
- No [X]

If "Yes," enter the name of the foreign country.

- Yes
- No [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.

- Yes
- No [X]

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.

- Yes
- No [X]

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.

- Yes
- No [X]

c Did the organization receive any payments for indoor tanning services during the year?

- Yes
- No [X]

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

- Yes
- No [X]

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

- Yes
- No [X]

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).

- Yes
- No [X]
Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

   Yes  No

   46  X

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

   Yes  No

   47  X

48 Is the organization a school as described in section 170(b)(1)(A)(i)? If "Yes," complete Schedule E

   Yes  No

   48  X

49a Did the organization make any transfers to an exempt non-charitable related organization?

   Yes  No

   49a  X

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's 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

   NONE

   (b) Title and average hours

   per week devoted to

   position

   NONE

   (c) Reportable

   compensation (Forms

   W-2/1099-MISC)

   NONE

   (d) Health benefits, contributions to

   employee benefit

   plans, and deferred

   compensation

   NONE

   (e) Estimated

   amount of other

   compensation

   NONE

   f Total number of other employees paid over $100,000

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

   NONE

   (a) Name and address of each independent contractor

   paid more than $100,000

   NONE

   (b) Type of service

   NONE

   (c) Compensation

   NONE

   d Total number of other independent contractors each receiving over $100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

   Yes  No

   52  X

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

TREASURER

[Signature of officer]

Paid Preparer

PAOLA SORIANO

Preparer's name

MALESARDI, QUACKENBUSH, SWIFT & CO., LL

Preparer's EIN

Firm's name

22-1624206

Firm's address

155 NORTH DEAN STREET - SUITE 5

Preparer's signature

ENGLEWOOD, NJ 07631

Date

(201)567-4100

Phone no.

PTIN

P00875041

May the IRS discuss this return with the preparer shown above? See instructions

Yes  No

Form 990-EZ (2011)
**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. See separate instructions.

**Name of the organization**

THE PILGRIMS FOUNDATION, INC.

**Employer identification number**

13-3095744

### Part I  Reason for Public Charity Status

(All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is:

- [ ] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- [ ] A school described in section 170(b)(1)(A)(ii).
- [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- [ ] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
- [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
- [ ] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
- [ ] A community trust described in section 170(b)(1)(A)(vii).
- [ ] 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 exempt 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). (Complete Part II.)

- [ ] An organization operated and operated exclusively to test for public safety. See section 509(a)(4).
- [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

- [ ] Type I
- [ ] Type II
- [ ] Type III - Functionally integrated
- [ ] Type III - Other

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

- [ ] If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.

Since August 17, 2005, has the organization accepted any gift or contribution from any of the following persons?

- (1) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - [ ] Yes
  - [ ] No

- (ii) A family member of a person described in (i) above?
  - [ ] Yes
  - [ ] No

- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
  - [ ] Yes
  - [ ] No

Provide the following information about the supported organization(s):

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(iii) Type of organization (described on lines 1-9 above or IRC section 509(A)(1)(B) (see instructions))</th>
<th>(iv) Is the organization in col. (i) listed in your governing document?</th>
<th>(v) Did you notify the organization in col. (i) of your support?</th>
<th>(vi) Is the organization in col. (i) organized in the U.S.?</th>
<th>(vii) Amount of support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

17350802 758673 133095744 2011.04000 THE PILGRIMS FOUNDATION, IN 13309571
## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
</table>
| 1 Gifts, grants, contributions, and         | 36,790  | 21,481  | 43,005  | 24,030  | 22,400  | 147,706.
|   membership fees received (Do not         |         |         |         |         |         |         |
|   include any "unusual grants.")          |         |         |         |         |         |         |
| 2 Tax revenues levied for the             |         |         |         |         |         |         |
|   organization's benefit and either paid to|         |         |         |         |         |         |
|   or expended on its behalf               |         |         |         |         |         |         |
| 3 The value of services or facilities      |         |         |         |         |         |         |
|   furnished by a governmental unit to      |         |         |         |         |         |         |
|   the organization without charge         |         |         |         |         |         |         |
| 4 Total. Add lines 1 through 3             | 36,790  | 21,481  | 43,005  | 24,030  | 22,400  | 147,706.
| 5 The portion of total contributions       |         |         |         |         |         |         |
|   by each person (other than a             |         |         |         |         |         |         |
|   governmental unit or publicly            |         |         |         |         |         |         |
|   supported organization) included        |         |         |         |         |         |         |
|   on line 1 that exceeds 2% of the         |         |         |         |         |         |         |
|   amount shown on line 11, column (f)      |         |         |         |         |         |         |
| 6 Public support. Subtract line 5 from line|         |         |         |         |         |         |
|   4                                     |         |         |         |         |         |         |

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
</table>
| 7 Amounts from line 4                      | 36,790  | 21,481  | 43,005  | 24,030  | 22,400  | 147,706.
| 8 Gross income from interest,              |         |         |         |         |         |         |
|   dividends, payments received on           |         |         |         |         |         |         |
|   securities loans, rents, royalties        |         |         |         |         |         |         |
|   and income from similar sources          | 574.    | 373.    | 1,018.  | 62.     | 74.     | 2,101.  |
| 9 Net income from unrelated business       |         |         |         |         |         |         |
|   activities, whether or not the            |         |         |         |         |         |         |
|   business is regularly carried on          |         |         |         |         |         |         |
| 10 Other income. Do not include gain or    |         |         |         |         |         |         |
|   loss from the sale of capital assets      |         |         |         |         |         |         |
|   (Explain in Part IV)                     |         |         |         |         |         |         |
| 11 Total support. Add lines 7 through 10   | 755.    | 755.    |         |         |         |         |
| 12 Gross receipts from related activities,  |         |         |         |         |         |         |
|   etc. (see instructions)                   | 12      |         |         |         |         |         |
| 13 First five years. If the Form 990 is    |         |         |         |         |         |         |
|   for the organization's first, second,    |         |         |         |         |         |         |
|   third, fourth, or fifth tax year as a     |         |         |         |         |         |         |
|   section 501(c)(3) organization, check     |         |         |         |         |         |         |
|   this box and stop here                    |         |         |         |         |         |         |

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>Section</th>
<th>Formula</th>
<th>Calculation</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Public support percentage for 2011 (line 6, column (f)) divided by line 11, column (f)</td>
<td>98.10 %</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Public support percentage from 2010 Schedule A, Part II, line 14</td>
<td>97.83 %</td>
<td></td>
</tr>
<tr>
<td>16a</td>
<td>33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td>[X]</td>
<td></td>
</tr>
<tr>
<td>16b</td>
<td>33 1/3% support test - 2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>17a</td>
<td>10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part IV how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>17b</td>
<td>10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part IV how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</td>
<td>[ ]</td>
<td></td>
</tr>
</tbody>
</table>
### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

#### Section A. Public Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th>Line</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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#### Section B. Total Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th>Line</th>
<th>2007</th>
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<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>Total</th>
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<td>10b</td>
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</tr>
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</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Formula</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Public support percentage for 2011</td>
<td>line 8, column (f) divided by line 13, column (f)</td>
<td>%</td>
</tr>
<tr>
<td>16</td>
<td>Public support percentage from 2010 Schedule A, Part III, line 15</td>
<td>%</td>
<td></td>
</tr>
</tbody>
</table>

#### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Formula</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Investment income percentage for 2011</td>
<td>line 10c, column (f) divided by line 13, column (f)</td>
<td>%</td>
</tr>
<tr>
<td>18</td>
<td>Investment income percentage from 2010 Schedule A, Part III, line 17</td>
<td>%</td>
<td></td>
</tr>
</tbody>
</table>

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.
Name of the organization
THE PILGRIMS FOUNDATION, INC.

Employer identification number
13-3095744

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:
DESCRIPTION OF OTHER REVENUE: AMOUNT:
INTEREST INCOME 74.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:
DESCRIPTION OF OTHER EXPENSES: AMOUNT:
SPEAKERS PROGRAMS 20,726.
OFFICE EXPENSE 60.
TOTAL TO FORM 990-EZ, LINE 16 20,786.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO ASSIST THE PILGRIMS OF THE UNITED STATES IN PROMOTING THE BROTHERHOOD AMONG THE NATIONS

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.
Form 8868
(Rev. January 2012)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☑
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension · check this box and complete Part I only.

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

| Type or print | Name of exempt organization or other filer, see instructions | Employer identification number (EIN) or
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>File by the due date for filing your return. See instructions</td>
<td>THE PILGRIMS FOUNDATION, INC.</td>
<td>X 13-3095744</td>
</tr>
<tr>
<td>Number, street, and room or suite no. If a P.O. box, see instructions.</td>
<td>20 WEST 44TH STREET</td>
<td>Social security number (SSN)</td>
</tr>
<tr>
<td>City, town or post office, state, and ZIP code. For a foreign address, see instructions.</td>
<td>NEW YORK, NY 10036</td>
<td></td>
</tr>
</tbody>
</table>

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application
Is For
Form 990
Return Code
01
Form 990-T (corporation)
07
Form 990-BL
02
Form 1041-A
08
Form 990-EZ
01
Form 4720
09
Form 990-PF
04
Form 5227
10
Form 990-T (sec. 401(a) or 408(a) trust)
05
Form 6069
11
Form 990-T (trust other than above)
06
Form 8870
12

THE FOUNDATION

- The books are in the care of 20 WEST 44TH STREET - NEW YORK, NY 10036
- Telephone No. (212) 991-9944
- FAX No. 01

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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2012, to file the exempt organization return for the organization named above. The extension is for the organization’s return for:

☑ calendar year 2011 or

☑ tax year beginning and ending

2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return

☑ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a $ 0.

3b 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 3b $ 0.

3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions 3c $ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2012)

17270802 758673 133095744 2011.04000 THE PILGRIMS FOUNDATION, IN 133095744