

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



Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

		be able to use a copy of this		uting requirements	
For ca	alendar year 2010, or tax year beginning		, and ending		
G Ct	neck all that apply.	Initial return of a fo	ormer public charity	Final return	1
	Amended return	Address chan	ge L	Name change	
Nam	e of foundation			A Employer identification	number
]	THE LEWIS M. & ESTHER	PERLSTEIN			
	FAMILY FOUNDATION			04-6351051	<u> </u>
Numi	per and street (or P O box number if mail is not delivered to street	•	Room/sulte	B Telephone number	_
	C/O GRK&B 306 MAIN ST	., STE 400		508-791-09	001
City	or town, state, and ZIP code			C If exemption application is p	
	WORCESTER, MA 01615-			D 1. Foreign organization	s, check here 🕨 🔛
H_Ch	eck type of organization X Section 501(c)(3) ex			Foreign organizations me check here and attach co	eeting the 85% test, pmputation
		Other taxable private found	ation	E If private foundation sta	tus was terminated
	r market value of all assets at end of year J Accounti	•	Accrual	under section 507(b)(1	
		her (specify)		F If the foundation is in a	60-month termination
	·	mn (d) must be on cash	basis.)	under section 507(b)(1)(B), check here 🕨 🔲
Par	The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for chantable purposes
	necessarily equal the amounts in column (a))	expenses per books	Income	ıncome	(cash basis only)
	1 Contributions, gifts, grants, etc., received			N/A	
	2 Check X If the foundation is not required to attach Sch B				
1	3 Interest on savings and temporary cash investments		24 252		
1	4 Dividends and interest from securities	34,263.	34,263.		STATEMENT 1
1	5a Gross rents				
ĺ	Net rental income or (loss)				
<u>o</u>	6a Net gain or (loss) from sale of assets not on line 10	<15,912.	>	ļ	
ē	b Gross sales price for all 211,474.			 	<u>'</u>
Revenue	7 Capital gain net income (from Part IV, line 2)		0.		
-1	8 Net short-term capital gain		1'1H*****' 1111H+11 1114.h.111		
	9 Income modifications . Gross sales less returns				ļ
	IUa and allowances .		ши инилипански папанина		
	Less Cost of goods sold				
	c Gross profit or (loss)	2,763.	0.	 	STATEMENT 2
- 1	11 Other income	21,114.	34,263.		STATEMENT Z
	12 Total. Add lines 1 through 11	21,114.	34,203.	 	0.
	Compensation of officers, directors, trustees, etc	· ·	· ·		0.
	4 Other employee salaries and wages 5 Pension plans, employee benefits				
S				PECE	11/15
ğ ˈ	b Accounting fees STMT 3	1,350.	1,350.	RECE	VED 0.
Expen	b Accounting fees STMT 3 c Other professional fees STMT 4	8,403.	8,403.		$\frac{0}{ S }$
ш 9 -	t Other professional fees SIPI 4	0,403.	0,403.	SEP 1	2011
ati.	8 Taxes				2011
# 1	9 Depreciation and depletion			OGDEN	
[일]	20 Occupancy			1 30000	F. 1
5	21 Travel, conferences, and meetings		· · · · · · · · · · · · · · · · · · ·	 	· · · · · · · · · · · · · · · · · · ·
و <u>اع</u>	22 Printing and publications				
B 2	3 Other expenses STMT 5	315.	315.		0.
i E	4 Total operating and administrative	3131	<u> </u>		`
Operating and	expenses. Add lines 13 through 23	10,068.	10,068.		0.
٥),	5 Contributions, gifts, grants paid	42,000.			42,000.
	6 Total expenses and disbursements.		·		
-	Add lines 24 and 25	52,068.	10,068.	}	42,000.
2	7 Subtract line 26 from line 12				
	Excess of revenue over expenses and disbursements	<30,954.	· >		
	b Net investment income (if negative, enter -0-)		24,195.	(11'1,	[
	C Adjusted net income (if negative, enter -0-)			N/A	
023501 12-07-1	O LHA For Paperwork Reduction Act Notice, see t	he instructions.			Form 990-PF (2010)

FAMILY FOUNDATION

		Attached schedules and amounts in the description	Beginning of year	End of	
P	art	Balance Sheets Arachea schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	5,389.	1,681.	1,681. 77,107.
	2	Savings and temporary cash investments	46,599.	77,107.	77,107.
	3	Accounts receivable			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable		1	
		Less allowance for doubtful accounts ▶			
	_	Grants receivable .			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable .			
		Less: allowance for doubtful accounts			<u> </u>
ets	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges Investments - U.S. and state government obligations. STMT 6	20,675.	20,042.	22,939.
•	l	omem 7	303,824.	288,555.	258,505.
		amyestinents - corporate stock	162,122.	160,909.	168,978.
		Throatments corporate control	102/1220		
	11				
	12	Less. accumulated depreciation Investments - mortgage loans			
	13	Investments - other STMT 9	249,891.	209,252.	185,992.
		Land, buildings, and equipment basis			
	' -	Less accumulated depreciation			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers)	788,500.	757,546.	715,202.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue .			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons .			
jab	21	Mortgages and other notes payable .			
_	22	Other liabilities (describe)	-		
			0.	0.	
_	23				
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			•
Ĕ	25	Temporarily restricted			
ga Sa	26				,
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
So	27	Capital stock, trust principal, or current funds	788,500.	757,546.	
set	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
Ž	30	Total net assets or fund balances	788,500.	757,546.	
			700 500	757 546	
	31	Total liabilities and net assets/fund balances	788,500.	757,546.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	788,500.
2	Ente	r amount from Part I, line 27a		2	<30,954.>
-		r increases not included in line 2 (itemize)		3_	757 546
		lines 1, 2, and 3		4	757,546.
-		reases not included in line 2 (itemize)	. "		757,546.
<u>6</u>	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6_	Form QQ0_DF (2010)

Form 990-PF (2010) FAMILY FOUNDATION

Part IV Capital Gains	and Losses for Tax on I	nvestmen	t Income						
2-story brick wa	ribe the kind(s) of property sold (e rehouse, or common stock, 200 st	is. MLC Co)		P	How acquire - Purchase - Donation	d (c) Date a		(d) Date sold (mo , day, yr)
1a FIRST FINANCIA	L TRUST - DETAIL	LS AVAI	LABLE	lacksquare					
b UPON REQUEST				↓	P				
c FIRST FINANCIA	L TRUST - DETAI	LS AVAI	LABLE	ļ					
d UPON REQUEST				+	P				
8	(A) Donoughous discount	1-10	-AAb b	۲			(b) 0-	(1000)	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss) (f) minus (
a 125,968.			121,18	7.					4,781.
d 85,506.	·—		106,19	a				 -	<20,693.
d 85,506.		 	100,13	-					~20,055.
	g gain in column (h) and owned by	the foundation	on 12/31/69			(0)	Gains (Co	ol (h) gain	minus
(i) Adjusted basis (k) Excess of col. (i) col. (k), 8			k), but n	but not less than -0-) or sses (from col. (h))					
a									
b		ļ <u>.</u>							4,781.
C		-		\dashv					<20 (02
d									<20,693.
<u>e</u>				-					
2 Capital gain net income or (net ca	pital loss) { If gain, also enter			}	_2				<15,912.
3 Net short-term capital gain or (los		ınd (6).		٦	İ				
If gain, also enter in Part I, line 8,	column (c)			•	3			N/A	
If (loss), enter -0- in Part I, line 8 Part V Qualification U	nder Section 4940(e) fo	r Reduced	Tax on Net	Inv		t Inco	me	11/12	
(For optional use by domestic private									
		10 10 (0) (0)			•				
If section 4940(d)(2) applies, leave the	nis part blank,								
Was the foundation liable for the sect	tion 4942 tax on the distributable a	mount of any ye	ear in the base per	riod?					Yes X No
If "Yes," the foundation does not qual									
	each column for each year, see inst	ructions before	making any entri	es			, -		70
(a) Base penod years	(b)	-AbA	Mat walks of a	(c)					(d) ution ratio
Calendar year (or tax year beginnii	ng in) Adjusted qualifying di	,	Net value of no	menai				(col (b) div	ided by col (c))
2009		35,887.			641,	480.	 		.055944
2008		34,576. 36,000.			693, 819,				.049857
2007		36,000.			866,				.041543
2006 2005		36,100.			897,				.040216
2005		30,100.			<u> </u>	033.	' 		.040210
2 Total of line 1, column (d)							2		.231467
3 Average distribution ratio for the 5	• • • • • • • • • • • • • • • • • • • •	on line 2 by 5	or by the number	of ve	ars		-		
the foundation has been in exister	· ·	· · · · · · · · · · · · · · · · · · ·		·.,·	•		3		.046293
4 Enter the net value of noncharitab	le-use assets for 2010 from Part X	, line 5					4		750,635.
5 Multiply line 4 by line 3				5_	····	34,749.			
6 Enter 1% of net investment income (1% of Part I, line 27b)				6		242.			
7 Add lines 5 and 6	•						7		34,991.
8 Enter qualifying distributions from If line 8 is equal to or greater than	i Part XII, line 4 line 7, check the box in Part VI, line	e 1b. and comp	elete that part usin	g a 1º	% tax rate		8		42,000.
See the Part VI instructions									

Form 990-PF (2010)

X

86

10

of each state as required by General Instruction G? If "No," attach explanation

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and address:

Page 5

Pa	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u>X</u>
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before	İ		
	August 17, 2008? .	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	_X_	
	Website address ► N/A			
14	The books are in care of ▶ GREENBERG ROSENBLATT KULL & BITSOLI Telephone no. ▶ 508-79	<u>1-0</u>	<u>901</u>	
	Located at ► 306 MAIN ST., WORCESTER, MA ZIP+4 ►01	<u>615</u>	<u>-00</u>	34
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		, ►	
	and enter the amount of tax-exempt interest received or accrued during the year		<u>/A</u>	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,	.	Yes	No
	securities, or other financial account in a foreign country?	16		<u>X</u>
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of			
	the foreign country			
	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
	During the year did the foundation (either directly or indirectly):	/		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			
	(1) 12) 000000000000000000000000000000000			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
h	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2010?	10		X
	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5))			
	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2010? Yes X No			
	If "Yes," list the years >			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	25		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	>]		
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010.)	,		
	• • • • • • • • • • • • • • • • • • • •	3b		X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Put the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	4a		A
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		Х
		n 990	-PF	

Form 990-PF (2010) FAMILY FOUNDATION			<u>04-63510</u>	51 <u>Page 6</u>
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (sectio	n 4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indire	ectly,	/	
any voter registration drive?		T Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	s?	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
509(a)(1), (2), or (3), or section 4940(d)(2)?		☐ Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or t	for		
the prevention of cruelty to children or animals?	,	☐ Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	in Regulations		
section 53 4945 or in a current notice regarding disaster assistance (see instri			N/A	5b
Organizations relying on a current notice regarding disaster assistance check in				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption to		ined		
expenditure responsibility for the grant?			ıs 🔲 No	
If "Yes," attach the statement required by Regulations section 53.494				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		s X No	
a personal benefit contract?		۲۴ لـــا	1	6b X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		 	עם אין
If "Yes" to 6b, file Form 8870.			s X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax		Y6		
b If "Yes," did the foundation receive any proceeds or have any net income attrib		117 1 1		7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	tees, Foundation Ma	inagers, Highly	<i>,</i>	
List all officers, directors, trustees, foundation managers and their	compensation.			
List an officers, directors, trustees, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	account, other allowances
BETTE JANE SHAPIRO	TRUSTEE			
77 FLORENCE STREET UNIT 111			· ·	
CHESTNUT HILL, MA 02467	1.00	0.	0.	0.
RACHEL BODKINS	TRUSTEE			
P.O. BOX 431	1		'	
JACKSON, NH 03846	1.00	0.	0.	0.
ANDREA ADESON	TRUSTEE			
6302 WATERWAY PL				
FALLS CHURCH, VA 22044	1.00	0.	0.	0.
	1			
2 Compensation of five highest-paid employees (other than those in	cluded on line 1). If none,	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deterred	(e) Expense account, other
NOVE	devoted to position	 	compensation	allowances
NONE	1			
	ļ	 		
	4			
		1		ļ
	-			
	4			
	1			
		1	<u> </u>	<u> </u>
Total number of other employees paid over \$50,000			<u> </u>	0
			Form	990-PF (2010)

Page 7

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	n Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "N	ONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
	······································	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produce	information such as the	Expenses
1 N/A - NONE		
		0.
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on line	s 1 and 2.	Amount
1 N/A - NONE		
		0.
2		
All other program-related investments. See instructions.		
3 N/A NONE		
		0.
Total. Add lines 1 through 3	•	0.
- variety in the miner is not a second of the second of th		Form 990 DE (2010)

Form 990-PF (2010)

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	687,989. 74,077.
b	Average of monthly cash balances	1b	74,077.
C	Fair market value of all other assets	10	
đ	Total (add lines 1a, b, and c)	1d	762,066.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	762,066.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	11,431.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	750,635.
6	Minimum investment return. Enter 5% of line 5	6	37,532.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum Investment return from Part X, line 6	1	37,532.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.)		
	Add lines 2a and 2b	20	242.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	37,290.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	37,290.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	37,290.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	4.	42 000
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	42,000.
	Program-related investments - total from Part IX-B	1b	
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	42 000
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	42,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	242
	income. Enter 1% of Part I, line 27b	5	242. 41,758.
6	Adjusted qualifying distributions. Subtract line 5 from line 4 Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation	6	·

Form **990-PF** (2010)

4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				37,290.
2 Undistributed income, if any, as of the end of 2010	***************************************		***************************************	······································
a Enter amount for 2009 only			18,600.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2010		0.		
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009		,		
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from	, , , , , , , , , , , , , , , , , , , ,			
Part XII, line 4 ▶ \$ 42,000 .				
a Applied to 2009, but not more than line 2a			18,600.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.	t. (1944) - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1	
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			<u> </u>
d Applied to 2010 distributable amount				23,400.
e Remaining amount distributed out of corpus	0.			
Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:		in the second se		
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract				•••••••••••••••••••••••••••••••••••••••
line 4b from line 2b		0.		
c Enter the amount of prior years'				••••••••••
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				······································
amount - see instructions		0.		
e Undistributed income for 2009 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				13,890.
7 Amounts treated as distributions out of	ĺ			
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005	}			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.		1		
Subtract lines 7 and 8 from line 6a	0.			·····
10 Analysis of line 9				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010	<u> </u>	L	<u></u>	Form 990 - DE (2010)

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here 🕨 🗶 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

- a The name, address, and telephone number of the person to whom applications should be addressed
- b The form in which applications should be submitted and information and materials they should include:
- c Any submission deadlines
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Form **990-PF** (2010)

Recipient If recipient show any relationship to any foundation manager or substantial contributor SEE ATTACHED STATEMENT A NONE OTHER PUBLIC CHARITY Total	grant or ution	42,000.
a Paid during the year SEE ATTACHED STATEMENT A NONE OTHER PUBLIC CHARITY		42,000.
SEE ATTACHED STATEMENT A NONE OTHER PUBLIC CHARITY		42,000.
Total		
Total		
Total		
Total	:	
Total		
Total		42.000
	▶ 3a	42,000.
h Approved for future payment		
NONE		
Total	▶ 3b	0.

FAMILY FOUNDATION

Part XVI-A	Analysis of Income-Pro	ducing Activities		
Enter gross amounts	unless otherwise indicated	Unrelated business income	Excluded by section 512, 513, or 514	9)

Enter gross amounts unless otherwise indicated	Unrelated t	ousiness income		by section 512, 513, or 514	(8)
	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					
b					
C					
d					
8					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	34,263.	
5 Net rental income or (loss) from real estate.					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	<15,912.>	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a 2009 FEDERAL REFUND					2,763
b					
C					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		().	18,351.	2,763
13 Total. Add line 12, columns (b), (d), and (e)				13	21,114
(See worksheet in line 13 instructions to verify calculations.)				- 	
Part XVI-B Relationship of Activities t	o the Accom	plishment of	Exempt P	urposes	
Line No. Explain below how each activity for which inco				importantly to the accomp	olishment of
the foundation's exempt purposes (other than 11 2009 FEDERAL REFUND	by providing funds	for such purposes)	·		

Part XVI-B	Relationship of Activities	to the Accomplishment	of Exempt Purposes
------------	----------------------------	-----------------------	--------------------

Line No.								
	the fo	undation's exemp	t purposes (other than by providing funds for such purposes).					
11	2009	FEDERAL	REFUND					
	!							
	<u> </u>							
		·········						
	L							
	L							
	Ĺ							
	1							

023621 12-07-10

FAMILY FOUNDATION

04-6351051 Page 13

Part XVII	Information R Exempt Organ	legarding Transfers I d nizations	and Transactions a	and Relationships	with Noncharitable	е	
1 Did the o		lirectly engage in any of the follow	wing with any other organization	on described in section 50	1(c) of	Yes	No
	•	c)(3) organizations) or in section			(0) 0.	1.00	
	•	dation to a noncharitable exempt		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,]		
(1) Cas		ration to a monomorphism of the mpt	organization on		. 1a(1)		Х
	er assets	•			1a(2)	1 —	Х
• •	nsactions.	•		•	1:5457		
	s of assets to a noncharita	able exempt organization			16(1)		Х
		onchantable exempt organization		•	1b(2)	1	X
• •	tal of facilities, equipment,	· · · · · · · · · · · · · · · · · · ·			1b(3)		X
	nbursement arrangements	•			1b(4)		Х
. ,	ns or loan guarantees	,			1b(5)		Х
	·	embership or fundraising solicita	tions		1b(6)	T	X
		ailing lists, other assets, or paid e			10		X
•		"Yes," complete the following so	• •	ways show the fair market		sets.	
		foundation If the foundation rece					
column (d) the value of the goods,	other assets, or services receive	d				
(a) Line no	(b) Amount involved	(c) Name of noncharital		(d) Description of tran	sfers, transactions, and sharing a	rrangeme	ents
		N/A					
		 					
		<u> </u>					
							
		 		 			
							
		<u> </u>					
				 			
		<u> </u>					
							
		<u> </u>					
2a Is the for	indation directly or indirec	tly affiliated with, or related to, or	ne or more tax-exempt organi	zations described			
ın sectio	n 501(c) of the Code (othe	r than section 501(c)(3)) or in se	ection 527?		Yes	X	☐ No
b If "Yes," o	complete the following sch						
	(a) Name of org	janization	(b) Type of organization	(c) De	scription of relationship		
	N/A_						
				·		 -	
							
~							
Und	ler penalties of perjury, I declare	e that I have examined this return, Inclu	uding accompanying schedules an	d statements, and to the best of	of my knowledge and belief, it is t	rue, com	ect,
Sign and	complete Declaration of prepa	arer (other than taxpayer or fiduciary) is	based on all information of which	preparer has any knowledge			
Here	Dette	1 Shapu		<u>/}</u> ⊾ <u>TRUS'</u>	ree		
	Signature of officer or to		Date /	Title			
	Print/Type preparer's na		signature	Date Check			
	MICHAEL J.	HAYES,	1. Hlaunota	B/2/ Self-	employed		
Paid	CPA	ENDERG POSTO	AMM THE E				
Preparer Use Only	Firm's name ► GRE		ATTY KULL & BI SUITE 400	TSOLI, PC Firm	i's EIN 🕨		
OSE CITIS		RCESTER, MA 01		Dho	ne no. (508)791	_09	01
	WO	TODOLLAY PER UT	013 0034	1	10110. (300)731	. 55	71
	<u> </u>				Form QQ ()_PF	(2010)

FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SEC	URITIES	STAT	EMENT	1
SOURCE		GROSS	AMOUNT		PITAL GAINS		UMN (A MOUNT	.)
FIRST FINANCIAL TRUST	-		34,263.		0.		34,2	63.
TOTAL TO FM 990-PF, PART I, I	N 4 =		34,263.		0.		34,2	63.
FORM 990-PF	ro	THER I	NCOME			STAT	EMENT	2
DESCRIPTION		:	(A) REVENUE PER BOOK		(B) NET INVEST MENT INCOM		(C) DJUSTE T INCO	
2009 FEDERAL REFUND			2,	763.		0.		
TOTAL TO FORM 990-PF, PART I,	LINE	11 _	2,	763.		0.		
FORM 990-PF	ACC	COUNTI	NG FEES			STATI	EMENT	3
DESCRIPTION	(A EXPEN PER E	ISES	(B) NET INV MENT IN	EST-	(C) ADJUSTE NET INCO		(D) HARITAI PURPOSI	
ACCOUNTING FEES	1	350.	1	,350	•			0.
TO FORM 990-PF, PG 1, LN 16B	1	,350.	1	,350				0.
FORM 990-PF O	THER P	ROFES	SIONAL F	EES		STATI	EMENT	4
	(A		(B)		(C)	in ci	(D)	
DESCRIPTION	EXPÈN PER B		NET INV MENT IN	EST-	ADJUSTE NET INCO		HARITAI PURPOSI	
DESCRIPTION	EXPEN PER B		MENT IN		NET INCO			

FORM 990-PF	OTHER E	XPENSES			STATEMENT	
DESCRIPTION	(A) (B) EXPENSES NET INVE PER BOOKS MENT INC					
STATE FILING FEE INVESTMENT EXPENSES BANK CHARGES	35. 202. 78.	35. 202. 78.			0000	
TO FORM 990-PF, PG 1, LN 23	315.		315.			0.
FORM 990-PF U.S. AND S	STATE/CITY G	OVERNMENT	OBLIG	GATIONS	STATEMENT	6
DESCRIPTION	U.S GOV'		воон	VALUE	FAIR MARKE	т
FEDERAL NATIONAL MORTGAGE POO	DL X		·	20,042.	22,9	 39.
TOTAL U.S. GOVERNMENT OBLIGAT	PIONS			20,042.	22,939.	
TOTAL STATE AND MUNICIPAL GOV TOTAL TO FORM 990-PF, PART II		IGATIONS		20,042.	22,9	39.
FORM 990-PF	CORPORAT	E STOCK		-	STATEMENT	7
DESCRIPTION			воог	VALUE	FAIR MARKE VALUE	T
BROOKLINE BANCORP INC CISCO SYSTEMS INC ENTERPRISE BANCORP INC MICROSOFT CORP GENERAL ELECTRIC ING GROEP NV METLIFE PFIZER INC VERIZON COMMUNICATIONS INC ACME PACKET INC.				30,006. 19,756. 34,920. 12,781. 21,448. 25,000. 47,468. 34,182. 44,049. 18,945.	21,7 20,2 32,6 13,9 10,9 23,1 44,4 26,2 46,5	30. 40. 55. 74. 80. 40. 65.
ACME FACKET INC.		•				

FORM 990-PF COR	RPORATE BONDS	. <u></u>	STATEMENT	8
DESCRIPTION		BOOK VALUE	FAIR MARKE' VALUE	r
STATE STREET BK 5.3% 1/15/16	•	74,325.	81,1	86.
NATL RURAL UTIL COOP MTN 5.35% 1/15	5/11	15,000.	15,0	
BANK OF AMERICA 5.65% 5/1/18		49,671.	51,0	
WACHOVIA CAPITAL III 5.8% 3/15/42		21,913.	21,6	38.
TOTAL TO FORM 990-PF, PART II, LINE	E 10C	160,909.	168,9	78.
FORM 990-PF OTHE	ER INVESTMENTS		STATEMENT	9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKE	r
MERRILL LYNCH CAP TR II	COST	50,000.	44,2	00.
BANK OF AMERICA MTG TR CMO	COST	24,063.	22,0	
WELLS FARGO CAP XII 7.875%	COST	30,000.	32,1	84.
GOLDMAN SACHS SATELLITE STRATEGIES	COST	06 150	0.5	• •
PORTFOLIO MUTUAL FUND	COCT	36,150.	27,9	29.
RESIDENTIAL ACCREDIT LOAN SERIER 2004	COST	22.060	23,6	E 1
US NATURAL GAS FUND LP	COST	23,069. 20,970.	8,9	
FIDELITY CONTR FUND #22	COST	25,000.	27,0	
TOTAL TO FORM 990-PF, PART II, LINE	E 13	209,252.	185,9	92

LEWIS & ESTHER PERLSTEIN FAMILY FOUNDATION EIN: 04-6351051 FORM 990-PF - RETURN OF PRIVATE FOUNDATION December 31, 2010

Page 11 - Part XV, Line 3a - Grants and Contributions Paid During the Year

<u>Description</u>	<u>Amount</u>
AMERICAN HEART ASSOCIATION	350
ALZHEIMER'S ASSOCIATION	50
AMERICAN RED CROSS	50
ANGELS AND ELVES INC	1,000
ANTI-DEFAMATION LEAGUE	1,000
ARTS JUBILEE	250
BARRON CENTER FOR MEN'S HEALTH	50
BERKSHIRE SCHOOL	250
BETH EL HOUSE	550
BRIGHAM & WOMEN'S HOSPITAL	150
CASTLE HILL	100
CHILDREN NATIONAL MEDICAL CENTER	250
CONGREGATION OF AGUDAT ACHIM	3,225
CONWAY AREA HUMANE SOCIETY	500
CONNECTICUT CHILDREN'S MEDICAL CENTER	100
CUSHING ACADEMY	200
DANA FARBER CANCER INSTITUTE	100
FRIENDS OF TRURO COUNCIL ON AGING	50 100
GANN ACADEMY	100 1,000
GIBSON CENTER FOR SENIOR SERVICES	400
GOODWIN HOUSE EMPLOYEE FUND HOLOCAUST MUSEUM	1,000
HOLOCAUST MUSEUM HOMELESS PREVENTION COUNCIL	100
JACKSON PUBLIC LIBRARY	500
JEWISH FEDERATION OF WASHINGTON DC	1.000
JOHN C BURR FOUNDATION	500
JSSA	500
LASELL COLLEGE	200
LEUKEMIA AND LYMPHOMA SOCIETY	900
LEUKEMIA RESEARCH FOUNDATION	250
MAKE A WISH FOUNDATION	250
MEMORIAL HOSPITAL	500
METRO WEST YMCA PARTNERS WITH YOUTH PROGRAM	200
MULTIPLE MYELOMA RESEARCH FOUNDATION	200
MUSEUM OF FINE ARTS	100
NATIONAL BRAIN TUMOR SOCIETY	775
NATIONAL KIDNEY FOUNDATION	50
NATIONAL STROKE ASSOCIATION	150
NORTH CONWAY PUBLIC LIBRARY	1,000
NOVA COOL CATS SPECIAL HOCKEY INC	250
OUR FATHER'S HOUSE	150
PARALIZED VETERANS OF AMERICA	125 100
PROVINCETOWN ART MUSEUM PROVINCETOWN LIBRARY BUILDING FUND	100
***************************************	250
SMILE TRAIN SO OTHERS MIGHT EAT	250
SPECIAL OLYMPICS	250
STARTING POINT	1,000
STROKE FOUNDATION	100
TEMPLE BETH EL	1,500
TEMPLE EMUNAH	2,100
TEMPLE SHALOM	2,000
THE CHABAD CENTER AT CHESTNUT HILL	100
THE INTERNATIONAL RESCUE COMMITTEE	125
THE KENNEDY CENTER	1,000
THE NATIONAL GALLERY OF ART	250

LEWIS & ESTHER PERLSTEIN FAMILY FOUNDATION EIN: 04-6351051 FORM 990-PF - RETURN OF PRIVATE FOUNDATION December 31, 2010

Page 11 - Part XV, Line 3a - Grants and Contributions Paid During the Year

<u>Description</u>	<u>Amount</u>
THE PHILLIPS COLLECTION	300
THE ROZZIE MAY ANIMAL ALLIANCE	5.000
THE MOUNTAIN CONSERVATION CENTER	1,000
THE SMITHSONIAN	250
THE WOMEN'S MUSEUM OF ART	250
TOWN OF CONWAY	1,750
TRURO 300	50
TRURO CONSERVATION TRUST	150
TRURO COUNCIL ON AGING	200
TRURO FIRE AND RESCUE	250
TRURO HISTORICAL SOCIETY	100
TUFTS MEDICAL SCHOOL	250
TUFTS UNIVERSITY FUND	250
WARRICK DUNN FAMILY FOUNDATION	250
WATER.ORG	150
WETA	250
YOUNG JUDEA ORGANIZATION	4,000
Total	42,000

Form 8868

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

• If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			<u> </u>
If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of this	form).		
Do not c	omplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previously fi	ed Fo	rm 8868.	
Electron	ic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of time to	o file (6	6 months for a corpo	ration
required	to file Form 990-T), or an additional (not automatic) 3-mo	Inth extens	sion of time. You can electronically file F	orm 8	868 to request an ex	tension
•	file any of the forms listed in Part I or Part II with the ex		· · · · · · · · · · · · · · · · · · ·		•	
	Benefit Contracts, which must be sent to the IRS in page	•	·			
	urs.gov/efile and click on e-file for Charities & Nonprofits		(Coo			,
Part I	Automatic 3-Month Extension of Time		ibmit original (no copies needed).			
A corpora	ation required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and com	plete		
Part I only	y					
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	fiCs, and t	rusts must use Form 7004 to request an	exten	sion of time	
Type or	Name of exempt organization			Emp	loyer identification	number
print	THE LEWIS M. & ESTHER PERL	STETN		,		
pr	FAMILY FOUNDATION	D1211		n	4-6351051	
File by the	Number, street, and room or suite no. If a P.O. box, s	oo instruc	tions		4 0331031	
due date for filing your	C/O GRK&B 306 MAIN ST., ST		illoris.			
return See Instructions			trace and instructions	H		
i isa acaons	City, town or post office, state, and ZIP code. For a few WORCESTER, MA 01615-0034	oreign add	iress, see instructions.	ال		
	WORCESTER, MA 01615-0034				<u>u </u>	
·	Debugge and for the colour that the colour terms of the terms		A			
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)	• •••		0 4
		T	I			
Applicati -	on	Return	Application			Return
ls For_		Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990	·BL	02	Form 1041-A			80
Form 990	·EZ	03	Form 4720			09
Form 990	·PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870			12
	GREENBERG ROSEI	NBLAT'	T KULL & BITSOLI			
The bo	ooks are in the care of > 306 MAIN ST	WORC	<u>ESTER, MA 01615-0034</u>			
Teleph	one No. ► 508-791-0901		FAX No. ▶			
If the c	organization does not have an office or place of business	s in the Ur	nited States, check this box			
If this i	s for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) . If the	s is fo	r the whole group, cl	neck this
box 🛌 [. If it is for part of the group, check this box	and atta	ich a list with the names and EINs of all			
1 I red	quest an automatic 3-month (6 months for a corporation					
	·		tion return for the organization named a		The extension	
is fo	or the organization's return for:	J				
_	X calendar year 2010 or					
▶Ī	tax year beginning	an	d ending			
		,			- '	
2 If th	e tax year entered in line 1 is for less than 12 months, c	heck rese	on: Initial return Fina	ıl retur	m	
	Change in accounting period	illook icas	on		••	
<u> </u>	_ Change in accounting period					
30 16+4	us application is for Form 000 BL 000 BE 000 T 4700	or 6060 -	nter the tentative toy less and	<u> </u>	<u> </u>	
	is application is for Form 990-BL, 990-PF, 990-T, 4720, or refundable credits. See instructions	UI 0UD9, 8	mer me tentative tax, less any	2-		500
	refundable credits. See instructions.		ust indeble another and	3a	\$	500.
	is application is for Form 990-PF, 990-T, 4720, or 6069,	-		_ ا		200
	mated tax payments made Include any pnor year overp			<u>3</u> b	\$	200.
	ance due. Subtract line 3b from line 3a. Include your pa	•				202
	ising EFTPS (Electronic Federal Tax Payment System).			3c	\$	300.
	f you are going to make an electronic fund withdrawal v		orm 8868, see Form 8453-EO and Form	8879-		
_HA F	or Paperwork Reduction Act Notice, see Instructions	.			Form 8868 (Re	v. 1 2011)

023841

Form 8	868 (Rev. 1-2011)					Page 2		
	u are filing for an Additional (Not Automatic) 3-Month E	xtension, o	complete only Part II and check this b	юх		▶ X		
	Only complete Part II if you have already been granted an							
	u are filing for an Automatic 3-Month Extension, compl							
Parl	II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the onginal (no	copies n	eeded).			
	Name of exempt organization			Empl	oyer identific	ation number		
Type		STEIN			•			
FAMILY FOUNDATION 04-6351051								
File by t	6 Number street and room or suite no If a D.O. hav	see instruc	tions.					
due date	™ C/O GRK&B 306 MAIN ST STE	400	_					
filing you		foreign add	Iress, see instructions.	•		 		
instructi		•						
Enter	he Return code for the return that this application is for (f	file a separa	te application for each return)			0 4		
Applic	ation	Return	Application			Return		
Is For	. <u></u>	Code	Is For			Code		
Form	90	01						
Form	90-BL	02	Form 1041-A			08		
Form	90-EZ	03	Form 4720		•	09		
Form	90-PF	04	Form 5227			10		
Form	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
	90-T (trust other than above)	06	Form 8870			12		
STOP	Do not complete Part II if you were not already grante	ed an autor	natic 3-month extension on a previo	usly file	d Form 8868.	•		
			T KULL & BITSOLI					
• The	books are in the care of ▶ 306 MAIN ST.	- WORC	ESTER, MA 01615-003	4				
	phone No. ► 508-791-0901		FAX No. ▶					
• If ti	e organization does not have an office or place of busine	ss in the U	nited States, check this box					
• If t	is is for a Group Return, enter the organization's four digi	it Group Ex	emption Number (GEN) If 1	his is fo	r the whole gr	oup, check this		
box 🕽	. If it is for part of the group, check this box	and atta	ach a list with the names and EINs of a	ll memb	ers the extens	sion is for.		
4	request an additional 3-month extension of time until	NOVEM	BER 15, 2011.					
5	For calendar year 2010 , or other tax year beginning $ _$, and ending		·	·		
6	the tax year entered in line 5 is for less than 12 months,	, check reas	son: Initial return	J Final r	etum			
	Change in accounting period							
	State in detail why you need the extension							
	ADDITIONAL TIME IS NEEDED TO	FILE	A COMPLETE AND ACCU	RATE	RETURN	1.		
				· · · · ·				
8a	f this application is for Form 990-BL, 990-PF, 990-T, 4720), or 6069, e	enter the tentative tax, less any	-				
	nonrefundable credits. See instructions.			8a	\$	500.		
b	f this application is for Form 990-PF, 990-T, 4720, or 606	9, enter any	refundable credits and estimated					
	ax payments made. Include any prior year overpayment	allowed as	a credit and any amount paid					
	previously with Form 8868.			8b	\$	500.		
С	Balance due. Subtract line 8b from line 8a. Include your i	payment wi	th this form, if required, by using			_		
	FTPS (Electronic Federal Tax Payment System). See ins			8c	\$	0.		
			nd Verification					
Under	enalties of perjury, I declare that have examined this form, incli	uding accom	panying schedules and statements, and to t	he best o	f my knowledge	and belief,		
it is tru	e, correct, and complete, and that am authorized to prepare this				01	///		
Signat	re Title Title	PRUST	EE CAR	Date	D 0/	3/1/		
					Form 88	68 (Rev. 1-2011)		
	<i>y</i>							