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Department of the Treasury Internal Revenue Service

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) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. OMB No 1545-0047

Open to Public Inspection

	<u> </u>	For the	2011 calendar year, or tax year beginning, 2011,	and ending			, 20	
ı	В	Check if	applicable C Name of organization Terra Sancta Pilgrimages			D Employer	identification nu	mber
ſ	7	Address	change Doing Business As				26-2938723	
j	_	Name ch		Room/surte		E Telephone	number	
Ì	_	Initial ret		Suite	119	2	48-423-3600	
ĺ	_	Terminat						
j	_	Amende			G Gross reco	eiots \$	220,849	
Ī	_		on pending F Name and address of principal officer. Patricia Giangrande		H(a) to the		affiliales7 🔲 Yes	
	_	Африсан	37625 Blossom Lane, Farmington Hills, MI 48331		1		luded? Yes	_
-				<u> </u>			st (see instruction	
				527	4	•	•	,
:		Website				exemption n		041
	_		<u> </u>	ear of formation	2008	M State o	flegal domicile	MI
l	ž	art i	Summary				··· ·	
		1	Briefly describe the organization's mission or most significant activities					
	é		Preservation of the Christian presence in the Holy Land (support of the Mo	other Church	in the Ho	ly Land)		
	ž						••	
	Ě							
	Š	2	Check this box ▶ ☐ if the organization discontinued its operations or continued its operations or continued its operations.	lisposed of	more than	1 25% of its	s net assets.	
	Ü	3	Number of voting members of the governing body (Part VI, line 1a)			3		7
	S.	4	Number of independent voting members of the governing body (Part V	I, line 1b)		4		7
	Activities & Governance	5	Total number of individuals employed in calendar year 2011 (Part V, lin	•		5		0
	ŧ	6				6		6
	ĕ	7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a		0
		b	Net unrelated business taxable income from Form 920-7 chip A4	 1 · · ·		7b		
7107			The tritle lated business taxable income notify of haddy thing the	- - -	Prior Y		Current Ye	<u>_</u>
7			Contributions and grants (Part VIII, line 1h)	1있 -	- 110. 1	58624		57134
73	ä	8	Contributions and grants (Part VIII, line III).	808				
	le)	9	Program service revenue (Part VIII, line 2g & JUN. 0.4.2012.			698545		163715
_	Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	기도! -		0		
7 NOC		11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	: :]: _		0		0
- 2		12		ine_1/2)		757169		220849
\circ		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)					
W		14	Benefits paid to or for members (Part IX, column (A), line 4)					
Z	Ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines	5–10)				
SCANNED	Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	$ abla$				
3	be	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	3				Á A
D	ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		-	724817		230099
•		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 2	(5)		724817		230099
		19	Revenue less expenses. Subtract line 18 from line 12	" 		32352		(9250)
	_ 0		Tieveride less expenses. Cobitact line to from line 12	Be	ginning of C		End of Ye	
	Net Assets or Fund Balances	00	Total consts (Port V. line 16)		gg 0. 0.			52070
	Bala	20	Total assets (Part X, line 16)	· · ·		361885		
	걸	21	Total liabilities (Part X, Ilne 26)	· · ·		318170		17605
			Net assets or fund balances. Subtract line 21 from line 20	<u> </u>		43715		34465
	Pá	art II	Signature Block					
			ities of perjury, I declare that I have examined this return, including accompanying schedul				knowledge and	belief, it is
	tru	e, correc	t, and complete Declaration of preparer (other than officer) is based on all information of wh	uch preparer n	as any know	ieage		
			Patricia Grangrande			May 1	5,2012	
	Sig	jn	Signature of officer Patricia Siangrande, Executive	_	, D:	ate /	•	
	He	re	1 Patricia Giangrande, Executive	Direc	tor			
			Type or print name and title					
	n-	: -1	Print/Type preparer's name Preparer's signature	Date		Charle [) , PTIN	
	Pa					Checkself-emple		
		epare			C			
	US	e Onl	у			n's EIN ▶		
	142	v the IC	Firm's address ▶ RS discuss this return with the preparer shown above? (see instructions)	<u> </u>	Ph	one no		□ No
								90 (2011)
	For	rapen	vork Reduction Act Notice, see the separate instructions.	Cat No	11282Y /	\	Form &	30 (2011)

១ពោ 9	90 (2011) Page 2
art	
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	As a nonprofit corporation under the provisions of the Michigan Nonprofit Corporation Act, Act 162, Public Act of 1982, as amended (the Act), Terra Sancta Pilgrimages (TSP) is a Franciscan messianic ministry of Catholic pilgrimage providing spirituality to pilgrims
	and colidarity with the Christians of the Univ. and
	and Solidarity with the Christians of the Hoty Land,
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	If "Yes," describe these changes on Schedule O.
~	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	Commence of the control of the contr
4a	(Code:) (Expenses \$ 230,099 including grants of \$) (Revenue \$ 220,849)
	(Code:) (Expenses \$ 230,099 including grants of \$) (Revenue \$ 220,849) A) Organize and implement pligrimages to the Holy Land for Catholic Christian groups and organizations in the United States.
	B) Provide financial assistance to those pilgrims who are in need.
	C) Advocate for Christians in the Holy Land.
	D) Educate - public presentations, publishing materials and distributing our own and other resources.

	V
4b	(Code:) (Expenses \$ Including grants of \$) (Revenue \$)

4c	(Code:) (Expenses \$ Including grants of \$) (Revenue \$)

4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses ► 230,099

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	√	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			√
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		V
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	10		V
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11.	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11a	•	1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11b		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		√
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	110		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		<i>'</i>
2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		√
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
4 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	441		1
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	14b	,	\ <u>`</u>
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	15 16	√	1
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		▼
В	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.			√
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	18		
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		√
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	V Checklist of Required Schedules (continued)			
,			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		√
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III	22		√
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond Issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		✓ ✓
d 25 a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√ ✓
b	Is the organization 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	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV Instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		∀
32	Dld the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35a	Dld the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, I/ne 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O	38	1	
			990	(2011)

Form 990 (2011)

Pari	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			. 🗆
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		, (V	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		語源	
	reportable gaming (gambling) winnings to prize winners?	1c	/	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		좷	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	÷171727	<i>সোক্ত</i> েব
٥-	Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
b 4=	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		1
b	If "Yes," enter the name of the foreign country:	£20,62#	A RESOLUTION	115
U	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	900000	Paranii 1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		1
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			V.
а	Old the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Old the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		,
_	required to file Form 8282?	7c	201255	√ त्यक्षका
d d	If "Yes," Indicate the number of Forms 8282 filed during the year		100	
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 0 7f		/
9	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	300E		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	2259411	V
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	8p		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
8	Gross Income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or pald to other sources against amounts due or received from them.)			
100			JAKE 1	
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120	2675	DE SAN
13	Section 501(c)(29) qualified nonprofit health insurance Issuers.			
a	Is the organization licensed to Issue qualified health plans in more than one state?	13a	180	01:05
u	Note. See the Instructions for additional information the organization must report on Schedule O.		30	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of receives an hand			
14a	└ ─── ┴ ─── ┴ ─── └ ─── └ ───	14a		√
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.	and	for a	"No"
	Check if Schedule O contains a response to any question in this Part VI			
Secti	on A. Governing Body and Management	<u> </u>		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7		1	
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar		: :	
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
3	any other officer, director, trustee, or key employee?	2	 -	/
3	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	 	1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<u> </u>	1
6	Did the organization have members or stockholders?	6	<u> </u>	1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	\ <u> </u>		\vdash
	one or more members of the governing body?	7a	ļ	✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	松		MAY.
a	The governing body?	88	1	├ ─
9	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	
ð	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	/	İ
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	-	ode l	├──
00011	on b. I didies (This decilon b requests information about policies not required by the internal never	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1.50		一
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	ì	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		V
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	光樓		10.4
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	<u> </u>
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	├
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40.		,
12	describe in Schedule O how this was done	12c	<u> </u>	
13 14	Did the organization have a written whistleblower policy?	13		
15	Did the process for determining compensation of the following persons include a review and approval by	3.5	257	Deline
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		10	
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
1 6 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1. T.	基基	
	with a taxable entity during the year?	16a		/
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			F2
Secti	on C. Disclosure	16b	<u> </u>	Ь
17	List the states with which a copy of this Form 990 is required to be filed ► Michigan			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.		,,,	,/
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	f inte	rest p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•	
	organization: Patricia Giangrande, 37625 Blossom Lane, Farmington Hills, MI 48331			

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Part VII	Compensation of Officers,	Directors, Trustees,	Key Employees, High	est Compensated Employee	s, and
	Independent Contractors				

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d org	aniz			ompe	nsa	ted any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week	box,	unles	Pos neck ss pe d a d	rson	e than o is both or/trust	1 en)	(D) Reportable compensation from	(E) Reportabla compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Fr. Alex G. Kratz, OFM										
Spiritual Director	40	1	•	İ				۰ ا	o	o
(2) Patricia Giangrande	 -	<u> </u>	t	 		_	 			
Executive Director	40	✓		1				o	0	0
(3) Paul A. Turner	_		T				\Box			·
President	5	✓		1				о	0	0
(4) Jim Nihem						1	 			
Director, Board of Directors	5	1	l		l			о	o	0
(5) Thomas Zabiega						-				
Director, Board of Directors	5	✓_						0	0	0
(6) David Seitz										
Secretary	5	1	<u>L</u>	✓		<u> </u>		0	0	0
(7) Dawn Pulcer										
Treasurer	5	✓		✓			L.	0	0	0
(8)										
(9)		-			-					
(10)					\vdash					
(11)					-					
(12)			-							<u> </u>
(13)					-					
(14)			<u> </u>		\vdash					·

	(A) Name and title	(B) Average hours per week	do not check more than box, unless person is bot officer and a director/trus					an ee)	Reportable compensation	(E) Reportable compensation from related		(F) stimated nount of other
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		organizations (W-2/1099-MIS	(C) fr org	pensation rom the anization d related anizations
15)				-							_	
(6)			J					_				
7)												
8)												
9)												
				-								
1)		<u> </u>										
2)												
3)												
4)]		
5)				-		_						
C	Sub-total	VII, Sectio	n A					>	0		0 0	
<u>d</u> 2	Total (add lines 1b and 1c)	not limited	to th					▶	ho received m		0 0,000 of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete							-	ployee, or high	•	sated 3	Yes
4	For any Individual listed on line 1a, is the organization and related organizations	sum of re	porta	ble (150,	com 000	npei 17 /:	nsatio	n a	nd other comp	pensation from	n the	
5	Did any person listed on line 1a receive of for services rendered to the organization		ompe	nsal	lion	fro				zation or indiv	ridual	
ectio	on B. Independent Contractors		<u>-</u> -									
1	Complete this table for your five highest compensation from the organization. Repyear.											
	(A) Name and business add	ress							(B) Description of s	ervices	(C Compe	nsation
												-
								_				
2	Total number of independent contractor							<u> </u>				

Part	VIII	Statement of Revenue					
20.				(A) Total revenue	(B) Related or exempt function reverue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns 1a					
rai	b	Membership dues 1b		1		1	1
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 1c					[
	d	Related organizations 1d				1	
S, G	6	Government grants (contributions) 1e		ļ			
Sij	ť	All other contributions, gifts, grants,				<u> </u>	
her	,	and similar amounts not included above 1f	57134			İ	1
중	g	Noncash contributions included in lines 1a-1f; \$	9440	·			
P P	h	Total. Add lines 1a-1f		57134			
- W		Total. Add intes 1a-11	Business Code	37134		····	
Š	20	Bilarmagas		163745	and the second s		ļ
lek	2a	Pilgrimages	900099	163715			
Program Service Revenue	b						
vic	C						
Sc	d	•••••••••••••••••••••••••••••••••••••••				 	
ram	e	***************************************					
<u>g</u>	f	All other program service revenue.					
_	8	Total. Add lines 2a-2f	<u> ▶</u>	163715			
	3	Investment income (including divide					
		and other similar amounts)					ļ <u> </u>
	4	Income from investment of tax-exempt bo	•				
	5	Royalties					
1	_	(i) Real	(ii) Personal				[
	6a	Gross rents		,			
	b	Less: rental expenses		1		j	
	C	Rental income or (loss)					
	_d		<u> </u>				
	7a	Gross amount from sales of (i) Securities	(li) Other				
		assets other than inventory					
	Ь	Less: cost or other basis		!			
		and sales expenses .				<u> </u>	
	C	Gain or (loss)					<u>-</u>
	d	Net gain or (loss)	<u>.</u> >		,,,		
еппе	8a	Gross income from fundraising		1			
		events (not including \$]			Ì
Other Rev		of contributions reported on line 1c).		ł			ľ
ř		See Part IV, line 18 a				,	
₹	b	Less: direct expenses b		·			
	C	Net income or (loss) from fundraising	events . 🕨				
	9a	Gross income from gaming activities.					
İ		See Part IV, line 19 a			,		}
		Less: direct expenses b					
		Net income or (loss) from gaming acti-	vities ►				
	10a	Gross sales of inventory, less		1			
		returns and allowances a		, 1			
		Less: cost of goods sold b) 	
l	С	Net income or (loss) from sales of inve	entory ►				
		Miscellaneous Revanue	Business Code	, ']	
	11a						
	b						
Į	С						
	d	All other revenue		-			
ļ	е	Total. Add lines 11a-11d	▶		,,		
	12	Total revenue. See instructions		220849			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon	se to any question	n this Part IX		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	15143	15143		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(1)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				···-
11 a	Fees for services (non-employees): Management				
b	Legal ,				
C	Accounting	15132		15132	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	1848		1848	
12	Advertising and promotion	2976		2976	
13	Office expenses	15032		15032	
14	Information technology	75		75	
15	Royalties				
16	Occupancy	13127		13127	
17	Travel	149480	149122	358	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8907	8907		
20	Interest				
21	Payments to affiliates				· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization .	856		856	
23	Insurance	338		338	ساسوت ، نابون ، سويت
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Repair & Mtc - Auto	1854		1854	<u> </u>
b	Donations	665	665	1034	
c	Bank & Pay Pal Fees	2160	2160		L
d			2.00		
e	All other expenses	2506	2506		
25	Total functional expenses. Add lines 1 through 24e	230099	178503	51596	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

			(A)	(B)
			Beginning of year	End of year
	1	Cash-non-interest-bearing		1 402
	2	Savings and temporary cash investments	ļ. 	2
	3	Pledges and grants receivable, net		3
- }	4	Accounts receivable, net	74340	4
	5	Receivables from current and former officers, directors, trustees, key		
		employees, and highest compensated employees. Complete Part II of		
1	_	Schedule L		5
	8	Receivables from other disqualified persons (as defined under section		
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary		
ام		employees' beneficiary organizations (see instructions)		6
2000	7	Notes and loans receivable, net		7
<i>}</i>	8	Inventories for sale or use		8
ł	9	Prepaid expenses and deferred charges		9
1	-	Land, buildings, and equipment: cost or		
		other basis. Complete Part VI of Schedule D 10a 4283		
-	ь	Less: accumulated depreciation 10b 2367	2773 1	18. OC 18.
11	11	Investments – publicly traded securities	0	
- 1	12	Investments—other securities. See Part IV, line 11		12
ŀ	13	Investments – program-related. See Part IV, line 11		13
1 1	14	Intangible assets		14
- 1	15	Other assets. See Part IV, line 11		15 4
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16 520
	17	Accounts payable and accrued expenses		17 431
,		Grants payable		18
	19	Deferred revenue		19 132
	20	Tax-exempt bond llabilities		20
	21	Escrow or custodial account llability. Complete Part IV of Schedule D.		21
- 1	22	Payables to current and former officers, directors, trustees, key		
	_	employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
i 2		Secured mortgages and notes payable to unrelated third parties		23
- 1		Unsecured notes and loans payable to unrelated third parties		24
1		Other liabilities (including federal income tax, payables to related third		
-		parties, and other liabilities not included on lines 17-24). Complete Part X		
		of Schedule D		25
2	26	Total liabilities. Add lines 17 through 25		26 1760
\top		Total liabilities. Add lines 17 through 25	Charles and a second part of	
		lines 27 through 29, and lines 33 and 34.		
2	27	Unrestricted net assets		27
2		Temporarily restricted net assets		28
. 2		Permanently restricted net assets		29
		Organizations that do not follow SFAS 117, check here ▶ ☑ and		
;		complete lines 30 through 34.		
3		Capital stock or trust principal, or current funds		30
3		Paid-in or capital surplus, or land, building, or equipment fund		31
5 3		Retained earnings, endowment, accumulated income, or other funds .	·	32 3446
3 3		Total net assets or fund balances		33 3446
	34	Total liabilities and net assets/fund balances	361885	34 5207

2m 9	90 (2011)			Pa	ge 12
Pari	XI Reconciliation of Net Assets	_			
	Check if Schedule O contains a response to any question in this Part XI			<u>···</u>	
1	Total revenue (must equal Part VIII, column (A), Ilne 12)	1		22	0849
2	Total expenses (must equal Part IX, column (A), line 25)	2		23	0099
3	Revenue less expenses. Subtract line 2 from line 1	3		(9	9250)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4	3715
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		2	4465
Jart	Column (B))	<u> </u>			1100
CILL	Check If Schedule O contains a response to any question in this Part XII				
	Ollow Wolfest Good Contains a copolition of all y global with the fall of the copolition of the copoli		<u> </u>	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accruai Other If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	olain in		D.	
2a b c	Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant?	 ersight	2a 2b 2c	ioni tori	<u>/</u>
	If the organization changed either its oversight process or selection process during the tax year, exp Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year issued on a separate basis, consolidated basis, or both:	r Were			
3a	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set f the Single Audit Act and OMB Circular A-133?	orth In			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3a 3b		<u> </u>

Form 990 (2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury internal Revenue Service

Name of the organization

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

2011

Open to Public Inspection

Employer identification number

Terra Sancta Pilgrimages 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 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). 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: 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 🔲 Typel b 🔲 Type II c Type III-Functionally integrated e 🗌 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) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (ii) A family member of a person described in (i) above? . 11g(G) (III) A 35% controlled entity of a person described in (i) or (ii) above? . 1tg(III) Provide the following Information about the supported organization(s). (I) Name of supported (fi) EIN (III) Type of organization (iv) is the organization (v) Dld you notify ent el (lv) (vli) Amount of in col. (i) listed in your organization (described on lines 1-9) the organization in organization in col. support governing document? col. (1) of your (i) organized in the above or IRC section support? U S.7 (see instructions)) No Yes Yas (A) (B) (C) (D) (E)

Page 2

Par							
	(Complete only if you checked the Part III. If the organization fails to						amy under
Secti	Ion A. Public Support	y quality und	<u> </u>	stan namw, k	nease comple	no rait iii.)	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		(3) -333	(7,000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		roasin shiring a Nas	Terres de la constante de	Warrand Man and ex or	zamenne z przest d	
6	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	M 200	加热物物的			化的复数形式	
	on B. Total Support						
_	idar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	-					
8	Gross Income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		:				
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	n, or fifth tax yo	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			· · · · ·	<u> </u>	· · · · ·	· · > 🗀
	ion C. Computation of Public Suppor			4 10 (0)			
14 15	Public support percentage for 2011 (line of Public support percentage from 2010 Sci					14	<u>%</u> %
16a		zation did not	check the box	on line 13, an	d line 14 is 331	8% or more, cl	neck this
b	331/2% support test—2010. If the organ check this box and stop here. The organ	nization did no	ot check a box	c on line 13 o	r 16a, and ilne		or more,
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization".	ets the "facts- acts-and-circ	·and-circumsta umstances" tes	nces" test, che st. The organiz	eck this box an ation qualifies	id stop here. E as a publicly su	line 14 is ixplain in upported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization members of arganization members of arganization members of arganization members of arganization.	tion meets the eets the "fact:	e "facts-and-ci s-and-circumst	rcumstances" fances" test. T	test, check th he organization	is box and stone qualifies as a	op here. publiciy
18	supported organization Private foundation. If the organization di	d not check a	box on line 13,	16a, 16b, 17a	ı, o <mark>r 17b,</mark> checl	k this box and s	see
	instructions						. ▶ □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Secti	on A. Public Support				<u> </u>		
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees		1				
	received. (Do not include any "unusual grants.")		20658	35372	58624	57134	171788
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities		1				
	furnished in any activity that is related to the organization's tax-exempt purpose		83106	146960	698545	163715	1092326
3	Gross receipts from activities that are not an		03100	140300	030343	103713	1032320
	unrelated trade or business under section 513	1	ا	O	o	o	0
4	_						
4	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf		ا ا				•
_	·		0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge		_[_		_
_	-		0	0	0	0	0
6	Total. Add lines 1 through 5		103764	182332	757169	220849	1264114
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		0	0	0	0	
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000		1				
	or 1% of the amount on line 13 for the year		0	0	14904	39328	54232
C	Add lines 7a and 7b		0	0	14904	39328	54232
8	Public support (Subtract line 7c from						
	line 6.)						1209882
	on B. Total Support		,				
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6		103764	182332	757169	220849	1264114
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .		0	. 0	0	0	0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		0	0	0	0	0
C	Add lines 10a and 10b		0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on		0	0	0	0	0
12	Other income. Do not include gain or		1 <u> </u>				 _
	loss from the sale of capital assets]				
	(Explain in Part IV.) . , ,		0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		103764	182332	757169	220849	1264114
14	First five years. If the Form 990 is for the	e organization	n's first, second	d, third, fourth,	or fifth tax ye	ar as a section	n 501(c)(3)
	organization, check this box and stop he	re , , ,					▶ 🗸
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2011 (line 8	3, column (1) di	ivided by line 13	3, column (f))		15	%
16	Public support percentage from 2010 Sch			<u> </u>	<u>, .</u>	16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2011 (line 13, colum	nn (f))	17	%
18	Investment income percentage from 2010		• • •			18	%
19a	331/3% support tests-2011. If the organ					ore than 331/3%	
	17 is not more than 331/2%, check this box						
b	331/3% support tests-2010. If the organiz						
	line 18 is not more than 331/2%, check this !						
20	Private foundation. If the organization di		=	-			_

); ∍	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	t IV
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
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	······································	· • • • • • • • • • • • • • • • • • • •
·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•••••
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SCHEDULE D (Form 990)

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No. 1545-0047

Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. ► See separate instructions.

Terra	Sancta Pilgrimages	26-2938723
Pai	Organizations Maintaining Donor Advised Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year) .	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held funds are the organization's property, subject to the organization's exclusive legal control?.	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu only for charitable purposes and not for the benefit of the donor or donor advisor, or for a conferring impermissible private benefit?	ny other purpose
Par	Conservation Easements. Complete if the organization answered "Yes" to F	om 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an	historically important land area
		ertifled historic structure
	☐ Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in easement on the last day of the tax year.	the form of a conservation
	outsiness of the tax your.	Held at the End of the Tex Year
	Total number of concernation accomments	
8	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
0	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	l I
^	-	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal tax year ►	ted by the organization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspect	ion, handling of
•	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	<u> </u>
•	L	shiones during the your
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easemen	te during the year
•	** ** *	us during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of se	ation 170/b\/4\/P\
0	(i) and section 170(h)(4)(B)(ii)?	
_		
9	In Part XIV, describe how the organization reports conservation easements in its revenue and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	al statements that describes the
D	organization's accounting for conservation easements.	O/ 11 A
Pari		ier Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reve	
	works of art, historical treasures, or other similar assets held for public exhibition, educat	
	public service, provide, in Part XIV, the text of the footnote to its financial statements that des	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reversion works of art, historical treasures, or other similar assets held for public exhibition, educate public service, provide the following amounts relating to these items:	ion, or research in furtherance o
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
	(i) Revenues included in Form 990, Part VIII, line 1	> \$
2	If the organization received or held works of art, historical treasures, or other similar ass	ets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	
	Assets included in Form 990, Part X	> \$

Page 2	2

Schedule D (i	Form 990	2011 (
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Par	Organizations Maintaining	Collect	ions of Ar	t, His	torical 1	reasures	, or O	her Similar A	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accessio	n, and other	r reco	rds, chec	k any of the	he follo	wing that are a	significant use of its
а	Public exhibition					or exchan			
b	Scholarly research			Θ	Othe		,		
C	Preservation for future generations	S				6 . 16			
4	Provide a description of the organiza XIV.	tion's co	liections and	і өхрі	ain now t	ney turtner	tne org	janization's exe	impt purpose in Part
5	During the year, did the organization	solicit o	r recelve do	nation	s of art,	historical t	reasure	s, or other simi	ilar
	assets to be sold to raise funds rather	r than to l	be maintaine	ed as	part of the	e organizat	lion's co	ollection? .	Yes No
Par	Escrow and Custodial Arra	angeme	nts. Comp	olete i	f the org	anlzation	answe	red "Yes" to F	orm 990, Part IV,
	line 9, or reported an amour	nt on For	m 990, Pai	rt X, II	ne 21.	w o-stribu	tions o	other egests i	
1a	Is the organization an agent, trustee included on Form 990, Part X?								
b	If "Yes," explain the arrangement in P						• •		. D 102 D 140
~	ii 100, explain iiio anai gement ii 1	Q117117 Q1	ia complete		motting t	UD 101			Amount
c	Beginning balance						10	;	
d	Additions during the year						10		
е	Distributions during the year						16		
f	Ending balance						11		
2a	Did the organization include an amou		m 990, Part	X, line	217 .				. 🗌 Yes 🗌 No
	If "Yes," explain the arrangement in P			I		(1)/9 +- 1	F	OO Dord IV Um	- 10
Par	t V Endowment Funds. Compl					(c) Two yes		90, Part IV, III	CK (e) Four years back
4-	Decimal and a second second	(a) Cuir	ent year	(0) PIN	or year	(c) I WO Yes	US DACK	(d) Three years ba	Garage Action See 1
	Beginning of year balance					l. <u> </u>			100 100 100 100 100 100 100 100 100 100
b	Contributions	<u> </u>							227-237 131-237 131 131 131 131 131 131 131 131 131 1
С	losses								
ď	Grants or scholarships								174 CHARLES NOV 163
θ	Other expenditures for facilities and							<u> </u>	
Ū	programs	1							
f	Administrative expenses								
Я	End of year balance								
2	Provide the estimated percentage of t			alanc	e (line 1g	, column (a	a)) held	as:	
а	Board designated or quasi-endowmen	nt ▶	%	ó					
b	Permanent endowment ▶	%							
C	Temporarily restricted endowment ▶		<u>"</u> %						
_	The percentages in lines 2a, 2b, and 2								
3a		e posses	sion of the o	organi	zation the	at are held	and ad	ministered for t	
	organization by:								Yes No
	(i) unrelated organizations						• •		3a(i)
	(ii) related organizations								3a(ii)
b ⊿	If "Yes" to 3a(ii), are the related organ Describe in Part XIV the intended uses								3b
4 Part									
P GS 1	Description of property		Cost or other			r other basis	(0)	Accumulated	(d) Book value
	Description of property	, (a	(investment)			ther)	de	preclation	(d) Book valde
1a	Land						46.44		
b	Bulldings	·							
C	Leasehold improvements	·			ļ				
d	Equipment	· _				4283	ļ	2367	1916
<u>θ</u>	Other	<u></u>	,			(D) ::			
Total.	Add lines 1a through 1e. (Column (d) n	nust eque	ıı Form 990 <u>,</u>	Part >	(, column	(B), line 10	J(C).) .	<u> ▶ </u>	1916

Part VII	Investments-Other Securities	See Form 990, Part X	(, line 12.	
(A	Description of socurity or category (including name of security)	(b) Book value	(c) Melhod of valuation: Cost or end-of-year market value	
(1) Financial	derivatives ,			
(2) Closely-h	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(H)				
(1)				
	h must equal Form 900 Port V and 191 line 121			Fire Fee
Part VIII	b) must equal Form 990, Part X, col. (B) line 12.) Investments — Program Relate	d See Form 990 Part		Na. Wieneline i
	a) Description of Investment type	(b) Book value	(c) Method of valuation:	
'	by bosonphon of invostment type	(b) Book value	Cost or end-of-year market value	
(1)		V		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				-
	n) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>	第20条件。 第20条件, 第20条件 第20 第20	美国共享
Part IX	Other Assets. See Form 990, Pa			
	(a) Description	(b) Book valu	8
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u> (10)				
	nn (b) must equal Form 990, Part X, c	ol. (B) line 15.)		
Part X	Other Liabilities. See Form 990			
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				湖南江
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	n) must equal Form 990, Part X, col. (B) line 25.) 🕨			
2. FIN 48 (AS	C 740) Footnote. In Part XIV, provide	the text of the footnote to	the organization's financial statements that reports	the
organization	's liability for uncertain tax positions u	inder FIN 48 (ASC 740).		

	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial St	ateme	onts	Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	***************************************
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue		Return	-
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•
а	Net unrealized gains on investments	1		
b	Donated services and use of facilities			
С	Recoverles of prior year grants			
d	Other (Describe in Part XIV.),			
θ	Add lines 2a through 2d		2 e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV.)			
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
<u>Part</u>	XIII Reconciliation of Expenses per Audited Financial Statements With Expens	es pe	r Return_	
1	Total expenses and losses per audited financial statements		1	
2	Amounts Included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
ď	Other (Describe in Part XIV.)		AND	
θ	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV.)			
ČC	Add lines 4a and 4b		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
_	MIII Sunniamental Information			
Part				
Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an			
omp art V	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an /, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also			
omp art V	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an			
omp art V	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an /, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also			
omp art V	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an /, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also			
omp art V	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an /, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also	comp	elete this part to p	
omp art V	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an I, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also dditional information.	comp	elete this part to p	
omp art V	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an I, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also dditional information.	comp	elete this part to p	rovide
omp art V	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an I, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also additional information.	comp	elete this part to p	rovide
omp art V	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an I, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also additional information.	comp	olete this part to p	rovide
omp art V	olele this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an /, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also dditional information.	comp	olete this part to p	rovide
omp art V	olele this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an /, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also dditional information.	comp	olete this part to p	rovide

Schedule D (Fo	m 990) 2011	Page 5
Part XIV	Supplemental Information (continued	1)
		
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Inspection

	of the organization					Employer id	entification number
	Sancta Pilgrimages				26-2938723		
Pari	Form 990, Part IV, line 14b.						wered "Yes" to
1	For grantmakers. Does the assistance, the grantees' elig grants or assistance?	gibility for the	e grants or as	sistance, and the selection			
2	For grantmakers. Describe assistance outside the Unite		the organization	on's procedures for monit	oring the use o	f its grant	s and other
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	an be duplicated if addition	nal space is need	ed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to reciplents located in the region)	(e) if activity liste a program se describe specific service(s) in a	ndes	(f) Total expenditures for and investments in region
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)		1					
(9)					-		
(10)							
(11)							
(12)		, 					
(13)						-	
(14)							
(15)							
(16)					-		
(17)							
3a	Sub-total		-	MERCHANICATE	ENR. L'ESTAT		
b	Total from continuation sheets to Part I						
C	Totals (add lines 3a and 3b)			THE REST OF THE PARTY OF THE PA	建物 类图6分4%	N. C.	

Page 2

Schedule F (Form 990) 2011

ack this box if no one rectors to cash disbursement disbursement wire Transfer	this box if no one recipient received macash disbursement assistance assistance of wire Transfer 0	one recipier
(i) Manner of cash disbursement Wire Transfer	Wire Transfer 0 Wire Transfer 0 Wire Transfer 0 Wire Transfer 0 Wire Transfer 0 Wire Transfer 0 0 0 Wire Transfer 0 0 Wire Transfer 0 0 Wire Transfer 0 0 Wire Transfer 0 0 Wire Transfer 0 0 Wire Transfer 0 0 Wire Transfer 0 0 0 Wire Transfer 0 0 0 Wire Transfer 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	this box if no one recipient received more than \$5,000
	(g) Amount of non-cash assistance	(g) Amount of non-cash assistance assistance of non-cash assistance of non-cash assistance of non-cash assistance of non-cash assistance assistance of non-cash

0 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entitles က

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III

(a) Type of grant or assistance	s of grant or assistance (b) Region (c) Number of recipients	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash	(f) Amount of non-cash	(g) Description of non-cash assistance	(h) Method of valuation (book, EMV,
					assistance		other)
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)	-						
						Sch	Schedule F (Form 990) 2011

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	☐ Yes	☑ No

Schedule F (Form 990) 2011

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Supplemental	Information
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Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f)
(accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III
(accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to
provide any additional information (see instructions).

Part II, Line 1 - accounting method - accrual

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Terra Sancta Pilgrimages

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

26-2938723

Part VI 11 a & b - As noted on the tax return, our organization has seven (7) board members, of which, three (3) are part of the Executive
Committee (the duties and responsibilities of this committee are detailed in our by-laws). That said, the Executive Committee has seen the
990 but the 990 has not gone out to the other board members. It, along with other financials will be discussed at our next Annual Board
meeting.
Part VI 19 - Our organization's governing documents, conflict of interest policy and financial statements are all available upon request at
our office located in Southfield, Michigan. We can also send electronically in a pdf file or by mail (with the receipt of a self-addressed,
stamped envelope. We are happy to disclose any information to any and all interested parties.
Part VI Section A 9 - list of board members that can't be reached at our mailing address:
David Seitz, OFS, 4905 Clinton Way Dr, Waterford, MI 48328
Dawn Pulcer, 47634 Falcon Drive, Shelby Twp, MI 48315
Jim Nihem, 39441 Ladrone Court, Sterling Heights, MI 48313
Paul Turner, 18122 Buckingham, Beverly Hills, MI 48025
Dr. Tom Zabiega, 391 Clubhouse Street, Bolingbrook, IL 60490