

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2000Open to Public
Inspection**A** For the 2000 calendar year, OR tax year period beginning

and ending

B Check if applicable:Change of
address
Change of
name
Initial
return
Final
return
Amended
return
(use also for
state reporting)Please
use IRS
label or
print or
type. See
Specific
Instruc-
tions.**C** Name of organization**THE BARNES FOUNDATION**

Number and street (or P.O. box if mail is not delivered to street address)

300 N. LATCH'S LANE

City or town, state or country, and ZIP

MERION STATION, PA 19066-1759**D** Employer identification number**23-6000149****E** Telephone number**610-664-3542****F** Check ☐ if application pending**G** Organization type (check only one) ☒ 501(c) (3) (insert no.) 527

OR 4947(a)(1)

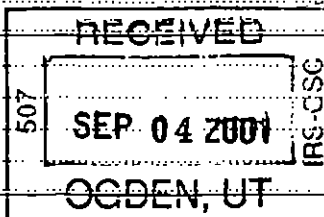
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

J Accounting method:Cash ☒ Accrual ☐ Other (specify) ☐**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

(H and I are not applicable to section 527 orgs.)

H(a) Is this a group return for affiliates? Yes ☒ No ☐**H(b)** If "Yes," enter number of affiliates **H(c)** Are all affiliates included? (If "No," attach a list.) Yes ☒ No ☐**H(d)** Is this a separate return filed by an organization covered by a group ruling? Yes ☒ No ☐**I** Enter 4-digit group exemption no. (GEN) **L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ☐**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	854,605.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c)			
		(cash \$ 854,605. noncash \$)			1d 854,605.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 631,206.
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4
	5	Dividends and interest from securities			5 419,036.
	6a	Gross rents	6a		
	6b	Less: rental expenses	6b		
6c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
7	Other investment income (describe)			7	
Expenses	8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	
			8a		
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d
	9	Special events and activities (attach schedule)			
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
9c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
Net Assets	10a	Gross sales of inventory, less returns and allowances	10a	353,847.	
	b	Less: cost of goods sold	10b	142,863.	
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		STMT 1	10c 210,984.
	11	Other revenue (from Part VII, line 103)			11 64,932.
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12 2,180,763.
	13	Program services (from line 44, column (B))			13 2,081,640.
	14	Management and general (from line 44, column (C))			14 767,062.
	15	Fundraising (from line 44, column (D))			15 166,497.
	16	Payments to affiliates (attach schedule)			16
	17	Total expenses (add lines 16 and 44, column (A))			17 3,015,199.
18	Excess or (deficit) for the year (subtract line 17 from line 12)			18 -834,436.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 21,582,041.	
20	Other changes in net assets or fund balances (attach explanation)		SEE STATEMENT 2	20 1,744,087.	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 22,491,692.	

023001
12-19-00

LHA For Paperwork Reduction Act Notice, see page 1 of the separate Instructions.

Form 990 (2000)

12450827 784285 005170

2000.06000 THE BARNES FOUNDATION

005170_1/6

SCANNED SEP 20 01

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	171,539.	111,500.	25,731.
26	Other salaries and wages	26	826,094.	586,527.	156,958.
27	Pension plan contributions	27			82,609.
28	Other employee benefits	28	74,524.	52,143.	13,647.
29	Payroll taxes	29	83,082.	58,131.	15,214.
30	Professional fundraising fees	30			9,737.
31	Accounting fees	31			
32	Legal fees	32	286,534.	13,223.	264,095.
33	Supplies	33	59,360.	13,310.	37,082.
34	Telephone	34	36,821.	12,939.	23,548.
35	Postage and shipping	35	15,804.	4,367.	4,656.
36	Occupancy	36	158,855.	152,422.	6,433.
37	Equipment rental and maintenance	37	99,588.	97,945.	1,643.
38	Printing and publications	38	95,921.	94,824.	732.
39	Travel	39	19,187.	2,587.	15,093.
40	Conferences, conventions, and meetings	40	3,871.	314.	2,347.
41	Interest	41	1,348.	930.	343.
42	Depreciation, depletion, etc. (attach schedule)	42	477,205.	472,273.	4,932.
43	Other expenses (itemize):				
	a _____	43a			
	b _____	43b			
	c _____	43c			
	d _____	43d			
e	SEE STATEMENT 3	43e	605,466.	408,205.	194,608.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	3,015,199.	2,081,640.	767,062.
					166,497.

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes ☐ No ☒

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service AccomplishmentsWhat is the organization's primary exempt purpose? ▶**EDUCATION - ART & HORTICULTURE**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a	ART EDUCATION		
		(Grants and allocations \$ _____)	666,125.
b	HORTICULTURE EDUCATION		
		(Grants and allocations \$ _____)	333,062.
c	PUBLIC ACCESS		
		(Grants and allocations \$ _____)	915,922.
d	GALLERY SHOP		
		(Grants and allocations \$ _____)	166,531.
e	Other program services (attach schedule)	(Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		2,081,640.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	35,727.	49,891.
	46 Savings and temporary cash investments		
	47 a Accounts receivable 47a 34,452.		
	b Less: allowance for doubtful accounts 47b	9,338.	34,452.
	48 a Pledges receivable 48a 606,205.		
	b Less: allowance for doubtful accounts 48b	762,380.	606,205.
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable 51a		
	b Less: allowance for doubtful accounts 51b		
	52 Inventories for sale or use	102,344.	89,476.
	53 Prepaid expenses and deferred charges	68,268.	69,816.
	54 Investments - securities STMT 4 STMT 5 ▶ Cost ☒ FMV	6,456,115.	7,794,790.
	55 a Investments - land, buildings, and equipment: basis 55a		
b Less: accumulated depreciation 55b			
56 Investments - other			
57 a Land, buildings, and equipment: basis 57a 14,236,304.			
b Less: accumulated depreciation 57b 2,675,158.	12,018,470.	11,561,146.	
58 Other assets (describe ▶ SEE STATEMENT 6)	2,792,386.	2,863,595.	
59 Total assets (add lines 45 through 58) (must equal line 74)	22,245,028.	23,069,371.	
Liabilities	60 Accounts payable and accrued expenses	662,987.	577,679.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe ▶)		
66 Total liabilities (add lines 60 through 65)	662,987.	577,679.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	15,623,701.	17,059,522.
	68 Temporarily restricted	5,958,340.	5,432,170.
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here ▶ and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	21,582,041.	22,491,692.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	22,245,028.	23,069,371.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	3,158,062.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities ... \$		
(2)	Prior year adjustments reported on line 20, Form 990 ... \$		
(3)	Losses reported on line 20, Form 990 ... \$		
(4)	Other (specify):		
	STMT 8 \$ 142,863.		
	Add amounts on lines (1) through (4) ...	b	142,863.
c	Line a minus line b	c	3,015,199.
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 ... \$		
(2)	Other (specify):		
	\$		
	Add amounts on lines (1) and (2) ...	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	3,015,199.

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
BERNARD C. WATSON, PH.D. 473 COOPER BEECH CIRCLE ELKINS PARK, PA 19027	PRESIDENT/TRUSTEE PART TIME	0.	0.	2,418.
JEFF R. DONALDSON, PH.D. 504 T STREET, NW WASHINGTON, DC 20001	VICE PRESIDENT/TRUSTEE PART TIME	0.	0.	586.
SHERMAN WHITE ONE MELLON BANK CENTER, 500 GRANT STR PITTSBURGH, PA 15258	TREASURER/TRUSTEE PART TIME	0.	0.	0.
RANDOLPH S. KINDER 157 BAYBERRIE DRIVE STAMFORD, CT 06902	TRUSTEE PART TIME	0.	0.	164.
KENNETH M. SADLER, D.D.S. 201 CHARLOIS BOULEVARD WINSTON-SALEM, NC 27102	TRUSTEE PART TIME	0.	0.	2,546.
KIMBERLY CAMP 300 N. LATCH'S LANE MERION STATION, PA 19066	EXECUTIVE DIRECTOR FULL TIME	171,539.	3,339.	0.

Part VI Other Information

	N/A	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b		N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	79		X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b If "Yes," enter the name of the organization and check whether it is exempt OR nonexempt.			
81 a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a		0.
b Did the organization file Form 1120-POL for this year?	81b		X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b		N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		N/A
c Dues, assessments, and similar amounts from members	85c		N/A
d Section 162(e) lobbying and political expenditures	85d		N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		N/A
h If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a		N/A
b Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a		N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.			
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a List the states with which a copy of this return is filed			PENNSYLVANIA
b Number of employees employed in the pay period that includes March 12, 2000	90b		43

91 The books are in care of **KIMBERLY CAMP, BARNES FOUNDATION** Telephone no. **610-664-3542**Located at **MERION STATION, PA** ZIP code **19066**92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year **92** **N/A**

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a EDUCATION					171,828.
b ADMISSION, AUDIO RENTAL					459,378.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	419,036.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			18	210,984.	
103 Other revenue:					
a			15		
b LICENSING & MERCHANDNG			15	52,783.	
c OTHER REVENUE					12,149.
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		682,803.	643,355.
105 Total (add line 104, columns (B), (D), and (E))					1,326,158.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

SEE STATEMENT 9

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes ☒ No ☐
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes ☒ No ☐

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, and I am aware of all information of which preparer has any knowledge. (Important: See General Instruction W.)

8/30/01

Date

KIMBERLY CAMP, EXEC. DIR. + CEO

Type or print name and title

Date

Check if

Preparer's SSN or PTIN

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No. 1545-0047

2000

Name of the organization

THE BARNES FOUNDATION

Employer identification number

23: 6000149

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>ANTHONY C NG</u>				
<u>DIRECTOR OF DEVELOPMENT</u>	<u>FULL TIME</u>	<u>70,106.</u>	<u>3,339.</u>	
<u>ROBIN MCCLEA</u>				
<u>DIRECTOR OF EDUCATION</u>	<u>FULL TIME</u>	<u>60,100.</u>	<u>3,339.</u>	
Total number of other employees paid over \$50,000	<u>0</u>			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>J.S. CORNELL & SON, INC.</u>		
<u>1528 CHERRY STREET PHILADELPHIA, PA</u>	<u>CONTRACTOR</u>	<u>79,190.</u>
<u>ANTENNA AUDIO, INC.</u>		
<u>P.O. BOX 176 SAUSALITO, CA</u>	<u>AUDIO SERVICES</u>	<u>74,997.</u>
<u>FOULKE ASSOCIATES, INC.</u>		
<u>P.O. BOX 243 323 WEST FRONT STREET MEDIA, PA</u>	<u>SECURITY</u>	<u>318,503.</u>
<u>SCHNADER HARRISON SEGAL & LEWIS LLP</u>		
<u>1600 MARKET STREET PHILADELPHIA, PA</u>	<u>LEGAL SERVICES</u>	<u>253,693.</u>
Total number of others receiving over \$50,000 for professional services	<u>0</u>	

LHA For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2000

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions. SEE STATEMENT 10	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4 a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6 X	A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
7	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
10	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
11a	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
11b	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
12	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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).) Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)
----	--

Schedule A (Form 990 or 990-EZ) 2000

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. **N/A**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: (1999) _____ (1998) _____ (1997) _____ (1996) _____					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (1999) _____ (1998) _____ (1997) _____ (1996) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)					

Part V Private School Questionnaire

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	X	
STATED IN LITERATURE AND MAIL COMMUNICATIONS WITH POTENTIAL STUDENTS		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		X
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	X	

Schedule A (Form 990 or 990-EZ) 2000

Part VI-A Lobbying Expenditures by Electing Public Charities(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

- Check here ☐ If the organization belongs to an affiliated group.
Check here ☐ If you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table - <table><tr><td>If the amount on line 40 is -</td><td>The lobbying nontaxable amount is -</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 40</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.															

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 9 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			0.
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.			

Schedule B
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

OMB No. 1545-0047

2000

Name of organization

THE BARNES FOUNDATIONEmployer identification number
23-6000149Organization type (check one)-Section: **X** 501(c)(**3**) ◀ (enter number) **527** or 4947(a)(1) nonexempt charitable trust**A Section 501(c)(7), (8), or (10) organizations-**Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year. (But see **General rule** below.)

Enter here the total gifts received during the year for a religious, charitable, etc., purpose ▶ \$

Note: This form is generally not open to public inspection except for section 527 organizations.**General Instructions****Purpose of Form**

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

Caution: Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

Public Inspection

Schedule B (Form 990 or 990-EZ) is:

- Open to public inspection for a section 527 political organization.
- Generally not open to public inspection for the other organizations that must file this form.

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

Contributors Required To Be Listed On Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

General rule. Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

Section 501(c)(3) organizations. For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

Example. A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the

greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations. For *noncharitable* contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the **General rule** discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))-

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received **any** charitable contributions and listed **any** charitable contributors on Part I must also complete Part III.

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list **any** charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

Specific Instructions

Note: You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

Part I. In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year; and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization

Employer identification number

THE BARNES FOUNDATION

23-6000149

Part I Contributors

(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
1		\$ 10,000.	Individual ☒ X Payroll Noncash (Complete Part II if a noncash contribution.)
2		\$ 5,000.	Individual ☒ X Payroll Noncash (Complete Part II if a noncash contribution.)
3		\$ 20,000.	Individual ☒ X Payroll Noncash (Complete Part II if a noncash contribution.)
4		\$ 5,000.	Individual ☒ X Payroll Noncash (Complete Part II if a noncash contribution.)
5		\$ 45,000.	Individual ☒ X Payroll Noncash (Complete Part II if a noncash contribution.)
6		\$ 6,000.	Individual ☒ X Payroll Noncash (Complete Part II if a noncash contribution.)

Name of organization

Employer identification number

THE BARNES FOUNDATION

23-6000149

Part I Contributors

(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>		\$ <u>75,000.</u>	Individual ☒ X Payroll Noncash (Complete Part II if a noncash contribution.)
<u>8</u>		\$ <u>500,000.</u>	Individual ☒ X Payroll Noncash (Complete Part II if a noncash contribution.)
<u>9</u>		\$ <u>30,000.</u>	Individual ☒ X Payroll Noncash (Complete Part II if a noncash contribution.)
<u>10</u>		\$ <u>20,000.</u>	Individual ☒ X Payroll Noncash (Complete Part II if a noncash contribution.)
<u>11</u>		\$ <u>6,245.</u>	Individual ☒ X Payroll Noncash (Complete Part II if a noncash contribution.)
<u>12</u>		\$ <u>9,090.</u>	Individual ☒ X Payroll Noncash (Complete Part II if a noncash contribution.)

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 1

INCOME

1. GROSS RECEIPTS	353,847	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		353,847
4. COST OF GOODS SOLD (LINE 13)	142,863	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		210,984

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED	142,863	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		142,863
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		142,863

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON MARKETABLE SECURITIES	13,377.
PENSION REVERSION	1,730,710.
TOTAL TO FORM 990, PART I, LINE 20	1,744,087.

FORM 990	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROFESSIONAL AND CONSULTING	51,041.	1,340.	49,701.	0.
SECURITY	333,837.	333,837.	0.	0.
ART CONSERVATION	35,156.	35,156.	0.	0.
COMMISSIONS	1,981.	0.	1,981.	0.
INSURANCE	123,892.	0.	123,892.	0.
MISCELLANEOUS	59,559.	37,872.	19,034.	2,653.
TOTAL TO FM 990, LN 43	605,466.	408,205.	194,608.	2,653.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	4
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DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
COMMON STOCK	10,000.				10,000.
TO FM 990, LN 54 COL B	10,000.				10,000.

FORM 990	GOVERNMENT SECURITIES	STATEMENT	5
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DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US TREASURY BONDS	2,202,978.		2,202,978.
MONEY MARKET FUNDS	5,581,812.		5,581,812.
TOTAL TO FORM 990, LINE 54, COL B	7,784,790.		7,784,790.

FORM 990	OTHER ASSETS	STATEMENT	6
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DESCRIPTION	AMOUNT
PAINTINGS, SCULPTURE AND OTHER ARTWORK	2,775,386.
INTEREST RECEIVABLE	88,209.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	2,863,595.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	7
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON MARKETABLE SECURITIES	13,377.
COST OF GOODS SOLD	142,863.
TOTAL TO FORM 990, PART IV-A	156,240.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	8
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DESCRIPTION	AMOUNT
COST OF GOODS SOLD	142,863.
TOTAL TO FORM 990, PART IV-B	142,863.

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 9

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

93A THE BARNES FOUNDATION WAS CHARTERED IN 1922 AS A PRIVATELY ENDOWED
93B NONPROFIT EDUCATIONAL INSTITUTION BY THE COMMONWEALTH OF PENNSYLVANIA
FOR THE PURPOSE OF CONDUCTING CLASSES IN ART APPRECIATION AND
HORTICULTURE. THE FOUNDATION INCLUDES A GALLERY AND ARBORETUM WHICH
ARE OPEN TO THE PUBLIC AT DESIGNATED TIMES.
103C MISCELLANEOUS EXEMPT PURPOSES REVENUE
103D USE OF FACILITIES TO AID EDUCATION OF PUBLIC

SCHEDULE A STATEMENT REGARDING ACTIVITIES WITH DIRECTORS, STATEMENT 10
TRUSTEES, PRINCIPAL OFFICERS OR CREATOR
PART III, LINE 2

TRAVEL EXPENSE REIMBURSEMENTS TO TRUSTEES

BOARD OF TRUSTEES
(Internal Use Only)

Bernard C. Watson, Ph.D., President
473 Copper Beech Circle
Elkins Park, PA 19027
215-886-2048 (H)
215-886-2049 (Fax)
215-290-8737 (Cell)

7428 Eaton Court
University Park, FL 34201
941-351-7933
941-359-2461 (Fax)

Temple University Center City Campus
1616 Walnut Street, Room 1402
Philadelphia, PA 19103
215-204-2361 (O)
215-204-4353 (Fax)
Asst., Mrs. Dorothy Blanchard, ext. 2523

Jeff R. Donaldson, Ph.D., Vice President
504 T Street, NW
Washington, DC 20001-1811
202-332-7446 (H)
202-332-7763 (Fax)

Mr. Sherman White, Treasurer
Executive Vice President
Mellon Bank, N.A.
One Mellon Bank Center
500 Grant Street, Room 1535
Pittsburgh, PA 15258
412-236-0595 (O)
412-236-1871 (Fax)
Asst. Jayne, 412-234-4930
white.s2@mellon.com

432 Woodland Road
Sewickley, PA 15143
412-741-0848 (H)
412-741-1864 (Fax)

Mr. Randolph S. Kinder
Vice President
Marketing & Business Development
Lockheed Martin, IMS
Glenpointe Centre East
Teaneck, NJ 07666
201-996-7083 (O)
201-287-9630 (Fax)
201-218-9381 (Cell)
Asst. Jill Ting, ext. 7151
randolph.s.kinder@lmco.com

157 Bayberrie Drive
Stamford, CT 06902-2004
203-348-1283 (H)
203-348-1472 (Fax)
203-328-2859 (O)
bayberrie@aol.com

Dr. Kenneth M. Sadler
Winston-Salem Dental Care
201 Charlois Boulevard
Winston-Salem, NC 27103
336-718-1807 (O)
336-718-1804 (Fax)
Asst. Sharon Roush, ext. 1806
kmsadler@novanthealth.org

8519 Brook Meadow Lane
Lewisville, NC 27023
336-945-4439 (H)
336-946-2496 (Fax)

Finance Committee

Sherman White, Chair
Kenneth M. Sadler
Bernard C. Watson

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ **X**
 - If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Note:** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☒ **X**
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization THE BARNES FOUNDATION	Employer identification number 23-6000149
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 300 N. LATCH'S LANE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MERION STATION, PA 19066-1759	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|-----------|
| ☒ Form 990 | Form 990-T (corporation) | Form 4720 |
| Form 990-BL | Form 990-T (sec. 401(a) or 408(a) trust) | Form 5227 |
| Form 990-EZ | Form 990-T (trust other than above) | Form 6069 |
| Form 990-PF | Form 1041-A | Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box ☒ **X**
- If this is for a Group Return enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ☒ **X** . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until **AUGUST 15, 2001** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ **X** calendar year **2000** or
► tax year beginning _____, and ending _____

- 2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  Date **8/11/01**

LHA For Paperwork Reduction Act Notice, see instruction

Form **8868** (12-2000)