Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For t	ne 2021 calen	iar year, or tax year beginning	, 2021, and endir	ıg		,	, 20	
В	Check	if applicable:	С			D Employ	er identi	ification number	
	A	ddress change	The Pilgrim Society			XX-Y	XXXX	XXX	
	N	ame change	75 Court Street			E Telepho	ne numb	oer	
	In	nitial return	Plymouth, MA 02360			508	7461	620	
	Fir	nal return/terminated			ŀ				
	A	mended return				G Gross re	eceipts	\$ 1,044,	258
	\vdash	pplication pending	F Name and address of principal officer:		H(a) Is this a			<u> </u>	X No
	Ш′`	pplication penaling	Same As C Above		H(b) Are all s	subordinates	included		No
_	Tay	-exempt status:		(a)(1) or 527	If "No,"	attach a list.	See ins	structions.	ш
'		•		(a)(1) 01 327				_	
			w.pilgrimhallmuseum.org	11.00	H(c) Group e				
K		n of organization:	X Corporation Trust Association Other►	L Year of format	ion: 1820) IN S	tate of le	egal domicile: MA	
12	rt I	Summar	/ 	m C I				C 11	
	1	Briefly descri	be the organization's mission or most significant activiti	es:To foster	greate	<u>er awa:</u>	<u>rene</u>	<u>ss of the</u>	
g			and early Plymouth Colony as a con						<u>igs, </u>
ıan			lymouth's evolving histories, throu	<u>ign_preserva</u>	ation,	exnibi	<u>t10r</u>	<u> and</u>	
er	_	educatio	x F if the organization discontinued its operations						
ó	2		ting members of the governing body (Part VI, line 1a).				net as:	seis.	52
∘ಶ	4		dependent voting members of the governing body (Part				4		54
<u>es</u>	5		of individuals employed in calendar year 2021 (Part V,				5		12
Activities & Governance	6		of volunteers (estimate if necessary)				6		30
Act	7a	Total unrelate	d business revenue from Part VIII, column (C), line 12				7a		0.
-	b	Net unrelated	business taxable income from Form 990-T, Part I, line	11			7b		0.
						rior Year		Current Ye	
4.	8	Contributions	and grants (Part VIII, line 1h)			325,1	13.	527	,789.
Revenue	9	Program serv	ice revenue (Part VIII, line 2g)			12,3			,439.
, Kel	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)			88,8			,152.
æ	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11	e)		75,3			,725.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column	n (A), line 12)		501,6			,105.
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)			•			
	14	Benefits paid	to or for members (Part IX, column (A), line 4)						
	15	Salaries, other	r compensation, employee benefits (Part IX, column (A	A), lines 5-10)		221,4	02.	272	,619.
ses	16a		undraising fees (Part IX, column (A), line 11e)				<u></u>	<u> </u>	
ë									
Expenses			ing expenses (Part IX, column (D), line 25)	,					
_	17	•	es (Part IX, column (A), lines 11a-11d, 11f-24e)			396,4			<u>,122.</u>
	18		es. Add lines 13-17 (must equal Part IX, column (A), lin			617,8			,741.
	19	Revenue less	expenses. Subtract line 18 from line 12			-116,1	99.		,364.
o or						g of Curren		End of Ye	-
Net Assets Fund Baland	20		Part X, line 16)			,130,6		7,606	
t As	21	Total liabilitie	s (Part X, line 26)			51,5	05.	57	,476.
Ž.	22	Net assets or	fund balances. Subtract line 21 from line 20		. 7	,079,1	16.	7,548	,760.
Pa	ırt II	Signatur	e Block						
Und	er penal	Ities of perjury, I de	clare that I have examined this return, including accompanying schedules er (other than officer) is based on all information of which preparer has ar	and statements, and to	the best of my	/ knowledge	and beli	ef, it is true, correct	, and
com	plete. D	eclaration of prepa	er (other than officer) is based on all information of which preparer has ar	ny knowledge.					
		.							
Sig	gn	Signatu	e of officer		Dat	е			
He	re	▶ Pete	er Brown		Presi	dent			
		Type or	print name and title						
		Print/Type p	reparer's name Preparer's signature	Date		Check	ζ if	PTIN	
Pa	id	Heathe	r L. Cozby, CPA Heather L. Cozby,	CPA		self-employe	ed .	XXXXXXXX	ζ
	epar			l			1		
Us	e Or	ily Firm's addre				Firm's EIN	XX	XXXXXX	
		_	Plymouth, MA 02360			Phone no.		-830-0007	
Ma	v the	IRS discuss th	is return with the preparer shown above? See instruction	ons				X Yes	No
	,							11	

Part	Ш	Statement of Program Serv	ice Accomplishments		
1	Driofh	check if Schedule O contains a red describe the organization's mission	sponse or note to any line in this Part III		
	_			y Plymouth Colony as a com	nlov
			ss of the Pilgrims and earl ginnings, and of Plymouth's		
		servation, exhibition	and a december on		
	PIC.	SCIVACION, CANIDICION	ind cadederon.		
			nt program services during the year which were	·	
				Yes	X No
		s," describe these new services on Scl			
			make significant changes in how it conduc	ets, any program services? Yes	X No
		s," describe these changes on Schedu			
	Section	ibe the organization's program serv in 501(c)(3) and 501(c)(4) organiza evenue, if any, for each program se	ce accomplishments for each of its three la ions are required to report the amount of g rvice reported.	argest program services, as measured by rants and allocations to others, the total ϵ	expenses. expenses,
4 a	(Code	:) (Expenses \$	553,756. including grants of \$) (Revenue \$ 1()5,439.)
	As a	<u>museum and library, </u>	The Pilgrim Society preserv	<u>es historical artifacts, e</u>	ducates
	the	public, and sponsors	nultiple events that foster	public awareness and	
	<u>und</u>	erstanding of early Am	erican History.		
4 b	(Code	:) (Expenses \$	including grants of \$) (Revenue \$)
4 c	(Code	:) (Expenses \$	including grants of \$) (Revenue \$)
					
	O#l	museum semiles (Describer of C.)			
	Other (Expe	program services (Describe on Sch) (Payanua Š	,
			553 - 756 .) (Revenue \$,

Form 990 (2021) The Pilgrim Society Part IV 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		Х
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		Х
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		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
á	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
ŀ	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.	11 b		Х
(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	11 c		Х
(I 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.	11 d		Х
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
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	11 f	Х	
12 8	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
ŀ	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 and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14:	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
	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		Х
18	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.	18		Х
19	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.	19		Х
20a	Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>	20a		X
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21	000	X (2021)
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Form 990 (2021) The Pilgrim Society Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
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? <i>If 'Yes,' complete Schedule J</i>	23		X
24	a 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 25a	24a		Х
1	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	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? <i>If 'Yes,' complete Schedule L, Part I</i>	25b		Х
26	former officer, director, trusteé, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
;	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
1	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ļ	b If 'Yes' to line 35a, 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, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Χ
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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
1	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_		
	(gambling) winnings to prize winners?	1 c		
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Form 990 (2021) The Pilgrim Society

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
28	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 12			
ı	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
ı	b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O</i>	3 b		
4 8	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)?	4 a		Х
ı	o If 'Yes,' enter the name of the foreign country► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5:	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	a 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 as charitable contributions?	6 a		Х
I	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
i	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	services provided to the payor?	7 a		X
	f 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 c	ļ	Х
	Form 8282?	70		Λ
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	/ 1		
,	as required?	7 g	ļ	
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	bild the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	10		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	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		
•	Note: See the instructions for additional information the organization must report on Schedule O.	ısa		
	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			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	of If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	16		Х
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 52 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 on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent. . . . 54 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 Χ Did the organization have members or stockholders?....See.Schedule.Q..... Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . See. Schedule 0. 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, See Sch 0 stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... 8 a X X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 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 on Schedule Q..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done ... See .Schedule .0 Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15 a **b** Other officers or key employees of the organization...See .Schedule . 0..... 15 b X If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16 a X **b** 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?... 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > MΑ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 X Another's website X Upon request Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records Donna Curtin 75 Court Street Plymouth MA 02360 508-746-1620

Form 990	(2021)	The	Pilarim	Society

XX-XXXXXXX

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.....

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

- 1 a 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

			(C)							
(A) Name and title	(B) Average hours per	thar	one both dire	box, an o ector/	unles fficer truste	•	on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) Peter Balboni	0									_
Director	0	Χ						0.	0.	0.
(2) Michael Coleman	0									
Director	0	Χ						0.	0.	0.
_(3) Enzo Monti	0									
Director	0	Χ						0.	0.	0.
_(4) Brian Alosi	0							_		_
Director	0	Χ						0.	0.	0.
_(5) Bob Nolet	00									•
Director	0	X						0.	0.	0.
(6) Philip S. Barnes	0	.,							•	•
Director	0	Χ						0.	0.	0.
_(7)_Robert_Betters	0								0	0
Director (9) Israels and	0	Х						0.	0.	0.
(8) Jan Blanchard	0							0	0	0
Director (2) Alexandra Particular	0	Х						0.	0.	0.
(9) Alexandra Bartlett	0	37						0	0	0
Director	0	Х						0.	0.	0.
(10) Benjamin Bramhall	0	v						0.	0	0
Director	0	Х						0.	0.	0.
(11) Barbara Pakradooni Director	- 0 -	Х						0.	0.	0.
(12) Linda Coombs	0	Λ						0.	0.	<u> </u>
Director	0	Х						0.	0.	0.
(13) Curtis Chin	0	Λ						0.	0.	0.
Director	0	Х						0.	0.	0.
(14) Viriato DeMacedo	0	Λ						0.	0.	<u> </u>
Director	0	Х						0.	0.	0.
DILOCOI	U	21						0.	0.	0.

Part VI	II Section A. Officers, Directors, Tru		Key	Lm			es,	and	d Highest Com	pensated Emp	loyees	5 (contin	nued)
		(B)			(0	•							
(A) Name and title			offi	, unle cer ar	ess pe	erson direct	than is both or/trus	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	compe the c	(F) ated amore of other ensation frorganization	from on
		for related organiza - tions below dotted line)	individual trustee or director	Institutional trustee	ter	Key employee	Highest compensated employee	ner				d related anizations	
	t Daly rector	0	Х						0.	0.			0.
(16) Pa	trick Flaherty rector	0	Х						0.	0.			0.
(17) Gr	egory White rector	0	Х						0.	0.			0.
(18) De	nise DeMore rector	0	Х						0.	0.			0.
(19) Go	rdon Dunn rector	0	X						0.	0.			0.
(20) Su	zanne Giovanetti rector	0	X						0.	0.			0.
(21) Cy	nthia Fischer rector	0	X						0.	0.			0.
(22) Da	vid Furlow rector	0	X						0.	0.			0.
(23) Ro	nnie Hirschhorn rector	0 0	X						0.	0.			0.
(24) R.	Montgomery Fischer rector	0	X						0.	0.			0.
(25) Jo	seph Jannetty rector	00	X						0.	0.			0.
1 b Sub								>	0.	0.			0.
d Tot	al (add lines 1b and 1c)						rocoi	▶	0.	0.	onsatio		0.
	n the organization ► 0	to those i	isicu	abov	ve) \	WIIO	recer	veu	more than \$100,00	o or reportable comp	Jerisalio	T T	NI-
3 Did	the organization list any former officer, direc line 1a? <i>If 'Yes,' complete Schedule J for suc</i>	tor, truste	ee, ke	ey er	mplo	oyee	e, or	high	nest compensated	employee	3	Yes	No X
4 For	any individual listed on line 1a, is the sum of organization and related organizations greate	reportab	le co	mpe	ensa	ition	and	oth	er compensation				Λ.
suc 5 Did	th individual	e comper	 satic	on fr	 om	 anv	unre	i late	ed organization or	individual			Х
for	services rendered to the organization? If 'Yes B. Independent Contractors	s,' comple	te So	chea	lule	J fo	r suc	ch p	erson		. 5		X
1 Cor	mplete this table for your five highest compen pensation from the organization. Report compen	sated indessation for	epen the c	dent alen	t coi dar j	ntra year	ctors endi	tha ng v	t received more to vith or within the or	han \$100,000 of ganization's tax year			
	(A) Name and business address (B) Description of services									of services	Compe	C) ensatior	n
	al number of independent contractors (including biologous of compensation from the organization		ited to	o tha	se I	isted	d abo	ve)	who received more	than			
	,	J											

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Name of the Organization

The Pilgrim Society

XX-XXXXXXX

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Highest Compensated Employees											
(A)	(B)	(C) bo	ox. unle	ess per	son is	both an of	an one fficer	(D)	(E)	(F)	
Name and title	Average		nd a di	rector/	trustee	e)		Reportable compensation from	Reportable compensation from	Estimated	
	hours per week	Indi or c	ısul	Officer	Кеу	High	Former	the organization (W-2/1099-	related organizations (W-2/1099-	amount of other compensation	
	(list any hours for	vid.	ituti	cer	/ employee	y jest	mer	MISC/1099-NEC)	MISC/1099-NEC)	from the organization	
	related organiza-	হিল	nal		ploy	ě c				and related organizations	
	tions	Individual trustee or director	Institutional trustee		ee	pen					
	dotted line)	ŏ	tee			Highest compensated employee					
Scott_Smith	0										
Director	0	Х						0.	0.	0.	
Gary Maestas	0										
Director	0	X						0.	0.	0.	
Mary Ann Cashman	0										
Director	0	X						0.	0.	0.	
Jane Ricardi	0										
Director	0	X						0.	0.	0.	
Kevin McKenna	0										
Director	0	X						0.	0.	0.	
John Moran	0										
Director	0	X						0.	0.	0.	
Deanna Nealey	0										
Director	0	X						0.	0.	0.	
Leon Lopes	0										
Director	0	X						0.	0.	0.	
Roger S. Randall	0	'									
Director	0	X						0.	0.	0.	
Anthony James Stanne	0										
Director	0	X						0.	0.	0.	
Matthew Mulligan	0										
Director	0	X						0.	0.	0.	
Nancy Stetson	0	ļ '									
Director	0	X						0.	0.	0.	
David Peck	0	ļ									
Director	0	X						0.	0.	0.	
Megan Marble	0	ļ									
Director	0	X						0.	0.	0.	
Keelas Small	0	ļ									
Director	0	X						0.	0.	0.	
<u>Thomas Zimmer</u>	0							_			
Director	0	X						0.	0.	0.	
<u>Frimma Buckman</u>	0							_			
Director	0	X						0.	0.	0.	
Tony Green	0							_			
Director	0	X						0.	0.	0.	
Kate Harvey	0							_			
Director	0	X						0.	0.	0.	
Benjamin Brewster	0	ļ '									
Vice President	0	<u> </u>		Χ				0.	0.	0.	
Therese Murray	0	∤ '								_	
Vice President	0		1	Χ			1	0.	0.	0.	

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Name of the Organization Employer Identification number
The Pilgrim Society XX-XXXXXXX

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and **Highest Compensated Employees** Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (F) (E) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) Estimated amount of other Name and title Average Average hours per week (list any hours for related organiza-tions Former Individual to director Highest compensated employee nstitutional trustee (ey employee compensation from the organization and related organizations l trustee below dotted line) Bruce Bartlett 0 Vice President 0 0. 0 0. Judy Fosdick 0 Vice President 0 Χ 0. 0 0. Peter L. Brown 10 0 Χ President 0. 0. 0. 0 Edward Santos Vice President 0 Χ 0. 0 0. 10 Rita Simpson 0 Secretary Χ 0. 0 0. David Tarantino 10 Χ Treasurer 0 0. 0. 0.

Form 990 Cont 2021

		Check if Schedule O contains a response or note to any	/ line in this Part V	III		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1 a b c d e f	Federated campaigns				
	h	Total. Add lines 1a-1f Business Code	527,789.			
une	2 2		05 110	05 110		
eve!	ے h	Museum Admissions 900099 Other Museum Revenue 900099	95,118. 10,321.	95,118. 10,321.		
ce F	c	Other Museum Revenue 900099	10,321.	10,321.		
ervi	d					
mS	е					
Program Service Revenue		All other program service revenue				
ŗ	g	Total. Add lines 2a-2f▶	105,439.			
	3	Investment income (including dividends, interest, and other similar amounts)	88,669.			88,669.
	4	Income from investment of tax-exempt bond proceeds	00,000.			00,003.
	5	Royalties				
	_	(i) Real (ii) Personal				
		Gross rents 6a 84,542.				
		Less: rental expenses 6b 51,380. Rental income or (loss) 6c 33,162.				
		Net rental income or (loss)	33,162.			33,162.
		Gross amount from (i) Securities (ii) Other	33,102.			33,102.
	, u	sales of assets				
	b	Less: cost or other basis				
		and sales expenses 7b 130, 903. 614.				
		Gain or (loss)	40, 402			40 402
			48,483.			48,483.
Other Revenue		Gross income from fundraising events (not including \$\frac{1,130.}{\text{of contributions reported on line 1c).}}\$ See Part IV, line 18				
Σth		Net income or (loss) from fundraising events				
)		Gross income from gaming activities. See Part IV, line 19				
		Less: direct expenses 9b				
	С	Net income or (loss) from gaming activities ▶				
		Gross sales of inventory, less returns and allowances 10a 54,779. Less: cost of goods sold 10b 15,216.				
		Net income or (loss) from sales of inventory	39,563.	39,563.		
र्य		Business Code	, , , , ,			
eo Fe	11 a b c d					
Miscellaneous Revenue	b					
ev Rev	ر C	All other revenue				
MIS _		Total. Add lines 11a-11d				
	12		843,105.	145,002.	0.	170,314.

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). Check if Schedule O contains a response or note to any line in this Part IX. (C) (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Total expenses Program service Management and Fundráising general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees 0. 0. 0. 0 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)...... 0 0 0 0. 250,458 202,529 19,104 28,825. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Payroll taxes 22,161 18,493. 1,196 2,472 11 Fees for services (nonemployees): c Accounting..... 18,758 18,758 **d** Lobbying...... e Professional fundraising services. See Part IV, line 17... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.) 12 Advertising and promotion..... 4,890. 3,038. 1,852 13 21,686. 12,261. 7,375 2,050 Information technology..... 14 15 Royalties..... 17 Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 19 21 Payments to affiliates..... 22 Depreciation, depletion, and amortization.... 101,955. 101,955. 23 20,092. 20,092. Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)..... 71,289 71,289 a Repairs & Maintenance b Curatorial 40,003 40,003 <u>31,828</u> ^c <u>Utilities</u> 31,828 d <u>Supplies</u> 12,497 3,456 6,095 22,048 52,573. 39,771. 1,528. 11,274. e All other expenses..... 25 Total functional expenses. Add lines 1 through 24e. . . . 553,756. 657,741. 46,092. 57,893. 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).....

		Check if Schedule O contains a response or note to	o any line	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			342,214.	1	522,240.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			13,684.	4	802.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	tor, or 35%		5		
	6	Loans and other receivables from other disqualified p		H=			
		section 4958(f)(1)), and persons described in section	•			6	
	7	Notes and loans receivable, net				7	
2	8	Inventories for sale or use		<u> </u>	15,201.	8	18,200.
Assets	9	Prepaid expenses and deferred charges		_	15,201.	9	10,200.
As	_		1 1				
·	IUa	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	4,345,647.			
	b	Less: accumulated depreciation	10 b	2,190,057.	2,256,822.	10 c	2,155,590.
	11	Investments — publicly traded securities			4,322,029.	11	4,712,496.
	12	Investments – other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11.				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			180,671.	15	196,908.
	16	Total assets. Add lines 1 through 15 (must equal line	33)		7,130,621.	16	7,606,236.
	17	Accounts payable and accrued expenses	44,748.	17	51,919.		
	18	Grants payable			•	18	,
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete Part		_		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	ficer, dire utor, or 3 rsons	ector, trustee, 5%		22	
\Box	23	Secured mortgages and notes payable to unrelated the				23	
	24	Unsecured notes and loans payable to unrelated third		 -		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			6,757.		5,557.
	26	Total liabilities. Add lines 17 through 25			51,505.	26	57,476.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		X			
lan	27	Net assets without donor restrictions			6,218,887.	27	6,612,253.
Ва	28	Net assets with donor restrictions		 -	860,229.	28	936,507.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here		,==		200,000
or	29	Capital stock or trust principal, or current funds		F		29	
ts	30	Paid-in or capital surplus, or land, building, or equipm		<u> </u>		30	
še	31	Retained earnings, endowment, accumulated income				31	
ł A	32	Total net assets or fund balances			7,079,116.	32	7,548,760.
Nei	33	Total liabilities and net assets/fund balances			7,130,621.	33	7,606,236.
<u></u>			TFFA0111		1,130,041.	55	7,000,230.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		843,	105.
2	Total expenses (must equal Part IX, column (A), line 25)	2		657,	741.
3	Revenue less expenses. Subtract line 2 from line 1	3		185,	364.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,	079,	
5	Net unrealized gains (losses) on investments.	5		284,	280.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7.	548,	760.
Pa	rt XII Financial Statements and Reporting	· · · · · ·		0 20 7	
	Check if Schedule O contains a response or note to any line in this Part XII				П
	Chook in Contouring a response of note to any line in this rail tall.			Yes	-
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			103	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a			
ı	b Were the organization's financial statements audited by an independent accountant?		2	b X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both: X Separate basis	ite			
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2	c X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3 :	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3	а	Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			b	
BAA	TEEA0112L 09/22/21		Fo	rm 990	(2021)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number The Pilgrim Society XX-XXXXXXX Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 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). 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 on 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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

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

Sec	tion A. Public Support							
begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	552,521.	520,817.	346,924.	325,113.	527,789.	2,273,164.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
	Total. Add lines 1 through 3 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)	552,521.	520,817.	346,924.	325,113.	527,789.	2,273,164.	
6	Public support. Subtract line 5 from line 4						2,273,164.	
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
7	Amounts from line 4	552,521.	520,817.	346,924.	325,113.	527,789.	2,273,164.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	134,730.	101,533.	170,404.	73,617.	88,669.	568,953.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,	.,	,	0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.	
	Total support. Add lines 7 through 10						2,842,117.	
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	0.	
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or fi	fth tax year as a	section 501(c)(3)	▶ □	
Sec	tion C. Computation of Pul	olic Support P	ercentage					
	Public support percentage for 20						79.98 %	
	Public support percentage from 2 33-1/3% support test—2021. If the	ne organization di	d not check the bo	ox on line 13. and	d line 14 is 33-1/3	% or more, check	78.31 % c this box	
b	and stop here. The organization qualifies as a publicly supported organization. b 33-1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
	b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							

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

(Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support	,		<u> </u>			
Calend	lar year (or fiscal year beginning in) >	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include						
2	any 'unusual grants.'). Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support				T	_	,
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	fifth tax year as a	section 501(c)(3)▶ □
	tion C. Computation of Pul			10 1 20		1	
	Public support percentage for 20	•	• • •		•		%
	Public support percentage from 2					16	%
	tion D. Computation of Inv				uma (f)	1	0.
	Investment income percentage for	•	• • •	-			0/0
	Investment income percentage fi 33-1/3% support tests—2021. If t						
	is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies	as a publicly supp	oorted organizatio	n
b	33-1/3% support tests—2020. If t line 18 is not more than 33-1/3%						

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was			
3a	described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b	2		
	and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4 a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorities such action; and (iv) how the action was	5a		
	accomplished (such as by amendment to the organizing document).	эа		
D	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI</i> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations), and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10a		

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11		the organization accepted a gift or contribution from any of the following persons?			
	the g	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, poverning body of a supported organization?	11a		
		nily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Se	ction	B. Type I Supporting Organizations			
_				Yes	No
1	or mo office organ than were	he governing body, members of the governing body, officers acting in their official capacity, or membership of one ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported nization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers to get the tax year.	1		
2	Did the that of the bene	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such suffiction of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Se	ction (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			
	ot ea	nch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ction	D. All Type III Supporting Organizations	<u> </u>		
<u> </u>	Cuon	D. All Type III Supporting Siguinzations		Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
year, (ii) a copy of the Form 990 that was most recently filed as of	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the				
	orgar	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were orgar the o	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tir	ason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard.	3		
Se		E. Type III Functionally Integrated Supporting Organizations	<u> </u>		<u> </u>
		<u>, , , , , , , , , , , , , , , , , , , </u>			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	a∐⊺	The organization satisfied the Activities Test. Complete line 2 below.			
	b ∐ ⊺	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c ∐ ⊺	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	uctions	s).
2	Activ	ities Test. Answer lines 2a and 2b below.		Yes	No
	suppo orga i respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted	2-		
	subst	tantially all of its activities.	2a		
	more	he activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the cons for the organization's position that its supported organization(s) would have engaged in these activities			
		or the organization's involvement.	2b		
3	Parei	nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.	3a		
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Pai	\mathbf{r} t $\mathbf{v} = \mathbf{r}$ ype III Non-Functionally Integrated 509(a)(3) Supporting Orga	ınıza	tions			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). See through E.		
Sec	Section A – Adjusted Net Income (A) Prior Year (B) Current Ye (optional)					
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):					
	Average monthly value of securities	1a				
ŀ	Average monthly cash balances	1b				
(Fair market value of other non-exempt-use assets	1c				
(Total (add lines 1a, 1b, and 1c)	1d				
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sec	tion C — Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	d Type III supporting or	ganization		

BAA Schedule A (Form 990) 2021

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (conti	inued)	
Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8	
9	Distributable amount for 2021 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
i Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

BAA Schedule A (Form 990) 2021

Part VI

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

Schedule B (Form 990)

PUBLIC DISCLOSURE COPY

Schedule of Contributors

dule of Contributors

2021

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

The Pilgrim Society XX-XXXXXXX Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization Employer identification number The Pilgrim Society XX-XXXXXXX Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution (a) No. Person Χ **Payroll** 15,000. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution (a) No. Person 2_ **Payroll** 65,000. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (c)
Total contributions (d) Type of contribution (a) No. Person 3_ **Payroll** 50,000. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (d) Type of contribution (a) No. (c) Total contributions Person 4_ **Payroll** 100,000. Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (c) Total contributions (b) Name, address, and ZIP + 4 Person 5 **Payroll** 56,050. Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (c) Total contributions (b) Name, address, and ZIP + 4 Person

(Complete Part II for noncash contributions.)

Payroll Noncash

Schedule B (Form 990) (2021) Name of organization 1 1 Pa

The Pilgrim Society

XX-XXXXXX

raitii	Noticash Property (see instructions). Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
BAA	TEEA0703L 10/06/21	Schedule I	B (Form 990) (2021)

Name of organization Employer identification number XX-XXXXXXX The Pilgrim Society Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.).......▶\$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

The Pilgrim Society

XX-XXXXXXX

Par	Organizations Maintaining Done Complete if the organization ans	or Advised Funds or Other Sir wered 'Yes' on Form 990, Part	nilar Funds or Accou	nts.
		(a) Donor advised funds	(b) Fund	s and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and do	nor advisors in writing that the assets	hold in donor advised fun	de
J	are the organization's property, subject to the	organization's exclusive legal contro	?	Yes No
6	Did the organization inform all grantees, done for charitable purposes and not for the benefit impermissible private benefit?	ors, and donor advisors in writing that t of the donor or donor advisor, or for	grant funds can be used of any other purpose conferr	only ring Yes No
Par	Conservation Easements. Complete if the organization ans	wered 'Yes' on Form 990, Par	IV, line 7.	
1	Purpose(s) of conservation easements held b	y the organization (check all that app	y).	_
	Preservation of land for public use (for exam	ple, recreation or education)	Preservation of a historica	lly important land area
	Protection of natural habitat		Preservation of a certified	historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization last day of the tax year.	held a qualified conservation contribution	in the form of a conservation	on easement on the
			Held	at the End of the Tax Year
á	Total number of conservation easements		2a	
	Total acreage restricted by conservation ease			
	Number of conservation easements on a cert	ified historic structure included in (a)	2c	
(Number of conservation easements included structure listed in the National Register	in (c) acquired after 7/25/06, and not	on a historic	
3	Number of conservation easements modified, tratax year ►			uring the
4	Number of states where property subject to cons	ervation easement is located ▶		
5	Does the organization have a written policy re		ection, handling of violatio	ns.
J	and enforcement of the conservation easeme	nts it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations, and e	forcing conservation easem	ents during the year
7	Amount of expenses incurred in monitoring, insp ▶\$	ecting, handling of violations, and enforce	ng conservation easements	during the year
8	Does each conservation easement reported of and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirem	ents of section 170(h)(4)(E	B)(i) Yes No
9	In Part XIII, describe how the organization re include, if applicable, the text of the footnote conservation easements.	ports conservation easements in its reto the organization's financial statem	venue and expense stater ents that describes the org	ment and balance sheet, and anization's accounting for
Par	Complete if the organization ans	ections of Art, Historical Treas wered 'Yes' on Form 990, Par	ures, or Other Simila IV, line 8.	r Assets.
1 a	a If the organization elected, as permitted under historical treasures, or other similar assets he Part XIII the text of the footnote to its financia	eld for public exhibition, education, or	research in furtherance of	public service provide in
ı	If the organization elected, as permitted under historical treasures, or other similar assets held to following amounts relating to these items:	er FASB ASC 958, to report in its reve for public exhibition, education, or resear	nue statement and balanc ch in furtherance of public so	e sheet works of art, ervice, provide the
	(i) Revenue included on Form 990, Part VIII,	line 1		. ►\$
	(ii) Assets included in Form 990, Part X			▶ \$
2	If the organization received or held works of art, amounts required to be reported under FASB	historical treasures, or other similar asse		
	Revenue included on Form 990, Part VIII, line			
ı	Assets included in Form 990, Part X			. ▶\$

Part III	Organizations Maintai	ning Colle	ections	of Art, Histo	rical	Treasures, or	Other Si	milar Ass	ets (co	ontinu	ed)
3 Usin	ng the organization's acquisition, ns (check all that apply):	accession, a	nd other r	ecords, check a	ny of th	ne following that m	ake significa	int use of its	collectio	n	_
	Public exhibition			d Loan	or exch	nange program					
	Scholarly research			e Other		3 1 3					
	Preservation for future genera	ations									
	vide a description of the organizati	ation's collect	ions and e	explain how they	furthe	r the organization's	s exempt pu	rpose in			
5 Dur to b	ing the year, did the organizat be sold to raise funds rather th	an to be ma	intained a	as part of the o	rganiz	ation's collection?	?		Yes		No
Part IV	Escrow and Custodial line 9, or reported an a						swered 'Y	'es' on Foi	m 990), Pari	t IV,
1 a ls t	he organization an agent, trus Form 990, Part X?	tee, custodia	an or othe	r intermediary	for cor	ntributions or othe	er assets no	ot included	Yes		No
	roilli 990, Fall Ar							· · · · · · · · L	163		
			·		Ü				Amount		
	ginning balance										
	ditions during the year										
	tributions during the year										
	ding balance						<u> </u>	.			
	the organization include an ar								Yes	 	No
b IT 'Y	es,' explain the arrangement	in Part XIII.	Спеск пе	re if the explar	nation	nas been provide	d on Part X			· · · · L	
Part V	Endowment Funds. Co	omploto if	the ora	anization an	CWOR	od 'Vos' on Fo	rm 990 [Part IV/ lin	0 10		
raitv	Eliuowillelli Fullus. Co	(a) Current		(b) Prior year		(c) Two years back		ee years back		our years	hack
1 a Bed	ginning of year balance	4,322	-	3,906,6		3,457,822		570,729.		,222,	
	ntributions		,250.	115,5		43,280		130,631.	, J		000.
c Not	investment earnings, gains,		, = 0 0 1							,	
	l losses	422	,457.	484,7	54.	580,900	o.	-63,910.		491,	981.
d Gra	ints or scholarships										
	er expenditures for facilities	180	,000.	170,0	00.	165,000	0.	157,000.		149,	000.
	ministrative expenses		,240.	14,9		10,31		22,628.			824.
g End	d of year balance	4,712	,496.	4,322,0		3,906,688		457,822.	3,	,570,	
2 Pro	vide the estimated percentage	of the curre	ent year e	nd balance (lin	ie 1g, d	column (a)) held	as:	·			
a Boa	ard designated or quasi-endowme			<u>.00</u> %							
	manent endowment	9.00 %	;								
	m endowment 🕨	 %									
The	percentages on lines 2a, 2b, an	d 2c should e	equal 100%	6.							
	there endowment funds not in than it anization by:	ne possessior	of the org	ganization that a	are held	d and administered	for the		Γ	Yes	No
•	Unrelated organizations								3a(i)	103	X
	Related organizations								3a(ii)		X
	es' on line 3a(ii), are the related								3b		
4 Des	scribe in Part XIII the intended	uses of the	organizat	ion's endowme	ent fun	ds. See Par	t XIII				
	Land, Buildings, and E										-
	Complete if the organize			Yes' on Forr	n 990), Part IV, line	11a. See	Form 990	o, Par	t X, Iir	ne 10.
	Description of property			or other basis estment)	(b)	Cost or other asis (other)	(c) Accu	mulated ciation	(d) E	Book va	llue
1 a Lar	id			15,000.			·			15,	000.
b Bui	ldings			185,885.			18	35,885.			0.
	sehold improvements			206,406.		3,849,003.	1,9	51,083.	2	,104,	326.
d Equ	uipment					89,353.	Ţ	53,089.		36,	264.
	er										
	d lines 1a through 1e. (Columi	n (d) must e	qual Forn	n 990, Part X, d	column	(B), line 10c.)				,155,	
RΔΔ								Schedi	ile D (Fr	orm 990	1 2021

Complete if the organization answered "Yes" on Form 990, Part IV, line 11tb. See Form 990, Part X, line 1. (a) Description of sealury or citages (chidang name of security) (b) Book value (c) Method of valuations Cest or end of year market value (d) Sealury or citages (chidang name) (d) Complete in the organization answered "Yes" on Form 990. Part IV, line 11tc. See Form 990, Part X, line 1. (a) Description (b) Book value (c) Method of valuations Cest or end of year market value (d) Complete in the organization answered "Yes" on Form 990. Part IV, line 11tc. See Form 990, Part X, line 1. (e) Description of investments (f) Method of valuations Cest or end-of-year market value (g) Method of valuations. Cest or end-of-year market value (g) Description of investments (g) Description of inability (g) Book value (g) Book value (g) Book value (g) Description of inability (g) Book value (g) Security Deposits (g		nvestments – Other Securities.	'Voc' on Form 000	N/A	100 Dart V lina 10
(2) Closely held equity interests. (3) Other (A) (B) (Closer (2) must equal form 88(Part X, colorer (8) line 12). Part VIII Investments - Program Zelated. (2) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B					
(2) Olsey's held equity interests. (3) Other (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19		, , , , , , , , , , , , , , , , , , , ,	(b) Book value	(c) Method of Valuation. Cost of end-o	1-year market value
(3) Other (b) (B	` '	<u> </u>			
(A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	•				
(G)					
(G)					
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost					
(G)					
(G)					
(c) (c) (d) (d) (d) (e) (e) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f					
(b) Total. (Column (b) most sepal Form 900, Part X, column (B) line 12). Part VIIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 1: (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g					
Total. (Column (b) must equal Form 990, Part X, column (B) line 13 Part VIIII Investments — Program Related.					
Part VIII Investments - Program Related. Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 12 (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (3) (4) (5) (6) (7) (7) (8) (9) (10)	(l)				
Complete if the orgănization answered 'Yes' on Form '990, Part IV, line 11c. See Form '990, Part X, line 11c. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (l) (e) Method of valuation: Cost or end-of-year market value (l) (e) Method of valuation: Cost or end-of-year market value (l) (e) Method of valuation: Cost or end-of-year market value (l) (e) Method of valuation: Cost or end-of-year market value (l) (e) Method of valuation: Cost or end-of-year market value (l) (e) Method of valuation: Cost or end-of-year market value (l) (e) Method of valuation: Cost or end-of-year market value (l) Method of valuation: Cost or end-of-year market value (l) (l) Method of valuation: Cost or end-of-year market value (l)	Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Part VIII In	vestments – Program Related.		N/A	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) (6) Book value (7) (8) (9) (10) (10) (10) (2) (3) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) Part XX Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (7) Federal income taxes (8) Security Deposits (9) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (19) (19) (10) (10) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (19) (10) (10) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (19) (10) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (19) (19) (19) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (19) (19) (19) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19					
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) • (a) Description (b) Book value (c) (d) (d) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g		a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part X Other Assets.					
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(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.). Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Security Deposits (3) (4) (5) (6) (7) (8) (9) (10) (11) (11) (11) (11) (11) (11) (11		(a) Des	cription		(b) Book value
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1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Security Deposits (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	Part X	Other Liabilities.	orm 000 Dort IV line 11	lo or 11f Coo Form 000 Port V line 2F	
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(2) Security Deposits (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.). 5,557 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain		, ,	pulon or hability		(b) book value
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(4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.). 5,557 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain		ity beposites			3,337.
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain	-				

Part XI Reconciliation of Revenue per Audited Financia	ıl Statements With Revenue per Re	turn.	
Complete if the organization answered 'Yes' on F	Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial state	ments	1	1,197,021.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	:		
a Net unrealized gains (losses) on investments	2a 284,280.		
b Donated services and use of facilities			
c Recoveries of prior year grants d Other (Describe in Part XIII.) See Part XIII	2c		
d Other (Describe in Part XIII.) See Part XIII	2d 69,636.		
e Add lines 2a through 2d		2 e	353,916.
3 Subtract line 2e from line 1		3	843,105.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b.	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Pa	art I, line 12.)	5	843,105.
Part XII Reconciliation of Expenses per Audited Financi	•	Return.	
Complete if the organization answered 'Yes' on F	Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements		1	727,377.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities			
b Prior year adjustments	2b		
c Other losses.			
d Other (Describe in Part XIII.) See Part XIII	2d 69,636.		
e Add lines 2a through 2d		2 e	69,636.
3 Subtract line 2e from line 1		3	657,741.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b.			
b Other (Describe in Part XIII.)		4 -	
c Add lines 4a and 4b		4 c	CE7 741
J TOTAL EXPENSES. AND THIES J AND 40. (THIS THUST EQUAL FORM 990, P	aili, iiii는 10.)	3	657,741.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part III, Line 1a - F/S Footnote For Art, Treasures, Etc.

In accordance with industry practice, the Society's collection of historic Pilgrim treasures are not capitalized and recognized as assets on the statement of financial position. The Society holds its collections for public exhibition, education, and research rather than for financial gain. The Society employs a curator to ensure that the collection is protected and preserved.

BAA Schedule D (Form 990) 2021

Part V, Line 4 - Intended Uses Of Endowment Fund

Board Designated Endowment - The Executive Committee has designated the use of certain net assets for specific purposes. The funds have been invested to satisfy long-term objectives and provide investment income to supplement operating activities.

Permanent Endowment - A Society received a permanently restricted contribution to establish the "Edward R. Belcher Fund". There is no designation on use of income derived from the fund.

Part X - FASB ASC 740 Footnote

In evaluating the Society's tax positions and future taxable income, interpretations and tax strategies are considered. The Society believes they do not have any uncertain tax positions as of December 31, 2019. Generally, federal tax returns are subject to examination by the Internal Revenue Service for three years after they are filed.

Schedule D, Part XI, Line 2d Other Revenue Included In F/S But Not Included On Form 990

Merchandise sales Rental income Special events	\$ 15,216. 51,380. 3,040.
Total	\$ 69,636.
Schedule D, Part XII, Line 2d Other Expenses And Losses Per Audited F/S	
Merchandise cost of sale. Rental expenses. Special events expense. Total	\$ 15,216. 51,380. 3,040. 69,636.

SCHEDULE 0 (Form 990)

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 Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

Employer identification number XX-XXXXXXX The Pilgrim Society

Form 990. Part VI. Line 6 - Explanation of Classes of Members or Shareholder

The organization has approximately 600 members.

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

Members may vote on board membership and changes to the organization's bylaws.

Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders

Members may vote on board membership and changes to the organization's bylaws.

Form 990, Part VI, Line 11b - Form 990 Review Process

Form 990 is reviewed and discussed by officers for accuracy, prior to being signed by the President and subsequently filed.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The conflict of interest policy is discussed at least annually at board meetings, and disclosure of any potential conflicts is sought.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The Executive Committee reviews the salary level of the Executive Director using comparables provided by the New England Museum Association Salary Survey.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

The Executive Committee reviews the salary level of the Executive Director using comparables provided by the New England Museum Association Salary Survey.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The Organization's Form 990 is made available for public inspection on the website www.guidestar.org, and upon request.