** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

A I	For the	lpha 2021 calendar year, or tax year beginning $$ JUL $1,$ 2021 $$ and endin	ng Jl	JN 30, 202	12				
В	Check if applicable	PEARLSTONE CONFERENCE & RETREAT CENTER		D Employer iden	tification number				
Ļ	change	e INC.		42 2000	710				
F	chang∈ Initial	Doing business as PEARLSTONE CENTER		43-2080					
Initial return Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number 410-500-5417									
_	terminated	, , , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	11,194,055.				
Ļ	return	REISIERIOWN, MD 21130		H(a) Is this a group					
	tion pendin	F Name and address of principal officer. O EXEMIT (OAKIN) IX • MAIN		for subordina	tes? Yes X No es included? Yes No				
T :	Tax-exe	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527		n a list. See instructions				
		te: WWW.PEARLSTONECENTER.ORG		H(c) Group exemp					
					M State of legal domicile: MD				
		Summary			,				
_	1	Briefly describe the organization's mission or most significant activities: TO IGNI	TE J	TEWISH PAS	SION &				
Governance		INSPIRE VIBRANT JEWISH LIFE THROUGH OUR RETR	REAT	CENTER &	PROGRAMS.				
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of	f more tl	han 25% of its net	assets.				
ove	3	Number of voting members of the governing body (Part VI, line 1a)			з 20				
		Number of independent voting members of the governing body (Part VI, line 1b)			4 20				
es &	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			5 78				
Ϋ́	6	Total number of volunteers (estimate if necessary)			6 35				
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a 0.				
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	<u>'</u>	7b 0.				
				Prior Year	Current Year				
ē	8	Contributions and grants (Part VIII, line 1h)		3,958,075					
Ju e	9	Program service revenue (Part VIII, line 2g)		1,110,430					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			12.				
	יין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		52,322 5,120,827					
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)							
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.				
		Benefits paid to or for members (Part IX, column (A), line 4)		2,123,375					
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			2,919,439. 0.				
Expenses	10a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 164,382.			0.				
Š	1,0	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,767,572	2,572,204.				
	''	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,890,947					
		Revenue less expenses. Subtract line 18 from line 12		1,229,880					
	19	nevertue less expenses. Subtract line 10 from line 12	Reg	inning of Current Yes					
Net Assets or	20	Total assets (Part X, line 16)	Deg	8,808,183					
ASSE	21	Total liabilities (Part X, line 26)		2,156,377					
Net.	22	Net assets or fund balances. Subtract line 21 from line 20		6,651,806					
	art II	Signature Block	-	0,00=,000					
Und	ler pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and s	statemen	its, and to the best of	my knowledge and belief, it is				
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr		•	,				
Sig	n	Signature of officer		Date					
Hei		■ JEREMY (JAKIR) K. MANELA, CHIEF EXECUTIVE	E OF	FICER					
		Type or print name and title							
		Print/Type preparer's name Preparer's signature	Da	check	PTIN				
Paid	d	LAUREN N. WEST LAUREN N. WEST	0.5	5/13/23 self-en					
Pre	parer	Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN	▶ 41-0746749				
Use	Only	Firm's address 150 S WARNER ROAD, SUITE 310							
		KING OF PRUSSIA, PA 19406		Phone no.					
Ma	May the IRS discuss this return with the preparer shown above? See instructions X Yes No								

Form	990 (2021) INC. $43-2080719$ Page 2	<u>2</u>
Pai	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III]
1	Briefly describe the organization's mission:	_
•	TO IGNITE JEWISH PASSION AND INSPIRE VIBRANT JEWISH LIFE THROUGH OUR	
	RETREAT CENTER, FARM AND PROGRAMS. PEARLSTONE HAS A SIGNIFICANT FOCUS	-
	ON JEWISH ENVIRONMENTAL EDUCATION AND SUSTAINABILITY EFFORTS.	_
	ON DEWISH ENVIRONMENTAL EDUCATION AND SUSTAINABILITY EFFORTS.	_
		_
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	,
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No	j
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	_
4a	(Code:) (Expenses \$1,594,003. including grants of \$0.) (Revenue \$1,357,829.)
	JEWISH RETREATS, AND OTHER MISSION-DRIVEN CONFERENCES, WORKSHOPS,	_
	MEETINGS, AND COURSES: OUR GOAL IS TO PROVIDE AN AFFORDABLE, WARM, AND	_
	WELCOMING ENVIRONMENT FOR NON-PROFIT JEWISH, FAITH-BASED, AND SECULAR	_
	ORGANIZATIONS IN ORDER TO HELP THEM ACCOMPLISH THEIR EDUCATIONAL,	_
	RELIGIOUS AND/OR COMMUNITY-BUILDING GOALS. THERE IS A FEE FOR OUR	
	SERVICE. WE PROVIDE MEALS, LODGING, MEETING SPACE AND MATERIALS AND	
	PROGRAMMING HELP. PRIOR TO COVID, WE SERVED OVER 20,000 GUESTS A YEAR.	_
	ONCE PAST THE LINGERING IMPACT OF COVID, WE ARE POISED TO SIGNIFICANTLY	_
	INCREASE THE GUESTS WE ARE ABLE TO WELCOME ONTO OUR CAMPUS EACH YEAR.	_
	WE ARE OPEN 365 DAYS A YEAR.	_
	WE ARE OPEN 303 DAIS A TEAR.	_
		_
	2.660.016	_
4b	(Code:) (Expenses \$2,668,016. including grants of \$0. (Revenue \$387,299.)
	THE FARM: JUDAISM HAS ITS ROOTS IN AN ANCIENT AGRARIAN SOCIETY AND MANY	_
	OF THE VALUES AND HOLIDAYS EVOLVED FROM THAT FOUNDATION. THE FARM IS AN	_
	INVALUABLE TEACHING TOOL TO DEMONSTRATE THE CONNECTIONS BETWEEN JUDAISM	_
	AND THE ENVIRONMENT, SOCIAL AND FOOD JUSTICE, AND CALENDAR-RELATED	
	FESTIVALS. CHILDREN AND STUDENTS OF ALL AGES COME TO THE FARM TO LEARN	
	HOW TO BE RESPONSIBLE STEWARDS OF THE EARTH AND HOW THE WAY THEY	_
	CONDUCT THEIR DAILY LIVES IMPACTS OUR PLANET. WE HAVE APPROXIMATELY	_
	6,000 VISITORS TO THE FARM EACH YEAR.	_
	<u> </u>	_
		-
		-
		_
_	(Code:) (Expenses \$ 143,784. including grants of \$ 0.) (Revenue \$ 256,094.	_
4c	(Code:) (Expenses \$143,784. including grants of \$0.) (Revenue \$256,094. PASSOVER: EACH YEAR WE HOLD A SPECIAL PASSOVER PROGRAM THAT RUNS FOR 10)
		_
	DAYS. MANY OF OUR GUESTS ARE ELDERLY AND CAN NO LONGER DO ALL THE	_
	COOKING AND CLEANING THE HOLIDAY REQUIRES. WE PROVIDE THE RELIGIOUS	_
	SERVICE, THE SEDARS, MANY CLASSES AND FAMILY PROGRAMMING.	_
		_
		_
		_
		-
		-
		-
	Other program conject (Describe on Schodule O.)	_
4d	Other program services (Describe on Schedule O.)	
4-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 4,405,803.	_
40	Total program service expenses ► 4,405,803. Form 990 (202-	1\
	Form 390 (202)	11

43-2080719 INC. Page 3 Form 990 (2021)

Part IV Checklist of Required Schedules

I al	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)?		162	INO
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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? <i>If</i> "Yes." <i>complete</i>			
	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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
••	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1110	- 21	
b		446		Х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		- 72
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	Х
	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			7.7
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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		X
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
•	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	domestic government on Farth, column (A), interfall fres, complete Schedule I, Parts Land II	Form	000	

Form 990 (2021) INC. 43-2080719 Page 4

Pa	rt IV Checklist of Required Schedules _(continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			ĺ
	, , , , , , , , , , , , , , , , , , , ,	23	х	ĺ
240	Schedule J	23	-25	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ĺ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			Х
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		—
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>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			ĺ
	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			ĺ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ĺ
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	,	00-		х
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	$\vdash \vdash \vdash$	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	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		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 113			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
,	(gambling) winnings to prize winners?	1c		

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INC 43-2080719 Page **5** Form 990 (2021)

Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 78 filed for the calendar year ending with or within the year covered by this return Х 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. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on 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 Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х 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? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7с d If "Yes." indicate the number of Forms 8282 filed during the year X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069

Form **990** (2021) 6 132005 12-09-21 2021.05080 PEARLSTONE CONFERENCE & R A1851921

INC. 43-2080719 Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 20 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 20 **b** Enter the number of voting members included on 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 Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
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	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be	filed F	►I⁄IT
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5425 MT. GILEAD ROAD, REISTERSTOWN, MD

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

X Upon request Another's website Own website

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 JEREMY (JAKIR) K. MANELA -410-500-5417

Form 990 (2021) INC. 43-2080719 Page 7

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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of
	week		cer an	d a di	irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	ordi	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	ruste	l trus		99/	ubeu		1099-NEC)	1099-NEC)	organization and related
	below	ndividual trustee or director	Institutional trustee	_	Key employee	st col	<u></u>	10001120)		organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			3
(1) JEREMY (JAKIR) K. MANELA	37.50									
CEO				Х				211,557.	0.	3,499.
(2) CLAUDIA FATH	37.50									
DIRECTOR OF FINANCE				Х				69,570.	0.	8,098.
(3) EMILE BENDIT	2.00									
CHAIR		Х		Х				0.	0.	0.
(4) RACHEL SIEGAL	2.00								_	
VICE CHAIR THROUGH JAN 2022		Х		Х				0.	0.	0.
(5) BECKY BRENNER	2.00									
TREASURER		Х		Х				0.	0.	0.
(6) KEN SCHWARTZ	2.00									
SECRETARY		Х		Х				0.	0.	0.
(7) AARON MAX	2.00									
IMMEDIATE PAST CHAIR		Х						0.	0.	0.
(8) ELI SCHLOSSBERG	2.00									
MEMBER AT LARGE		Х						0.	0.	0.
(9) LIZ MINKIN-FRIEDMAN	2.00									
GOVERANCE COMM CHAIR		Х						0.	0.	0.
(10) SARALYN ELKIN	2.00									
PROGRAM COMM CHAIR		Х						0.	0.	0.
(11) ALYSON FRIEDMAN	2.00									•
TRUSTEE	2 00	Х						0.	0.	0.
(12) ANNA KRIEGER KLEIN	2.00	37							_	0
TRUSTEE	2 00	Х						0.	0.	0.
(13) BATSHEVA MESSING TRUSTEE	2.00	v							_	0
	2 00	Х						0.	0.	0.
(14) BRETT COHEN TRUSTEE	2.00	Х						0.	_	0.
(15) DAVID PLATT	2.00	Δ						0.	0.	0.
TRUSTEE	2.00	Х						0.	0.	0.
(16) DANA STEIN	2.00							0.	0.	<u></u>
TRUSTEE		Х						0.	0.	0.
(17) HARRIETTE WIMMS	2.00								.	
TRUSTEE		Х						0.	0.	0.
	ı						L		<u></u>	5 000 (2221)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)		(C)					(D)	(E)			(F)	
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable		Es	timate	∌d
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	- 1		nount	of			
	week (list any	_	l ai	lu a ui	Tecto	Tritus	(66)	from	from related	- 1		other	
	hours for	lirecto						the organization	organization (W-2/1099-MIS			pensa om th	
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	- 1		anizat	
	organizations	truste	al tru:		yee	im per		1099-NEC)	,		•	d relat	
	below	Individual trustee or director	In stit utio nal tru stee	er	Key employee	est co loyee	Je.	,			orga	anizati	ons
	line)	Indiv	Insti	Officer	Key 6	Highest compensated employee	Former						
(18) HEIDI HILLER	2.00	l											_
TRUSTEE		Х						0.		0.			0.
(19) HENRIETTE TAYLOR	2.00	ļ											•
TRUSTEE	0.00	Х	_					0.		0.			0.
(20) JASON RUBENSTEIN	2.00	.,								_			0
TRUSTEE	2 00	Х	_					0.		0.			0.
(21) LEETE GARTEN TRUSTEE	2.00	Х						0.		0.			Λ
(22) RABBI ELISSA SACHS-KOHEN	2.00	Λ						1		- • 			0.
TRUSTEE	2.00	Х						0.		0.			0.
(23) ROB FRIER	2.00							· ·		~ 			
TRUSTEE		х						0.		0.			0.
(24) STEPHANIE BARON	2.00												
TRUSTEE		Х						0.		0.			0.
(25) TODD TILSON	2.00												
TRUSTEE		Х						0.		0.			0.
(26) WENDY BRONFEIN	2.00												
TRUSTEE		Х						0.		0.			0.
1b Subtotal								281,127.		0.	1:	1,5	
c Total from continuation sheets to Part VII								0.		0.	4	1 -	0.
d Total (add lines 1b and 1c)							<u> </u>	281,127.		0.	Ι.	1,5	97.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable)			2
compensation from the organization												Yes	No
2. Did the executation list any former officer	director truct	aa 1			0.70		hia	boot componented own	lavos en	Г		162	NO
3 Did the organization list any former officer,	Ť	-	•	•	•		_		•		3		х
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su											3		
and related organizations greater than \$150	•								•		4	X	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	•				•			· ·			5		х
Section B. Independent Contractors													
Complete this table for your five highest cor	mpensated inc	lepe	nde	nt cc	ntra	acto	rs th	nat received more than \$	100,000 of comp	ensat	ion fro	m	
the organization. Report compensation for t	the calendar ye	ear e	ndir	ng w	ith c	or wi	thiņ	the organization's tax y	ear.				
(A) (B)								^	(C	;)	_		

(A) Name and business address	(B) Description of services	(C) Compensation
CHESAPEAKE CONTRACTING GROUP, INC, 10065 RED RUN BLVD, #230, OWINGS MILLS, MD 21117	GENERAL CONTRACTOR FOR RETREAT ADDITION	877,882.
ECOTONE, INC. 129 INDUSTRY LAND, FOREST HILL, MD 21050	CONTRACTOR FOR STREAM RESTORATION	745,864.
GORDIAN ENERGY SYSTEMS 3915 COOLIDGE AVENUE, BALTIMORE, MD 21229	INSTALLATION OF SOLAR PANELS ON RETR	107,353.

\$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 INC. 43-2080719

orm 990INC.								43-2080719					
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest							est (t Compensated Employees (continued)					
(A)	(B)				C)			(D)	(E)	(F)			
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated			
	hours	(c	heck	all	that	арр	ly)	compensation	compensation	amount of			
	per							from	from related	other			
	week	_) yee		the	organizations	compensation			
	(list any	recto				old me		organization	(W-2/1099-MISC)	from the			
	hours for	ordi	9			ated		(W-2/1099-MISC)		organization			
	related	ustee	trust		e e	bens				and related			
	organizations below	ual tr	tional		yoldı	tcom	_			organizations			
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
27) RICK TROSCH	2.00	=	=	0	×		ъ.						
RUSTEE THROUGH JULY 2021	2.00	Х						0.	0.	0			
ROSTEE THROUGH COLL 2021		Λ						0.	0.	0			
		1											
		1											
		-											
		-											
		-											
		1											
				_									
		-											
	1	1	1	l	1	l	1	1					

Form 990 (2021) INC. 43-2080719 Page **9**

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a **1 a** Federated campaigns 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d 656,019 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 8,209,551 1f g Noncash contributions included in lines 1a-1f 8,865,570. h Total. Add lines 1a-1f **Business Code** 2 a RETREAT REVENUE 900099 2,001,222. 2,001,222. Program Service Revenue b f All other program service revenue 2,001,222, g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 12 12 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 19,720. 6 a Gross rents 6b **b** Less: rental expenses ... 19,720. c Rental income or (loss) 19,720. 19,720. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7с c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a MISCELLANEOUS 900099 307,531. 307,531 b d All other revenue 307,531 e Total. Add lines 11a-11d 11,194,055. 327,263. 2,001,222 Total revenue. See instructions 12

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INC. Form 990 (2021)

Page 10 43-2080719 Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

_	Check if Schedule O contains a respons		his Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	344,970.	272,167.	52,568.	20,235
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,128,122.	1,755,206.	293,889.	79,027
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	53,526.	44,194. 221,428.	7,373. 37,657.	1,959 10,632 7,324
9	Other employee benefits	269,717.	221,428.	37,657.	10,632
10	Payroll taxes	183,104.	150,145.	25,635.	7,324
11	Fees for services (nonemployees):				
а	Management				
b	Legal	73,802.		73,802.	
	Accounting	109,774.		109,774.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	200 505	010 600	07.006	210
	column (A), amount, list line 11g expenses on Sch O.)	300,727.	212,609.	87,806.	312 921
12	Advertising and promotion	46,043.	24,403.	20,719.	
13	Office expenses	109,255.	100,515.	7,648.	1,092
14	Information technology	76,350.	61,080.	12,216.	3,054
15	Royalties	807,496.	CAC EQA	1 / 1 5 0 6	10 226
16	Occupancy		646,584.	141,586.	19,326
17	Travel	21,026.	17,241.	2,944.	841
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	27,276.	10 002	0 102	
19	Conferences, conventions, and meetings	22,558.	19,093.	8,183.	
20	Interest	44,330.		44,330.	
21	Payments to affiliates	427,615.	348,584.	62,681.	16,350
22	Depreciation, depletion, and amortization	67,080.	54,682.	9,833.	2,565
23 24	Other expenses. Itemize expenses not covered	07,000.	J=,002•	5,055.	2,303
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) FOOD SERVICE EXPENSES	215,604.	215,604.		
a b	FARM AND PROGRAM EXPENS	161,983.	161,983.		
C	EMPLOYEE EXPENSES	45,347.	45,347.		
d		20,01,0	,		
	All other expenses	60,268.	54,938.	4,586.	744
25	Total functional expenses. Add lines 1 through 24e	5,551,643.	4,405,803.	981,458.	164,382
<u>26</u>	Joint costs. Complete this line only if the organization	.,,	,,	,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

INC. 43-2080719 Page **11**

Form 990	(2021) INC.	43-2080
Part X	Balance Sheet	
-	Chack if Schodula O contains a response or note to any	/ line in this Part Y

Par	τx	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,320,585.	1	3,084,705
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	739,449.	3	3,615,786
	4	Accounts receivable, net	385,937.		255,836
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	1,216.	9	0
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 12,318,065.			
	b	Less: accumulated depreciation 10b 1,351,223.	5,297,470.	10c	10,966,842
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	63,526.	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	8,808,183.		17,923,169
	17	Accounts payable and accrued expenses	458,037.	17	1,164,445
	18	Grants payable		18	
	19	Deferred revenue	635,252.	19	695,448
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties	468,738.		3,763,731
	24	Unsecured notes and loans payable to unrelated third parties	594,350.	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	3,592
	26	Total liabilities. Add lines 17 through 25	2,156,377.	26	5,627,216
,		Organizations that follow FASB ASC 958, check here 🕨 🗓			
Se		and complete lines 27, 28, 32, and 33.	0 100 106		4 204 552
ılan	27	Net assets without donor restrictions	2,188,186.		4,301,553
Ba	28	Net assets with donor restrictions	4,463,620.	28	7,994,400
un		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
ts c	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	6 651 006	31	10 005 050
Re	32	Total net assets or fund balances	6,651,806.	32	12,295,953
	33	Total liabilities and net assets/fund balances	8,808,183.	33	17,923,169

INC. 43-2080719 Page 12 Form 990 (2021) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 11,194,055. Total revenue (must equal Part VIII, column (A), line 12) 1 5,551,643. Total expenses (must equal Part IX, column (A), line 25) 2 2 5,642,412. Revenue less expenses. Subtract line 2 from line 1 3 3 6,651,806. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 5 5 Net unrealized gains (losses) on investments 1.735 Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 12,295,953. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? Х За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

PEARLSTONE CONFERENCE & RETREAT **Employer identification number** Name of the organization INC 43-2080719 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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edule A	(Form 990) 2021	INC.					43-2080719	Page 2
rt II	Support Schedule for	or Organizations	Described in Sec	tio	ns 170(h)(1)(Δ)(iv) and 17	0(b)(1)(Δ)(vi)	

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2100462.	3696818.	3620379.	3958075.	8865570.	22241304.
2	Tax revenues levied for the organ-						
	ization'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	2100462.	3696818.	3620379.	3958075.	8865570.	22241304.
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)						478,205.
6	Public support. Subtract line 5 from line 4.						21763099.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	2100462.	3696818.	3620379.	3958075.	8865570.	22241304.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	165.	82.	39,614.	19,075.	19,732.	78,668.
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.)	16,411.	49,311.	11,209.	33,247.	307,531.	417,709.
11	Total support. Add lines 7 through 10						22737681.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 11	,602,219.
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						>
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (li		•	* * * * * * * * * * * * * * * * * * * *		14	95.71 %
	Public support percentage from 2020					15	96.93 %
16a	33 1/3 % support test - 2021. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the o				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	•	• •				
17a	7a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts			-	•	VI how the organiz	zation
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 INC.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

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qualify under the tests listed be Section A. Public Support	low, please comp	olete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and			. ,		, ,	,,
membership fees received. (Do not						
include any "unusual grants.")						
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						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
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						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	(a) 2011	(6) 2010	(6) 2019	(4) 2020	(6) 2021	(i) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	organization's fi	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
check this box and stop here						>
Section C. Computation of Public	Support Per	rcentage				
15 Public support percentage for 2021 (lin	ne 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2020 S	Schedule A, Part	III, line 15			16	%
Section D. Computation of Invest	ment Income	e Percentage				
17 Investment income percentage for 202	21 (line 10c, colu	mn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage from 2	020 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2021. If the o					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box and b 33 1/3% support tests - 2020. If the d	d stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	>
line 18 is not more than 33 1/3%, chec 20 Private foundation. If the organization						

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INC.

Schedule A (Form 990) 2021

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 Part VI.
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 "Yes," answer line 10b below.
 - 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.)

	Yes	No
1		
,		
2		
0-		
3a		
3b		
3c		
4a		
Т		
4b		
4c		
Fo		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
90		
9c		
10a		
10b		
dule A (Forn	n 990)	2021

Sche	dule A (Form 990) 2021 INC. 43-2	08071	9 Pa	age 5
	rt IV Supporting Organizations (continued)			-J
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the 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 officers, 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		
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 carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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		
Sec	tion 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			
	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 on line 2, above, 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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction	1 <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		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 Part VI identify			
	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.	2a		
b	Did the activities described on line 2a, above, 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 activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
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? If "Yes" or "No" provide details in Part VI.	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.	3b		

Schedule A (Form 990) 2021

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Part \	Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi		E 3 2000 / 1 3 Pagi
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	-
Section	A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Ne	et short-term capital gain	1		
2 Re	ecoveries of prior-year distributions	2		
3 Ot	ther gross income (see instructions)	3		
4 Ac	dd lines 1 through 3.	4		
5 De	epreciation and depletion	5		
6 Pc	ortion of operating expenses paid or incurred for production or			
CC	ellection of gross income or for management, conservation, or			
m	aintenance of property held for production of income (see instructions)	6		
7 Ot	ther expenses (see instructions)	7		
8 Ac	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1 Aç	ggregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year):			
a Av	verage monthly value of securities	1a		
b A\	verage monthly cash balances	1b		
c Fa	ir market value of other non-exempt-use assets	1c		
d To	otal (add lines 1a, 1b, and 1c)	1d		
e Di	scount claimed for blockage or other factors			
(e)	kplain in detail in Part VI):			
2 Ac	cquisition indebtedness applicable to non-exempt-use assets	2		
3 Sı	ubtract line 2 from line 1d.	3		
4 Ca	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
se	e instructions).	4		
5 Ne	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 M	ultiply line 5 by 0.035.	6		
7 Re	ecoveries of prior-year distributions	7		
8 M	inimum Asset Amount (add line 7 to line 6)	8		
ection	C - Distributable Amount			Current Year
1 Ac	djusted net income for prior year (from Section A, line 8, column A)	1		
	nter 0.85 of line 1.	2		
	inimum asset amount for prior year (from Section B, line 8, column A)	3		
	nter greater of line 2 or line 3.	4		
	come tax imposed in prior year	5		
	stributable Amount. Subtract line 5 from line 4, unless subject to			
	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

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	Type III Non-Functionally Integrated 509(ajoj supporting orga	nizations (continu	<u> ,ied)</u>			
ection D -	Distributions				Current Year		
1 Amour	nts paid to supported organizations to accomplish exer	mpt purposes		1			
2 Amour	nts paid to perform activity that directly furthers exemp	t purposes of supported					
organiz	organizations, in excess of income from activity						
3 Admini	istrative expenses paid to accomplish exempt purpose	es of supported organizations)	3			
	Amounts paid to acquire exempt-use assets						
	ed set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6 Other	distributions (describe in Part VI). See instructions.			6			
7 Total a	annual distributions. Add lines 1 through 6.			7			
8 Distrib	utions to attentive supported organizations to which th	ne organization is responsive					
	le details in Part VI). See instructions.			8			
9 Distrib	utable amount for 2021 from Section C, line 6			9			
0 Line 8	amount divided by line 9 amount	Г		10			
ection E - I	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ns	(iii) Distributable Amount for 2021		
1 Distrib	utable amount for 2021 from Section C, line 6						
2 Under	distributions, if any, for years prior to 2021 (reason-						
able ca	ause required - explain in Part VI). See instructions.						
3 Excess	s distributions carryover, if any, to 2021						
a From 2	2016						
b From 2	2017						
c From 2	2018						
d From 2	2019						
e From 2	2020						
f Total o	of lines 3a through 3e						
g Applied	d to underdistributions of prior years						
h Applied	d to 2021 distributable amount						
i Carryo	ver from 2016 not applied (see instructions)						
j Remair	nder. Subtract lines 3g, 3h, and 3i from line 3f.						
	utions for 2021 from Section D,						
line 7:	\$						
a Applied	d to underdistributions of prior years						
b Applied	d to 2021 distributable amount						
c Remair	nder. Subtract lines 4a and 4b from line 4.						
5 Remair	ning underdistributions for years prior to 2021, if						
	ubtract lines 3g and 4a from line 2. For result greater						
•	ero, explain in Part VI. See instructions.						
	ning underdistributions for 2021. Subtract lines 3h						
	o from line 1. For result greater than zero, explain in						
	I. See instructions.						
	s distributions carryover to 2022. Add lines 3j						
and 4c							
	down of line 7:						
	s from 2017						
	s from 2018						
	s from 2019						
	s from 2020						
	s from 2021						

Schedule A (Form 990) 2021

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

Schedule A (Form 990) 2021

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

PEARLSTONE CONFERENCE & RETREAT CENTER

Employer identification number

43-2080719

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page

Ochedule B (1 0111 330) (2021)	1 age
Name of organization	Employer identification number
PEARLSTONE CONFERENCE & RETREAT CENTER	
INC.	43-2080719

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$\$ \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$ 868,545.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Tunio, and coo, and all TT	\$	Person Payroll Noncash Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **3**

Name of organization

PEARLSTONE CONFERENCE & RETREAT CENTER

INC.

Employer identification number

43-2080719

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	\$					
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	\$					
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	\$					
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	\$					
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	\$					
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	(b) Description of noncash property given (b) Description of noncash property given	(b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.) (h) Description of noncash property given (g) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.) (h) Description of noncash property given (g) FMV (or estimate) (See instructions.) (h) Description of noncash property given (g) FMV (or estimate) (See instructions.) (h) Description of noncash property given (g) FMV (or estimate) (See instructions.)				

Page 4 Schedule B (Form 990) (2021) Name of organization **Employer identification number** PEARLSTONE CONFERENCE & RETREAT CENTER INC. 43-2080719 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

PEARLSTONE CONFERENCE & RETREAT CENTER INC.

Employer identification number 43-2080719

Schedule D (Form 990) 2021

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	e conferring
			Yes No
Par	t II Conservation Easements. Complete if the organization	anization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).	
	Preservation of land for public use (for example, recreating	ion or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru-	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	_
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling o	f
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing co	nservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conserv	ration easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservatio	n easements in its revenue and expens	e statement and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial stater	ments that describes the
n -	organization's accounting for conservation easements.	Addition of the Towns	Nils a O' ar'll a a A a a a la
Pai	TIII Organizations Maintaining Collections of		otner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for publ	· · ·	•
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financ	ial gain, provide
	the following amounts required to be reported under FASB AS	_	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

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	dule D (Form 990) 2021 INC.					43-2	2080719	9 Page
Par	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or	Other S	imilar Ass	ets _{(contir}	าued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that i	make signi	ficant use of i	ts	
	collection items (check all that apply):							
а	Public exhibition	(d Doan or ex	change prograr	m			
b	Scholarly research	•	e Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further	the organizatior	n's exempt	purpose in P	art XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, historical tre	asures, or other	similar as	sets		
	to be sold to raise funds rather than to be ma						Yes	☐ No
Par	t IV Escrow and Custodial Arran	gements. _{Compl}	ete if the organizat	ion answered "\	es" on Fo	rm 990, Part	V, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contributio	ns or other asse	ets not incl	uded		
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII							
							Amoun	t
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on F					,	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has beer	n provided on P	art XIII			
Par	t V Endowment Funds. Complete	if the organization ar	nswered "Yes" on F	orm 990, Part I	V, line 10.			
		(a) Current year	(b) Prior year	(c) Two years		Three years ba	ck (e) Four	r years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities							
_	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	rent vear end balanc	e (line 1a. column (a)) held as:	I			
a	Board designated or quasi-endowment	•	%	a)) Hold do.				
b	Permanent endowment		—^°					
c		<u></u> /°						
·	The percentages on lines 2a, 2b, and 2c sho	-′ -						
За	Are there endowment funds not in the posse	•	ation that are held :	and administere	d for the o	rganization		
-	by:	ocion or the organiza	ation that are more	and dammiotore	G 101 1110 0	nga nzacion		Yes No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations							
h	If "Yes" on line 3a(ii), are the related organizations	etione lieted as requi	red on Schedule R')				
1	Describe in Part XIII the intended uses of the						[30]	
Par	t VI Land, Buildings, and Equipm		Willett fullus.					
	Complete if the organization answere) Part IV line 11a	See Form 990	Part X line	<u>-</u> 10		
	· · · · · · · · · · · · · · · · · · ·			T T			(d) Doo	le value
	Description of property	(a) Cost or o		st or other s (other)		umulated ciation	(d) Boo	k value
	Lond	<u> </u>		60,292.	асріе	-ciation	16	0,292.
	Land			56,819.	1 2	4,332.		$\frac{0,292}{2,487}$
	Buildings			07,184.		7,590.		9,594.
	Leasehold improvements			28,855.		9,301.		9,594.
	Equipment			64,915.	63	9,3U1•		$\frac{9,334}{4,915}$
	Other		•				10,96	
ı ota	. Add lines 1a through 1e. (Column (d) must e	aual Form 990 Part	X column (R) line	10c)			יסכיטד	J,044,

Schedule D (Form 990) 2021

hedule D (Form 990) 2021 INC.		43	-2080719 Page
art VII Investments - Other Securities.			
Complete if the organization answered "Yes"	1		
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
3.7			
` '			
(8)			
(8)	e 15.)	>	
(8)	e 15.)	>	
(8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line			
(8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.			. (b) Book value
(8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			
(8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			(b) Book value
(8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DUE TO THE ASSOCIATED			
(8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DUE TO THE ASSOCIATED (3)			(b) Book value
(8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DUE TO THE ASSOCIATED (3) (4)			(b) Book value
(8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DUE TO THE ASSOCIATED (3) (4) (5)			(b) Book value
(8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DUE TO THE ASSOCIATED (3) (4) (5) (6)			(b) Book value
(8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DUE TO THE ASSOCIATED (3) (4) (5) (6) (7)			(b) Book value
(8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DUE TO THE ASSOCIATED (3) (4) (5) (6) (7) (8)			(b) Book value
(8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DUE TO THE ASSOCIATED (3) (4) (5) (6) (7)	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	(b) Book value

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INC. 43-2080719 Page 4 Schedule D (Form 990) 2021 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 11,195,790. 1 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments 1,735. Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIII.) 1,735. Add lines 2a through 2d 2e Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 11.194.055. Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 5,551,643. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: <u>2a</u> a Donated services and use of facilities **b** Prior year adjustments 2b 2c Other losses Other (Describe in Part XIII.) Add lines 2a through 2d 2e 5,551,643 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 4c c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2021

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

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

PEARLSTONE CONFERENCE & RETREAT CENTER

INC.

Employer identification number 43-2080719

Pa	art I Questions Regarding Compensation					
			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.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X			
2	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 1a?	2		X		
3	Indicate which, if any, of the following the 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.					
	Compensation committee Written employment contract					
	Independent compensation consultant Compensation survey or study					
	Form 990 of other organizations X Approval by the board or compensation committee					
4	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:					
а	Receive a severance payment or change-of-control payment?	4a		X		
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х		
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X		
	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.					
5	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:					
	The organization?	5a		X		
b	Any related organization?	5b		Х		
	If "Yes" on line 5a or 5b, describe in Part III.					
6	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:	_		37		
	The organization?	6a		X		
b	Any related organization?	6b		X		
	If "Yes" on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37		
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>		
8	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		<u> </u>		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	9		i		

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Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 INC. 43-2080719 Page 2

Part II 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 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) 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.

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation		(C) Retirement and other deferred (D) Nontaxable benefits		(E) Total of columns (B)(i)-(D)	in column (B)		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JEREMY (JAKIR) K. MANELA	(i)	193,757.	11,800.	6,000.	2,615.	884.	215,056.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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43-2080719 Schedule J (Form 990) 2021 Page 3 Part III | Supplemental Information Provide 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 for any additional information. PART I, LINE 1A: THE CEO RECEIVED HEALTH OR SOCIAL CLUB DUES DURING THE TAX YEAR. THE BENEFIT WAS TREATED AS TAXABLE TO THE INDIVIDUAL.

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PEARLSTONE CONFERENCE & RETREAT CENTER INC.

Employer identification number 43-2080719

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE PRESIDENT, FIRST VICE

PRESIDENT, SECOND VICE PRESIDENT, TREASURER, SECRETARY, AND CHAIRS OF ANY

STANDING COMMITTEES. ADDITIONAL PERSONS MAY BE NAMED TO THE EXECUTIVE

COMMITTEE AT THE DISCRETION OF THE PRESIDENT.

THE EXECUTIVE COMMITTEE SHALL ADVISE THE EXECUTIVE DIRECTOR ON ALL OPERATING ISSUES, DEVELOP RECOMMENDATIONS WITH RESPECT TO VARIOUS MATTERS PERTAINING TO THE AAIRS OF THE CORPORATION AND REPORT SUCH RECOMMENDATIONS TO THE BOARD OF DIRECTORS FOR ACTION. ANY OPERATIONAL ISSUES THAT ARISE OUTSIDE OF THOSE PREVIOUSLY AGREED UPON SHALL BE REPORTED TO THE EXECUTIVE COMMITTEE BY THE EXECUTIVE DIRECTOR. THE EXECUTIVE COMMITTEE HAS AUTHORITY TO ACT FOR THE BOARD IN THE REVIEW AND APPROVAL OF THE ANNUAL AUDIT AND TAX RETURN. THE MEMBERS OF THE BOARD WILL HAVE ACCESS TO BOTH DOCUMENTS PRIOR TO AND AFTER APPROVAL. SUCH DELEGATION SHALL CONTINUE YEAR-TO-YEAR UNTIL REVOKED BY A VOTE OF THE BOARD. IN INSTANCES WHERE SPECIAL CIRCUMSTANCES REQUIRE EXPEDITIOUS ACTION BETWEEN MEETINGS OF THE THE EXECUTIVE COMMITTEE SHALL HAVE THE POWER TO TAKE BOARD OF DIRECTORS, THE NECESSARY ACTIONS, SUBJECT TO ANY PRIOR LIMITATION IMPOSED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT 990 REPORT WILL BE SHARED WITH AND APPROVED BY THE FINANCE

COMMITTEE. FOLLOWING FINANCE COMMITTEE APPROVAL, THE 990 WILL BE SHARED

WITH THE ENTIRE PEARLSTONE BOARD BEFORE IT IS FILED WITH THE IRS.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 PEARLSTONE CONFERENCE & RETREAT CENTER Name of the organization **Employer identification number** 43-2080719 INC. FORM 990, PART VI, SECTION B, LINE 12C: A CONFLICT OF INTEREST POLICY AND DISCLOSURE STATEMENT SHALL BE FURNISHED ANNUALLY TO EACH MEMBER OF THE PEARLSTONE BOARD AND COMMITTEES, AND EMPLOYEES IN A POSITION TO INFLUENCE OR VOTE ON PEARLSTONE POLICY OR EXPENDITURES ("KEY INDIVIDUALS"). WITH RESPECT TO ANY PROPOSED CONTRACT OR OTHER TRANSACTION BETWEEN PEARLSTONE AND ONE OR MORE KEY INDIVIDUALS, FAMILY MEMBERS, OR RELATED ENTITIES FOR AUTHORIZATION, APPROVAL OR RATIFICATION, THE FOLLOWING RULES SHALL APPLY: FULL DISCLOSURE, IN WRITING, OF THE RELATIONSHIP OR INTEREST SHALL BE MADE BY THE KEY INDIVIDUAL TO THE BOARD PRESIDENT AND TO THE CHAIR OF ANY COMMITTEE ACTING ON THE CONTRACT OR TRANSACTION, PRIOR TO DISCUSSION OR ACTION ON SUCH CONTRACT TRANSACTION. STAFF MEMBERS SHALL DISCLOSE, IN WRITING, ANY POSSIBLE CONFLICT OF INTEREST FOR THEMSELVES OR THEIR IMMEDIATE FAMILIES TO THE EXECUTIVE DIRECTOR OF PEARLSTONE, THE CONTRACT OR TRANSACTION SHALL BE CONSIDERED PROPERLY AUTHORIZED, APPROVED OR RATIFIED ONLY IF THERE IS A FAVORABLE VOTE OF A MAJORITY OF THE APPROPRIATE DECISION MAKING BODY OF PEARLSTONE PRESENT AND VOTING AT SUCH MEETING. THE PERSON HAVING A CONFLICT SHALL VACATE THE ROOM (IF REQUESTED) IN WHICH THE MATTER IS BEING VOTED UPON AND SHALL NOT PARTICIPATE IN THE FINAL DELIBERATION OR DECISION REGARDING THE MATTER, OTHER THAN TO BE AVAILABLE TO PRESENT FACTUAL INFORMATION OR RESPOND TO QUESTIONS, 3. THE KEY INDIVIDUAL WHO HAS SUCH A RELATIONSHIP OR INTEREST SHALL NOT BE COUNTED IN DETERMINING THE EXISTENCE OF A QUORUM FOR THE PURPOSE OF VOTING UPON THE CONTRACT OR TRANSACTION AT ANY MEETING, AND 4. THE MINUTES OF THE MEETING SHALL REFLECT THE CONFLICT DISCLOSURE WAS MADE, THE VOTE TAKEN AND, WHERE APPLICABLE, THE ABSTENTION FROM VOTING AND PARTICIPATION OF THE KEY INDIVIDUAL.

Schedule O (Form 990) 2021	Page 2
Name of the organization PEARLSTONE CONFERENCE & RETREAT CENTER INC.	Employer identification number 43-2080719
FORM 990, PART VI, SECTION B, LINE 15:	
THE CHIEF EXECUTIVE OFFICER'S SALARY IS DETERMINED BY THE	PRESIDENT OF THE
BOARD, IN CONSULTATION WITH THE LEADERSHIP OF THE ASSOCIATION	TED: JCFB. ALL
OTHER SALARIES ARE A MATTER OF MANAGEMENT DISCUSSION WITH	STAFF AND
SUPERVISORS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND E	FINANCIAL
STATEMENTS ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD	OF DISCLOSURE AS
SET FORTH IN SECTION 6104(D).	