

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

2009 Open to Public Inspection

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

A I	For the	2009 calendar year, or tax year beginning , 2009, and	ending	_		, 20
В	Check if a	pplicable Please C Name of organization		D Employer	denti	fication number
	Address of	change use IRS TERRA SANCTA PILLARIMAGES		Z 6	-2	938723
	Name cha		om/suite	E Telephone		
	Initial retu	ım type	on round			
	Terminate			245	<u>, - 7</u>	23-3600
	Amended	Instruc-		F Group Exe	empt	tion
	Application	on pending tions FARMENGTON HEULS, MI 48331		Number	•	
	• Sec	tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach	G Accou	inting Method		Cash Accrual
		a completed Schedule A (Form 990 or 990-EZ).		(specify) ▶		
				• • • • • • • • • • • • • • • • • • • •		nization is not
	Mahait	TO A SUMMER TO A A CAMPTA AND COMMON				
	Websit		1			dule B (Form 990,
		empt status (check only one) — ⊠ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		Z, or 990-PF)		
K	Check	▶ ☐ If the organization is not a section 509(a)(3) supporting organization and its gross rec	ceipts are n	normally not m	ore 1	than \$25,000. A
		90-EZ or Form 990 return is not required, but if the organization chooses to file a return, be			turn	<u></u>
L /	Add lines	s 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead o	f Form 990	-EZ ▶ (5	
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances	(See the	instruction	s fo	or Part I.)
	1	Contributions, gifts, grants, and similar amounts received		1		35 372
	2	Program service revenue including government fees and contracts		2		146 960
	3	Membership dues and assessments		3	_	1.0 / 62
	_	·			├	
	4	Investment income		4	<u> </u>	
	5a	Gross amount from sale of assets other than inventory 5a		1	ĺ	
	b	Less' cost or other basis and sales expenses				
-	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line s	5a)	. 5c		
≝	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming,	check here l	▶ □		
ē	а	Gross revenue (not including \$ of contributions				
Revenue		reported on line 1)				
_	Ь	Less: direct expenses other than fundraising expenses 6b				
	C	·	(Ca)			
	I '	Net income or (loss) from special events and activities (Subtract line 6b from line	oa)	. <u>6c</u>	├	
	7a	Gross sales of inventory, less returns and allowances				
	b	Less: cost of goods sold	'		ł	
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	701	. 7c	<u> </u>	
	8	Other revenue (describe ►	10) <u>8</u> _	Ь—	182332
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<u>. : .</u>	. ▶ 9	<u> </u>	
	10	Grants and similar amounts paid (attach schedule)	그림	. 10	<u> </u>	<u>.</u>
	11	Benefits paid to or for members	. 11			
es	12	Salaries, other compensation, and employee benefits	12			
Expenses	13	Professional fees and other payments to independent contractors		13		1410
ğ	14	Occupancy, rent, utilities, and maintenance		. 14		1421
ú	15	Printing, publications, postage, and shipping		. 15		4742
	16	Other expenses (describe \ \(\(\int \) \ \(\int \) \(\int \) \ \(\int \)) 16		165612
	17	Total expenses. Add lines 10 through 16			\vdash	173 185
<u></u>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	·			9147
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (m			\vdash	
		end-of-year figure reported on prior year's return)	_	ļ	i	2216
	20			<u> </u>	 -	
	21	Other changes in net assets or fund balances (attach explanation) . Net assets or fund balances at end of year. Combine lines 18 through 20			\vdash	11363
P	art II	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or mor	e file For	m QQO ineto		f Form 990-E7
(See the instructions for Part II) (A) Beginning of year (B) End of y						
22) (-	ash, savings, and investments			22	
23			 	2716 0	23	<u> 7734</u>
24		ther assets (describe ► <u>Comfurshs ← fullysturs</u>)			24	0
25						3629
26						11363
27		et assets or fund balances (line 27 of column (B) must agree with line 21)			26 27	11363
			1	2716	41	にりして

Form **990-EZ** (2009)

Cat No 106421

	20 473 57 53					Page Z	
Par						Expenses	
A CANADA AND AND AND AND AND AND AND AND AN						ured for section	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise)(3) and 501(c)(4) nizations and section	
manner, describe the services provided, the number of persons benefited, and other relevant information for							
	each program title						
28							
20	28 DEVILOPMENT OF EDUCATIONAL PROGRAMS & MATERIALS, PTL BARMAGE & SUPPORT OF CATHOLIC HOLY LAND PROTECTS						
	OF CHINOLIC MOLI CAND TRUITES						
	/O / A						
	(Grants \$) If this amount	includes foreign grants, ch	eck here	<u>. ▶ ⊔</u>	28a		
29							
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	29a		
30				_			
	(Grants \$) If this amount	includes foreign grants, ch	eck here	▶ □	30a		
31	Other program services (attach schedule)	included foreign grante, on	CONTICIO		OUL		
	. • ,	naludas faraies erante ele			24-		
	Total program service expenses (add lines 28a t	includes foreign grants, che			31a		
Par					32	for Dod (V)	
rar	List of Officers, Directors, Trustees, and Rey						
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit		(e) Expense account and	
		devoted to position	enter -0)	deferred comper		other allowances	
	ALEX G KRATZ OFM	SPIRITUAL DILECTOR	_				
_/2	RY WASHINGTON BLUD DETROIT, MI 48226	<u> </u>	θ	- O		Θ	
PAT	RICEA GIANGNANDE	EXECUTEVE DIRECTOR					
376	25 BLOSSOM LANE FARMENDION HILLS ME 48221	20	0	0		0	
PA	ILS BLOSSOM LANG FARMENDEN HELLS ME 4822	DEPUTY DERFETUR		<u> </u>			
195	26 Prufferne DI FRANKEN Mr 48025	5	Ð	1 A		Ð	
310	26 REVERSEDS DE FRANKEN, ME 48025 7 NEBEM	BOARS OF DELECTOR					
250	ALL LARGON COURT STELLED LIFE AT YELL	50,700 5. 22.00	0			O	
T4.	141 LADRONG COULT STERUSAL HIS, MI 48313 MAS ZARIGGA CLUBNOUSE STRILT BOLSWARONK, IL GOY 90	BOMA OF DERSCOA					
20	CHANNICK CALL D. A. W. E. COLES	7357165 21 15263 4.0.0	0			a	
311	CLUBROUSS STRILT BOLGNAROOK, IC 60910			<i>E</i>			
• • • • • • • • • • • • • • • • • • • •							
				ļ			
				i			
				i			
				ĺ			
				1			
			·				
				ĺ			
				-			
				ĺ			
				1			
				<u> </u>			
			· .				
			<u> </u>	-		_	
				i .			

Part	Other Information (Note the statement requirements in the instructions for Part V.)					
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		Yes	No		
	description of each activity	33		X		
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.					
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b				
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	36		X		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 57b			2.1		
b	Did the organization file Form 1120-POL for this year?	37b		×		
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 period covered by this return?			X		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved win 38b			*		
39	Section 501(c)(7) organizations. Enter: \mathcal{N}/A	1		ĺĺ		
а	Initiation fees and capital contributions included on line 9					
b	Gross receipts, included on line 9, for public use of club facilities	1 🗼	3 €-	*		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1 `	*			
700	section 4911 ▶			1		
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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	-	X		
С	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			; **		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		**	· N		
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		\propto		
41	List the states with which a copy of this return is filed. ▶					
42a	The organization's books are in care of ▶ PATRICIA GIAGNANAS Telephone no. ▶					
	Located at ▶ 37625 BLUSSOM LANG FALMENGTON HELLS, MI 4837 ZIP+4 ▶ 48	33/				
þ	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)?	42b		X		
	If "Yes," enter the name of the foreign country: ► N/A			1		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c		X		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here			▶ □		
10	and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	<i>.</i> .	-			
			Yes	No		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X		
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X		
				_		

Part VI	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 a	section 4947(a)(1 947(a)(1) nonexemp and 51.) nonexem ot charitable	pt charitab e trusts mus	le trusts only. A st answer questio	ll sect ns 46	ion –49b	,
	the organization engage in direct or indirect				n opposition to	`	Yes	No
	ndidates for public office? If "Yes," complete					46		X
	the organization engage in lobbying activiti	•		•		47		X
	he organization a school as described in sect If the organization make any transfers to an e				E	48		÷
	Yes," was the related organization a section			janization?		49a 49b		≺_
	mplete this table for the organization's five h			 .(other than d			s and	l kev
em	ployees) who each received more than \$100	0,000 of compensation	n from the c	rganization.	If there is none, en	ter "No	one."	
(a)	Name and address of each employee paid more than \$100,000	(b) Title and avera hours per week devoted to positi	. ` `	Compensation	(d) Contributions to employee benefit plans & deferred compensation	acco	Expens ount ar allowar	nd
	NONS							
· · · · · · · · · · · · · · · · · · ·								
	M- · · · · · · · · · · · · · · · · · · ·	-						
••••								
		-						
	•							
	tal number of other employees paid over \$10	20,000		()	-l <u> </u>			—
51 Coi	mplete this table for the organization's five 20,000 of compensation from the organization	highest compensat	ed independ	lent contract	ors who each rece	eived r	more	than
51 Co	mplete this table for the organization's five	highest compensat on. If there is none, e	ed independenter "None."	lent contract		eived r		
51 Co	mplete this table for the organization's five 00,000 of compensation from the organizati	highest compensat on. If there is none, e	ed independenter "None."	lent contract				
51 Co	mplete this table for the organization's five 00,000 of compensation from the organization. (a) Name and address of each independent contractors.	highest compensat on. If there is none, e	ed independenter "None."	lent contract				
51 Con \$10	mplete this table for the organization's five 00,000 of compensation from the organization. (a) Name and address of each independent contractors.	highest compensation. If there is none, e	ed independenter "None."	lent contract				
51 Con \$10	mplete this table for the organization's five 00,000 of compensation from the organization (a) Name and address of each independent contractor.	e highest compensation. If there is none, each receiving over	s100,000	(b) Ty	pe of service	(c) Com	npensat	dae
51 Con \$10	mplete this table for the organization's five 20,000 of compensation from the organization. (a) Name and address of each independent contractor. WONS tal number of other independent contractors. Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration. Signatere of officer. Faul A. Turk	e highest compensation. If there is none, each receiving over	s100,000	(b) Ty	pe of service	(c) Com	knowledge	dge
51 Con \$10	mplete this table for the organization's five 100,000 of compensation from the organization (a) Name and address of each independent contractors WONS tal number of other independent contractors Under penalties of perjury, I declare that I have examined belief, it is true, correct, and complete Declaration. Adam Adam Adam Adam Adam Adam Adam Adam	e highest compensation. If there is none, each receiving over need this return, including a proof preparer (other than constitution).	\$100,000 ccompanying sifficer) is based of	(b) Ty (b) Ty Check if self-	pe of service	tof my kany know	knowled wiedge	dge
d Tot	mplete this table for the organization's five 20,000 of compensation from the organization. (a) Name and address of each independent contractor. WONS tal number of other independent contractors. Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration. Signature of officer. Type or print name and title.	e highest compensation. If there is none, each receiving over need this return, including a proof preparer (other than constitution).	\$100,000 ccompanying sifficer) is based of	chedules and state on all information	tements, and to the best of which preparer has a compared to the compared to t	tof my kany know	knowled wiedge	dge
d Tot	mplete this table for the organization's five 100,000 of compensation from the organization (a) Name and address of each independent contractors Wows Tall number of other independent contractors Under penalties of perjury, I declare that I have examing and belief, it is true, correct, and complete Declaration Fignature of officer Paul A. Turk Type or print name and title Preparer's signature Firm's name (or yours if self-employed),	e highest compensation. If there is none, each receiving over need this return, including a proof preparer (other than constitution).	\$100,000 ccompanying sifficer) is based of	chedules and state on all information	tements, and to the best of which preparer has a compared by the compared by t	tof my kany know	knowled wiedge	dge
d Tot Sign Here	mplete this table for the organization's five 100,000 of compensation from the organization (a) Name and address of each independent contractors TONS Tournel Signature Preparer's signature Firm's name (or	e highest compensation. If there is none, each receiving over ned this return, including a on of preparer (other than co	\$100,000 ccompanying sifficer) is based of	chedules and state on all information	tements, and to the best of which preparer has a compared to the compared to t	tof my kany know	knowled wiedge	dge D

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TERRA SAUCTA PILGRIMAGES

Employer identification number

26: 2938723 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 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). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 ☐ 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). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 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). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives. (1) more than 33\% % 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 33/3 % 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 III.) An organization organized 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 a Type I **b** Type II c Type III-Functionally integrated **d** ☐ Type III–Other e D 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). f 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, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes Nο (i) 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? 11g(ı) 11g(ii) (ii) A family member of a person described in (i) above? . . . 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (vi) Is the (v) Did you notify (vii) Amount of organization in col (i) listed in your the organization in (described on lines 1-9) organization in col support col (i) of your above or IRC section governing document? (i) organized in the (see instructions)) US? support? Yes Nο Yes Yes No

Total

STATEMENT 1 FORM 990-EZ, PART 1, LINE 16 - OTHER EXPENSES

Cost of Pilgrimage	149,592
Advertising	1,191
Bank charges & Pay Pal Fees	2,841
Cost of Fundraising	109
Licenses & Fees	10
Supplies & Educational Books	8,947
Depreciation (computers & furniture)	654
Truck Rental	449
Donations	255
Insurance	320
Other Expenses	1,244
Total Other Expenses	\$165,612