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ORIGINAL RETURN SECURED BY TAPE

Form 990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

- Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

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

Name of organization: Pilgrimage Outreach, Inc
Number and street (or P O box if mail is not delivered to street address): 449 Union Avenue
Room/suite:
City or town, state or country, and ZIP + 4: Paterson NJ 07522

D Employer identification no: 22-3459935
E Telephone number: 973-389-2165
F Accounting method: [X] Accrual [] Other (specify)

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? [] Yes [X] No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? [] Yes [] No
H(d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [] No

I Group Exemption Number

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

Website: N/A

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

K Check here [] if the organization's gross receipts are normally not more than \$25,000 The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 349,601

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

Table with 21 rows and 3 columns: Description, Amount, and Total. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue is 349,601 and total expenses is 203,276.

STATUTE UNIT RECEIVED

JAN 29 2010

RECEIVED INTERNAL REVENUE SERVICE TE/GE DIVISION

APR 10 2009

EO GROUP 7908 625 FULTON STREET BROOKLYN, NY 11201

SCANNED MAR 03 2010 Revenue

STATUTE CLEARED

13

Part II Statement of Functional Expenses

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

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising | |
|---|--|-----------|----------------------|----------------------------|-----------------|---|
| 22 | Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 22 | | | | |
| 23 | Specific assistance to individuals (attach schedule) <input type="checkbox"/> | 23 | | | | |
| 24 | Benefits paid to or for members (attach schedule) | 24 | | | | |
| 25 | Compensation of officers, directors, etc | 25 | | | | |
| 26 | Other salaries and wages | 26 | 114,511 | 91,249 | 23,262 | |
| 27 | Pension plan contributions | 27 | | | | |
| 28 | Other employee benefits | 28 | | | | |
| 29 | Payroll taxes | 29 | | | | |
| 30 | Professional fundraising fees | 30 | | | | |
| 31 | Accounting fees | 31 | 14,096 | 4,596 | 9,500 | |
| 32 | Legal fees | 32 | 1,843 | | 1,843 | |
| 33 | Supplies | 33 | 520 | | 520 | |
| 34 | Telephone | 34 | 7,391 | | 7,391 | |
| 35 | Postage and shipping | 35 | | | | |
| 36 | Occupancy | 36 | 22,300 | | 22,300 | |
| 37 | Equipment rental and maintenance | 37 | 2,781 | | 2,781 | |
| 38 | Printing and publications | 38 | | | | |
| 39 | Travel | 39 | | | | |
| 40 | Conferences, conventions, and meetings | 40 | | | | |
| 41 | Interest | 41 | | | | |
| 42 | Depreciation, depletion, etc (attach schedule) | 42 | | | | |
| 43 | Other expenses not covered above (itemize) | | | | | |
| a | See Statement 1 | 43a | 39,834 | | 39,834 | |
| b | | 43b | | | | |
| c | | 43c | | | | |
| d | | 43d | | | | |
| e | | 43e | | | | |
| f | | 43f | | | | |
| g | | 43g | | | | |
| 44 | Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15) | 44 | 203,276 | 95,845 | 107,431 | 0 |

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

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

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

What is the organization's primary exempt purpose?

▶ See Statement 2

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

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

a See Statement 3

(Grants and allocations \$) If this amount includes foreign grants, check here

95,845

b

(Grants and allocations \$) If this amount includes foreign grants, check here

c

(Grants and allocations \$) If this amount includes foreign grants, check here

d

(Grants and allocations \$) If this amount includes foreign grants, check here

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

95,845

Part IV Balance Sheets (See the instructions.)

| | | (A) | | (B) | |
|--|---|-------------------|---------|-------------|---------|
| | | Beginning of year | | End of year | |
| Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only | | | | | |
| Assets | 45 Cash-non-interest-bearing | | 1,236 | 45 | 250 |
| | 46 Savings and temporary cash investments | | | 46 | |
| | 47a Accounts receivable | 47a | 10,726 | | |
| | b Less allowance for doubtful accounts | 47b | | 20,726 | 47c |
| | | | | | 10,726 |
| | 48a Pledges receivable | 48a | | | |
| | b Less allowance for doubtful accounts | 48b | | | 48c |
| | | | | | |
| | 49 Grants receivable | | 647,000 | 49 | 647,000 |
| | 50 Receivables from officers, directors, trustees, and key employees (attach schedule) | | | 50 | |
| | 51a Other notes and loans receivable (attach schedule) See Worksheet | 51a | 12,600 | | |
| | b Less allowance for doubtful accounts | 51b | | 12,600 | 51c |
| | | | | | 12,600 |
| | 52 Inventories for sale or use | | | | 52 |
| | 53 Prepaid expenses and deferred charges | | | | 53 |
| 54 Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | | | 54 | |
| 55a Investments-land, buildings, and equipment basis | 55a | 232,365 | | | |
| b Less accumulated depreciation (attach schedule) | 55b | | 75,054 | 55c | |
| | | | | 232,365 | |
| 56 Investments-other (attach schedule) | | | | 56 | |
| 57a Land, buildings, and equipment basis | 57a | 19,500 | | | |
| b Less accumulated depreciation (attach schedule) See Statement 4 | 57b | 1,000 | 19,000 | 57c | |
| | | | | 18,500 | |
| 58 Other assets (describe <input type="checkbox"/>) | | | | 58 | |
| 59 Total assets (must equal line 74) Add lines 45 through 58 | | 775,616 | 59 | 921,441 | |
| Liabilities | 60 Accounts payable and accrued expenses | | 68,714 | 60 | 68,174 |
| | 61 Grants payable | | | 61 | |
| | 62 Deferred revenue | | | 62 | |
| | 63 Loans from officers, directors, trustees, and key employees (attach schedule) | | | 63 | |
| | 64a Tax-exempt bond liabilities (attach schedule) | | | 64a | |
| | b Mortgages and other notes payable (attach schedule) | | | 64b | |
| | 65 Other liabilities (describe <input type="checkbox"/> See Statement 5) | | 17,000 | 65 | 25,000 |
| 66 Total liabilities. Add lines 60 through 65 | | 85,714 | 66 | 93,174 | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 | | | | |
| | 67 Unrestricted | | | 67 | |
| | 68 Temporarily restricted | | | 68 | |
| | 69 Permanently restricted | | | 69 | |
| | Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74 | | | | |
| | 70 Capital stock, trust principal, or current funds | | | 70 | |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | | 71 | |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | 55,402 | 72 | 201,727 |
| 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21) | | 55,402 | 73 | 201,727 | |
| 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 | | 141,116 | 74 | 294,901 | |

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

| | | | | |
|----------|--|-----------|----------|---------|
| a | Total revenue, gains, and other support per audited financial statements | | a | 349,601 |
| b | Amounts included on line a but not on Part I, line 12 | | b | |
| 1 | Net unrealized gains on investments | b1 | | |
| 2 | Donated services and use of facilities | b2 | | |
| 3 | Recoveries of prior year grants | b3 | | |
| 4 | Other (specify) | b4 | | |
| | Add lines b1 through b4 | | b | |
| c | Subtract line b from line a | | c | 349,601 |
| d | Amounts included on Part I, line 12, but not on line a : | | d | |
| 1 | Investment expenses not included on Part I, line 6b | d1 | | |
| 2 | Other (specify) | d2 | | |
| | Add lines d1 and d2 | | d | |
| e | Total revenue (Part I, line 12) Add lines c and d | | e | 349,601 |

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

| | | | | |
|----------|---|-----------|----------|---------|
| a | Total expenses and losses per audited financial statements | | a | 203,276 |
| b | Amounts included on line a but not Part I, line 17 | | b | |
| 1 | Donated services and use of facilities | b1 | | |
| 2 | Prior year adjustments reported on Part I, line 20 | b2 | | |
| 3 | Losses reported on Part I, line 20 | b3 | | |
| 4 | Other (specify) | b4 | | |
| | Add lines b1 through b4 | | b | |
| c | Subtract line b from line a | | c | 203,276 |
| d | Amounts included on Part I, line 17, but not on line a : | | d | |
| 1 | Investment expenses not included on Part I, line 6b | d1 | | |
| 2 | Other (specify) | d2 | | |
| | Add lines d1 and d2 | | d | |
| e | Total expenses (Part I, line 17) Add lines c and d | | e | 203,276 |

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

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (if not paid, enter -0-) | (D) Contrib to employee benefit plans & deferred compensation plans | (E) Expense account and other allowances |
|---|--|--|---|--|
| Rev Joseph Robinson 97 North Main St Paterson NJ 07522 | President & 0 | 0 | 0 | 0 |
| Rev Olin D Simmons Sr 77 North Main St Paterson NJ 07522 | 0 | 0 | 0 | 0 |
| Georgia D Scott 31 McBride Avenue Paterson NJ 07522 | 0 | 0 | 0 | 0 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

Table with 3 columns: Question (75a, 75b, 75c, 75d), Yes, No. Contains questions about officers, directors, and trustees permitted to vote and compensation arrangements.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contrib to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains 'N/A'.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question (76, 77, 78a, 78b, 79, 80a, 81a, 81b), Yes, No. Contains questions about organizational activities, changes, income, liquidation, and political expenditures.

Part VI Other Information (continued)

| | | Yes | No |
|------------|--|-----|----|
| 82a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | | X |
| b | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) | | |
| 82b | | | |
| 83a | Did the organization comply with the public inspection requirements for returns and exemption applications? | X | |
| b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | N/A | |
| 83b | | | |
| 84a | Did the organization solicit any contributions or gifts that were not tax deductible? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | N/A | |
| 84b | | | |
| 85 | 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? | N/A | |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year | N/A | |
| c | Dues, assessments, and similar amounts from members | | |
| 85c | | | |
| d | Section 162(e) lobbying and political expenditures | | |
| 85d | | | |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | | |
| 85e | | | |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | | |
| 85f | | | |
| g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | N/A | |
| 85g | | | |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | N/A | |
| 85h | | | |
| 86 | 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 | | |
| 86a | | | |
| b | Gross receipts, included on line 12, for public use of club facilities | | |
| 86b | | | |
| 87 | 501(c)(12) orgs Enter a Gross income from members or shareholders | | |
| 87a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | |
| 87b | | | |
| 88 | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | | X |
| 88 | | | |
| 89a | 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0, section 4912 <input type="checkbox"/> 0, section 4955 <input type="checkbox"/> 0 | | |
| b | 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | | X |
| 89b | | | |
| c | Enter Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958 <input type="checkbox"/> 0 | | |
| d | Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> 0 | | |
| 90a | List the states with which a copy of this return is filed <input type="checkbox"/> None | | |
| b | Number of employees employed in the pay period that includes March 12, 2005 (See instructions) | | |
| 90b | | | |
| 91a | The books are in care of <input type="checkbox"/> Located at <input type="checkbox"/> Telephone no <input type="checkbox"/> ZIP + 4 <input type="checkbox"/> | | |
| 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)? If "Yes," enter the name of the foreign country <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts At any time during the calendar year, did the organization maintain an office outside of the United States? | | |
| 91b | | | |
| 91c | | | X |
| 92 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92 | | |

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

Note: Enter gross amounts unless otherwise indicated

| | Unrelated business income | | Excluded by sec 512, 513, or 514 | | (E) Related or exempt function income |
|--|---------------------------|---------------|----------------------------------|---------------|--|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | |
| 93 Program service revenue | | | | | |
| a Zone Alternative Program | | | | | 37,301 |
| b Operation Hook Up | | | | | 55,116 |
| c YSC | | | | | 32,184 |
| d Community Development | | | | | 225,000 |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings and temporary cash investments | | | | | |
| 96 Dividends and interest from securities | | | | | |
| 97 Net rental income or (loss) from real estate | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from personal property | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | | | |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | 0 | | 0 | 349,601 |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 349,601 |

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

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

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

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

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

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

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including 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.

Rev Joseph Robinson
Signature of officer

4/10/2009
Date

Rev Joseph Robinson President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Anthony F DelVecchio

Date: 7/09/07

Check if self-employed:

Preparer's SSN or PTIN (See Gen Instr W): P00289842

Firm's name (or yours if self-employed), address, and ZIP + 4: Anthony F. DelVecchio CPA, 608 Sicklerville Rd., Williamstown, NJ 08094

EIN:
Phone no: 856-629-2225

**SCHEDULE A
(Form 990 or 990-EZ)**

Organization Exempt Under Section 501(c)(3)

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

OMB No 1545-0047

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Name of the organization

Pilgrimage Outreach, Inc

Employer identification number

22-3459935

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Comp | (d) Contrib to empl ben plans & deferred comp | (e) Expense account & other allowances |
|---|--|----------|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 ▶ | | | | |

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms). If there are none, enter "None ")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services ▶ | | |

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None." See page 2 of the instructions)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| Total number of other contractors receiving over \$50,000 for other services ▶ | | |

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

Schedule A (Form 990 or 990-EZ) 2005

Part III Statements About Activities (See page 2 of the instructions.)

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4b regarding lobbying activities, grants, and compensation.

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

The organization is not a private foundation because it is (Please check only ONE applicable box)

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

Provide the following information about the supported organizations (See page 6 of the instructions)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above.

- 14 [] An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2003, (c) 2002, (d) 2001, (e) Total. Rows 15-25 include items like Gifts, grants, and contributions received; Membership fees received; Gross receipts from admissions, merchandise sold or services performed; Gross income from interest, dividends; Net income from unrelated business activities; Tax revenues levied; The value of services or facilities furnished to the organization by a governmental unit without charge; Other income; Total of lines 15 through 22; Line 23 minus line 17; Enter 1% of line 23.

Table for lines 26a-26f. 26a: Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. c Total support for section 509(a)(1) test Enter line 24, column (e). d Add Amounts from column (e) for lines 18, 19, 22, 26b. e Public support (line 26c minus line 26d total). f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

Table for lines 27a-27h. 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year (2004), (2003), (2002), (2001). b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2004), (2003), (2002), (2001). c Add Amounts from column (e) for lines 15, 16, 17, 20, 21. d Add Line 27a total and line 27b total. e Public support (line 27c total minus line 27d total). f Total support for section 509(a)(2) test Enter amount from line 23, column (e). g Public support percentage (line 27e (numerator) divided by line 27f (denominator)). h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

| | | N/A | Yes | No |
|-----|--|-----|-----|----|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) | | | |
| 32 | Does the organization maintain the following | | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | | | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | | | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | | | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | | | |
| | If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) | | | |
| 33 | Does the organization discriminate by race in any way with respect to | | | |
| a | Students' rights or privileges? | | | |
| b | Admissions policies? | | | |
| c | Employment of faculty or administrative staff? | | | |
| d | Scholarships or other financial assistance? | | | |
| e | Educational policies? | | | |
| f | Use of facilities? | | | |
| g | Athletic programs? | | | |
| h | Other extracurricular activities? | | | |
| | If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) | | | |
| 34a | Does the organization receive any financial aid or assistance from a governmental agency? | | | |
| b | Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement | | | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation | | | |

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

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

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows 36-44.

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

4-Year Averaging Period Under Section 501(h)

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

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows 45-50.

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

Table with 3 columns: Description, Yes, No, Amount. Rows a-i.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

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

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

- (i) Cash
(ii) Other assets

b Other transactions

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

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

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

Summary table with columns Yes and No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c. All 'No' boxes are checked (X).

Main schedule table with columns (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, and (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (No is checked)

b If "Yes," complete the following schedule

Schedule table with columns (a) Name of organization, (b) Type of organization, and (c) Description of relationship. Row 1 contains 'N/A'.

Other Notes and Loans Receivable

Forms
990 / 990-PF

2005

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

Name Pilgrimage Outreach, Inc Employer Identification Number 22-3459935

Form 990, Part IV, Line 51a - Additional Information

| Name of borrower | Relationship to disqualified person |
|---------------------|-------------------------------------|
| (1) Loan receivable | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |

| Original amount borrowed | Date of loan | Maturity date | Repayment terms | Interest rate |
|--------------------------|--------------|---------------|-----------------|---------------|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |

| Security provided by borrower | Purpose of loan |
|-------------------------------|-----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |

| Consideration furnished by lender | Balance due at beginning of year | Balance due at end of year | Fair market value (990-PF only) |
|-----------------------------------|----------------------------------|----------------------------|---------------------------------|
| (1) | 12,600 | 12,600 | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| Totals | 12,600 | 12,600 | |

Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses

| <u>Description</u> | <u>Total Expenses</u> | <u>Program Service</u> | <u>Mgt & General</u> | <u>Fund-Raising</u> |
|-------------------------|-----------------------|------------------------|--------------------------|---------------------|
| | \$ | \$ | \$ | \$ |
| Expenses | | | | |
| Investment Depreciation | | | | |
| Insurance | 11,458 | | 11,458 | |
| Bank | 3,631 | | 3,631 | |
| Computer | 4,121 | | 4,121 | |
| Office | 12,005 | | 12,005 | |
| Professional Services | 2,894 | | 2,894 | |
| Security | 1,976 | | 1,976 | |
| Utilities | 3,749 | | 3,749 | |
| Total | <u>\$ 39,834</u> | <u>\$ 0</u> | <u>\$ 39,834</u> | <u>\$ 0</u> |

Statement 2 - Form 990, Part III - Organization's Primary Exempt Purpose

that will address the confluence of factors that cause To Design and implement Community-based youth programs youth violence and delinquency or otherwise prohibit wholesome adolescent development. The program provides workshops & Counseling. Youth are referred by local schools, Division of Youth & Family Services and Juvenile Courts.

Statement 3 - Form 990, Part III, Line a - Statement of Program Service Accomplishments**Description**

To Design and implement Community-based youth programs that will address the confluence of factors that cause youth violence and delinquency or otherwise prohibit wholesome adolescent development. The program provides workshops & Counseling. Youth are referred by local schools, Division of Youth & Family Services and Juvenile Courts.

Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

| Description | Beginning of Year | Accum Deprec | End of Year | Accum Deprec |
|------------------------------|----------------------|-----------------|----------------|-----------------|
| Office Equipment | \$ 19,500 | \$ | \$ 19,500 | \$ |
| Acc. Dep. - Office Equipment | | 500 | | 1,000 |
| Total | \$ 19,500 | \$ 500 | \$ 19,500 | \$ 1,000 |

Statement 5 - Form 990, Part IV, Line 65 - Other Liabilities

| Description | Beginning of Year | End of Year |
|-----------------|----------------------|----------------|
| Short Term Loan | \$ 17,000 | \$ 25,000 |
| Total | \$ 17,000 | \$ 25,000 |

Form 990, Part I, Line 1c - Government Contributions

| Description | Cash | Noncash | Total |
|-------------------------------|------|---------|-------|
| DCA Grant Econmic Development | \$ | \$ | \$ |
| Total | \$ 0 | \$ 0 | \$ 0 |