Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2018

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

		artment of the Treasury nal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection								
	Α_	For the	2018 cale	endar year, or tax y	ear beginnin	3		, 2	018, a	nd er	ndıng			, 20			
Ī	В	Check if	applicable	C Name of organizat	on Pearlstone	Family Fund, Inc							D Emp	oloyer identific	ation n	umber	
[Address	change	Doing business as									52-12	249913			
ĺ		Name c	hange	Number and street	(or PO box if n	nail is not delivered to	stree	t address	5)	Room	n/suite	_	E Tele	phone number			
(Initial re	turn	101 West Mount	Royal Avenue								410-7	727-4828			
, [Final retu	rn/terminated	City or town, state	or province, cou	ntry, and ZIP or foreig	gn pos	stal code									
) [] .	Amende	d return	Baltimore, MD 21	1201								G Gros	ss receipts \$	_	5,310,95	
] .	Applicat	ion pending	F Name and address	of principal offic	ег			_		Н	l(a) Is this a	group retun	n for subordinates?	Yes	X No	
_											<u>a</u> ⊦	l(b) Are all	subordir	nates included? [Yes	i □ No	
1		Tax-exe	mpt status	X 501(c)(3)	501(c)	() ◀ (insert no	<u>.) 🗌</u>	4947(a)(1) or [☐ 627		If "I	No," attach a list (see instructions)				
3	_	Website								<u> </u>	<u>/ </u>	(c) Group	exemp	tion number 🕨	_		
			organization	X Corporation T	rust 🗌 Associ	ation ☐ Other ►			L Year	r of for	mation	1987	M St	tate of legal dor	nicile	MD_	
	Pa	art I	Summ	ary				<u>``</u>		_							
•	-	1	Briefly de	escribe the organi	ızatıon's mıs:	sion or most sign	ıfica	nt activ	ıtıes	The	Found	ation wa	create	d to carry out	the		
	ဥ		chantable,	educational and rel	igious purpose	s of The Associated	l Jew	ush Con	munit	ty Fed	leration	of Baltın	nore, In	c (The Assoc	iated)		
	nar		The Found	dation makes grants	to public char	itable organizations	ın fu	ırtherano	ce of th	he mis	ssion of	The Ass	ociated				
•	ě	2	Check th	is box ▶☐ if the	organization	discontinued its	ope	rations	or dis	spose	ed of m	ore thai	า 25ุ%	of its net as	sets		
	ပ္ပိ	3		of voting member	_								3	3			
	න් ග	4		of independent vo	_	-	-				lb)		4	1	_		
	<u>:</u>	5		nber of individual		•	2018	(Part V	, line	2a)			5	5	_	(
	Activities & Governance	6		nber of volunteers	•	• •							<u> </u>				
	₹	7a		elated business r									7				
_		b	Net unrel	ated business tax	kable income	from Form 990-	T, lin	e 38					7	-			
											Prior Ye	Prior Year		rent Ye	-		
	힐	8		ontributions and grants (Part VIII, line 1h)									127,0	00		178,500	
	Revenue	9	-	ram service revenue (Part VIII, line 2g)													
	é	10		nent income (Part VIII, column (A), lines 3, 4, and 7d) 1,159,648 1,531,95													
	_	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)											0		
	_	12							A), line	e 12)			1,286,6			1,710,451	
		13								1,075,2	70		1,453,770				
		14	-	nefits paid to or for members (Part IX, column (A), line 4) aries, other compensation, employee benefits (Part IX, column (A), lines 5–10)								0		0			
	Se	15						nn (A), li	ines 5	–10)	ļ			0		0	
	Expenses	16a		nal fundraising fe							<u> </u>			0	 ,	. 0	
	유	_b		draising expenses	-									<u> </u>			
	-	17		enses (Part IX, c								_	159,99		_	179,009	
		18		enses Add lines			lumr		SE SE	EIVI	HD_		1,235,20			1,632,779	
-	-	19	Revenue	less expenses S	ubtract line 1	8 from line 12	╁				Banus	ပ္ကု	51,38		-6.	77,672	
9	Fund Balances	20	Takal	-4- (Dank V. 1 4)	~\		B509	AU(G 21	1 201	19 Begini	Of or co	rrent Ye		of Ye		
000	Bala			ets (Part X, line 16	•		<u> </u>					<u>y</u> 2	0,012,09		1	7,957,163	
100				ilities (Part X, line	•	04 frama lua - 0	<u>,</u>	~~	,00	· N. I	=		0.040.00	0		7.057.462	
		22 11 II		s or fund balance	es Subtract i	ine 2 i from line 2	4		DE	IN.	LI I		0,012,09	781	1	7,957,163	
-	_			ure Block										- 6 1 - 2 - 1 - 2		hali-f	
	una true.	er penal correct	ties of perjun	y, I declare that I have ete Declaration of pre	e examined this i parer (other than	eturn, including acco officer) is based on a	mpan III info	ying scne rmation o	eaules a of which	and sta 1 prepa	atements arer has a	, and to ti anv knowl	ne best d edae	ot my knowleag	e and	belief, it is	
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S	ıgi	า	Signa	ature of officer				_				l_ Da	<i>אָגעו</i> ָבּ	9			
	ler		Ψ	1 '	President												
•		ي ``	_	B Terrill or print name and title		 ,											
_		. '	7, ,	e preparer's name		Preparer's signature				- 1	Date		T a:	PTIN	!		
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L	JSe	ON!															
<u></u>	lav	the	Firm's ad Sidiscuss	this return with t	he preparer s	shown above? (s	ee in	structio	ns)			1 500	ne no		Yes	No	
	_ <u>-</u> -			tion Act Notice, se			JU 111									90 (2018)	
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Part		ement of Program Service Accom		- - - 111		631
1		ck if Schedule O contains a response	e or note to any line in this P	art III	_	X
1	-	cribe the organization's mission	1	- Carl A		
		tion was created to carry out the charitable,				
		of Baltimore, Inc (The Associated) The Fo	undation makes grants to public c	haritable organizations in furtherand	e of the	
	mission of L	he Associated				
2	Did the or	ganization undertake any significant p	rogram services during the ve	ear which were not listed on the		
2		990 or 990-EZ?		al which were not listed on the		VIN.
	•		In O		☐ Yes	A NO
3		escribe these new services on Schedu		iou it conducts, any program		
3	services?	rganization cease conducting, or ma	ake significant changes in n	low it conducts, any program		₩.
					☐ Yes	X NO
		escribe these changes on Schedule O				
4	expenses	ne organization's program service acc Section 501(c)(3) and 501(c)(4) organ spenses, and revenue, if any, for each	zations are required to report			
4a	(Code) (Expenses \$ 1,453,770	including grants of \$	1 453 770) (Revenue \$)
	`	its to public charitable organizations in furth	perance of the mission of The Assi	ociated Towish Community Federati	 On	- /
	of Baltimore	_				
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
				·•·····		
<u></u>						
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$		_ )
•						
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$		)
	(	, (— (F 3 / 3 / 3 / 3 / 3 / 3 / 3 / 3 / 3 / 3		, , , , , , , , , , , , , , , , , , , ,		- ′
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4d		ram services (Describe in Schedule O		_		
	(Expenses		(Revenue \$	Б)		
<u>4e</u> _	Total progra	am service expenses >				,453,770
					Form 9	90 (2018)

# Part IV Checklist of Required Schedules

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

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Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	X	
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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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		X.
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note</b> . All Form 990 filers are required to complete Schedule O.	38	X	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	•		<u>_</u>
4.	Fatastha number reported in Boy 2 of Form 4006 Fatas 0 if not applicable 4.5   4.5   0.5		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1a 0 1b 0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
С	reportable gaming (gambling) winnings to prize winners?	1c		

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Pärt	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		•	
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			nC.
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			201
b	If 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 e-file (see instructions)	53.7		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
,	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	2012 3	X
b	If "Yes," enter the name of the foreign country	10.2		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
<u> </u>	gifts were not tax deductible?	6b	521-2800CC)	7-14-X-160
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	. 7a		X
L	and services provided to the payor?	7b		A_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			<del>  .</del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		X
a	required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  7d	43343	32.387	22
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	C		
Ü	sponsoring organization have excess business holdings at any time during the year?	8	S Chambridge	
9	Sponsoring organizations maintaining donor advised funds.	2-5	<b>4</b>	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		,
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter		艺歌	30
а	Initiation fees and capital contributions included on Part VIII, line 12			L.
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			i hi
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			100
	against amounts due or received from them )			تندن
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	the feeling to	tilitaer of
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ing the c	A	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1-7-1-645 1-7-1-645	35° in
_	Note. See the instructions for additional information the organization must report on Schedule O			
	Enter the amount of reserves the organization is required to maintain by the states in which	1.5		
	the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b  13c	-		
C 140	——————————————————————————————————————	14a		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		^
		<del></del>		_
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N			Ž.
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	£1.	X
	If "Yes," complete Form 4720, Schedule O	12.3		¥863

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part Vi response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes Nο 1a Enter the number of voting members of the governing body at the end of the tax year 1a 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar . committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 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 Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 X Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? Χ Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a X The governing body? 8b х Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No 10a 10a Did the organization have local chapters, branches, or affiliates? Х If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х ( Angle b Describe in Schedule O the process, if any, used by the organization to review this Form 990 adopui 2 *** 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done 13 X Did the organization have a written whistleblower policy? . 13 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 ip olije. independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 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? \$ 15. i inte If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website ☐ Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records > 20 Marilyn Loux 101 West Mount Royal Avenue Baltimore, MD 21201

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

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

₹

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

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

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

Check this box if neither the organization no	r any relate	d orga	anız	atio	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	(do n box, office	ot ch unles	Pos neck s pe d a d	c) ition more rson irect	e than o	one n an tee)	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee  Key employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Marc B Terrill	15								1	
President and Public Director	40 0	Х		X		_		0	655,652	189,831
(2) Richard L Pearlstone	15									
Vice President and Donor Director		X		Х				0	0	0
(3) P Justin Pearlstone	15	37		.,					0	0
Vice President and Donor Director	4.5	X		X				00	0	
(4) Eugene Schreiber	15	X		X				0	0	0
Secretary/Treasurer and Public Director	15	Α		Α.			-			<u></u>
(5) Amy Elias  Donor Director	13	X						0	0	0
(C) 1 E U	15	- 21								
(b) Josh Fidler Public Director	ļ	Х						0	0	0
(7) Darrell D Friedman	15									
Public Director		X						0	0	0
(8)										
(9)										
(10)									,	
(11)										
(12)										
(13)							-			
(14)										_

		Average hours per week (list any	sper officer and a director/trustee) compensation compensation from							from	(F) Estimated amount of other compensation			
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		fro orga and	ensati m the nizatio related nization	on d
(15)														
(16)														
(17)														
(18)		-												
(19)														
(20)														
(21)						i								
(22)														
(23)														
(24)														
(25)														
С	Sub-total Total from continuation sheets to Part	VII, Sectio	n A	l				<b>&gt;</b>	0		,652	189,831		
d 2	Total (add lines 1b and 1c)  Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed a	above	e) w	ho received mo		,652  00,000 c	of	1	89,831
3	Did the organization list any former of employee on line 1a? If "Yes," complete s							emp	loyee, or high	est comper	nsated	3	Yes	No X
	For any individual listed on line 1a, is the organization and related organizations individual											4	Х	
	Did any person listed on line 1a receive of for services rendered to the organization?									ation or indi	ıvıdual	5		X
Sectio	n B. Independent Contractors	100, 0	о <b>,</b>			-		<u> </u>						1
1	Complete this table for your five highest compensation from the organization Repyear													ax
	(A) Name and business address								(B) Description of se	ervices	Co	(C) ompens	ation	
None														

Form **990** (2018)

Par	VIII	Statement of Rev			any line in this	Dort \ //U		
		Check if Schedule (	o contains a res	sponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Grits, Grants and Other Similar Amounts	1a b c d e f	Federated campaign Membership dues Fundraising events Related organization Government grants (col All other contributions, (col	1b 1c s 1d ntributions)					
ntribul 1 Othe	g	and similar amounts not inclu-		178,500				
<u>a So</u>	h	Total. Add lines 1a-1		<b></b>	178,500			
une une				Business Code				
Program Service Revenue	2a b c d							
gra	f	All other program ser	vice revenue	-				
	g	Total. Add lines 2a-2	2f	<b>&gt;</b>	0			
	3	Investment income and other similar amount income from investment income.	ounts)	▶	316,262			316,262
	5	Royalties	(i) Real	(ii) Personal				
	6a b c	Gross rents Less rental expenses Rental income or (loss)	0					
	d	Net rental income or	<del></del>	<b>•</b>	0			
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
	b	assets other than inventory Less cost or other basis and sales expenses	4,816,183 3,600,494					
	С	Gain or (loss)	1,215,689	0				
	d	Net gain or (loss)		<b>&gt;</b>	1,215,689			1,215,689
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions reported)						
the	L-	See Part IV, line 18	a					
ō		Less direct expenses  Net income or (loss) f		<del></del>	0			
		Gross income from ga See Part IV, line 19						
		Less direct expenses					11 11	
		Net income or (loss) f Gross sales of in returns and allowance	ventory, less	vities •	0			
		Less cost of goods s				<u>.,,</u>		
-	с	Net income or (loss) f	<del></del>	<del></del>	0		· · · · · · · · · · · · · · · · · · ·	
}	110	Miscellaneous R	tevenue	Business Code			···-	
	11a b				<del></del>		<del></del>	
	c		•	<del></del>				
	d	All other revenue						
	е	Total. Add lines 11a-	-11d	<b>•</b>	0			
1	12	Total revenue. See in	estructions	▶ [	1 710 451			1 531 051

Section	on 501(c)(3) and 501(c)(4) organizations must con			s must complete co	
	Check if Schedule O contains a respon	se or note to any lin			
	ot include amounts reported on lines 6b, 7b, b, 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 domestic organizations				
	and domestic governments See Part IV, line 21	1,453,770	1,453,770		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits Payroll taxes			· ·-	
11	Fees for services (non-employees)				
a	Management				
b	Legal Accounting				
d	Lobbying				<del></del>
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	179,009		179,009	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology		· · · · · · · · · · · · · · · · · · ·		
15	Royalties				
16 17	Occupancy Travel				<u> </u>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				4,14-1
19	Conferences, conventions, and meetings	-			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column				
•	(A) amount, list line 24e expenses on Schedule O)				
а					<del></del> -
b					
c d			-		
u e	All other expenses			-	
25	Total functional expenses. Add lines 1 through 24e	1,632,779	1,453,770	179,009	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here   ☐ if following SOP 98-2 (ASC 958-720)	, , ,			

Form 990 (2018) Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash—non-interest-bearing 854,499 2 532,406 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 100,000 4 100,000 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 6 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L. 6 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10c 10b b Less accumulated depreciation 19,057,599 11 17,324,757 11 Investments—publicly traded securities 12 12 Investments—other securities See Part IV, line 11 Investments—program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 20,012,098 17,957,163 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 0 26 0 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ Balances complete lines 27 through 29, and lines 33 and 34. 20,012,098 17,957,163 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Net Assets or Fund Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and

complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

30

31

32

33

Form 990 (2018)

17,957,163

17,957,163

30

31

32

33

34

20,012,098

20,012,098

_	4	•
Page	ı	4

Par	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		,			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			1,7	10,451
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,63	32,779
3	Revenue less expenses Subtract line 2 from line 1	3				77,672
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			20,0	12,098
5	Net unrealized gains (losses) on investments	_5		(2,132,60		
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	_ 8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9_				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			17 <u>,9</u> 5	57,163
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		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," ex	plaın	ın			'
	Schedule O		_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>├</b>	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled	or			
	reviewed on a separate basis, consolidated basis, or both					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		]_			
b	Were the organization's financial statements audited by an independent accountant?		_ ⊢	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a			
	separate basis, consolidated basis, or both					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		_	_		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ersig/	ht		'	
	of the audit, review, or compilation of its financial statements and selection of an independent account			2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın	ın			
	Schedule O.		-			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın			
	the Single Audit Act and OMB Circular A-133?		<u> </u>	3a_		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo ti	ne			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	L	3b		
				Forr	n <b>990</b>	(2018)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 52-1249913 Pearlstone Family Fund, Inc Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g [X] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C.
 Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization

Enter the number of supported organizations

g Provide the following information about the supported organization(s)

(v) Amount of monetary (vi) Amount of (III) Type of organization (iv) Is the organization (i) Name of supported organization (ii) EIN (described on lines 1-10 listed in your governing support (see other support (see document? instructions) instructions) above (see instructions)) Yes No (A) The Associated Jewish Community Federation of Baltimore 52-0607957 10 Х 1,017,600 (B) (C) (D) (E) 1.017.600

1

Part	(Complete only if you checked the						
	Part III If the organization fails to						anly under
Secti	ion A. Public Support	y quality aria	<u> </u>	3.00 DOIOW, P	Todoo oompi	<u> </u>	<del>,</del>
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018/	(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 shown on line 11, column (f)			/			
6	Public support. Subtract line 5 from line 4			/			
	on B. Total Support		•		<del>,</del>		
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) <u>2</u> 016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4			/			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the organization, check this box and stop her	•	n's first, secon	d, third, fourth	i, or fifth tax y	ear as a sectioi	n 501(c)(3) ► □
Secti	on C. Computation of Public Suppor		<u></u>				
14	Public support percentage for 2018 (line 6			1, column (fl)		14	%
15	Public support percentage from 2017 Sch	<i>j</i> ·	-	(,,		15	%
16a	331/3% support test-2018. If the organi	zation djď not	check the box		nd line 14 is 33	3 ¹ /3% or more,	check this
	box and <b>stop here</b> . The organization qua	, ,		-			▶ □
b	this box and stop here. The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances test—2018/If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						
18	Private foundation. If the organization die	d not check a	box on line 13,	, 16a, 16b, 17a	, or 17b, chec	k this box and s	see
	instructions						▶ □
	1				Sch	nedule A (Form 990	or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Part	Support Schedule for Organiza						
	(Complete only if you checked the						nder Part II
	If the organization fails to qualify	under the te	ests listed beli	ow, piease co	mpiete Part	<u>                                     </u>	_
	on A. Public Support		#-> 004F	(-) 2040	(4) 2017	(2) 2010	(6) T-4-1
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 20/18	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					/	
2	Gross receipts from admissions, merchandise					/	
	sold or services performed, or facilities					/	
	furnished in any activity that is related to the organization's tax-exempt purpose	ı				/	
3	Gross receipts from activities that are not an					<del>/</del>	
	unrelated trade or business under section 513				Í	ŕ	
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3	-					
	received from disqualified persons		<u> </u>		/	_	
b	Amounts included on lines 2 and 3			4	7		
	received from other than disqualified			/			
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			/			
_	·			/			
С 8	Add lines 7a and 7b <b>Public support.</b> (Subtract line 7c from			/	<u> </u>		<u> </u>
0	line 6)			/			
Secti	on B. Total Support		l				
	dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	<b>(c)</b> 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	, ,				-	
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,			1			
	royalties, and income from similar sources			/			
b	Unrelated business taxable income (less			(			
	section 511 taxes) from businesses		/				
	acquired after June 30, 1975		/				<del> </del>
C	Add lines 10a and 10b  Net income from unrelated business		- /				
11	activities not included in line 10b, whether		/				
	or not the business is regularly carried on		/				
12	Other income Do not include gain or		j				
	loss from the sale of capital assets		/				
	(Explain in Part VI )		/				
13	Total support. (Add lines 9, 10c, 11,	_					
	and 12)	<del> </del>		1 (1 1 5 4)			- F04(-)(2)
14	First five years. If the Form 990 is for the		n's ^y first, secon	a, thira, fourth	, or πππ tax ye	ear as a section	n 501(c)(3)
Casti	organization, check this box and stop he		<u>/</u>				
	on C. Computation of Public Suppor Public support percentage for 2018 (line 8			13 column (f)		15	%
15 16	Public support percentage for 2016 (line of Public support percentage from 2017 Sch			io, column (i))		16	<del>///</del> %
	on D. Computation of Investment In					1 .0	
17	Investment income percentage for 2018 (			y line 13. colu	mn (f))	17	%
18	Investment income percentage from 2017	' Schedule <b>/</b> A,	Part III, line 17			18	%
19a	331/3% support tests-2018. If the organ	ızatıon dıd∦not	check the box	on line 14, ar	nd line 15 is m	ore than 331/39	%, and line
	17 is not more than 331/3%, check this box	and stop here	. The organizati	on qualifies as a	a publicly suppo	orted organizati	on 🕨 🔲
b	331/3% support tests—2017. If the organiz	ation did hot o	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	33 ¹ /3% , and
	line 18 is not more than 331/3%, check this t						_
20	Private foundation, If the organization di	d not chèck a	box on line 14	. 19a. or 19b. c	heck this box	and see instru	ctions 🕨 🗀

# Part IV Supporting Organizations

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

Sect	ion A. All Supporting Organizations		T.,	т
4	As all of the constant of the constant of the constant of the constant of		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation of this tone and continuing relationship, explain	1	X	
2	Did the organization have any supported organization that does not have an IRS determination of status	<del>!</del> -	1	<del> </del>
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		.	
30	organization was described in section 509(a)(1) or (2)	2		X
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		X
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination			
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3b		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		L
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			- !
	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
С	Did the organization support any foreign supported organization that does not have an IRS determination	4b		
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		X
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		X
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
•	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	•		-
vu	disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .			X
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		X
10-		9c		<u>X</u>
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "You" appears 106 below.			اپ
L	supporting organizations)? If "Yes," answer 10b below	10a		<u>X</u>
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b	—	

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а		l		
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		X
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2	X	
Secti	on C. Type II Supporting Organizations		,	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations			
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			i
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
	on E. Type III Functionally Integrated Supporting Organizations			<del></del>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstrud	ctions	s)
a	☐ The organization satisfied the Activities Test Complete line 2 below			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below	,		
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (	Г		<u> </u>
2	Activities Test Answer (a) and (b) below.	<del></del>	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>		ļ	
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities		<u> </u>	
<b>L</b>	·	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			Ì
	activities but for the organization's involvement		—	
2	-	2b		i
3	Parent of Supported Organizations <i>Answer (a) and (b) below</i> .			ļ
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	20		
L	•	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	g tru nizat	st on Nov 20, 1970 (explors must complete Sect	ain in Part VI) <b>See</b> ions A through E
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3	* "	
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		<u></u>
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a	<u></u>	
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		,	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall	y int	tegrated Type III supporti	ng organization (see
instructions)			

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Sect	ion D—Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızatıons	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions	<u> </u>		
7	Total annual distributions. Add lines 1 through 6		<u></u>	
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ) See instructions	h the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ) See instructions			
3	Excess distributions carryover, if any, to 2018			
	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from			
	Section D, line 7			
	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount		<del> </del>	
с	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions		0	
6	Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions			0
7	Excess distributions carryover to 2019. Add lines 3j and 4c	0		
8	Breakdown of line 7			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
Part IV, Sect	don A, Line 6 -
The Support	ed Organization works to preserve and enhance Jewish Life It addresses charitable, educational, religious, humanitarian,
health, cultur	ral and social service needs of the Jewish community locally, nationally, in Israel and throughout the world
In furtherand	ce of that mission, the Supported Organization encourages families to establish supporting organizations in
partnership v	with it, in order to engage interested donors and succeeding generations in philanthropic pursuits and
enhance both	the Jewish and general communities in keeping with the Jewish tradition of repairing the world
All grants are	e made to tax-exempt charitable organizations registered with the Internal Revenue Service
Part IV, Sect	ion B, Line 2 -
Grants to org	ganizations, other than the Supported Organization, are made at the discretion of the Board of the Supporting
Organization	and are made in furtherance of the mission of the Supported Organization to support Jewish, cultural, educational
and social jus	stice work
	·
	·

# **SCHEDULE C** (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Complete if the organization is described below ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- · Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes." on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

, ,	see separate instructions), t			·	
	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III		Tellini	4:5:4:
	of organization			' '	ntification number
	tone Family Fund, Inc		-d	52-1249913	
Part	<del></del>	e organization is exempt ur			
1	Provide a description of definition of political car	f the organization's direct and mpaign activities")	indirect political ca	ampaign activities in Par	t IV (see instructions to
2		y expenditures (see instructions		<b>&gt;</b> \$	§ 
3		cal campaign activities (see instr			
Part		<u>e organization is exempt ur</u>			
1		excise tax incurred by the organ			§ 
2	•	excise tax incurred by organizati	<del>-</del>		} 
3	If the organization incurre	ed a section 4955 tax, did it file F	form 4720 for this y	ear?	∐ Yes ∐ No
4a	Was a correction made?		•		∐ Yes ☐ No
b	If "Yes," describe in Part				
Part		e organization is exempt ur			(c)(3).
1	Enter the amount direct	ly expended by the filing organ	nization for section		•
	activities			<b>&gt;</b> \$	) 
2		filing organization's funds cont	ributed to other org		
	527 exempt function acti			\$	) 
3	•	expenditures Add lines 1 and	2 Enter here and	on Form 1120-POL,	
	line 17b	(I 5 4400 BOL (and law one	0	▶ ↓	'
4	• •	n file Form 1120-POL for this ye			∐ Yes ∐ No
5	Enter the names, address	ses and employer identification r	iumber (EIN) of all s	ection 527 political organi	izations to which the filing
	organization made payme	ents For each organization listed ontributions received that were p	i, enter the amount	paid from the filling organ	ization's lunds. Also enter
	as a senarate segregated	fund or a political action commit	tee (PAC). If addition	nal space is needed provi	de information in Part IV
	as a separate segregated	Ĭ		1	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2018

Pa	rt II-A	Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and file	d Form 5768 (ele	ction under	
Α	Check	heck In the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)				
<u>B</u>	Check	▶ ☐ if the filing organization checked	ed box A and "limited control" provisions apply	<del>,</del>		
		Limits on Lobby (The term "expenditures" me	(a) Filing organization's totals	(b) Affiliated group totals		
1	a Tot	al lobbying expenditures to influence	public opinion (grass roots lobbying)			
	<b>b</b> Tot	al lobbying expenditures to influence a	a legislative body (direct lobbying)	30,000		
	c Tot	al lobbying expenditures (add lines 1a	and 1b)	30,000		
	d Oth	ner exempt purpose expenditures		1,423,770		
	e Tot	al exempt purpose expenditures (add	lines 1c and 1d)	1,453,770		
	f Lobbying nontaxable amount Enter the amount from the following table in both					
	col	umns		220,377		
	lf th	e amount on line 1e, column (a) or (b) ıs.	The lobbying nontaxable amount is:		1	
	Not	over \$500,000	20% of the amount on line 1e			
	Ove	r \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Ove	r \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Ove	r \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Ove	r \$17,000,000	\$1,000,000			
	<b>g</b> Gra	issroots nontaxable amount (enter 25%	% of line 1f)	55,094		
	h Sub	stract line 1g from line 1a. If zero or les	ss, enter -0-	0		
	i Sub	stract line 1f from line 1c. If zero or less	s, enter -0-	0		
	-	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?				

# 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) Total
2a	Lobbying nontaxable amount	180,041	163,847	182,527	220,377	746,792
b	Lobbying ceiling amount (150% of line 2a, column (e))					1,120,188
С	Total lobbying expenditures	25,000	27,500	30,000	30,000	112,500
d	Grassroots nontaxable amount	45,010	40,962	45,632	55,094	186,698
е	Grassroots ceiling amount (150% of line 2d, column (e))					280,047
f	Grassroots lobbying expenditures	0	0	0	0	0

Schedule C (Form 990 or 990-EZ) 2018

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fill (election under section 501(h)).	led	Form	า 5768	1	
For e	each "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed	(a	a)		(b)	
		Yes	No	A	moun	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
đ	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?	$\longrightarrow$				
f	Grants to other organizations for lobbying purposes?	$\dashv$				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		_			_
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i	—				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912					
b	If "Yes," enter the amount of any tax incurred under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
c d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	—				
Part		5). c	or se	ction		
	501(c)(6).	-,, -				
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	<u> </u>	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the p				<u> </u>	
Part	II-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes."	5), c ! (b)	Part	ction III-A,	line	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year	ļ	2a			
b	Carryover from last year	ļ	2b	-		
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	ny				
5	Taxable amount of lobbying and political expenditures (see instructions)	-	<u>4</u> 5			
Part			<u> </u>	-		
	e the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group	p list	), Par	t II-A, I	ines 1	1 and
2 (see	instructions), and Part II-B, line 1. Also, complete this part for any additional information		,,			
	<u></u>					

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22

► Attach to Form 990.

20 <b>18</b>	Open to Public Inspection

Employer identification number

OMB No 1545-0047

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

52-1249913		r assistance, and	⊠ Yes □ No		
Pearlstone Family Fund, Inc	Part I General Information on Grants and Assistance	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	the selection criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	

Part IV, line 21, for any recipient that received more t	ny recipient that i	received more th	an \$5,000 Part I	ll can be duplica	han \$5,000 Part II can be duplicated if additional space is needed	space is needed	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(e) Amount of non- (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Attachment #1							
(2)							
(3)							
(4)	, .						
(5)							
(9)							
(7)							
(8)	,						
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	in 501(c)(3) and gov organizations listed	vernment organizat	tions listed in the I	ine 1 table			14
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruction	s for Form 990.			i		Schedule I (Form 990) (2018)

Schedule I (Fc	Schedule I (Form 990) (2018)			:		Page 2
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed	mestic Individual space is needed	<b>ls.</b> Complete if the	organization answ	ered "Yes" on Form 990,	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-						
2						
က						
4		1				
5						
9						•
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	the information re	quired in Part I, lin	e 2, Part III, columr	(b), and any other addit	onal information
Grant requ	Grant requests are reviewed to ensure that they are permissible and in accordance with applicable laws and regulations	ussible and in accor	dance with applicable	laws and regulations		
The Found	The Foundation will request and recive penodic reports and updates from the grantees regarding how grants are utilized, and takes such information	and updates from th	he grantees regarding	how grants are utilize	d, and takes such information	1
into accou	ınto account ın considering future grant awards					
			•			
						,
	,					
		1 1 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
						Schedule I (Form 990) (2018)

## SCHEDULE J (Form 990)

Denartment of the Treasury

Internal Revenue Service

**Compensation Information** 

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number Name of the organization 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 on Form 990. Part VII. Section A, line 1a Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence ☐ Travel for companions Health or social club dues or initiation fees ☐ Tax indemnification and gross-up payments Personal services (such as, maid, chauffeur, chef) ☐ Discretionary spending account 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 explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Written employment contract Compensation committee ☐ Independent compensation consultant Compensation survey or study ☐ Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization 4a X Receive a severance payment or change-of-control payment? 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Х Participate in, or receive payment from, an equity-based compensation arrangement? 4c Х 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of 5a Х The organization? 5b X Any related organization? If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of 6a Х The organization? 6b Х Any related organization? If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 payments not described on lines 5 and 69 If "Yes," describe in Part III 7 Х Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

Page 2

Schedule J (Form 990) 2018

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

Note: The sum of columns (B)(I)—(iii) for each listed individual must equal the total amount of Form 990. Part VII, Section A. line 1a. applicable column (D) and (E) amounts for that individual instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(I)—(III) to	or eac	h listed individual mu	st equal the total amo	ount of Form 990, Pa	rt VII, Section A, line 1	a, applicable columi	n (D) and (E) amounts	s for that individual
(B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontavable (E) Total of columns (F) Compensation		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	samiles to letal (4)	(F) Compensation
(A) Name and Title		(i) Base compensation	(II) Bonus & Incentive compensation	(ii) Other reportable compensation	other deferred compensation	(c) Nonaxable benefits	(E) (OH) (B)(()+(D)	in column (B) reported as deferred on prior Form 990
	Θ							
1 Marc B Terrill	Ξ	484,590	75,000	96,062	161,000	28,831	845,483	63,719
	Ξ							
2 Darrell D Friedman	<u>(ii</u>				143,368		143,368	
	Ξ							
3	(ii)							
	(i)							•
4	€					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Ξ							
5	€							
	Ξ							
9	Ξ			) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	€							
7	Ξ				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	(3)							
8	(ii)							
	(1)							
6	(ii)							
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11	Ξ							
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14	€							
	≘						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
15	3							
	Ξ							
16								

Schedule J (Form 990) 2018

rovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part or any additional information
The Directors of the Hoffberger Family Fund, Inc. receive no compensation for their services. However, one of the Directors is employed by the
upported entity, The Associated Jewish Community Federation of Baltimore, Inc. (The Associated). All of the compensation and benefits listed are
aid by The Associated, none of 11 1s attributable to the service as a Director and/or Officer of the Foundation
ayment to Darrell D Friedman, a former employee of The Associated, in the amount of \$143,368 was paid in 2018 under a deferred compensation
greement in place on December 31, 2003
artl, Line 4b
farc B. Terrill participates in a nonqualified deferred compensation plan. No amounts were paid out during the year (2017)
one hundred and fifty thousand dollars was deferred and 1s included on Form 990, Part VIII, Column F and Schedule J, Part II, Column C
1 The Associated

Schedule J (Form 990) 2018

## SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2018

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Pearlstone Family Fund, Inc	52-1249913
Form 990 Part VI, Section A,	
Line 2 - There are family relationships among the Donor Members and Directors Richard L. Pearlstone, P. J.	ustin Pearlstone and
Amy Elias have a family relationship	
Line 6 - The organization has two classes of members, a Public Member - The Associated Jewish Community	y Federation of Baltimore. Inc. and a
	y redetation of Datamore, the and a
Donor Member consisting of Richard L. Pearlstone	
Line 7a - The Members appoint the Board of Directors The Public Member appoints the majority and the I	Donor Members appoint the remainder
Line 7b - Amendments to the Bylaws are subject to change or rescission by the Members before they are ado	pted
Form 990 Part VI, Section B,	
Line 11a - The Form 990 and supporting schedules are distributed to the officers and directors upon comple	tion for review and comments
prior to filing	
Line 12c - The supported organization monitors and enforces the potential of any conflict of interests by reg	gularly
reviewing the Board of Directors, its actions and the investment of assets to ensure that it complies with the co	nflict
of interest policy of The Associated	
Line 15 - Marc B Terrill participates in a nonqualified deferred compensation plan. No amounts were paid of	out during the year (2018)
One hundred and fifty thousand dollars was deferred and is included on Form 990, Part VIII, Column F and S .	
A new five-year contract was executed for Marc B Terrill beginning January 1, 2017 The terms and condition	s of the deferred
compensation plan are outlined in the contract with The Associated	
Form 990 Part VI, Section C,	
Line 19 - The organization makes its governing documents and financial statements available to the public up	oon request
·····	

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Pearlstone Family Fund, Inc.

Part I

3

3

(2)

Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Identification of Disregarded Entities. Complete If the organization answered "Yes" on Form 990, Part IV, line 33

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

2018

OMB No 1545-0047

Open to Public

Employer identification number

52-1249913

(f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year (e) End-of-year assets (d) Total income (c) Legal domicile (state or foreign country) (b) Primary activity (a) (a) Name, address, and EIN (if applicable) of disregarded entity (1) (4) (9) Part II

(g) Section 512(b)(13) controlled entity?	Š	×							90) 2018
Section (control	Yes								Form 9
(f) Direct controlling entity		N/A							Schedule R (Form 990) 2018
(e) Public charity status (if section 501(c)(3))		7							
(d) Exempt Code section		201(c)(3)							
(c) Legal domicile (state or foreign country)		Maryland							
(b) Primary activity		Exempt organization							
(a) Name, address, and EIN of related organization		(1) The Associated Jewish Community Federation of Baltimore, Inc 101 West Mount Royal Avenue Baltimore, MD 21201	(2)	(3)	(4)	(5)	(9)	(2)	For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III	Identification because it had	of Re	Identification of Related Organizations Taxable because it had one or more related organizations t	Taxable	as a Partners reated as a pa	<b>as a Partnership.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 34, reated as a partnership during the tax year	the organiza the tax year	ition answere	"Xes"	on Form 990, P	art IV, line	34,
Name, & relat	(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) (h) Share of end-of- Disproportionate year assets allocations?	(h) Disproportiona allocations?	(I) le Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	(k) Percentage ownership
									Yes No	Γ	Yes No	
(1) N/A	1											
(2)												
(3)							,					
(4)												,
(5)												
(9)							ţ					
(7)												
Part IV	Identification of Related	of Re	Identification of Related Organizations Taxable	Taxable	as a Corpora	as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV	omplete if the	e organization	n answe	red "Yes" on For	rm 990, P	art IV,

(state or foreign country) entity (C corp., S corp., or trust) income end-of-year assets	(a) (b) (c) (d) (e) (f) (f) (f) (f) Insect controlling Type of entity Share of	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Type of entity	(f) Share of total	(g) Share of	(h) Percentage	(i) Section 512	2(b)(13)
A Assertion of the control of the co			(state or foreign country)	entity	(C corp, S corp, or trust)		end-of-year assets	ownership	control	ر اوط
									Yes	No

# Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Part V

ote		,		<b>λ</b>	Yes	٥N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more related organ	iizations listed in Parts	SIIIV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				<b>1</b> a		×
b Gift, grant, or capital contribution to related organization(s)		•		<del>1</del>	×	
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan quarantees to or for related organization(s)				19	-	×
						;
e Loans or loan guarantees by related organization(s)				1e		×
f Dividende from related organization(e)				16		<b>;</b>
				=	1	4
g Sale of assets to related organization(s)				1g		×
h Purchase of assets from related organization(s)				ŧ		×
i Exchange of assets with related organization(s)				÷		×
j Lease of facilities, equipment, or other assets to related organization(s)				Ė		×
k Lease of facilities, equipment, or other assets from related organization(s)				<del>+</del>		$ _{leph}$
l Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=		$ \bowtie$
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			<del>1</del>		$ \bowtie$
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uo			7		×
				╀	×	
				₽		}
p Reimbursement paid to related organization(s) for expenses		•		10		×
a Reimbursement paid by related organization(s) for expenses				- 0	<u> </u>	×
						(
r Other transfer of cash or property to related organization(s)				÷		Þ
				- 4	1	{ ×
2 If the answer to any of the above is "Yes" see the instructions for information on who must complete this line including covered relationships and transaction thresholds	the must complete this line incli	uding covered relation	ships and transacti	ion thres	holds	,
		ממונים במונים	מוומ מוומ מווים	3		
(a) Name of related organization	(b) Transaction type (a—s)	(c) Amount involved	(d) Method of determining amount involved	) ng amount	ınvolve	g
(1)						
(2)						
(3)						
(4)						
(5)						1
(9)		-	-			
		:	Schedule R (Form 990) 2018	R (Form	990) 2	2018

# Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on 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

(a) (b) (c) (d) (e) (g)	(a)	(2)	(p)	(e)	(£)	Ι.	(H)	(E)	1	(K)
Name, address, and Ein of entry	Frimary activity	state or foreign	income (related,	Are all parmers section	snare or total income	L	Ulsproportionate allocations?	amount in box 20	General or managing	Percentage ownership
		country)	unrelated, excluded from tax under	501(c)(3) organizations?		assets		of Schedule K-1 (Form 1065)		
			sections 512—514)	Yes No			Yes No		Yes No	
(1)	-									
(2)	-									-
(3)								į		-
(4)										
(5)	i									
(9)	1									
(2)										
(8)										
(6)	1									
(10)	1									
(11)				,						
(12)										
(13)										
(14)										
(15)										
(16)										Î.
								Sche	edule R (For	Schedule R (Form 990) 2018