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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service For the 2009 calendar year, or tax year beginning 2009, and ending 20 D Employer identification number C Name of organization Pearlstone Family Fund, inc B Check if applicable Please use IRS Doing Business As 52-1249913 Address change labal or print o Number and street (or P O box if mail is not delivered to street address) Telephone number Room/suite ☐ Name change type 101 West Mount Royal Avenue Initial return Specific City or town, state or country, and ZIP + 4 ☐ Terminated Instruc ≝ Amended return tions Baltimore, Maryland 21201-5708 G Gross receipts \$ 1,666,511 F Name and address of principal officer Application pending H(a) Is this a group return for affiliates? Yes H(b) Are all affiliates included? ☐Yes ☐ No Tax-exempt status 4947(a)(1) or If "No," attach a list (see instructions) Website: ▶ H(c) Group exemption number ▶ Form of organization

Corporation □ Trust □ Association □ Other ▶ L Year of formation 1987 M State of legal domicile MD Part I Summary 1 Briefly describe the organization's mission or most significant activities: Addresses charitable, educational, religious, humanitarian, health, cultural and social service needs of the Jewish and secular community in furtherance of the charitable purposes of the supported organization. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 0 5 Total number of employees (Part V, line 2a). 6 0 6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C)—line 34 7a b Net unrelated business taxable income from Form 990-T, line 34 7b 0 Prior Year **Current Year** Ö 180,968 AUG. 0.6. 2010 100,000 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g). (802,091)128.193 10 Investment income (Part VIII, column (A), lines 3, 4, and 7\$\dagger{b}\$) . OGDEN HUT Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and Total revenue--add lines 8 through 11 (must equal Part VIII, column (A), line 12) 228,193 (621.123)1.044.884 604.501 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)▶ 146,391 79,158 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f). 1,191,275 683,659 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25). Revenue less expenses. Subtract line 18 from line 12 (963.082 (1.304.782)Assets or Balances **Beginning of Current Year End of Year** 11,207,677 13,901,241 20 Total assets (Part X, line 16). Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 11.207.677 13.901.241 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officei Here Marc B. Terrill President Type or print name and title Check if Date Preparer's identifying number Preparer's self-(see instructions) signature employed ▶ ___ Paid Preparer's Firm's name (or yours EIN **Use Only** if self-employed), Phone no ▶ address, and ZIP + 4 Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2009)

Par	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: Addresses charitable, educational, religious, humanitarian, health, cultural and social service needs of the Jewish and secular community in furtherance of the charitable purposes of the supported organization.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code:) (Expenses \$ 604,501 including grants of \$ 604,501) (Revenue \$)
	Grant making to benefit educational, religious, humanitarian, health cultural and social service needs
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4-	(Codes) (Forestee 6) (Paragraph of 6
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 604.501

Pai	t 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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_X_	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4_		<u>x</u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_5		ļ
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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_		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8_		<u>x</u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	ğ,	*	÷
•	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.	, ,		
•	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	2		۶
	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	-	4	•
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 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? If "Yes," complete Schedule D, Part X	4		* ·
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	<u>.</u>	Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	*	ş	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16		х
17	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	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? <i>If "Yes," complete Schedule G, Part II</i>	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.	40		
20	If "Yes," complete Schedule G, Part III	19 20		X

Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Χ_	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>x_</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Χ_	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Χ
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		<u>x</u> _
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		х 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? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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? If "Yes," complete Schedule N, Part I	31		х
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? <i>If "Yes," complete Schedule R, Part I</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Х
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		х
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		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note . All Form 990 filers are required to complete Schedule O		Х	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of								
	U.S Information Returns. Enter -0- if not applicable								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable								
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable								
	gaming (gambling) winnings to prize winners?	1c	_X_	<u> </u>					
2a	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 2a 0.								
ь	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 0 1f at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return (see								
	instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by								
	this return?	3a 3b		X_					
_	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O								
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial								
	account)?	4a		x					
b	If "Yes," enter the name of the foreign country ▶								
-	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	Ð.	,	ľ					
	and Financial Accounts.			ļ					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X_					
Ь		5b		X					
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		X					
	organization solicit any contributions that were not tax deductible?								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
	gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).		4	ļ. '					
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?	7a		X					
ь.	and services provided to the payor?	7b		_					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
•	required to file Form 8282?	7c		X_					
q	If "Yes," indicate the number of Forms 8282 filed during the year		:	ļ · -					
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal								
	benefit contract?	7e 7f		X					
r	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	 ^ -					
g h									
••	required?	7h		 					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting								
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring								
_	organization, have excess business holdings at any time during the year?	8		 					
9 a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		1					
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders								
a	Cross income from members of shareholders	1		1					
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			i					

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 in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	,		
	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	******************		
	any other officer, director, trustee, or key employee?	2_	Χ_	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3_		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		_X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		_X
6	Does the organization have members or stockholders?	6	Χ	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	_X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	,		
	the year by the following:	<u> </u>		
а	The governing body?	8a	X	
þ		8b	_X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			v
500	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the International Control of	9a		<u> </u>
	renue Code.)	ziiiai		
	0.110 0000.7	_	Yes	No
100	Does the agreemention have local shorters because or officers?	10a	163	X
	Does the organization have local chapters, branches, or affiliates?	104		
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
••	form?	11	х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990	` .	مر مر	
12a		12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		_X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
-	describe in Schedule O how this is done	12c	Χ	
13	Does the organization have a written whistleblower policy?	13		_X
14	Does the organization have a written document retention and destruction policy?	14		Χ
15	Did the process for determining compensation of the following persons include a review and approval by	امر		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)	no i		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		
	with a taxable entity during the year?	10a		
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 000 is required to be filed. None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c			
	available for public inspection. Indicate how you make these available Check all that apply.	, (-/-	, /	
	☐ Own website ☒ Another's website ☒ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco			
	organization: ► Marilyn Loux 101 W Mt. Royal Avenue Baltimore, MD 21201 410-727-4828		-	

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not con (A)	(B)	uny c	4116		C)	or, un	JUIL	(D)	(E)	(F)
Name and Title	Average	Posit	nn ((•	that ap	ואותו	Reportable	(E) Reportable	(F) Estimated
	hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Marc B. Terrill	4 0	.,		.,				_		
President	1 - 2	X	<u> </u>	X	ļ		<u> </u>	0	477,859	38,736
Richard L. Pearlstone Vice President	1 - 2	X		×			1	0	0	0
P. Justin Pearlstone		1				 	T			
Vice President	1 - 2	X		X				l o	o	0
Eugene Schreiber					1					
Secretary/Treasurer	1 - 2	X	<u> </u>	X	ļ		ļ	0	0	0
Joshua Fidler										
Director	1 - 2	<u> </u>	L	ļ	<u> </u>		<u> </u>	0	0	0
Darrell D. Friedman	j									
Director	1 - 2	X	ļ	<u> </u>	L.		<u> </u>	0	0	132,984
										•
										_
										_

Pai	t VII Section A. Officers, Directors, Tru	stees, Key	Emp	loy	ees,	an	d Hig	hes	t Compensated	Employee	ees (continued)			
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Rey employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from relate organization (W-2/1099-Mil	on ed ns	amo compo fro orga and	imated ount of other ensation the inization related inization initiation in	on on on ed
				_		<u> </u>	<u> </u>	-		 :	\dashv			
							_							
													·	
		<u>-</u>							,					
					_									
1h	Total		l	l.	l	<u> </u>		_	0	477,	050		171	,720
2	Total number of individuals (including but reportable compensation from the organiza		to tho					wh	•) in	<u> </u>	<u>,720</u>
3	Did the organization list any former office employee on line 1a? If "Yes," complete S	r, director	or tru	ste	e, k	ey (emplo	yee	e, or highest co	=	- 1	3	Yes	No X
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.	greater tha	n \$15	0,0	00?	If "	Yes,"	cor	nplete Schedu			4	х	
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue	comp	ens	atic	n f	rom a	anv	unrelated orga	inization for		5		
Se	tion B. Independent Contractors				-									
1	Complete this table for your five highest co compensation from the organization	mpensated	d inde	per	nder	nt co	ontrac	tors	that received	more than	\$100,	,000 o	f 	
	. (A) Name and business add	Iress							(B) Description of s	ervices	((C) Compens		
														
2	Total number of independent contractors (in more than \$100,000 in compensation from					o th	ose li	ste	d above) who re	eceived				

Part	VII	Statement of Re	venue					1
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b d	Federated campaigns Membership dues Fundraising events . Related organizations Government grants (contr	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1		:		
Contributions, and other simi	f g	All other contributions, gifts, g and similar amounts not inclu Noncash contributions include Total . Add lines 1a–1f	rants, ded above 1f	180,968	180.968	- :	*	, ,
Program Service Revenue	2a b c d e	All other program servi		Business Code	\$, ~ ~ A			
- A	3 4	Total. Add lines 2a–2f Investment income (incother similar amounts) Income from investment of	luding dividend	ds, interest, and	175,806			175,806
	b	Gross Rents Less rental expenses Rental income or (loss) Net rental income or (le		(ii) Personal	· · · · · · · · · · · · · · · · · · ·	a la	* *	, a
	b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	(i) Securities 1,309,73 2,287,63 (977,89	4 7) 0			, -,	
Other Revenue	d 8a b	Net gain or (loss) Gross income from events (not including \$ of contributions reported See Part IV, line 18 Less direct expenses	on line 1c).	a •	(977,897)	,	- S	\$
ð	С	Net income or (loss) from Gross income from game	om fundraising iing activities	events ▶	0	-' ;		
	С	See Part IV, line 19 Less direct expenses. Net income or (loss) fro	om gaming act	ь	0	*		
	b	Gross sales of inverturns and allowances Less cost of goods so Net income or (loss) from Miscellaneous Rev	ld n sales of inver	b	0			
	b d	All other revenue Total. Add lines 11a-1			0			
	ı	Total Revenue. See in			(621,123)			175.800

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete col	umn (A) but are no	or required to comp	olete columns (b),	(C), and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
•	organizations in the U.S. See Part IV, line 21	604,501	604,501		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			:	
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				*
4	Benefits paid to or for members				*
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	:			
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10 11	Payroll taxes				
а	Management				
b	Legal				
С	Accounting				
	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	79,158		79,158	
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				·
16	Occupancy				
17	Travel			_	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .			<u> </u>	
23	Insurance				·
24	Other expenses. Itemize expenses not covered above (Expenses grouped together	•			~
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)			t i	
а					
b					
C					
d					
е					
25	All other expenses Total functional expenses. Add lines 1 through 24f	683,659	_604,501	79,158	
26	Joint Costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Рa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	685,056	2	2,456,871
	3	Pledges and grants receivable, net		3	
i	4	Accounts receivable, net		4	· · · · · · · · · · · · · · · · · · ·
	5	Receivables from current and former officers, directors, trustees, key	1		
		employees, and highest compensated employees. Complete Part II of	1		
ŀ		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section	** - **		`
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges		9	
	10a		\$ ÷		
		other basis Complete Part VI of Schedule D			
		Less: accumulated depreciation	40.500.004	10c	0
	11	Investments—publicly traded securities	10,522,621	11	11,444,370
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		14	
	14	Intangible assets		15	
	15 16	Other assets See Part IV, line 11	11,207,677	16	13,901,241
	17		11,207,077	17	13,301,241
	17	Accounts payable and accrued expenses		18	
	19	Grants payable		19	
	20	Deferred revenue		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	•
Liabilities	22	Payables to current and former officers, directors, trustees, key		75 1	
ā	**	employees, highest compensated employees, and disqualified			,
ا ت		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	•	23	
i	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	<u>. </u>
	26	Total liabilities. Add lines 17 through 25	0	26	0
or Fund Balances		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.	* * **		, ,
aŭ	27	Unrestricted net assets	11,207,677	27	13,901,241
Bal	28	Temporarily restricted net assets	.,,,=,,,,,,,	28	70,007,277
핓	29	Permanently restricted net assets	,	29	
교		Organizations that do not follow SFAS 117, check here ▶ □	V;		ky 12, *
		and complete lines 30 through 34.	· · · · · · · · · · · · · · · · · · ·		\$ X
Net Assets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
7	32	Retained earnings, endowment, accumulated income, or other funds	44 007 077	32	40.004.044
ž	33 34	Total net assets or fund balances	11,207,677	33	13,901,241
	J 4	Total liabilities and net assets/fund balances	11.207.677	34	13.901.241

Pai	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 🛛 Cash 🗌 Accrual 🗎 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		:	
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X_
С	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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		2	;
3a	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?	_3a		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 in Schedule O and describe any steps taken to undergo such audits.	3b		<u> </u>

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047
2009
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Pea	ırlst	one Family F	Fund, Inc.						52-1249	913			
	rt I			arity Status (All or	ganizatı	ons mus	t comple	ete this	oart.) Se	e instruc	ctions		
1 2 3		A church, co A school des A hospital or	nvention of chur scribed in section a cooperative h	dation because it is: (rches, or association on 170(b)(1)(A)(ii). (Attacspital service organi	of church tach Sche ization de	es descri edule E.) escribed i	bed in se n section	ection 17 n 170(b)(70(b)(1)(A 1)(A)(iii).	.)(i).			
4		hospital's na	me, city, and sta				·						
5		section 170	(b)(1)(A)(iv). (Co	the benefit of a collegon complete Part II)							unit ae	escribe	ea in
6 7 8 9		 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33⅓ % 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 33⅓% of its 											
		support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
10 11													
е	X	persons other	this box, I certi	ify that the organization managers and other	on is not		d directly	y or indir	ectly by	one or m		squalı	fied
f g		organization,	check this box t 17, 2006, has	a written determination						or Type 	III su _l	oportir	ng . 🕱
		(i) A person	who directly or	indirectly controls, eining body of the supp		•		persons	describe	ed in (ii)	11g(i		No X
h		(iii) A 35% c	ontrolled entity o	rson described in (i) a of a person described ation about the suppor	in (i) or (?				11g(i 11g(ii	+	X
	Name	e of supported ganization	(ii) EIN	(iii) Type of organization	(iv) is the out of the column (i) is governing	organization sted in your document?	(v) Did y the organ col (i) supp	ou notify nization in of your oort?	organizati (i) organiz U S	ed in the	, , ,	Amoun support	
		ciated Jewish	50 0007057	-	Yes	No	Yes	No	Yes	No		25	
Community Fed Balto		ity Fed Balto	52-0607957	9	X	_	X		X	_		350	6,250
	_												

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

Schedule A (Form 990 or 990-EZ) 2009

356,250

Total

ec	(Complete only if you chection A. Public Support						-
	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					:	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						-
3	The value of services or facilities furnished by a governmental unit to the organization without charge				_		
4	Total. Add lines 1 through 3				-		
5	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	3 21	Serve and				
_	shown on line 11, column (f)		· · · · · >	*4/	<u> </u>	k ## 4 vo	
<u>p</u>	Public support. Subtract line 5 from line 4 tion B. Total Support	1	<u></u>		1	1	
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 7	Amounts from line 4	(4) 2000	(2, 2000	(0, 200)	(0,000	(0, 1000	(1)
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
0	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
1	Total support. Add lines 7 through 10 .	* /				ļ	
2	Gross receipts from related activities, etc					12	
3	First five years. If the Form 990 is for						
-	organization, check this box and stop he tion C. Computation of Public Su			<u></u>	<u> </u>	· • • • •	
4	Public support percentage for 2009 (line	* *		column (fl)		14	9,
- 5	Public support percentage from 2008 Sci					15	9
	331/3 % support test—2009. If the organ					-	
	and stop here. The organization qualifies						
b	331/3 % support test-2008. If the organi	zation did not d	check a box on l	line 13 or 16a,	and line 15 is	33 1/3 % or more,	check this
	box and stop here. The organization qua	alıfies as a pub	licly supported of	organization .			▶
7a	10%-facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums"	acts-and-circum	nstances" test, c	heck this box a	nd stop here.	Explain in Part	
b 8	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum	stances" test, ch organization qual	eck this box ai fies as a public	nd stop here ly supported org	Explain in Part I anization	V how the

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

(Complete only if you checked the box on line 9 of Part I.)

Soo	tion A. Public Support	d the box on	i ilile 5 Ol Fal	· · · · ·			-	
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(0)	2009	(f) Total
1	Gifts, grants, contributions, and	(a) 2003	(5) 2000	(6) 2001	(4) 2000	(6)	2003	(i) rotar
	membership fees received (Do not include							
2	any "unusual grants ")							
_	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					<u> </u>		
4	Tax revenues levied for the organization's							
	benefit and either paid to or expended on					ŀ		
	its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3			1				
	received from disqualified persons					<u> </u>		
b	Amounts included on lines 2 and 3 received				1	1		
	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							
8	Public support (Subtract line 7c from line 6)		· 01 -55		y alg	* *	,	
Sec	tion B. Total Support	. ж.	-t	*	w * .			
	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar							
	sources					<u> </u>		
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses acquired after June 30, 1975	1						
С	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b, whether or not the business is regularly							
	carried on							
12	Other income Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part IV)			*::::	·	**	ĭ ,3	
13	Total support. (Add lines 9, 10c, 11, and 12)				<u> </u>	<u> </u>		
14	First five years. If the Form 990 is for organization, check this box and stop			d, third, fourth	-			. 501(c)(3) ▶ □
Sec	tion C. Computation of Public Su	pport Perce	ntage			· · · · · ·		
15	Public support percentage for 2009 (lin					15		%
16 Sec	Public support percentage from 2008 S tion D. Computation of Investment			<u></u>		16		%
17	Investment income percentage for 200			hy line 12 o	olumn (fl)	17		
18	Investment income percentage for 200 Investment income percentage from 20	•	٠.	-		18		<u>%</u>
19a	331/3 % support tests—2009. If the organization				nd line 15 is m		an 33 1/3 ^c	%, and line
	17 is not more than 331/3 %, check this be	ox and stop h	e re . The organ	zation qualifie:	s as a publicly	suppor	ted orga	nızation 🕨 📙
b	331/3 % support tests—2008. If the organ							
20	Ine 18 is not more than 33½%, check this Private foundation . If the organization		-					_
20	Tivate toutidation. If the organization	did Hot Check	a box on line 1	T, 100, UI 100				or 990-EZ) 2009

4

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
	·····
	<u></u>
	·
	······································

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990. ▶ See separate instructions.

Name	of the organization			Employer identification number
Pea	rlstone Family Fund, Inc.			52-1249913
Pa	Organizations Maintaining Dor the organization answered "Yes"	nor Advised Funds or Other Similar to Form 990, Part IV, line 6	Fund	s or Accounts. Complete if
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year) .			
4	Aggregate value at end of year			
5	Did the organization inform all donors and funds are the organization's property, subje	donor advisors in writing that the assets hect to the organization's exclusive legal co	neld in ontrol?	donor advised
6	Did the organization inform all grantees, do used only for charitable purposes and not if purpose conferring impermissible private be	onors, and donor advisors in writing that go	rant fu	nds can be for any other
Pa	Conservation Fasements Com	plete if the organization answered "Yes"	to Fo	rm 990 Part IV line 7
1	Purpose(s) of conservation easements held Preservation of land for public use (e g Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organize	, recreation or pleasure)	ion of a tion of	a certified historic structure
_	easement on the last day of the tax year.	ation field a qualified dollact validit contribe	20011 111	the form of a control valien
	,			Held at the End of the Tax Year
•	Total number of conservation easements .			2a
a b	Total acreage restricted by conservation ea			2b
C	Number of conservation easements on a c			2c
d	Number of conservation easements include			2d
3	Number of conservation easements modified the tax year ▶			ated by the organization during
4	Number of states where property subject to	conservation easement is located		
5	Does the organization have a written policy violations, and enforcement of the conserve	regarding the periodic monitoring, inspec	ction, h	andling of
6	Staff and volunteer hours devoted to monit	oring, inspecting, and enforcing conservat	tion ea	sements during the year
7	Amount of expenses incurred in monitoring ▶\$, inspecting, and enforcing conservation e	easeme	ents during the year
8	Does each conservation easement reported 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, the organization's accounting for conservations.	ne text of the footnote to the organization' ion easements	s finan	cial statements that describes
Pa		ections of Art, Historical Treasures, overed "Yes" to Form 990, Part IV, line 8		er Similar Assets.
1a	If the organization elected, as permitted un art, historical treasures, or other similar assiprovide, in Part XIV, the text of the footnote	ets held for public exhibition, education, or	resear	ch in furtherance of public service,
b	If the organization elected, as permitted un historical treasures, or other similar assets provide the following amounts relating to the	held for public exhibition, education, or races items	esearc	h in furtherance of public service,
	(ii) Revenues included in Form 990, Part V (iii) Assets included in Form 990, Part X			> \$
2	If the organization received or held works following amounts required to be reported	under SFAS 116 relating to these items:		
a b	Revenues included in Form 990, Part VIII, Assets included in Form 990, Part X	line 1		> \$

Par	t [[] Organizations Maintaini	ng Collections	of Art, Histo	rical	reasures,	or C	ther Similar	ASS	ets (c	ontinu	<u>ied)</u>
3	Using the organization's acquisition, collection items (check all that apply		other records,	1				a sign	ificant	use o	of its
а	Public exhibition		d L		in or exchan						
b	Scholarly research		e	J Oth	er						
C	Preservation for future generat	ions									
4	Provide a description of the organization Part XIV	ation's collections	and explain	how the	ey further the	e org	janization's ex	cemp	t purpo	se in	
5	During the year, did the organization s assets to be sold to raise funds rather	olicit or receive do than to be mainta	nations of art, ined as part o	histori f the or	cal treasures, ganization's o	or c	other similar ction?		Ye	es 🗌	No_
Par	t IV Escrow and Custodial A IV, line 9, or reported an a					swer	ed "Yes" to F	orm	990, F	²art	
	Is the organization an agent, trustee included on Form 990, Part X?					or (other assets r	ot	Y6	es 🗌] No
b	If "Yes," explain the arrangement in	Part XIV and com	nplete the foll	owing 1	table	_					
						_		Amo	ount		
	•					1c	· 				
d	Additions during the year					1d					
е	Distributions during the year					<u>1e</u>		_			
	Ending balance					<u>1f</u>					
b	Did the organization include an amount of "Yes," explain the arrangement in	Part XIV				•	· · · · ·	•		es L	J No ——
Par	t V Endowment Funds. Co		anization a								
		(a) Current year	(b) Prior ye	ar	(c) Two years be	ack	(d) Three years t	oack	(e) Four	years	back
1a	Beginning of year balance										
ь	Contributions					£2	/s8/6	- ₹			
C	Net investment earnings, gains, and losses					· · ·	•				
d	Grants or scholarships				ż	Ž.,	<u> </u>	. 37			
е	Other expenditures for facilities and programs						:	3	. , - ,. , ,,		
	Administrative expenses					-32 (A)				1	
9	End of year balance		<u> </u>		-× 25	,á 🗞	i]
2 a	Provide the estimated percentage of Board designated or quasi-endowment	•		•							
a _	Permanent endowment		70								
0	Term endowment ▶ 9										
				. 46-4		i i	nistared for th	_			
3a	Are there endowment funds not in the organization by:	e possession of th	e organization	ıınaıa	ire neio ano a	aum	mstered for the	C		Yes	No
	(i) unrelated organizations								3a(i)		
				• •		•		•	3a(ii)		
h	(ii) related organizations If "Yes" to 3a(ii), are the related organizations		s required or	Sched	dule R?	•		•	3b		
4	Describe in Part XIV the intended us					•		•			
Par	t VI Investments—Land, Bu					tΧ.	line 10.	•			
	Description of investment	(a) Cost or of	ther basis	(b) Cost (or other	(c)	Accumulated epreciation		(d) Boo	k value)
12	Land						2				
	Buildings		1								
	Leasehold improvements	•					-				
	Equipment						1				
	Other	: :									
	I. Add lines 1a through 1e (Column (d)	must equal Form 9	990, Part X, co	olumn (l	B), line 10(c)) .	•				

Part VII Investments—Other Securities	. See Form 990, Part X	, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion et value
Financial derivatives			
Closely-held equity interests			
Other			
•••••			
			
••••	 _		-
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		:	
Part VIII Investments—Program Related	J. See Form 990, Part X		
(a) Description of investment type	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
			· · · · · · · · · · · · · · · · · · ·
			
	· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			-
Part IX Other Assets. See Form 990, Pa	rt X line 15		
Tale IX	(a) Description		(b) Book value
	<u></u>		 -
			<u>_</u>
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T-A-1 (O.1. (A)	(0) (45)		
Part X Other Liabilities. See Form 990, Part X, col		<u> </u>	
	(b) Amount		· · · · · · · · · · · · · · · · · · ·
(a) Description of liability Federal income taxes	(b) Amount		
r cuerar income taxes			
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		-	
		7 :	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶			

Par	XI Reconciliation of Change in Net Assets from Form 990	to Audited Finan	cial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		. 1	(621,123)
2	Total expenses (Form 990, Part IX, column (A), line 25)		. 2	683,659
3	Excess or (deficit) for the year. Subtract line 2 from line 1		. 3	(1,304,782)
	Net unrealized gains (losses) on investments			3,998,346
5	Donated services and use of facilities		. 5	
6	Investment expenses		. 6	
	Prior period adjustments		. 7	
8	Other (Describe in Part XIV)		. 8	0.000.040
9	Total adjustments (net). Add lines 4 through 8		. 9	3,998,346
	Excess or (deficit) for the year per audited financial statements. Comb	ine lines 3 and 9	. 10	2,693,564
			1	1111
1	Total revenue, gains, and other support per audited financial statemer	its	* * *	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2a		
	Net unrealized gains on investments		*	
	Donated services and use of facilities			
_	Recoveries of prior year grants	<u> </u>	 *	
d	Other (Describe in Part XIV.)	L	2e	
е 3	Subtract line 2e from line 1		3	
-	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV)			
	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	: 12)	5	
Par	XIII Reconciliation of Expenses per Audited Financial S	tatements With E	xpenses per Re	eturn
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIV.)	2d		
e	Add lines 2a through 2d		. <u>2e</u>	.
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV)	4b	4c	
С 5	Add lines 4a and 4b			
_	XIV Supplemental Information	1, III to 10./		
and 2	plete this part to provide the descriptions required for Part II, lines 3, 5.2b, Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4 part to provide any additional information			

Schedule D (Forr	n 990) 2009		Page 5
Part XIV	Supplemental	Information (continued)	
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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States ▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 21 or 22. Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

OMB No 1545-0047

Open to Public

2 □ Schedule I (Form 990) 2009 (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more, than \$5,000. Use 33 **Employer identification number** ☐ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 52-1249913 (g) Description of non-cash assistance . (f) Method of valuation (book, FMV, appraisal, (e) Amount of non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. assistance (d) Amount of cash grant . Part IV and Schedule I-1 (Form 990) if additional space is needed Enter total number of section 501(c)(3) and government organizations. (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance (P) EIN Pearlstone Family Fund, Inc. 1 (a) Name and address of organization or government Attachment #1 Name of the organization Part II

Attachment #1

PEARLSTONE FAMILY FUND, INC. TIN - 52-1249913 Schedule I, Part II December 31, 2009

(a)Name and address of organization	(b)EIN#	(c) IRC section	(d)Amount	(h)Purpose of grant
THE ASSOCIATED: Jewish Community Federation of Balto. 101 W. Mt. Royal Avenue Baltimore, MD 21201	52-0607957	501 (c)(3)	356,250	General support
The American Jewish Joint Distribution Committee 711 3rd Avenue New York, NY 10017	13-1656634	501 (c)(3)	6,000	General support
Aspen Country Day School 3 Music School Road Aspen, CO 81611	23-7033239	501 (c)(3)	5,000	General support
The Aspen Institute 1000 North Third Street Aspen, CO 81612	84-0818852	501 (c)(3)	2,500	General support
Aspen Jewish Congregation 0077 Meadowood Road Aspen, CO 81611		501 (c)(3)	1,800	General support
Aspen Valley Medical Foundation P O Box 1639 Aspen, CO 81612	84-0643721	501 (c)(3)	2,500	General support
Aspen Valley Ski/Snowboard Club, Inc. P O Box C-3 Aspen, CO 81612	84-6042225	501 (c)(3)	1,000	General support
Baltimore Hebrew Congregation 7401 Park Heights Avenue Baltimore, MD 21208	52-0591578	501 (c)(3)	36	General support
Baltimore Museum of Art 10 Art Museum Drive, Baltimore, MD 21218 Beth Tfiloh Congregation	52-6000162 52-0592126	501 (c)(3) 501 (c)(3)	2,500 740	General support General support
3300 Old Court Road Baltimore, MD 21208 Boston University	04-2103547	501 (c)(3)	3,000	General support
599 Commonwealth Avenue Boston, MA 02215 The Buddy Program, Inc.	74-2594693	501 (c)(3)	10,000	General support
110 East Hallam Street, #125 Aspen, CO 81611 CLAL	23-7390358	501 (c)(3)	50,050	General support
440 Park Avenue, South, 4th Floor New York, NY 10016 Edward A. Myerberg Senior Center	52-10477511	501 (c)(3)	5,250	Capital Support
3101 Fallstaff Road Baltimore, MD 21209 Institute for Christian & Jewish Studies	52-1531016	501 (c)(3)	15,100	General support
956 Dulaney Valley Road Baltimore, MD 21204-2633 Israel Policy Forum	13-3734324	501 (c)(3)	500	General support
165 East 56th Street 2nd Floor New York, NY 10022 Jewish Federation of Palm Beach County 4604 Community Drive Weet Palm Beach Cl. 23447	59-0988696	501 (c)(3)	25	General support
4601 Community Drive West Palm Beach, FL 33417 Jewish Museum of Maryland 15 Lloyd Street Baltimore, MD 21202	52-6034761	501 (c)(3)	150	Capital Support
Jewish Television Network, Inc. 13743 Ventura Boulevard, #200 Sherwood Oaks, CA 91423	95-3556296	501 (c)(3)	1,500	General support
Jewish United Fund 1 South Franklin Street Chicago, IL 60606	36-2167761	501 (c)(3)	25	General support
Maryland Art Place 34 Market Place Baltimore, MD 21202	52-1210213	501 (c)(3)	1,000	General support
Maryland Institute College of Art 1300 Mt. Royal Avenue Baltimore, MD 21217	52-0591661	501 (c)(3)	20,000	General support
Memorial Sloan-Kettering Cancer Center 1275 York Avenue New York, NY 10021	13-1924236	501 (c)(3)	10,000	General support
Middle East Media Watch 400 South Lake Drive Lakewood, NJ 08701	06-1611859	501 (c)(3)	1,000	General support
Mount Sinai Medical Center Foundation, Inc. 4300 Alton Road Miami Beach, FL 33140	59-1711400	501 (c)(3)	25,000	General support

Attachment #1

PEARLSTONE FAMILY FUND, INC. TIN - 52-1249913 Schedule I, Part II December 31, 2009

(a)Name and address of organization	(b)EIN#	(c) IRC section	(d)Amount	(h)Purpose of grant
MPT Foundation, Inc.	52-1224503	501 (c)(3)	1,000	General support
PO Box 332 Owings Mills, MD 21117				
National Jewish Medical and Research Center	74-2044647	501 (c)(3)	1,500	General support
1400 Jackson Street Denver, CO 80206				
The Park School	52-0591625	501 (c)(3)	55,000	General support
P.O. Box 8200 Brooklandville, MD 21022				
Rocky Mountain Institute	74-2244146	501 (c)(3)	500	General support
1739 Snowmass Creek Road Snowmass, CO 81654				
Steadman Hawkins Sports Medicine Foundation	88-0245022	501 (c)(3)	500	Capital Support
181 West Meadow Drive Suite 1000 Vail, CO 81657				
Talmudical Academy of Baltimore	52-0591676	501 (c)(3)	25	General support
4445 Old Court Road Baltimore, MD 21208				
United Jewish Appeal - Aspen Valley Campaign	37-1418235	501 (c)(3)	25,000	General support
P.O. Box 1167 Aspen, CO 81612			·	
United Jewish Communities	13-1624240	501 (c)(3)	50	General support
25 Broadway, #1700 New York, NY 10004-1010				
•				
			604,501	
				

Page 2 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 Part IV Part III

Schedule I (Form 990) 2009

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees, and Hig Compensated Employees Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

52-1249913

Pearlstone Family Fund, Inc. **Questions Regarding Compensation** Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence Travel for companions ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (e.g., maid, chauffeur, chef) **b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No." complete Part III to 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply. ☐ Compensation committee ☐ Written employment contract ☐ Compensation survey or study ☐ Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization 4a X 4b **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4c c Participate in, or receive payment from, an equity-based compensation arrangement? . . . If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a 5b **b** Any related organization? If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of. 6a a The organization?............ 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed Χ 7 payments not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe 8 Х If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2009

Page 2

Schedule J (Form 990) 2009

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed Part II

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retrement and	(O) Nontaxable	(F) Total of columns	(F) Compensation
(A) Name	-	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(a)(-(b)(a)	reported in prior Form 990 or Form 990-EZ
Marc B Terrill	€ €	402 859	75,000		15 000	38 736	531 595	537.155
dman	€ €				132 984			143 489
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SCHEDULE O (Form 990).

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

Pearlstone Family Fund, Inc	52-1249913
Part VI, Section A, line 2 - There are family relationships among the	Donor Members and Directors
Richard Pearlstone and P. Justin Pearlstone are father and son.	
Part VI,Section A, line 6 - The organization has two members; a Pub	olic Member - The Associated Jewish Community
Federation of Baltimore, Inc. and a Donor Member consisting of Ricl	nard Pearlstone
Part VI, Section A, line 7a - The Members appoint the Board of Direc	tors. The Public Member appoints the majority
and the Donor Members appoint the remainder	
Part VI,Section A, line 7b - Amendments to the Bylaws must be ratif	ed by the Members before they
are adopted	
Part VI,Section A, line 11a - The Form 990 and supporting schedule	s are distributed to the officers and
directors upon completion for review.	
Part VI, Section B, line 12c - The supported organization monitors a	nd enforces compliance of the
conflict of interest policy by regularly reviewing the Board of Director	s, its actions and the investment of
assets to ensure that it complies with the conflict of interest policy	
Part VI, Section C, line 19 - The organization makes its governing do	ocuments, conflict of interest policy
and financial statements available to the public upon request.	
•••••	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. See separate instructions. ▶ Attach to Form 990.

2009

OMB No. 1545-0047

Open to Public Inspection

E2_12/0012

Pearlstone Family Fund, Inc.				52-1249913	9913
Part I Identification of Disregarded Entities (Complete if the	if the organization answered "Yes" to Form 990, Part IV, line 33.)	d "Yes" to Form 9	90, Part IV, line 33	3.)	
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	-				
	•				
	•				
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	tions (Complete if the organis during the tax year.)	zation answered "	Yes" to Form 990), Part IV, line 34 I	oecause it
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
The Associated: Jewish Community Federation of Baltimore 101 W. Mt. Royal Avenue Balto. MD 52-0607957	- Fundraising	MD	501(c)(3)	6	N/A
				-	
	•				

Schedule R (Form 990) 2009

Page 2

Schedule R (Form 990) 2009

managing partner? Percentage ownership Yes No General or Ė Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets 9 Disproportionate ŝ allocations? Ξ Yes Share of total income Share of end-of-year assets Type of entity (C corp, S corp, or trust) because it had one or more related organizations treated as a partnership during the tax year.) Share of total income (d) (Direct controlling | entity Predominant income (related, unrelated, excluded from (state or foreign country) Legal domicile sections 512-514) tax under Ü (d) Direct controlling Primary activity entity e (c)
Legal
domicile
(state or
foreign
country) Name, address, and EIN of related organization Primary activity Name, address, and EIN of related organization Part III Part IV

Schedule R (Form 990) 2009

Page 3

Schedule R (Form 990) 2009

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

Note Complete line 1 if any entity is listed in Parts II III or IV of this schedule		Yes No
Uning the tax year, did the progenization engage in any of the following transactions with one or more related progenizations listed in Parts II-IV?	n Parts II–IV?	
a Receipt of (i) interest (ii) annuities (iii) rovalties (iv) rent from a controlled entity		1a X
Giff grant or canital contribution to other organization(s)	•	- 4 ×
		- 1c
	•	14 ×
		. 1e
f Sale of assets to other organization(s)		# ×
d Purchase of assets from other organization(s)		. A
	· · · · ·	4- ×
	· · · · ·	
	· · · · ·	
i Lease of facilities, equipment, or other assets from other organization(s)		ıt X
k Performance of services or membership or fundraising solicitations for other organization(s)	•	¥ ×
l Performance of services or membership or fundraising solicitations by other organization(s)		- X
m Sharing of facilities, equipment, mailing lists, or other assets		1m ×
n Sharing of paid employees		t ×
• Reimbursement paid to other organization for expenses		10
p Reimbursement paid by other organization for expenses		1 dt ×
q Other transfer of cash or property to other organization(s)	•	. 19 X
r Other transfer of cash or property from other organization(s)		. 1r X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered in	including covered relationships and transaction thresholds.	saction thresholds.
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1) The Associated:Jewish Community Federation of Baltimore	1b & 1n	366,250
(2)		
(E)		
(4)		
(5)		
(9)		
	Schedi	Schedule R (Form 990) 2009

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

									1
(a) Name address and EN of entity	(b)		(d)	fners	(e) Share of	Dispunportiona		(h)	č
יאמווק, מטנוסטט, מוט בווא טו פווווץ	רוווומו א מכונאווא	(state or foreign country)	section 501(c)(3) organizations?	3) ons?	end-of-year assets	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	5 E 2
			Yes	Š		Yes No	1	Yes	8 N
				:					
								_	
				_					
						-			
						,			

Schedule P