Jump to Schedule: Form 990-EZ

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ef	ile P	ublic Visual R	Render ObjectId: 201712649349200816 - Submission: 2017-09-21		TIN: 13-3095744
			Short Form		OMB No. 1545-1150
-	Q	90-EZ		ax	0040
For	m				2016
2			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private for	Indations)	
			Do not enter social security numbers on this form as it may be made publication	с.	Open to Public
		of the Treasury	Information about Form 990-EZ and its instructions is at <u>www.irs.gov/</u>	<u>form990</u> .	Inspection
		enue Service			
		if applicable:	ar year, or tax year beginning 01-01-2016 , and ending 12-31-2016 C Name of organization	D Employer	identification number
		s change	THE PILGRIMS FOUNDATION INC		
		change	Number and street (or P. O. box, if mail is not delivered to street address) Room/suite	13-30957 E Telephone	
_	Initial r	eturn urn/terminated	271 MADISON AVE NO 1408		12) 991-9944
		ed return	City or town, state or province, country, and ZIP or foreign postal code	-	-
		tion pending	NEW YORK, NY 10036	F Group Exe Number	mption
G A	ccoun	iting Method: 🗹	Cash O Accrual Other (specify)	✓ to attach Set	chodulo B
					or 990-PF).
		te: ► <u>N/A</u>	nly one) - 🗹 501(c)(3) 💁 ○ 501(c)( ) ◄(insert no.) ○ 4947(a)(1) or ○ 527		
		-	Corporation O Trust O Association O Other		
			b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a e Form 990 instead of Form 990-EZ		
-	art I		Expenses, and Changes in Net Assets or Fund Balances (see the instructio		
1	artı	Check if the	organization used Schedule O to respond to any question in this Part I		
	1		gifts, grants, and similar amounts received	1	750
	2	Program service	e revenue including government fees and contracts	2	
	3	Membership du	es and assessments	3	11,500
	4	Investment inco	ome	4	
	5a	Gross amount f	rom sale of assets other than inventory 5a		
	b	Less: cost or ot	ther basis and sales expenses 5b		
	с	Gain or (loss) fr	rom sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fur	ndraising events		
an	а	Gross income fr	rom gaming (attach Schedule G if greater than \$15,000) 6a		
Revenue	b		rom fundraising events (not including \$ of contributions from nts reported on line 1) (attach Schedule G if the		
		sum of such gro	oss income and contributions exceeds \$15,000) 6b		
	с	Less: direct exp	penses from gaming and fundraising events 6c		
	d	Net income or (	(loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of i	nventory, less returns and allowances 7a		
	b	Less: cost of go	bods sold		
	с	Gross profit or (	(loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (	(describe in Schedule O)	8	23
	9	Total revenue	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	12,273
	10	Grants and simi	ilar amounts paid (list in Schedule O)	10	
	11	Benefits paid to	or for members	11	
SS	12	Salaries, other	compensation, and employee benefits	12	
nse	13	Professional fee	es and other payments to independent contractors	13	
Expenses	14	Occupancy, ren	t, utilities, and maintenance	14	
Ш	15	Printing, publica	ations, postage, and shipping	15	
	16	Other expenses	s (describe in Schedule O)	16	22,177
	17	Total expense	es. Add lines 10 through 16	▶ 17	22,177
JUN .	18	Excess or (defic	cit) for the year (Subtract line 17 from line 9)	18	-9,904
Assets	19	Net assets or fu	Ind balances at beginning of year (from line 27, column (A)) (must agree with		
As		end-of-year figu	ure reported on prior year's return)	19	98,918
Net	20	Other changes i	in net assets or fund balances (explain in Schedule O)	20	0
_	21	Net assets or fu	Ind balances at end of year. Combine lines 18 through 20	21	89,014
For	Pape	erwork Reduction	on Act Notice, see the separate instructions. Cat. No. 10642I		Form <b>990-EZ</b> (2016)

——— Page 2 —

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## Nonprofit Explorer - PILGRIMS FOUNDATION INC - Full Filing - ProPublica

	330-LZ (2010)						Page 🖌	<u> </u>
Par	t II Balance Sheets(see the instruction Check if the organization used Schedu		question in this Part II				0	
				Beginning of year		(B) End of yea	-	-
<b>22</b> C	ash, savings, and investments			98,918	22	()	89,014	
	and and buildings				23			
					24			
	otal assets			98,918			89,014	
	otal liabilities (describe in Schedule O) et assets or fund balances (line 27 of columnation)			98,918			0 89,014	
	t III Statement of Program Service				27	E	xpenses	
	Check if the organization used Schedu		•	• • 🗹		(Required	l for secti	ion
What	is the organization's primary exempt purpose SIST THE PILGRIMS OF THE UNITED STATES					501(c)(3) organizat		
	ibe the organization's program service accomp				-	others.)		
	ured by expenses. In a clear and concise mani ited, and other relevant information for each p		es provided, the number	of persons				
-	SSISTING THE PILGRIMS OF THE UNITED STAT		E UNDERSTANDING BET	WEEN THE UNITED			28a	22,102
STAT	ES, UNITED KINGDOM, AND THE COMMONWE	ALTH.						, i
<u>`</u>	ts \$ 0) If this amou	int includes foreign gra	nts, check here	. ► 🗆				
29							29a	
(C =====	ta (t) If this array	unt includes fousian aus	nta abaali baya	. ► 🗆				
<u> </u>	ts \$ ) If this amou	int includes foreign grai	nts, check here	. • •				
30							30a	
(0		int includes for-i	nto chooli have					
<u>.</u>			nts, check here					
	ther program services (describe in Schedule O		nts, check here					
<u> </u>	ts \$ ) If this amount of the service expenses (add lines 2) otal program service expenses (add lines 2) otal p					31a	<u> </u>	22,102
	List of Officers, Directors, Trustees	, and Key Employees	(list each one even if not o	ompensated 🗆 see the	instruc	tions for Part IV)		
	Check if the organization used Schedu	le O to respond to any	question in this Part IV.		• •	••• 0		_
	(a) Name and title	(b) Average	(c) Reportable	(d) Health bene	efits.	(e) Estimated	amount	
		hours per week	compensation	contributions to en	nploye			
		devoted to position	(Forms W-2/1099- MISC) (if not paid,	benefit plans, deferred compen				
			enter -0-)	p				_
JOHN	R DREXEL IV	2.00	0		C	)	0	
PRES	IDENT							_
THOM	IAS L PULLING	0.05	0		C	)	0	
VICE	PRESIDENT							
THE H	ION WILLIAM J VAN HEUVEL	0.05	0		C	)	0	-
SECR	ETARY							
JAME	S D ZIRIN	0.05	0		C	)	0	-
TRFA	SURER							
	PILLER	1.00	0		C	)	0	-
EVEC			-					
EXEC	UTIVE DIRECTOR						7 (2016	<del>.</del>
						Form <b>990-E</b>	<b>Z</b> (2016)	)
		Pac	je 3 ———					_
			,					
	990-EZ (2016)						Page 3	<u> </u>
Pa	tt V Other Information (Note the	•		•				
	instructions for Part V.) Check if the o	rganization used Sched	ule O to respond to any	question in this Pai	rtV.			-
22	Did the examination engage in any clarificant	activity pat providualy	reported to the IDC2 If	"Voc " provido o		Yes	No	
33	Did the organization engage in any significant detailed description of each activity in Schedu					33	No	
34	Were any significant changes made to the or	anizing or governing do	ocuments? If "Yes." atta	ch a conformed con	v			
	of the amended documents if they reflect a ch	hange to the organization	on's name. Otherwise, e	xplain the change		24	Nie	
					• •	34	No	
35a	Did the organization have unrelated business activities (such as those reported on lines 2, 6			ar from business		35a	Ne	
<b>h</b>		, , ,	,	ovplanation in Cohe d	- ·	35a 35b	No	
	If "Yes," to line 35a, has the organization filed Was the organization a section $501(c)(4)$ , 50:			-	ne O	330	┼───	
Ľ	notice, reporting, and proxy tax requirements					35c	No	
36	Did the organization undergo a liquidation, di		-		g			
	the year? If "Yes," complete applicable parts of			· · · · · ·	• •	36	No	
37a	Enter amount of political expenditures, direct or indir	ect, as described in the inst	tructions. <b>37</b>	a		0		
b	Did the organization file Form 1120-POL for	this year?				37b	1	

https://projects.propublica.org/nonprofits/organizations/133095744/201712649349200816/full

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38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities <b>39b</b>			
	Section 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	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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? If "Yes," complete Schedule L, Part I	40b		No
с	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization			
	managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization 0			
е	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	40e		No
41	List the states with which a copy of this return is filed. $\blacktriangleright$ NY			
42a	The organization's books are in care of THE FOUNDATION Telephone no.	(212) 9	91-9944	4
	Located at 20 WEST 44TH STREET NEW YORK, NY ZIP + 4	1003	86	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a			N
-	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No
	If "Yes," enter the name of the foreign country: ►	420		NO
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR)			
с	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		No
	If "Yes," enter the name of the foreign country:			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		►o	
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041 -</b> Check here	•	▶ ○	
	and enter the amount of tax-exempt interest received or accrued during the tax year	•	► □ Yes	No
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44a	and enter the amount of tax-exempt interest received or accrued during the tax year	44a		<b>No</b> No
44a	and enter the amount of tax-exempt interest received or accrued during the tax year	44a 44b		
44a b	and enter the amount of tax-exempt interest received or accrued during the tax year			No
44a b c	and enter the amount of tax-exempt interest received or accrued during the tax year	44b 44c		No No
44a b c d	and enter the amount of tax-exempt interest received or accrued during the tax year	44b 44c 44d		No No No
44a b c d 45a	and enter the amount of tax-exempt interest received or accrued during the tax year	44b 44c 44d 45a		No No
44a b c d 45a	and enter the amount of tax-exempt interest received or accrued during the tax year	44b 44c 44d 45a		No No No
44a b c d 45a	and enter the amount of tax-exempt interest received or accrued during the tax year	44b 44c 44d 45a		No No No
44a b c d 45a	and enter the amount of tax-exempt interest received or accrued during the tax year	44b 44c 44d 45a 45b	Yes	No No No
44a b c d 45a	and enter the amount of tax-exempt interest received or accrued during the tax year	44b 44c 44d 45a 45b	Yes	No No No
44a b c d 45a	and enter the amount of tax-exempt interest received or accrued during the tax year	44b 44c 44d 45a 45b	Yes	No No No
44a b c 45a 45b	and enter the amount of tax-exempt interest received or accrued during the tax year	44b 44c 44d 45a 45b	Yes	No No No
44a b c 45a 45b	and enter the amount of tax-exempt interest received or accrued during the tax year	44b 44c 44d 45a 45b	Yes	No No No
44a b c 45a 45b	and enter the amount of tax-exempt interest received or accrued during the tax year	44b 44c 44d 45a 45b	Yes	No No No Z (2016)
44a b c 45a 45b	and enter the amount of tax-exempt interest received or accrued during the tax year	44b 44c 44d 45a 45b	Yes 990-E	No No No Z (2016)
44a b c d 45a 45b	and enter the amount of tax-exempt interest received or accrued during the tax year	44b 44c 44d 45a 45b	Yes 990-E	No No No Z (2016)
44a b c 45a 45b	and enter the amount of tax-exempt interest received or accrued during the tax year	44b 44c 44d 45a 45b Form	Yes 990-E	No No No Z (2016) Page <b>4</b> No
44a b c 45a 45b	and enter the amount of tax-exempt interest received or accrued during the tax year	44b 44c 45a 45b Form	Yes 990-E	No No No Z (2016) Page 4 No
44a b c 45a 45b	and enter the amount of tax-exempt interest received or accrued during the tax year       43         Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       Form 990-EZ         Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       Form 990-EZ         Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       Form 990-EZ         Did the organization receive any payments for indoor tanning services during the year?       If "Ne," provide an explanation in Schedule 0         Did the organization have a controlled entity within the meaning of section 512(b)(13)?       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?         Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?         Page 4         990-EZ (see instructions)         Page 4         990-EZ (2016)         Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.         Page 4       All section 501(c)(3) organizations only         All section 501(c)(3) organizations must answer guestions 47-49b and 52, and complete the tablesed to prove the tables <td>44b 44c 44d 45a 45b Form 46</td> <td>Yes           990-E           Yes</td> <td>No No No Z (2016) Page 4 No</td>	44b 44c 44d 45a 45b Form 46	Yes           990-E           Yes	No No No Z (2016) Page 4 No
44a b c 45a 45b	and enter the amount of tax-exempt interest received or accrued during the tax year	44b 44c 44d 45a 45b Form 46	Yes           990-E           Yes	No No No Z (2016) Page 4 No No and 51.
44a b c 45a 45b	And enter the amount of tax-exempt interest received or accrued during the tax year	44b 44c 44d 45a 45b Form 46	Yes 990-E Yes nes 50	No No No Z (2016) Page 4 No No and 51. ○
44a b c 45a 45b	And enter the amount of tax-exempt interest received or accrued during the tax year	44b 44c 44d 45a 45b Form 46	Yes 990-E Yes nes 50	No No No Z (2016) Page 4 No No and 51.
44a b c 45a 45b Form 46 Par	And enter the amount of tax-exempt interest received or accrued during the tax year	44b 44c 44d 45a 45b Form 46	Yes 990-E Yes nes 50	No No No Page 4 No No and 51. ○ No
44a b c 45a 45b Form 46 Par	And enter the amount of tax-exempt interest received or accrued during the tax year	44b 44c 44d 45a 45b Form 46	Yes 990-E Yes nes 50	No No No Z (2016) Page 4 No No and 51.

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." (d) Health benefits, (e) Estimated amount contributions to employee of other compensation (a) Name and title of each employee (b) Average (c) Reportable hours per week compensation

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https://projects.propublica.org/nonprofits/organizations/133095744/201712649349200816/full

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

 $\boldsymbol{b}$   $% = 10^{-1}$  If "Yes," was the related organization a section 527 organization?

50

49b

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		devoted to position	(Forms W-2/1099	benefit plans, a	nd	
			MISC)	deferred compensa		
DNE						
f Total nur	nber of other employees paid over s				▶	
	this table for the organization's five tion from the organization. If there		ndependent contract	_		
	(a) Name and business address of	each independent contr	actor	(b) Type of service	(c) Compensation	
DNE						
d Total nur	nber of other independent contracto	ors each receiving over s	\$100,000		•	
der penalties (	ed Schedule A	mined this return, includ	ding accompanying s	chedules and statemen	ts, and to the best of my	
	gnature of officer			2017-09-13 Date		
gn r	-			Date		
	OHN R DREXEL PRESIDENT print name and title					
!'	Print/Type preparer's name DAN POLAZZI	Preparer's signature	Da	te Check 🗌 if	PTIN P01778219	
aid				self-employed		
reparer se Only	Firm's name 🕨 MALESARDI QUACKE			Firm's EIN 🕨 22-1624206		
Se Only	Firm's address 🕨 155 NORTH DEAN ST			Phone no. (201)	567-4100	
	ENGLEWOOD, NJ 07	631				
ay the IRS disc	uss this return with the preparer sh	own above? See instruc	tions		Yes 🗆 No	
					Form <b>990-EZ</b> (20	
Additiona	l Data				Return to Form	
Additiona	l Data	C_4	D.		Return to Form	
Additiona	l Data	Software I Software Versio			Return to Form	
		Software Versio			Return to Form	
	l Data , Special Condition Descripti	Software Versio	n:		Return to Form	
Additiona		Software Versio	n:		Return to Form	
		Software Versio	n:		Return to Form	
		Software Versio	n:		Return to Form	

efile Public Visual	Render	ObjectId: 201712649349200816 - Submission: 2017-09-21	TIN: 13-3095744
SCHEDULE A			OMB No. 1545-0047
(Form 990 or 990EZ)	Com	Public Charity Status and Public Support plete if the organization is a section 501(c)(3) organization or a section	2016
Department of the Treasury		4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.	

https://projects.propublica.org/nonprofits/organizations/133095744/201712649349200816/full

#### 7/

/29/2020 Internal Revenue Service Informati			N	onprofit Explorer - Pll			ull Filing - ProPublica	1	
Interna	al Revenu	e Service	► Inf	ormation abou	it Schedule A (Form <u>www.irs.g</u>	990 or 990-EZ ov/form990.	) and its instru		Open to Public Inspection
		<b>he organiza</b> S FOUNDATION						Employer identific	ation number
	ILOIGI							13-3095744	
	rt I				us (All organization tit is: (For lines 1 thro			See instructions.	
	Grganiz		•		,	5 /	, ,	( <b>.</b> ) ( )	
1					sociation of churches			(A)(I).	
2					1)(A)(ii). (Attach Sch				
3		•		•	vice organization desc			2	
4		name, city,	and state:	•	ed in conjunction with	•			•
5	$\Box$			d for the benefi mplete Part II.	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section</b>
6				, ,	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	.)(v).	
7		An organiza section 17	ation that no 0(b)(1)(A)	rmally receives (vi). (Complete	a substantial part of it Part II.)	s support from a	governmental u	nit or from the genera	al public described in
8		A communi	ty trust desc	ribed in <b>sectio</b>	n 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9					escribed in <b>170(b)(1)</b> ee instructions. Enter				ege or university or a
10		from activit investment	ies related to income and	o its exempt fur unrelated busir	(1) more than 331/3% octions—subject to cer ess taxable income (le omplete Part III.)	tain exceptions, a	and (2) no more	than 331/3% of its su	
11		An organiza	ation organiz	ed and operated	l exclusively to test fo	r public safety. S	ee <b>section 509</b>	(a)(4).	
12		more public	ly supported	l organizations (	l exclusively for the be described in <b>section 5</b> the type of supporting	09(a)(1) or see	tion 509(a)(2)	). See section 509(a	
а		organizatio	n(s) the pow		ated, supervised, orco appoint or elect amajo				
b		ormanagen	nent of the s		ervised or controlled i ization vested in the s s A and C.				
с					supporting organizatio must completePart			d functionally integrat	ed with, itssupported
d		notfunction	ally integrate	ed. The organiza	<b>d.</b> A supporting organistion generally must see <b>Part IV, Sections A</b>	atisfy adistributio	n requirement a		
е					ved a written determir integrated supporting		RS that it is a Ty	pe I, Type II, Type III	functionally
f	Enter			d organizations				<u> </u>	
g	(i) N	Provide the Name of supp	-	formation about	the supported organiz (iii) Type of		anization listed	(v) Amount of	(vi) Amount of
	(1)	organizatior			(described on lines 1- 10 above (see instructions))	in your governi		(see instructions)	other support (see instructions)
						Yes	Νο		
Tota	ıl								
		work Reduc or 990-EZ.	tion Act No	tice, see the I	nstructions for	Cat. No. 1128	5F 9	Schedule A (Form 9	90 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

Page **2** 

## Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and Part II

**170(b)(1)(A)(ix)** (Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if theorganization failed to qualify under Part III. If the organization fails toqualify under the tests listed below, please complete Part III.) Section A Bublic Support

	Section A. Public Support						
	alendar year or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.").	26,330	24,815	34,660	36,100	12,250	134,155
2							
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	26,330	24,815	34,660	36,100	12,250	134,155

7/20	120	20
7/29	/20	20

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1291	2020	Nonpront		NIS FOUNDATIO	IN INC - Full Filling	y - FloFublica	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) includedon line 1 that exceeds 2% of the amount shown on line 11, column (f) <b>Public support</b> . Subtract line 5 from						
0	line 4.						134,155
S	ection B. Total Support					•	
	lendar year	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
-	fiscal year beginning in)	. ,		• •			
7 8	Amounts from line 4 Gross income from interest,	26,330	24,815	34,660	36,100	12,2	50 134,155
8	dividends, payments received on securities loans, rents, royalties and income from similar sources.	62	58	45	29	:	23 217
9	Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or						
10	loss from the sale of capital assets (Explain in Part VI.).	1,384			120		1,504
11	Total support. Add lines 7 through 10						135,876
12		etc. (see instructio	ons)			12	
13	First five years. If the Form 990 is for	r the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) c	organization,
	check this box and <b>stop here</b>					🕨	+ 🗆
S	ection C. Computation of Public	Support Perc	entage				
14	Public support percentage for 2016 (lin	e 6, column (f) di	vided by line 11, o	column (f))		14	98.730 %
15	Public support percentage for 2015 Sch	nedule A, Part II, l	ine 14			15	98.790 %
16a	33 1/3% support test-2016. If the o	organization did n	ot check the box o	on line 13, and line	e 14 is 33 1/3% or	more, check thi	s box
Ŀ	and <b>stop here.</b> The organization qualif <b>33</b> 1/3% <b>support test—2015.</b> If the	ies as a publicly s organization did	upported organiza not check a box of	ation	and line 15 is 33 1/	3% or more, ch	► 🗹 eck this
17a	box and <b>stop here</b> . The organization <b>10%-facts-and-circumstances test</b> is 10% or more, and if the organizatior in Part VI how the organization meets t	-2016. If the orgon meets the "facts	janization did not -and-circumstance	check a box on lir es" test, check thi	ne 13, 16a, or 16b s box and <b>stop he</b>	, and line 14 ere. Explain	▶□
b	organization	t—2015. If the or ation meets the "f	ganization did not acts-and-circumst	t check a box on li ances" test, checl	k this box and <b>sto</b>	or 17a, and line <b>p here.</b>	▶ □
18	supported organization						🕨 🗆
19	instructions						
			<u></u>		Schodu		) or 990-EZ) 2016
					Schedu	IE A (FUIII 990	, 01 990-EZ) 2010

------ Page 3 ------

# Schedule A (Form 990 or 990-EZ) 2016 Part III Support Schedule for Organizations Described in Section 509(a)(2)

Page **3** 

rt 111	Support Schedule for	<ul> <li>Organization</li> </ul>	s Describea in	Section 509(a	a)(2)			
	(Complete only if you c	hecked the box	on line 10 of Pa	art I or if the or	ganizationfailed	to qualify unde	r Part II. If	
	the organization fails to	qualify undertl	ne tests listed b	elow, please co	mplete Part II.)			
ction A.	Public Support							

Se	ction A. Public Support	gaany and				/	
Cale	ndar year	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
(or t	fiscal year beginning in) 🕨	( <b>u</b> ) 2012	(b) 2015	(0) 2014	<b>(u)</b> 2015	(0) 2010	
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business						
	under section 513						
	Tax revenues levied for the						
4	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
7 a	3 received from disgualified persons						
h	Amounts included on lines 2 and 3						
	received from other than disgualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year.						
с	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c						
	from line 6 )						

Se	ection B. Total Support								
Cale	endar year	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f)	Total	
(or 1 9	fiscal year beginning in) Amounts from line 6	(4) 2012	(1) 2010	(0) 2021	(1) 2010	(0) 2010	(-7	, iotai	
10a	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources.								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30,								
	1975.								
С	Add lines 10a and 10b.								
11	Net income from unrelated business activities not included in line 10b.								
	whether or not the business is								
	regularly carried on.								
12	Other income. Do not include gain or loss from the sale of capital								
	assets (Explain in Part VI.) .								
13	<b>Total support.</b> (Add lines 9, 10c,								
14	11, and 12.) First five years. If the Form 990 is for	or the organization	on's first, second,	, third, fourth, or	fifth tax year as a	section 501(c	c)(3) organ	nization	١,
	check this box and <b>stop here</b>	-			-	-			_
Se	ction C. Computation of Public								_
15	Public support percentage for 2016 (lin	ne 8, column (f)	divided by line 1	3, column (f)) .		15			
16	Public support percentage from 2015	Schedule A, Part	III, line 15			16			
Se	ction D. Computation of Invest	ment Income	e Percentage			- I I			
17	Investment income percentage for 20			oy line 13, colum	n (f))	17			
18	Investment income percentage from 2					18			
19a	331/3% support tests-2016. If the	organization did	not check the bo	x on line 14, and	line 15 is more th	an 33 1/3%, a	nd line 17	is not	
	more than 33 1/3%, check this box and								
b	<b>33</b> 1/3% support tests—2015. If the	-						_	18 is
	not more than 33 $_{1/3}$ %, check this box								
20	Private foundation. If the organizati	on did not check	a box on line 14	, 19a, or 19b, ch	eck this box and se	ee instruction	s		
					Sched	ule A (Form	990 or 9	90-EZ)	2016
			Page	4					
Sche	dule A (Form 990 or 990-EZ) 2016								Page <b>4</b>
Par	t IV Supporting Organization								
	e = e apper en g e gam = a e e	S							- 9
	(Complete only if you checked		of Part I. If you	checked 12a of Pa	art I, complete Sec	tions A and B	8. If you ch		-
	Part I, complete Sections A and	a box on line 12 d C. If you check						ecked	12b of
	Part I, complete Sections A and Sections A and D, and complet	a box on line 12 d C. If you check e Part V.)						ecked	12b of
Se	Part I, complete Sections A and	a box on line 12 d C. If you check e Part V.)						iecked I, comp	12b of plete
	Part I, complete Sections A and Sections A and D, and complet Section A. All Supporting Organiz	a box on line 12 d C. If you check e Part V.) a <b>tions</b>	ed 12c of Part I,	complete Sectior	ns A, D, and E. If y	ou checked 12		ecked	12b of
<b>Se</b> 1	Part I, complete Sections A and Sections A and D, and complet Ection A. All Supporting Organiz Are all of the organization's supported	a box on line 12 d C. If you check e Part V.) cations organizations lis	ed 12c of Part I,	complete Sectior	s governing docum	ou checked 12		iecked I, comp	12b of plete
	Part I, complete Sections A and Sections A and D, and complet Section A. All Supporting Organiz	a box on line 12 d C. If you check e Part V.) cations organizations lis upported organiz	ed 12c of Part I, sted by name in t	complete Sectior he organization's	s governing docum	ou checked 12	2d of Part	iecked I, comp	12b of plete
1	Part I, complete Sections A and Sections A and D, and complet ection A. All Supporting Organiz Are all of the organization's supported If "No," describe in <b>Part VI</b> how the s describe the designation. If historic an	a box on line 12 d C. If you check e Part V.) ations organizations lis upported organizations lis of continuing rela	ed 12c of Part I, sted by name in t sations are design ationship, explain	complete Section the organization's nated. If designat	s A, D, and E. If y governing docum ted by class or pur	ou checked 12 ents? <i>pose,</i>		iecked I, comp	12b of plete
	Part I, complete Sections A and Sections A and D, and complet Ection A. All Supporting Organiz Are all of the organization's supported If "No," describe in <b>Part VI</b> how the s describe the designation. If historic and Did the organization have any support	a box on line 12 d C. If you check e Part V.) ations organizations lis upported organiz d continuing rela- red organization	ed 12c of Part I, sted by name in t zations are design ationship, explain that does not hav	complete Section the organization's nated. If designat ve an IRS determ	is A, D, and E. If y	ents? pose, nder section	2d of Part	iecked I, comp	12b of plete
1	Part I, complete Sections A and Sections A and D, and complet ection A. All Supporting Organiz Are all of the organization's supported If "No," describe in <b>Part VI</b> how the s describe the designation. If historic an	a box on line 12 d C. If you check e Part V.) ations organizations lis upported organiz d continuing rela- ted organization Part VI how the	ed 12c of Part I, sted by name in t zations are design ationship, explain that does not hav	complete Section the organization's nated. If designat ve an IRS determ	is A, D, and E. If y	ents? pose, nder section	2d of Part :	iecked I, comp	12b of plete
1 2	Part I, complete Sections A and Sections A and D, and complet ection A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in <b>F</b> wasdescribed in section 509(a)(1) or (	a box on line 12 d C. If you check e Part V.) (ations) organizations lis upported organization d continuing rela- ted organization Part VI how the (2).	ed 12c of Part I, sted by name in t zations are design ationship, explain that does not hav organization dete	complete Section the organization's nated. If designal ve an IRS determ ermined that the	is A, D, and E. If y governing docum ted by class or pur nination of status u supported organiz	ents? pose, nder section	2d of Part : 1 2	iecked I, comp	12b of plete
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**c Substitutions only.** Was the substitution the result of an event beyond the organization's control?

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5c

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- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone otherthan (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of itssupported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filingorganization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined insection 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to asubstantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," 8 complete Part I of Schedule L (Form 990 or 990-EZ). 8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons 9a asdefined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the h supportingorganization had an interest? If "Yes," provide detail in Part VI. 9b
  - c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assetsin which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certainType II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "*Yes*," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determinewhether the organization had excess business holdings).

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9c

10a

10b

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Schedule A (Form 990 or 990-EZ) 2016

Part IV

1

Page 5

Yes

2

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

#### Section B. Type I Supporting Organizations

Supporting Organizations (continued)

- Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint orelect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors ortrustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to suchpowers during the tax year.
   Did the organization operate for the benefit of any supported organization other than the supported organization(s)
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supported organization? If "Yes," explain in **Part VI** how providing such benefitcarried out the purposes of the supported organization(s) that operated, supervised or controlled the supportingorganization.

#### Section C. Type II Supporting Organizations

			res	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of			
	the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

#### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization'stax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of theForm 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governingdocuments in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s)or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organizationmaintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in theorganization's investment policies and in directing the use of the organization's income or assets at all times during the			
	taxyear? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		

#### Section E. Type III Functionally-Integrated Supporting Organizations

Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

**a** The organization satisfied the Activities Test. Complete **line 2** below.

 $\mathbf{b}$   $\square$  . The organization is the parent of each of its supported organizations. Complete **line 3** helow

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- Interorganization is the parent of each of its supported organizations. Complete Interorbeitow.
- c 🕥 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

#### Activities Test. Answer (a) and (b) below. 2 Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supportedorganization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supportedorganizations and explain how these activities directly furthered their exempt purposes, how the organization wasresponsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of theorganization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for theorganization's position that its supported organization(s) would have engaged in these activities but for the organization'sinvolvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each 3a of the supported organizations? Provide details in Part VI. **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of itssupported organizations? If "Yes," describe in **Part VI.** the role played by the organization in this regard. 3b

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016

#### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov.20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred forproduction or collection of gross income or formanagement, conservation, or maintenance of propertyheld for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 fromline 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-useassets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt useassets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter $1-1/2\%$ ofline 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A,line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (seeinstructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-ir instructions)	ntegrate	d Type III supporting or	ganization (see

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Schedule A (Form 990 or 990-EZ) 2016		Overnizatione (continue	Page 7
Part V Type III Non-Functionally Integrated	i 509(a)(3) Supporting (	Organizations (continue	
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish	exempt purposes		
<ol> <li>Amounts paid to perform activity that directly furthers e excess of income from activity</li> </ol>	exempt purposes of supported	organizations, in	
3 Administrative expenses paid to accomplish exempt pur	poses of supported organization	ons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required	d)		
6 Other distributions (describe in <b>Part VI</b> ). See instructio	ns		
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions	ich the organization is respons	ive (provide	
<b>9</b> Distributable amount for 2016 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line			
6 <b>2</b> Underdistributions, if any, for years prior to 2016			
easonable cause required explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2016:			
a L			
<b>b c</b> From 2013			
<b>d</b> From 2014.			
e From 2015			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
<ul> <li>j Remainder. Subtract lines 3g, 3h, and 3i from 3f.</li> <li>4 Distributions for 2016 from Section D, line 7:</li> <li>\$</li> </ul>			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
Breakdown of line 7:			
a			
<b>b</b> Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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Schedule A (Form 990 or 990-EZ) (2016)

— Page 8 –

#### Schedule A (Form 990 or 990-EZ) 2016

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See

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## **Nonprofit Explorer**

Research Tax-Exempt Organizations

## **PILGRIMS FOUNDATION INC**

NEW YORK, NY 10016-1014 | TAX-EXEMPT SINCE NOV. 1993

## Full text of "Full Filing" for fiscal year ending Dec. 2016

Tax returns filed by nonprofit organizations are public records. The Internal Revenue Service releases them in two formats: page images and raw data in XML. The raw data is more useful, especially to researchers, because it can be extracted and analyzed more easily. The pages below are a reconstruction of a tax document using raw data from the IRS.

Source: Data and stylesheets from the Internal Revenue Service. E-file viewer adapted from IRS e-File Viewer by Ben Getson.

← Back to main page for PILGRIMS FOUNDATION INC