## EXTENDED TO NOVEMBER 16, 2020

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Form **990** (Rev. January 2020) 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.

OMB No. 1545-0047 Open to Public Inspection

Α	For th	e 2019 calendar year, or tax year beginning and ending	g	STATEMENT STATEM	- L
В	Chack (lapplicat	C Name of organization	<u> </u>	Employer identifi	cation number
	Addr	THE BARNES FOUNDATION	- 1		
	Nam	Doing business as	49		
	Initia returi	Number and street (or P.O. box if mail is not delivered to street address)  Room/s	/suite E	Telephone numbe	
	Final	2025 BENJAMIN FRANKLIN PARKWAY		215-278-	
	lermi	Uity or town, state or province, country, and ZIP or foreign postal code	0	Gross receipts \$	54,406,848.
	Amer	PRILADELPHIA, PA 19130	F	(a) Is this a group re	
	Appli lion pend	no description of the second o			? Yes X No
_		SAME AS C ABOVE	F	l(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527	If "No," attach a	list. (see instructions)
		te: > WWW.BARNESFOUNDATION.ORG		(c) Group exemption	
	art I	forganization; X Corporation Trust Association Other ► L Summary	Year of	formation: 1922	M State of legal domicile; PA
d)	1	Briefly describe the organization's mission or most significant activities: TO PROMO			
Activities & Governance	1	EDUCATION AND THE APPRECIATION OF THE FINE A			
ır.	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of r	more th	an 25% of its net as:	sets.
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	13
දෙ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	13
es	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	303
ívið	6	Total number of volunteers (estimate if necessary)		6	162
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	1,195,580.
_	b	Net unrelated business taxable income from Form 990-T, line 39		7b	0.
		***************************************		Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		2,261,123.	14,268,162.
	9	Program service revenue (Part VIII, line 2g)		6,650,916.	6,439,435.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,881,003.	3,122,680.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		730,436.	733,875.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,523,478.	24,564,152.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0,001,172.	10,148,208.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		310,088.	315,787.
Ϋ́	L b	Total fundraising expenses (Part IX, column (D), line 25) 3,378,358.		4 050 505	44 555 551
-	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1 - T	4,852,687.	14,262,054.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,163,947.	24,726,049.
	19	Revenue less expenses. Subtract line 18 from line 12	7 744 47 64	1,359,531.	-161,897.
ts o	20	Tabel access (Table ) (A)		ming of Current Year	End of Year
Raise	20	Total assets (Part X, line 16)		4,717,439.	
let /	20 21 22	Total liabilities (Part X, line 26)		3,224,451.	2,815,717.
Fig.	rt II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	20	1,492,988.	212,178,661.
_					
true	correc	lties of perjury, I declare that I have examined this return, including accompanying schedules and sta t, and complete. Declaration of preparar (other than officer) is based on all information of which pre	tatement	s, and to the best of m	y knowledge and belief, it is
u uo,	CONTE	Hugus /3 Smy -	parer na	s any knowledge.	2020
Sigr	1	Signature of officer		Date	2020
Her		MARGARET B. ZMINDA, EXECUTIVE VP, CFO AND	COC	11000000	
1101	•	Type or print name and title	COU	711313	
		Print/Type preparer's name Preparer's signature	Dat	E / Check [	PTIN
Paid		LYNNE JOHNSON	101	19/102 Celt-empio	0.00733
Prep		Firm's name RSM US LLP	1.07		42-0714325
Use		Firm's address 30 SOUTH 17TH STREET, SUITE 710		THIII S CIN	TO UITHUAU
	•	PHILADELPHIA, PA 19103		Phone no. 21	5-765-4600
May	the If	as discuss this return with the preparer shown above? (see instructions)		Triightin, 21	X Yes No
	01-2				Form 990 (2019)

Pa	rt 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 PROMOTE THE ADVANCEMENT OF EDUCATION AND THE APPRECIATION OF THE
	FINE ARTS AND HORTICULTURE. TO MAINTAIN AN ART GALLERY CONTAINING
	WORKS OF ANCIENT AND MODERN ART.
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?
	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.
	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 \$7 , 662 , 824 . including grants of \$) (Revenue \$ 48 , 774 . )
	THE FOUNDATION ENGAGES IN AN ACTIVE PROGRAM OF COLLECTION CARE AND
	CONSERVATION. THE BARNES ART COLLECTION COMPRISES OVER 8,000 WORKS OF
	FINE AND DECORATIVE ARTS, INCLUDING PAINTINGS, FRAMES, WORKS ON PAPER,
	FURNITURE AND DECORATIVE METALWORK. THE FOUNDATION'S PHILADELPHIA
	ENGILLEN INCLUDED & CENTER OF THE ARE DATABASE CONCERNS.
	2019, THE BARNES CONTINUED ITS WORK ON PRESERVATION OF ITS 365 WORKS OF
	ART ON PAPER, 280 OF WHICH ARE PERMANENTLY INSTALLED IN THE COLLECTION
	GALLERY. IN DECEMBER, PAUL CEZANNE'S THE LARGE BATHERS RETURNED TO THE
	MAIN GALLERY FOLLOWING A YEAR IN THE FOUNDATION'S CONSERVATION LAB FOR
	OF CONSERVATION TREATMENT, TECHNICAL ANALYSIS, AND RELATED COLLECTION RESEARCH ON OUR HOLDINGS OF WORKS BY PAUL CEZANNE, CHAIM SOUTINE,
4b	
40	(Code:) (Expenses \$ 7,738,960. including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$
	THE FOUNDATION'S PERMANENT COLLECTION GALLERY IN PHILADELPHIA IS OPEN
	TO THE PUBLIC SIX DAYS PER WEEK, WITH 2019 VISITATION OF APPROXIMATELY 235,900 VISITORS. APPROXIMATELY 18% OF THOSE VISITORS WERE MEMBERSHIP
	SUPPORTERS OF THE BARNES FOUNDATION. A RETAIL STORE SELLS
	REPRODUCTIONS, PUBLICATIONS AND OTHER ITEMS RELATED TO THE ART
	COLLECTION. THE FOUNDATION ALSO PROVIDES ENTERTAINING PRIVILEGES TO ITS
	MEMBERS, HOSTING APPROXIMATELY 250 SPECIAL EVENTS WITH APPROXIMATELY
	18,000 GUESTS IN 2019. THE ART TEAM AND GALLERY GUIDES, A GROUP OF
	ARTISTS AND ART HISTORIANS WHOSE PRIMARY FUNCTION IS TO PROVIDE
	VISITORS WITH INFORMATION ABOUT THE COLLECTION AND ITS HISTORY, ARE
	STATIONED IN THE GALLERIES AND AVAILABLE TO ALL VISITORS.
_	2 100 100
4c	(Code:) (Expenses \$3, 106, 488. including grants of \$) (Revenue \$) (Revenue \$)
	THE BARNES-DE MAZIA EDUCATION PROGRAM BUILDS ON DR. ALBERT BARNES'S
	GROUNDBREAKING APPROACH TO TEACHING VISUAL LITERACY AND THE CURRICULUM
	DEVELOPED BY DR. BARNES, VIOLETTE DE MAZIA, AND JOHN DEWEY, WHICH
	EMPHASIZES THE FORMAL ANALYSIS OF ART AND REFLECTS PROGRESSIVE
	EDUCATION PHILOSOPHIES OF THE 1920S. THIS PIONEERING EDUCATION PROGRAM
	FOR ADULTS WAS EXPANDED IN 2016 TO INCLUDE NEW COURSE OFFERINGS THAT
	COMPLEMENT THE BARNES METHOD AND HIGHLIGHT OTHER INTERPRETIVE
	APPROACHES. ENROLLMENT IN ADULT EDUCATION CLASSES CONTINUED TO GROW
	DURING 2019, AS DID THE VARIETY OF COURSE OFFERINGS. THE PROGRAM
	EXPERIENCED THE HIGHEST ENROLLMENT YET, WITH MORE THAN 1,200 STUDENTS
	PARTICIPATING IN 54 CLASSES, INCLUDING TRADITIONAL COLLECTION FOCUSED
	COURSES AND THOSE RELATING TO SPECIAL EXHIBITIONS. THE BARNES ALSO
4d	Other program services (Describe on Schedule O.)
	(Expenses S Including grants of \$ ) (Revenue S )
4e	Total program service expenses ▶ 18,508,272.

23-6000149 THE BARNES FOUNDATION Page 3 Form 990 (2019) Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes." complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х 4 during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X 5 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X 6 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Х 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 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? X 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X 10 or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total X 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X 11c assets reported in Part X, line 16? If "Yes." complete Schedule D, Part VIII 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 Х 11d Part X, line 16? If "Yes," complete Schedule D, Part IX Х 11e e Did the organization report an amount for other liabilities in Part X, line 257 If "Yos," complete Schedule D, Part X ....... Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .......... 111 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete X 12a Schedule D, Parts XI and XII **b** Was the organization included in consolidated, independent audited financial statements for the tax year? Х 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Х 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? **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 Х 14b or more? If "Yes," complete Schedule F, Parts I and IV 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 Х 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X 19 complete Schedule G, Part III X 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20b

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

X

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
<b>2</b> 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u>X</u>
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		<u>X</u>
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			37
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			8.4
_	instructions, for applicable filling thresholds, conditions, and exceptions):	1 1 100		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
h	"Yes," complete Schedule L, Part IV	28a		X
0	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28b	_	
·		28c		х
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Sahadula M. Davi II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301,7701-2 and 301,7701-3? If "Yes," complete Schedule R, Part I	33		х
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 140	11.1		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b  0			1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	- 1	**	
	(gambling) winnings to prize winners?	1c	Х	

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 201		4	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1004	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	_X_	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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).	- 0		37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	-	X
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).		v	70
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	-
b		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			, v
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		х
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
_	sponsoring organization have excess business holdings at any time during the year?	-	100	
9	Sponsoring organizations maintaining donor advised funds.	9a		
a _	Did the eponeoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
_b		30		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			1 1
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
_ b	3.555 (555) (555)			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			1
a h	Gross income from other sources (Do not net amounts due or paid to other sources against			
D	amounts due or received from them.)	usvih	-	1
129	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	1260			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	Tol.		
а	the state of the s	13a		
ŭ	Note: See the instructions for additional information the organization must report on Schedule O.	100.71	DIX.	
b				
	organization is licensed to issue qualified health plans			
С	10	1.4		
14a		14a		Х
b	SALVA ANALOTOMOS ROMANAS ANTINAS CONTROL	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
-	If "Yes," complete Form 4720, Schedule O.			

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.

500	Check if Schedule O contains a response or note to any line in this Part VI		****	X
360	tion A. Governing Body and Management	-	.,	ne.
4	Enter the number of voting members of the governing body at the end of the tax year 13		Yes	No
Id	Enter the number of voting members of the governing body at the end of the tax year  13  If there are material differences in voting rights among members of the governing body, or if the governing			3 > 1
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	- 1		4 .
b				
2	Enter the number of voting members included on line 1a, above, who are independent			
-	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			,
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- 1	77	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		х	
13	in Schedule O how this was done	12c	X	_
14	Did the organization have a written whistleblower policy?	13	X	-
15	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	14		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			100
	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup$ CA , CO , CT , DC , DE , FL , GA , IL , MA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MARGARET B. ZMINDA - 215-278-7000			
	2025 BENJAMIN FRANKLIN PARKWAY, PHILADELPHIA, PA 19130			

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

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

Check this box if neither the organization no	any related organization compensated any current officer, direct								rector, or trustee.	A .
(A)	(B)				(C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one box, unless person is both an officer and a director/trustee)		l than c	ne	Reportable	Reportable	Estimated		
	hours per			an	compensation	compensation	amount of			
	week		Jer an	uao	recit	rrust	eej	from	from related	other
	(list any	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)	(٧٧-2/1099-١٧١١٥٠)	organization
	organizations	truste	al trus		yee	шрел		(17 2) 1000 (1100)		and related
	below	Incividual trustee or director	Institutional trustee	<u></u>	Кеу етріоуее	st co	7.0			organizations
	line)	Inciv	Instit	Officer	Ke.	Highest compensated ert ployee	Fo-mer			
(1) AILEEN KENNEDY ROBERTS	1.00									
VICE CHAIRMAN, TRUSTEE	0.00	Х		Х				0.	0.	0 •
(2) CATHERINE HUGHES	1.00									_
TRUSTEE	0.00	X						0.	0	0.
(3) DANIEL DILELLA	1.00									
TRUSTEE	0.00	Х						0.	0.	0
(4) DR. BRENDA T. THOMPSON	1.00								_	
TRUSTEE	0.00	Х						0.	0.	0 .
(5) CHRISTINE POCCI, PHD	1.00							_		
TRUSTEE	0.00	X		L	_	$\perp$		0.	0.	0.
(6) JOHN ALCHIN	1.00							_		
TRUSTEE	0.00	X			_		_	0.	0.	0.
(7) JOHN J. AGLIALORO	1.00									
TRUSTEE	0.00	X	_		_			0.	0.	0.
(8) JOHN MCFADDEN, ESQ	1.00							_		_
TRUSTEE	0.00	Х	_		_	_		0.	0.	0.
(9) JOSEPH NEUBAUER	1.00									
CHAIRMAN, TRUSTEE	0.00	X		X	_	_	_	0.	0.	0.
(10) SHELDON M. BONOVITZ, ESQ	1.00									
TRUSTEE	0.00	X		_	-	-		0.	0.	0.
(11) STEPHEN J. HARMELIN, ESQ	1.00									
TREASURER, TRUSTEE	0.00	X	-	X		-		0.	0.	0.
(12) THE HON. JACQUELINE F. ALLEN	1.00									
SECRETARY, TRUSTEE	0.00	Х	-	X	_	-	_	0.	0.	0.
(13) PAMELA D. BUNDY	1.00	ł								
TRUSTEE	0.00	X		⊢	-	-	_	0.	0.	0.
(14) THOMAS COLLINS	40.00	1		١		1		400 250		20 077
EXECUTIVE DIRECTOR & PRESIDENT	0.00	-	-	X	┢	+	-	428,358.	0.	29,877.
(15) MARGARET B. ZMINDA	40.00	1		١,,				267 660	0.	20 264
EXECUTIVE VP, CFO AND COO	0.00	$\vdash$	$\vdash$	X	-	+	-	267,669.	0.	30,264.
(16) SARA GEELAN	40.00	-		\ v				245 400	0.	30,935.
DEP DIR, GEN COUNSEL, ASST SECRETARY	0.00	$\vdash$	-	X	+	+	$\vdash$	245,490.	0.	30,333.
(17) NINA DIEFENBACH	0.00	1			x			331,006.	0.	13,400.
DEPUTY DIRECTOR OF ADVANCEMENT	0.00	_		_	14	_	_	731,000.	0.	T2,400.

Part VII Section A Officers Directors True			_			a constant	Mary 200	V.	23-6000	149	Р.	age C
Cocust A. Officers, Directors, 1743		oloy	ees,			ghes	t C		s (continued)	_		
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do	not a	Pos		l than (	one	Reportable	Reportable	Es	stimate	ed
	hours per		box, unless person is both an officer and a director/trustee)					compensation	compensation	ar	nount	
	week		T a	1020	ii ecto	171105	166)	from	from related		other	
	(list any hours for	recto						the	organizations		pensa	
	related	or di	90			ated		organization	(W-2/1099-MISC)		om th	
	organizations	trustee or director	trustee		au	pens		(W-2/1099-MISC)			anizat	
	below	ual tri	ional		ploye	r com					d relat	
	line)	Individual	nstitutional ·	Officer	Key employee	Highest compensated employee	Former			orga	anizati	ons
18) VINCENT D'ANTONIO	40.00	느	-	0	Ž.	工品	<u></u>					
ENIOR DIRECTOR OF OPERATIONS	0.00				X			191,927.	0.		8,6	30.
19) NANCY IRESON	40.00							, , , , , , , , , , , , , , , , , , , ,			- / -	
EP DIR FOR COLLECTIONS, EXHIBITIONS	0.00				x			198,781.	0 .	1	2,4	59.
20) MARTHA LUCY	40.00											
EP DIR FOR EDUCATION PUBLIC PROGRAM	0.00					Х		141,344.	0		3,6	01.
21) WILLIAM CARY	40.00											
IRECTOR OF ANNUAL GIVING	0.00					Х		141,979.	0 •		6,3	22.
22) STEVEN BRADY	40.00											
HIEF TECHNOLOGY OFFICER	0.00				L	X		140,443.	0 •	3	4,8	75.
23) GEORGETTE C. HAMATY	40.00											
IRECTOR OF FOUNDATION RELATIONS	0.00			_		X		131,721.	0 .	2	3,6	06.
24) SHERONDA WHITAKER	40.00											
IRECTOR OF HUMAN RESOURCES	0.00					X		126,374.	0		5,8	<u>57.</u>
1b Subtotal							<b>.</b>	2,345,092.	0.	19	9,8	26.
c Total from continuation sheets to Part VI	I, Section A						•	0.	0.			0.
d Total (add lines 1b and 1c)							•	2,345,092.	0.	19	9,8	26.
2 Total number of individuals (including but n							o re		000 of reportable	1127		
compensation from the organization												17
											Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	еу е	empl	oye	e, or	higl	hest compensated empl	oyee on			10
										3		Х
line 1a? If "Yes," complete Schedule J for s	uch individual	9994		*****		000100		***********************************		3		X
fine 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su	uch individual ım of reportabl	e co	mpe	ensa	tion	and	oth	er compensation from th	ne organization	3	X	х
line 1a? If "Yes," complete Schedule J for s	uch individual Im of reportable 0,000? If "Yes,	e co	mpe mple	ensa ete S	tion Sche	and and	oth	er compensation from the	ne organization		X	Х

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ALLIED UNIVERSAL SECURITY SERVICES		
P.O. BOX 828854, PHILADELPHIA, PA 19182	SECURITY	1,267,564.
CLEAN TECH SERVICES, INC., 114 CHESTNUT		
STREET, 5TH FLOOR, PHILADELPHIA, PA 19130	CLEANING SERVICES	525,323.
CONSTELLATION CULINARY GROUP	CATERING/FOOD	
667 N. BROAD STREET, PHILADELPHIA, PA 19130	SERVICE	498,718.
ELLIOT-LEWIS CORPORATION, 2900 BLACK LAKE		
PLACE, PHILADELPHIA, PA 19154	FACILITIES MGMT.	463,514.
DANILLER & COMPANY, 3724 JEFFERSON STREET,		16.
SUITE 302, AUSTIN, TX 78731	FUNDRAISING SERVICES	315,787.
<ul> <li>Total number of independent contractors (including but not limited to those listed \$100,000 of compensation from the organization</li> </ul>	above) who received more than	

THE BARNES FOUNDATION 23-6000149 Page 9 Form 990 (2019) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Unrelated Revenue excluded Related or exempt Total revenue from tax under function revenue business revenue sections 512 - 514 s, Grants mounts 1 a Federated campaigns 1a 1b **b** Membership dues 648,590. 1c c Fundraising events 1d d Related organizations 81,575. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 13,537,997 **1**f similar amounts not included above 43 150. 1g \$ Noncash contributions included in lines 1a-1f 14,268,162 h Total. Add lines 1a-1f Business Code 2 a ADMISSIONS 900099 3,122,075. 3,122,075. Program Service Revenue 1,704,846. 900099 1,704,846. MEMBERSHIP 342,670. 900099 1,302,533, 959,863. SPECIAL EVENTS 611600 261,207, 261,207. EDUCATION 900004 48.774 48.774. PUBLICATIONS All other program service revenue 6,439,435. Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,768,251. 1,768,251 other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties (i) Real (ii) Personal 6a 6 a Gross rents **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of 30,218,744, assets other than inventory b Less: cost or other basis 28,864,315, 7b Revenue and sales expenses 1,354,429, c Gain or (loss) 1,354,429. 1,354,429 d Net gain or (loss) Other  ${\bf 8}~{\bf a}~{\bf Gross}$  income from fundraising events (not including \$ \_\_\_\_\_648,590. of contributions reported on line 1c). See Part IV, line 18 49,256. 224,372 8b b Less: direct expenses -175,116 175,116. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities, See Part IV, line 19 9a 9b **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 1,458,421. and allowances 754,009. **b** Less: cost of goods sold 468,695. 235,717. 704,412. Net income or (loss) from sales of inventory **Business Code** 11 a MISCELLANEOUS INCOME 191 381 900099 191,381. b LICENSING & MERCHANDISING 900099 13,198. 13,198.

204,579.

24,564,152.

1,195,580.

5,796,978.

d All other revenue

e Total, Add lines 11a-11d

Total revenue. See instructions

## Form 990 (2019) THE BARNES FOUNDATION Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a response				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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				VIII VIII VIII VIII VIII VIII VIII VII
5	Compensation of current officers, directors,	1 700 705	1 001 527	200 200	417 000
_	trustees, and key employees	1,788,795.	1,061,537.	309,369.	417,889.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	6,650,471.	3,963,976.	1,122,928.	1,563,567.
8	Pension plan accruals and contributions (include	0,000,471.	3,703,970.	1,122,320.	1,303,307.
0	section 401(k) and 403(b) employer contributions)	170,627.	130,379.	19,350.	20,898.
9	Other employee benefits	866,514.	383,882.	252,609.	230,023.
10	Payroll taxes	671,801.	513,336.	76,185.	82,280
11	Fees for services (nonemployees):	0,1,001	313,3301	7091031	02,200
·· a					
b	Legal	18,106.	5,068.	13,035.	3.
c	Accounting	111,000.	3,0001	111,000.	
d	Lobbying	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
e	Professional fundraising services. See Part IV, line 17	315,787.			315,787.
f	Investment management fees	268,102.		268,102.	
g					
	column (A) amount, list line 11g expenses on Sch O.)	2,852,321.	2,648,596.	150,624.	53,101.
12	Advertising and promotion	512,517.	506,564.	2,453.	3,500.
13	Office expenses	184,171.	115,344.	30,047.	38,780.
14	Information technology	471,679.	360,553.	53,426.	57,700.
15	Royalties				
16	Occupancy	2,448,146.	2,360,777.	85,618.	1,751.
17	Travel	276,463.	245,142.	18,812.	12,509.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	36,662.	24,774.	663.	11,225.
20	Interest				
21	Payments to affiliates	- 4 - 0 4 0 0			
22	Depreciation, depletion, and amortization	5,170,438.	4,974,240.	193,776.	2,422.
23	Insurance	459,497.	394,054.	31,463.	33,980.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	PRINTING & POSTAGE	335,166.	128,553.	11,420.	195,193.
b	EVENT EXPENSES	322,832.	74,581.	1,998.	246,253.
c	CREDIT CARD FEES	318,621.	229,619.	17,547.	71,455.
d	CONSERVATION & EXHIBITI	249,422.	249,422.		
	All other expenses	226,911.	137,875.	68,994.	20,042.
25	Total functional expenses. Add lines 1 through 24e	24,726,049.	18,508,272.	2,839,419.	3,378,358.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year Cash - non-interest-bearing 1 950,593. 2,074,046. 2 Savings and temporary cash investments 2 12,496,660. 16,871,493. Pledges and grants receivable, net 3 3 109,546. 73,035. 4 Accounts receivable, net 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 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 934,446. 1,027,080. Inventories for sale or use 8 1,307,550. 825,907. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 147,706,693. 10a 104,621,378. 47,309,803. 100,396,890. 10b 10c b Less: accumulated depreciation 73,400,556. 93,051,020. 11 Investments - publicly traded securities 11 Investments - other securities, See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 5,787,433. 5,784,184. 15 Other assets. See Part IV, line 11 15 204,717,439. 214,994,378. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 1,784,924. 1,742,772. 17 17 Accounts payable and accrued expenses Grants payable 18 18 1,439,527. 1,072,945. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 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 25 2,815,717. 3,224,451. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🗓 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 113,254,299. 110,122,675. 27 Net assets without donor restrictions 102,055,986. 88,238,689. Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 201,492,988. 212,178,661. 32 Total net assets or fund balances 32 204,717,439. 214,994,378. 33 Total liabilities and net assets/fund balances

	1990 (2019) THE BARNES FOUNDATION	23-	0000149	Pa	ige 4			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,56	4,1	52.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,72	6,0	49.			
3	Revenue less expenses, Subtract line 2 from line 1	3	-16	1,8	97.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	201,49					
5	Net unrealized gains (losses) on investments	5	10,84	7,5	70.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	212,17	8,6	61.			
Pa	rt XIII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			1			
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	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			1 8				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audi	t					
	Act and OMB Circular A-133?		3a		Х			
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit	:					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	*******	3b					

3b Form 990 (2019)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

## **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.

2019
Open to Public Inspection

Name of the organization Employer identification number

23-6000149 THE BARNES FOUNDATION Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 📖 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. d 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, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the proanization listed (vi) Amount of other (i) Name of supported (iii) Type of organization n your governing document? (described on lines 1-10 support (see instructions) organization support (see instructions) Yes above (see instructions))

## Schedule A (Form 990 or 990-EZ) 2019 THE BARNES FOUNDATION 23-6000 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and			1.,			
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to			1			
	or expended on its behalf						
3	The value of services or facilities						
·	furnished by a governmental unit to						
	the organization without charge				ľ		
4	Total Add lines 1 through 2						
-	The portion of total contributions						
5	· ·						
	by each person (other than a						
	governmental unit or publicly			C TO AL			
	supported organization) included					1000	
	on line 1 that exceeds 2% of the				11 11 1000		
	amount shown on line 11,					A TO THE TAIL	
	column (f)						
	Public support. Subtract line 5 from line 4.						
_	ction B. Total Support				1		
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization				n 501(c)(3)	
	organization, check this box and stop	here	******************************				
Sec	ction C. Computation of Public	c Support Per	rcentage			w	
14	Public support percentage for 2019 (li	ne 6, column (f) d	ivided by line 11, o	olumn (f))	***********************	14	%
15	Public support percentage from 2018	Schedule A, Part	II, line 14	*******************	******************	15	%
	33 1/3% support test - 2019. If the o					nore, check this box	and
	stop here. The organization qualifies a	as a publicly supp	orted organization			1×7+3×111 100 100+1+111100110011	
b	33 1/3% support test - 2018. If the o	rganization did n	ot check a box on				
	and stop here. The organization quali	fies as a publicly	supported organiz	ation	********		▶□
17a	10% -facts-and-circumstances test	- 2019. If the org	ganization did not				or more,
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t						
h	10% -facts-and-circumstances test						
~	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
		Gra Hot bricen a	JUN OIT MILE THE TO	a, roo, rra, or tr	D, GIRGIN IIII DUX 2		000 F7\ 0040

## Schedule A (Form 990 or 990-EZ) 2019 THE BARNES FOUNDATION [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 qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	ow, piease comp	Sioto i die ii.j				
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not				li,		
	include any "unusual grants.")						
2	Gross receipts from admissions,		- 9				
_	merchandise sold or services per-						
	formed, or facilities furnished in		1				
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
			-				
4	Tax revenues levied for the organ-						1
	ization'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				<del> </del>		
	Total. Add lines 1 through 5				ļ		
72	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
•	: Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)					DI STORES	
	ction B. Total Support					·	1
Cale	ndar year (or fiscal year beginning in) ► 📗	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,			1			
	and income from similar sources						
	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.) [ First five years. If the Form 990 is for	the organization	's first second this	rd fourth or fifth t	ax vear as a section	on 501(c)(3) organiz	ation.
1*	check this box and stop here						
Se	ction C. Computation of Public				***************************************		
	Public support percentage for 2019 (li			column (fl)		15	9/
	Public support percentage from 2018		-	colamin (i))		16	9,
	ction D. Computation of Inves				***************************************	1 101	
_	Investment income percentage for 20			ine 13 column (f)		17	9
	, –					18	9
	Investment income percentage from 2 a 33 1/3% support tests - 2019. If the						
19							/ IS HOL
	more than 33 1/3%, check this box an						
	o 33 1/3% support tests - 2018. If the						and
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	

### Part IV | Supporting Organizations

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

## 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 (b) and (c) 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")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in 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 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
- Ç		
1		
2		
3a	- 6	
	3-1	
3b		
Зс		
4a		
4b		
+1 1		
4c		7 2
5a		
5b 5c		
	TE S	
SELE		
6		
7		
8		
9a	100	
34		
9b		
9c		
10a		
TOA		
10b		

Pai	rt IV   Supporting Organizations (continued)			
			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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	116		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	-		
	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,			100
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	0.11	-	
	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		TOS	
	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	1000		
	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		XEL	111
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		1 100	160
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		1	
	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	100	100	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	11 - 4	- 12	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	_	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	Ou, I've	100	
_	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	ıs).		
а				
b				
C		structions		T
2	Activities Test. Answer (a) and (b) below.		Yes	No
а		NACID:		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1000	× 11	
	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	0-	1000	
	that these activities constituted substantially all of its activities.	2a		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	OL.	1100	
-	activities but for the organization's involvement.	2b		-
3	Parent of Supported Organizations. Answer (a) and (b) below.	- 15-1-1		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
J.	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Sa		
O	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	with a supply the supply the supply of the s	1 00		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

6

	-			
Schedule A	(Form	990 or	990-EZ)	2019

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	i	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions, Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.	-		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
10	and a direction of the same	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			STATE OF THE PARTY OF
3	Excess distributions carryover, if any, to 2019			
а	From 2014			A Description of the
b	From 2015			Carried Explorer
С	From 2016			Complete State of the State of
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			Type Value (Value Value Va
	Applied to underdistributions of prior years	College of the State of the Sta		ment because it is
	Applied to 2019 distributable amount			
1	Carryover from 2014 not applied (see instructions)		NAME OF TAXABLE PARTY.	
1	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			The state of the
·	line 7. \$		The second secon	
2	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
_	Remainder. Subtract lines 4a and 4b from 4.		Arrest of Land	Control of the control of
5	Remaining underdistributions for years prior to 2019, if			The part of the Part of
J	any. Subtract lines 3g and 4a from line 2. For result greater			A 1 1 1 1 1 1 1 1 1 1
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
U	and 4b from line 1. For result greater than zero, explain in	THE PROPERTY OF THE PARTY OF TH	CONTRACTOR SHAPE	
	Part VI. See instructions.			
_	Excess distributions carryover to 2020. Add lines 3j			eria miseri TEV
7	and 4c.	-		
-	Breakdown of line 7:			
8				
_	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
- 6	Excess from 2019			

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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

THE BARNES FOUNDATION

Employer identification number 23-6000149

Pa	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
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 v		
	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 ac	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat	tion or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	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
Ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structu	ure
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year >		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		[]
6	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cons	servation easements during the year
7	Amount of expanses incurred in manifesting incurred in a	line of deleter of the control of th	
,	Amount of expenses incurred in monitoring, inspecting, hand > \$	ling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) above	a action the manning man of a ction 170	7-1/41/P1/21
o			
9	in Part XIII, describe how the organization reports conservation		Yes No
9	balance sheet, and include, if applicable, the text of the footn		
	organization's accounting for conservation easements.	ote to the organization's financial statem	ents that describes the
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasures, or Ot	ther Similar Assets
	Complete if the organization answered "Yes" on Form		Tropotor
1a	If the organization elected, as permitted under FASB ASC 958		and halance sheet works
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 956		
_	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	exhibition, education, or research in farti	refarice of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		*
	(ii) Assets included in Form 990, Part X	***************************************	→ \$ → \$
2	If the organization received or held works of art, historical trea	asures or other similar assets for financia	d gain, provide
_	the following amounts required to be reported under FASB AS		ii gaiii, provide
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

AD: 1			1b. See Form 990, Part X, line 12.	
) Descripti	on 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 h	eld equity interests			
Other _				
A)				
B)				
C)				
D)			(1)	
E)				
F)				
G)				
H)				
I. (Col. (b)	must equal Form 990, Part X, col. (B) line 12.)			
ert VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
4)				
(5)				
(6)			1	
(7)				
(8)				
(0)				
al. (Col. (b	must equal Form 990, Part X, col. (8) line 13.)  Other Assets.  Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1d. See Form 990. Part X. line 15.	الأوي فعصافيها
art IX	Other Assets.  Complete if the organization answered "Yes"	on Form 990, Part IV, line 1 Description	11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b art IX	Other Assets.  Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b art IX )	Other Assets.  Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3)	Other Assets.  Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3)	Other Assets.  Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4)	Other Assets.  Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (6)	Other Assets.  Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (7)	Other Assets.  Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b art iX ) (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.  Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.  Complete if the organization answered "Yes"  (a)  (b) must equal Form 990. Part X, col. (B) line Other Liabilities.	Description		
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered "Yes"  (a)  In (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes"	Description		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (2) (31. (Columnart X	Other Assets.  Complete if the organization answered "Yes"  (a)  In (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Fede	Other Assets.  Complete if the organization answered "Yes"  (a)  In (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes"	Description		5.
(1) (Col. (b) art IX (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Feds (2)	Other Assets.  Complete if the organization answered "Yes"  (a)  In (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Fede (2) (3)	Other Assets.  Complete if the organization answered "Yes"  (a)  In (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Fede (2) (3) (4) (4)	Other Assets.  Complete if the organization answered "Yes"  (a)  In (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description		5.
al. (Col. (b art IX ) (1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Colur art X ) (1) Fede (2) (3) (4) (5)	Other Assets.  Complete if the organization answered "Yes"  (a)  In (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Fede (2) (3) (4) (5) (6) (7) (6) (7) (7) (8) (9) (1) Fede (2) (1) (1) Fede (2) (2) (3) (4) (5) (6)	Other Assets.  Complete if the organization answered "Yes"  (a)  In (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description		5.
(1) (2) (3) (4) (5) (6) (7) (8) (2) (3) (4) (5) (6) (7) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Other Assets.  Complete if the organization answered "Yes"  (a)  In (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (3) (4) (5) (6) (7) (6) (7) (7) (8) (7) (7) (8) (7) (8) (7) (8) (7) (8) (8) (7) (8) (8)	Other Assets.  Complete if the organization answered "Yes"  (a)  In (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (5) (6) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Other Assets.  Complete if the organization answered "Yes"  (a)  In (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	pescription  15,)  on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.

Part XI	Reconciliation of Revenue per	Audited Financial Statements	With Revenue per Return.
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	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	•		
1	Total revenue, gains, and other support per audited financial statements	124.		1	39,655,888.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			7	
а	Net unrealized gains (losses) on investments	2a	10,847,570.		
b	Donated services and use of facilities	A CO	3,533,887.		
C	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		485,907.		
е	Add lines 2a through 2d			2e	14,867,364.
3	Subtract line 2e from line 1			3	24,788,524.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	CLY CO.	-224,372.		
С	Add lines 4a and 4b		Amina Contra Con	4c	-224,372.
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	****************		5	24,564,152.
<b>n</b> -					
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	ements W	ith Expenses per	Retur	n.
Pa	rt XII   Reconciliation of Expenses per Audited Financial State  Complete if the organization answered "Yes" on Form 990, Part IV, line		ith Expenses per	Retur	
1	the first of the property of the contract of t	12a.	ith Expenses per	Retur	n. 28,970,215.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	ith Expenses per	1	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	12a.	ith Expenses per	1	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	12a.	ith Expenses per	1	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	12a. 2a 2b	3,533,887.	1	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	ith Expenses per	1	28,970,215.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	3,533,887.	1	28,970,215.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	3,533,887. 978,381.	1	28,970,215.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	3,533,887. 978,381.	2e 3	28,970,215.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	3,533,887. 978,381.	2e 3	28,970,215.
1 2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	3,533,887. 978,381.	2e 3	28,970,215. 4,512,268. 24,457,947.
1 2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	3,533,887. 978,381.	2e 3	28,970,215.

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.

### PART III, LINE 1A:

Part XIII Supplemental Information.

THE FOUNDATION OWNS A COLLECTION OF PAINTINGS, SCULPTURES, ANTIQUES AND OTHER OBJECTS OF ART. THE FOUNDATION HAS CAPITALIZED COLLECTION ITEMS PURCHASED DIRECTLY BY THE FOUNDATION AT COST, AND THOSE CONTRIBUTED OTHER THAN BY ITS FOUNDER AT THE FAIR MARKET VALUE ON THE DATE OF THE GIFT. SUBSTANTIALLY ALL OF THE COLLECTION OBJECTS WERE DONATED TO THE FOUNDATION BY ITS FOUNDER AND ARE RECORDED AT A \$1 NOMINAL VALUE, IN ACCORDANCE WITH A RESOLUTION OF THE BOARD OF TRUSTEES AT THE TIME OF THE GIFT. THE FOUNDATION HAS DETERMINED THAT IT IS NOT PRACTICAL TO ESTABLISH A FAIR VALUE OF THE FOUNDER'S ORIGINAL CONTRIBUTION AS OF THE DATE OF THE GIFT BECAUSE RECORDS RELATING TO THE FAIR VALUE AT THE DATE OF THE CONTRIBUTION ARE UNRELIABLE OR DO NOT EXIST.

### PART III, LINE 4:

THE FOUNDATION'S COLLECTIONS INCLUDE WORKS OF ANCIENT AND MODERN ART AND A
SIGNIFICANT COLLECTION OF LIVING SPECIMENS OF TREES, PLANTS AND FLOWERS.

THE WORKS OF ART THAT ARE DISPLAYED IN THE FOUNDATION'S GALLERY ARE
AVAILABLE FOR VISITATION BY THE PUBLIC AND ARE ALSO USED TO CONDUCT
EDUCATIONAL ACTIVITIES TO TEACH THE PRINCIPLES OF ART APPRECIATION
ESTABLISHED BY ITS FOUNDER. THE LIVING COLLECTIONS ARE USED IN THE
FOUNDATION'S PROGRAMS TO TEACH PRINCIPLES OF AESTHETIC APPEAL OF PLANTS
COMBINED WITH A BASE IN BOTANY, HORTICULTURE AND LANDSCAPE DESIGN.

## PART V, LINE 4:

THE INCOME FROM THE FOUNDATION'S PERMANENTLY RESTRICTED ENDOWMENT FUNDS IS

INTENDED TO SUPPORT THE FOUNDATION'S PROGRAM OF COLLECTION CARE, SCHOLARLY

ACTIVITIES, EDUCATION AND UNRESTRICTED OPERATING COSTS.

#### PART X, LINE 2:

INCOME TAXES: THE FOUNDATION IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES

UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN

ADDITION, THE FOUNDATION QUALIFIES FOR CHARITABLE CONTRIBUTION DEDUCTIONS

AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE

FOUNDATION. INCOME, WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS

APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME

TAXES. THE FOUNDATION DID NOT PAY ANY UNRELATED BUSINESS INCOME TAXES IN

2019 OR IN 2018.

MANAGEMENT HAS EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT

THE FOUNDATION HAD TAKEN NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 THE BARNES
Part XIII Supplemental Information (continued) ADJUSTMENT TO THE FINANCIAL STATEMENTS. CONSEQUENTLY, NO ACCRUAL FOR INTEREST AND PENALTIES WAS DEEMED NECESSARY FOR THE YEARS ENDED DECEMBER 31, 2019 OR 2018. THE FOUNDATION FILES INCOME TAX RETURNS IN THE UNITED STATES FEDERAL JURISDICTION. GENERALLY, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE UNITED STATES FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2016. PART XI, LINE 2D - OTHER ADJUSTMENTS: COST OF GOODS SOLD 754,009. INVESTMENT EXPENSES -268,102.TOTAL TO SCHEDULE D, PART XI, LINE 2D 485,907. PART XI, LINE 4B - OTHER ADJUSTMENTS: SPECIAL EVENT DIRECT EXPENSES REPORTED ON FORM 990, PART VIII, LINE 8B -224,372. PART XII, LINE 2D - OTHER ADJUSTMENTS: COST OF GOODS SOLD 754,009. SPECIAL EVENT DIRECT EXPENSES REPORTED ON FORM 990, PART VIII, LINE 8B 224,372. TOTAL TO SCHEDULE D, PART XII, LINE 2D 978,381.

## **SCHEDULE E**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Schools

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

THE BARNES FOUNDATION

Employer identification number 23-6000149

'a	t I			
			YES	N
	Death and in the base and in the second second of idente by extrement in its charter bylance	r —	TLO	-
	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?	1	х	
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,		100	77
2	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	х	
l	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, use Part II	3	Х	
	SEE PART II			
		2_3	e is	J.
				VI
	Does the organization maintain the following?	4a	x	
a		4a 4b	X	
b	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	-9.0		
С	admissions, programs, and scholarships?	4c	х	
		4d	Х	1
~				
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Part II,	40	21	
d	,	40		
5	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:	uncu		
a	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?	5a		
a	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?  Admissions policies?	5a 5b		
ab	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?	5a 5b 5c		
ab	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?	5a 5b 5c 5d	A	
a b	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5a 5b 5c 5d 5e	A	
a b c c e f	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5a 5b 5c 5d 5e 5f	A	
a b c c e f	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5a 5b 5c 5d 5e 5f 5g	A	
a b c c e f g	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5a 5b 5c 5d 5e 5f		
a b c c e f g	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5a 5b 5c 5d 5e 5f 5g		
a b c c e f g	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5a 5b 5c 5d 5e 5f 5g		
a b c c e f c c h	If you answered "No" to any of the above, please explain. If you need more space, use Part II,  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5a 5b 5c 5d 5e 5f 5g 5h		
a b c c e e f g c h	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5a 5b 5c 5d 5e 5f 5g 5h	X	
a a b c c c e f f g f h	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5a 5b 5c 5d 5e 5f 5g 5h		
a a b c c c e f f g f h	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5a 5b 5c 5d 5e 5f 5g 5h		

### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No.: 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 23-6000149 THE BARNES FOUNDATION Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations f X Solicitation of government grants X Phone solicitations **q** X Special fundraising events d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did fundraiser have custody or control of contributions? (vi) Amount paid to (or retained by) (i) Name and address of individual (iv) Gross receipts (ii) Activity to (or retained by) fundraiser from activity or entity (fundraiser) organization listed in col. (i) CONSULTANT FOR FUNDRAISING DANILLER + COMPANY - 3724 Yes No ACTIVITIES 1,332,198. 315,787. 1,016,411. JEFFERSON, ST 302, AUSTIN, TX х 1,332,198. 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. CA, CO, CT, DC, DE, FL, GA, IL, MA, MD, MN, NC, NH, NJ, NY, OH, PA, SC, TN, VA, WA, WI

Pa	ırt l	Fundraising Events. Complete if the	e organization answered	"Yes" on Form 9	90, Part I	IV, line 18, or	reported	more than \$15,000
		of fundraising event contributions and gre	oss income on Form 990	EZ, lines 1 and 6b	b. List ev	ents with gros	s receipt	s greater than \$5,000.
			(a) Event #1 FUNDRAISER	( <b>b)</b> Event #2	2	(c) Other ev		(d) Total events (add col. (a) through
o.			(event type)	(event type	:)	(total num	ber)	col. <b>(c)</b> )
Revenue	1	Gross receipts	697,846.					697,846.
	2	Less: Contributions	648,590.					648,590.
	3	Gross income (line 1 minus line 2)	49,256.					49,256.
	4	Cash prizes						
**	5	Noncash prizes						
Direct Expenses	6	Rent/facility costs	37,419.					37,419.
Direct E	7	Food and beverages	97,268.					97,268.
	8	Entertainment	68,027.					68,027.
	9	Other direct expenses	21,658.					21,658.
	10						an 🛃	224,372.
Pa	rt I	Net income summary. Subtract line 10 from li  Gaming. Complete if the organization		990 Part IV line			han	-175,116.
		\$15,000 on Form 990-EZ, line 6a.		000,1 411,1110	15, 01 10	ported more t		
ø			(a) Bingo	(b) Pull tabs/ins		(c) Other ga	amina	(d) Total gaming (add
Revenue			(-,	bingo/progressive	bingo	(6) 6 11 16 1 9		col. (a) through col. (c))
Re	1	Gross revenue						
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes % No	YesNo	%   L	Yes No	%	
	7	Direct expense summary, Add lines 2 through	5 in column (d)	***************************************				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)					
а	Ent	er the state(s) in which the organization condu he organization licensed to conduct gaming ac	cts gaming activities: ctivities in each of these s	states?				Yes No
D	" '	No," explain:						
		re any of the organization's gaming licenses re fes," explain:			he tax ye	ar?		Yes No
	_							

Sch	nedule G (Form 990 or 990-EZ) 2019 THE BARNES FOUNDATION	23-	6000149	Page 3
11			Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	newn	Yes	No No
13	Indicate the percentage of gaming activity conducted in:		1 1	
	a The organization's facility			<u>%</u>
	b An outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ls:		
	Name			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	10-01-0-0	Yes	No
1	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo	ount		
	of garning revenue retained by the third party >\$			
	c If "Yes," enter name and address of the third party:			
	Name >			
	Address > 2			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided	_		
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No.
	<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the		
-	organization's own exempt activities during the tax year ▶ \$			
P	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v	; and	Part III, lines 9,	9b, 10b
_	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
<u>s</u>	CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRA	ISE:	RS:	
_				
(	I) NAME OF FUNDRAISER: DANILLER + COMPANY			
(	I) ADDRESS OF FUNDRAISER: 3724 JEFFERSON, ST 302, AUSTIN, T	<u>X</u>	78731	
_				
_				

Schedule G	(Form 990 or 990-EZ)	THE BARNES	FOUNDATION	23-6000149 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continued)		
		111111111111111111111111111111111111111		

## **SCHEDULE J** (Form 990)

## **Compensation Information**

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

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

► Attach to Form 990.

THE BARNES FOUNDATION

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

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

Employer identification number

23-6000149

		Y	es	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		_1	
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  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			
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?		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.			
	X 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?	_		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	:		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:			
а	The organization?	1		X
	Any related organization?	,		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	4		
	contingent on the net earnings of:			
а	The organization?	3		X
	Any related organization?			Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7				
	not described on lines 5 and 6? If "Yes," describe in Part III		X	
8	1110 000 000 000 000 000 000 000 000 00			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?			

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

Schedule J (Form 990) 2019

THE BARNES FOUNDATION Schedule J (Form 990) 2019 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 \	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(i)(a)	reported as deferred on prior Form 990
(1) THOMAS COLLINS	Ξ	397,112.	25,000.	6,246.	8,995.	20,882.	458,235.	0
EXECUTIVE DIRECTOR & PRESIDENT	: 3	0	0	0	0	0	0	0
(2) MARGARET B, ZMINDA	Ξ	265,109.	0	2,560.	8,227.	22,037.	297,933.	0
EXECUTIVE VP, CFO AND COO	€	0	0	0	0	0	0	0
	Ξ	244,160.	0	1,330.	7,638.	23,297.	276,425.	0
DEP DIR, GEN COUNSEL, ASST SECRETARY	3	0	0	0	0	0	0	0
(4) NINA DIEFENBACH	Ξ	325,124.	0.	5,882.	8,695.	4,705.	344,406.	0
DEPUTY DIRECTOR OF ADVANCEMENT	€	0	0	0	0	0	0	0
(5) VINCENT D'ANTONIO	Ξ	187,859.	.0	4,068.	5,761.	2,869.	200,557.	0
SENIOR DIRECTOR OF OPERATIONS	€	0	0	• 0	0	.0	0	0
(6) NANCY IRESON	Ξ	197,907.	0.	874.	.000,9	6,459.	211,240.	0
DEP DIR FOR COLLECTIONS, EXHIBITIONS	•	• 0	0	. 0	0	• 0	0.	0
(7) STEVEN BRADY	Ξ	139,689.	0	754.	2,312.	32,563.	175,318.	.0
CHIEF TECHNOLOGY OFFICER	€	0	0	0	0	0	0.	0
(8) GEORGETTE C, HAMATY	Ξ	130,405.	0	1,316.	4,125.	19,481.	155,327.	0
DIRECTOR OF FOUNDATION RELATIONS	€	0	0	0	0	0	0	0
	Ξ							
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	(1)							
	Ξ							
	8							
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							Schedu	Schedule J (Form 990) 2019

schedule	J (Form 990) 2019	71
Part III	Supplemental Information	

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											Schedule J (Form 990) 2019
PART I, LINE 7:	THOMAS COLLINS PARTICIPATES IN A BONUS PLAN IN WHICH THE BONUS IS	DETERMINED BASED ON CERTAIN INDIVIDUAL AND/OR ORGANIZATIONAL METRICS. THE	BONUS IS AWARDED AT THE DISCRETION OF THE EXECUTIVE COMMITTEE OF THE BOARD.								

## SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service **Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

2019
Open to Public Inspection

Name of the organization

THE BARNES FOUNDATION

Employer identification number 23-6000149

Pa	rt I Types of Property	OOMDIN	1011			0000.	147	
• •	Types of Property	(a)	(b)	(c)	(1	d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of one noncash contrib	determin		s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (AIRLINE MILES)	Х	1	24,150.	VALUED BY	DONO	R	
26	Other (HOTEL ROOMS)	Х	2	19,000.	VALUED BY	DONO	R	
27	Other							
28	Other (							
29	Number of Forms 8283 received by the organization	zation during	the tax year for co	ontributions				
	for which the organization completed Form 82	83, Part IV, [	Donee Acknowledg	jement 29			0	
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	ed for			
	exempt purposes for the entire holding period?	?	(1)*************************	*(****/*******		30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	policy that re	quires the review o	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a	X	
b	If "Yes," describe in Part II.					-=	De I et	
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	ked,	1.5	- 11	1 0
	describe in Part II.						30.7	10

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

Schedule M (Form 990) 2019

LHA

## SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE BARNES FOUNDATION

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

932211 09-06-19

Employer identification number 23-6000149

Schedule O (Form 990 or 990-EZ) (2019)

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO MAINTAIN AN ART GALLERY CONTAINING WORKS OF ANCIENT AND MODERN ART. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: AMEDEO MODIGLIANI, AND PABLO PICASSO. IN ADDITION, COLLECTION OBJECTS FROM EGYPT, GREECE, ITALY, AND THE NEAR EAST WILL BE STUDIED. SCANNING X-RAY FLUORESCENCE JETSTREAM M6 SYSTEM BY BRUKER WAS PURCHASED AND INSTALLED ON-SITE FOR NONDESTRUCTIVE ELEMENTAL ANALYSIS OF PAINTINGS AND OBJECTS IN THE COLLECTION. THE FOUNDATION CONTINUED THE MULTI-YEAR PROJECT, BEGUN IN 2015, OF RECOATING THE NEARLY 887 METAL OBJECTS DISPLAYED ON THE WALLS OF THE COLLECTION GALLERY. THE TREATMENT CONSISTS OF REMOVING OLD COATINGS, CLEANING THE SURFACE OF THE METAL, AND APPLYING A PROTECTIVE WAX COATING TO THE OBJECT. 476 OBJECTS HAVE BEEN TREATED TO DATE. THE BARNES PRESENTED THREE EXHIBITIONS IN OUR AILEEN AND BRIAN ROBERTS GALLERY IN 2019. FROM TODAY, PAINTING IS DEAD: EARLY PHOTOGRAPHY IN BRITAIN AND FRANCE WAS EXHIBITED FROM FEBRUARY 24 THROUGH MAY 12, 2019. THE BARNES PRESENTED NEARLY 250 EARLY PHOTOGRAPHS FROM THE 1840S THROUGH THE 1880S, ILLUMINATING THE POSSIBILITIES AND CHALLENGES THAT AMATEUR AND PROFESSIONAL PHOTOGRAPHERS FACED WHILE EXPERIMENTING WITH ALL WORKS ON VIEW CAME FROM THE COLLECTION OF THEIR NEW MEDIUM. MICHAEL MATTIS AND JUDY HOCHBERG. FROM JUNE 30 THROUGH SEPTEMBER 15, 2019, THE BARNES PRESENTED I DO NOT KNOW WHAT IT IS I AM LIKE: THE ART OF BILL VIOLA. THIS EXHIBITION FEATURED WORK SPANNING THE CAREER OF

Employer identification number 23-6000149

BILL VIOLA, A LEADING VIDEO ARTIST WIDELY REGARDED FOR CREATING A NEW ARTISTIC LANGUAGE THROUGH THE MOVING IMAGE. REVEALING VIOLA'S MYRIAD GLOBAL INFLUENCES, WHICH ARE ECHOED IN THE DIVERSE HOLDINGS OF THE BARNES COLLECTION, THE EXHIBITION BROUGHT TOGETHER SEVERAL OF THE ARTIST'S IMMERSIVE INSTALLATIONS, INCLUDING MAJOR PIECES FROM 1976 TO 2009. TO ACCOMPANY THE EXHIBITION, THE BARNES PUBLISHED I DO NOT KNOW WHAT IT IS I AM LIKE: THE ART OF BILL VIOLA. THIS WAS A FULLY ILLUSTRATED CATALOGUE FEATURED TEXTS BY CURATOR JOHN HANHARDT, PROFESSOR THOMAS CARLSON, AND KIRA PEROV, VIOLA'S WIFE AND ARTISTIC PARTNER. THE THIRD EXHIBITION PRESENTED WAS 30 AMERICANS WHICH RAN FROM OCTOBER 27, 2019 THROUGH JANUARY 12, 2020. DRAWN FROM THE EXCEPTIONAL RUBELL FAMILY COLLECTION, 30 AMERICANS PRESENTED WORKS BY 30 IMPORTANT AND INFLUENTIAL CONTEMPORARY AFRICAN AMERICAN ARTISTS. THESE ARTISTS EXPLORE IDENTITY AGAINST A BACKDROP OF PERVASIVE STEREOTYPING-OF RACE, ETHNICITY, GENDER, SEXUALITY, AND CLASS-ADDRESSING INTERSECTIONAL POLITICS IN POWERFUL WAYS. EXHIBITION INCLUDED WORKS BY JEAN-MICHEL BASQUIAT, MARK BRADFORD, NICK CAVE, BARKLEY L. HENDRICKS, KERRY JAMES MARSHALL, WANGECHI MUTU, LORNA SIMPSON, MICKALENE THOMAS, KARA WALKER, CARRIE MAE WEEMS, AND KEHINDE WILEY. FOR THE 30 AMERICANS EXHIBITION, THE BARNES PRODUCED A TENTH-ANNIVERSARY EDITION OF THE EXHIBITION CATALOGUE, FEATURING A 20-PAGE ESSAY BY CURATOR GWENDOLYN DUBOIS SHAW WRAPPED WITH THE ORIGINAL BOOK.

IN 2019, SILENT SECRET WATERFALLS: THE BARNES SERIES, ON DISPLAY FROM

JANUARY 12 THROUGH NOVEMBER 17, 2019, WAS AN INSTALLATION OF NEW

PAINTINGS BY AMERICAN ARTIST PAT STEIR (B. 1940). IN THIS FIRST FOR THE

BARNES, STEIR WAS INVITED TO CREATE A SERIES OF 11 SEVEN-FOOT-TALL

Employer identification number 23-6000149

OIL-ON-CANVAS PAINTINGS OCCUPYING TWO WALLS OF THE WALTER AND LEONORE ANNENBERG COURT.

THE FOUNDATION CONDUCTS ONGOING SCHOLARSHIP AND RESEARCH ON OBJECTS AND WORKS OF ART IN ITS COLLECTION, AND ON THE HISTORY OF THE ORGANIZATION AND ITS FOUNDERS. IN 2019, THE ARCHIVES, LIBRARY, AND SPECIAL COLLECTIONS DEPARTMENT MADE SUBSTANTIAL PROGRESS ON PROCESSING THE VIOLETTE DE MAZIA ARCHIVAL COLLECTION. A SURVEY OF THESE MATERIALS HAS BEEN COMPLETED AND ARRANGEMENT OF THE MATERIALS HAS BEGUN, WITH THE GOAL OF CREATING A FINDING AID (INVENTORY) TO BE AVAILABLE ONLINE IN 2020. THE FOUNDATION ALSO HAS AN ART LIBRARY IN ITS PHILADELPHIA FACILITY WHICH IS OPEN TO STUDENTS, FACULTY AND RESEARCHERS, GENERALLY BY APPOINTMENT.

CHANGING DISPLAYS OF MATERIALS FROM THE BARNES ARCHIVES ARE REGULARLY

SHOWN ON THE FOUNDATION'S LOWER LEVEL. THIS YEAR FEATURED TWO

EXHIBITS: OUR MISSION (SUMMER 2019). THE BARNES FOUNDATION'S MISSION

IS TO PROMOTE THE ADVANCEMENT OF EDUCATION AND THE APPRECIATION OF THE

FINE ARTS. THE TWO MEN WHO INFLUENCED ALBERT C. BARNES THE MOST IN

THIS MISSION WERE JOHN DEWEY AND LEO STEIN, MENTORS AND FRIENDS WITH

WHOM HE SHARED A LIFELONG CORRESPONDENCE. THE BENEVOLENT DESPOT:

ALBERT C. BARNES AND THE AFRICAN AMERICAN CULTURAL COMMUNITY (FALL

2019) FOCUSED ON DR. BARNES'S SCHOLARSHIP PROGRAM AND OTHER SUPPORT FOR

YOUNG BLACK ARTISTS, MUSICIANS, AND SOCIAL ACTIVIST.

THE BARNES'S CURATORIAL AND CONSERVATION STAFF CONTINUED TO WORK WITH

COLLEAGUES AROUND THE WORLD TO PRODUCE SCHOLARLY PUBLICATIONS ABOUT OUR

COLLECTION AND SPECIAL EXHIBITIONS. STAFF FURTHERED RESEARCH AND

AND MAKE MEANINGFUL CONNECTIONS WITH PHILADELPHIA'S DIVERSE

NEIGHBORHOODS AND BEYOND.

Name of the organization

THE BARNES FOUNDATION

Employer identification number
23-6000149

THE BARNES HOSTS SEVERAL RECURRING AND SPECIAL EVENTS THROUGHOUT THE YEAR, SUCH AS THE MONTHLY FIRST FRIDAY ENTERTAINMENT EVENINGS AND PECO FREE FIRST SUNDAY FAMILY DAY, WHICH OFFERS FREE ACCESS TO THE BARNES COLLECTION AND EXHIBITIONS WELCOMES FAMILIES WITH A VARIETY OF CROSS-CULTURAL PROGRAMMING AND ACTIVITIES FOR ALL AGES. THE BARNES' ARTIST BASH IS HELD THREE TIMES A YEAR, AND ENCOURAGES ATTENDEES TO MEET THE MUSICIANS, DANCERS, DESIGNERS, PERFORMERS, AND POETS WHO ARE PRESENT. YOUNG PROFESSIONALS NIGHT IS A SOCIAL EVENT FOR YOUNG ART AFICIONADOS AND APPRECIATORS, HELD THREE TIMES A YEAR AND ATTRACTING APPROXIMATELY 600 GUESTS EACH EVENT. IN JULY 2019, THE BARNES HOSTED A BARNES ON THE BLOCK, A FREE PARTY TO CONNECT AND ENLIVEN THE NEIGHBORHOOD. IN OCTOBER, THE BARNES HOSTED BARNES JAWN(T)S, IMPROVISED AFTER-HOURS TOURS OF THE COLLECTION THAT GIVE THE SPOTLIGHT TO A DIVERSE ARRAY OF COMMUNITY LEADERS, ARTISTS, AND COMIC-BOOK NERDS-ALL EXPERTS IN THEIR FIELDS. THE BARNES CONTINUED ITS TAKEOVER SERIES, LAUNCHED IN 2018, WHICH INVITES LOCAL ARTISTS TO SHARE THEIR UNIQUE INTERPRETATIONS OF THE BARNES COLLECTION.

NOW IN ITS THIRD YEAR, THE BARNES CONTINUED COLLABORATION WITH PUENTES

DE SALUD, OFFERING PUENTES A LAS ARTES (BRIDGES TO THE ARTS), AN

ARTS-BASED BILITERACY ENRICHMENT PROGRAM DESIGNED TO SERVE PRE-K

ELL/ESL LEARNERS FROM SOUTH PHILADELPHIA'S RAPIDLY GROWING LATINX

IMMIGRANT COMMUNITY AND THEIR FAMILIES. OVER ITS TWO-YEAR PILOT PHASE,

THE PROGRAM SERVED 79 FAMILIES. EARLY LEARNERS GAINED 168 HOURS OF ARTS

AND LITERACY INSTRUCTION AND ENRICHMENT ACTIVITIES, PLUS BARNES FIRST

SUNDAY FAMILY DAY VISITS.

## THE BARNES FOUNDATION

PEOPLE'S EMERGENCY CENTER COMMUNITY DEVELOPMENT CORPORATION, TO FOSTER

NEW CULTURAL PATHWAYS AND ACCESS TO THE ARTS FOR COMMUNITIES IN WEST

PHILADELPHIA. IT OFFERS MONTHLY PROGRAMS FOR THE COMMUNITY, WITH

ART-MAKING WORKSHOPS AND PERFORMANCES FOR FAMILIES, TEENS, AND ADULTS.

THIS INITIATIVE PROVIDES WEST PHILADELPHIA PARTICIPANTS WITH

FREE-ADMISSION COMMUNITY PASSES AS WELL AS FREE SHUTTLE SERVICE TO THE

BARNES'S MONTHLY PECO FREE FIRST SUNDAY FAMILY DAY. IN THE PROGRAM'S

FIRST TEN MONTHS, 724 PARTICIPANTS-RANGING IN AGE FROM 6 MONTHS TO 83

YEARS-FROM NEIGHBORHOODS AROUND LOWER LANCASTER AVENUE ATTENDED 37

EVENTS.

OUR SECOND YEAR OF SUMMER IMAGINARIUMS SERVED 210 CHILDREN, NEARLY

DOUBLE THE NUMBER OF STUDENTS REACHED DURING THE PROGRAM'S INAUGURAL

YEAR. THESE SUMMER-CAMP PROGRAMS, OFFERED AT FIVE PHILADELPHIA PARKS &

RECREATION CENTERS, CONNECT YOUNG PEOPLE (AGES 6 TO 13) WITH THE

BARNES'S CULTURAL AND CREATIVE RESOURCES AND SUPPORT LEARNING

THROUGHOUT THE SUMMER. LED BY BARNES EDUCATORS AND THE COMMUNITY

ENGAGEMENT TEAM, STUDENTS TOOK PART IN ARTS LEARNING THAT LINKS

CRITICAL THINKING, IMAGINATION, AND LITERACY. IN 2019, TWO SITES FUNDED

TRANSPORTATION TO THE BARNES, SUPPORTING 70 YOUTH AND CHAPERONES TO

TOUR THE COLLECTION.

TO FOSTER SUSTAINED CULTURAL ACCESS BEYOND FIRST-TIME ENGAGEMENT

EXPERIENCES, THE BARNES OFFERS THE ART FOR ALL COMMUNITY PASS TO

LOW-INCOME AND UNDERSERVED AUDIENCES. THE PROGRAM PROVIDES PASSHOLDERS

AND UP TO THREE GUESTS WITH A YEAR OF FREE ADMISSION AS WELL AS

DISCOUNTS AT THE BARNES SHOP AND CAFES. IN 2019, THE BARNES ISSUED MORE

THAN 2,000 ART FOR ALL COMMUNITY PASSES.

Employer identification number 23-6000149

THE BARNES DEVELOPED A PROGRAM UTILIZING VIRTUAL REALITY (VR) HEADSETS

TO RE-CREATE THE BARNES'S GALLERIES, ALLOWING INDIVIDUALS TO VIRTUALLY

EXPLORE THE COLLECTION. IN PARTNERSHIP WITH THE FREE LIBRARY OF

PHILADELPHIA, THE BARNES LAUNCHED EDUCATIONAL PROGRAMS TO ENGAGE

PHILADELPHIANS IN AREAS WHERE ACCESS TO THE BARNES MAY POSE GEOGRAPHIC

HURDLES. IN 2019, THE PROGRAM EXPANDED TO 63 NEIGHBORHOOD SITES,

INCLUDING SENIOR CENTERS, PARKS AND RECREATION CENTERS, AND SELECT K-12

SCHOOLS THROUGHOUT PHILADELPHIA, AS WELL AS BARNES COMMUNITY PARTNERS.

THROUGH THIS PROGRAM, THE BARNES ENGAGED 1,806 COMMUNITY MEMBERS.

THE BARNES IS COMMITTED TO PROVIDING OPPORTUNITIES FOR INDIVIDUALS WHO ARE INCARCERATED, ON PROBATION, OR ON WORK RELEASE TO RECONNECT WITH SOCIETY IN PRODUCTIVE WAYS THROUGH COMMUNITY ENGAGEMENT, SKILL-BUILDING, AND COLLABORATIVE MURAL PROJECTS. IN 2019, THE BARNES PARTNERED WITH THE MURAL ARTS PHILADELPHIA AND BAKER INDUSTRIES, WHOSE PROGRAMS BOAST REMARKABLE TRACK RECORDS IN REDUCING RECIDIVISM AND SECURING EMPLOYMENT POST-PROGRAM. FROM JULY 11 THROUGH AUGUST 8, 2019, THE BARNES HOSTED BREAKING BARRIERS: ART AS SOCIAL JUSTICE, AN EXHIBITION OF COLLABORATIVE WORKS CREATED BY 12 EMERGING ARTISTS FROM THE GUILD, MURAL ARTS PHILADELPHIA'S PAID APPRENTICE PROGRAM FOR FORMERLY INCARCERATED INDIVIDUALS AND YOUNG ADULTS ON PROBATION, AND 11 ARTISTS FROM SCI: PHOENIX, SOUTHEAST PENNSYLVANIA'S MAXIMUM-SECURITY PRISON. GUILD MEMBERS STUDIED WORKS IN THE BARNES GALLERIES AND TOOK PRINTMAKING CLASSES AT THE PENNSYLVANIA ACADEMY OF THE FINE ARTS, WHILE INMATES AT SCI: PHOENIX LEARNED ABOUT THE HISTORY AND EVOLUTION OF PAPERMAKING TECHNOLOGY. THROUGHOUT THE PROJECT, PARTICIPANTS EXCHANGED IMAGES AND LETTERS FOR INSPIRATION, CREATING A BRIDGE BETWEEN THE TWO

Page 2 Schedule O (Form 990 or 990-EZ) (2019) Employer identification number Name of the organization 23-6000149 THE BARNES FOUNDATION GROUPS. THE RESULTING WORKS IN BREAKING BARRIERS WERE TRULY COLLABORATIVE EFFORTS. PROGRAM EXPENSES FOR VISITATION INCLUDES A PRO-RATA SHARE OF DEPRECIATION AND OTHER FACILITY COSTS FOR ALL LOCATIONS. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: GRANTED 120 NEED BASED SCHOLARSHIPS TO STUDENTS WHO OTHERWISE MAY NOT HAVE BEEN ABLE TO PARTICIPATE. IN FALL 2019, THE BARNES LAUNCHED THE RESEARCH, EDUCATION, ADAPTATION, AND DEVELOPMENT (READ) PRAXIS, A NEW PROFESSIONAL DEVELOPMENT PROGRAM THAT USES THE BARNES COLLECTION TO HELP COMPANIES IMPROVE AND EMPOWER TEAMS, TRAIN EMPLOYEES, AND INSPIRE CREATIVITY IN THE WORKPLACE. THE READ PRAXIS OFFERS A WAY TO ENGAGE NEW AUDIENCES AND TO ENSURE THAT OUR FOUNDER'S TEACHINGS REMAIN RELEVANT IN THE MODERN WORLD. THE BARNES OFFERED A SERIES OF PUBLIC LECTURES IN 2019 ON TOPICS RELATED TO THE COLLECTION AND SPECIAL EXHIBITIONS. THE BARNES ALSO PRESENTED TWO PUBLIC SYMPOSIA. IN MARCH, THE 24TH ANNUAL GRADUATE STUDENT SYMPOSIUM DREW SPEAKERS AND FACULTY FROM NINE AREA UNIVERSITIES. IN COLLABORATION WITH THE SCHOOL DISTRICT OF PHILADELPHIA, THE FOUNDATION HAS DEVELOPED GRADE-SPECIFIC OUTREACH PROGRAMS THAT COMBINE

IN-CLASS LEARNING WITH A STRUCTURED TOUR OF THE FOUNDATION'S ART

COLLECTIONS. LED BY BARNES EDUCATORS, THESE PROGRAMS ARE DESIGNED TO

Employer identification number 23-6000149

MATH SKILLS AND KNOWLEDGE OF SCIENCE, HISTORY AND SOCIAL STUDIES, DEPENDING ON THE GRADE LEVEL. THESE PROGRAMS SERVED APPROXIMATELY 12,000 SCHOOL CHILDREN IN 2019. IN 2019, THE BARNES FULLY LAUNCHED A STEAM-BASED ONLINE TEACHER TRAINING PROGRAM-A SERIES OF COURSES FOR EDUCATORS INTERESTED IN LEARNING HOW TO CONNECT MATH, SCIENCE, AND ART IN THEIR CLASSROOMS. THE FIRST COURSE, MATH IN ART, COMPRISES SIX MODULES THAT USE VIDEO TO HELP TEACHERS PRACTICE USING CONVERSATIONS ABOUT ART TO TEACH MATH CONCEPTS. TEACHERS ARE INTRODUCED TO THE BARNES METHOD OF ANALYZING ART AND LEARN STRATEGIES FOR FACILITATING INQUIRY-BASED DISCUSSION. SO FAR, 46 TEACHERS HAVE COMPLETED THE MATH IN ART COURSE. THE BARNES ALSO HOSTED ITS ANNUAL ART OF MATH CHALLENGE, A CONTEST THAT ASKS STUDENTS TO CREATE THREE-DIMENSIONAL MODELS BASED ON PAINTINGS IN THE BARNES COLLECTION AND EXPLAIN THE MATHEMATICAL PRINCIPLES THAT INFORMED THEIR DESIGN CHOICES. IN 2019, 269 STUDENTS AND 35 TEACHERS FROM 31 SCHOOLS FROM PENNSYLVANIA AND NEW JERSEY PARTICIPATED IN THE PROGRAM.

THE BARNES WELCOMES STUDENTS FROM KINDERGARTEN THROUGH HIGH SCHOOL FOR

EDUCATIONAL TOURS OF THE COLLECTION AND EXHIBITIONS. THE EDUCATION

DEPARTMENT TAILORS THE TOUR EXPERIENCE FOR EACH VISIT, DEPENDING ON THE

CLASSROOM TEACHER'S STATED GOALS. APPROXIMATELY 4,300 STUDENTS VISITED

THE BARNES THIS YEAR FOR SINGLE-VISIT THEMED TOURS OF THE COLLECTION.

IN 2019, THE BARNES CONTINUED ITS EDUCATION PARTNERSHIP WITH SAINT

JOSEPH'S UNIVERSITY. THE LONG-RUNNING HORTICULTURE CERTIFICATE PROGRAM

ESTABLISHED IN 1940 BY LAURA BARNES CONTINUES, AND SAINT JOSEPH'S

UNIVERSITY IS EXPLORING A NEW HORTICULTURE MINOR AS WELL AS ACADEMIC

CREDIT FOR SELECT COURSES.

THE FOUNDATION HAS A LARGE LIVING COLLECTION, WHICH IS MAINTAINED IN

ITS 12 ACRE ARBORETUM. THE LIVING COLLECTION CONTAINS OVER 2,500 TAXA

OF WOODY PLANTS AND PERENNIALS. IN ADDITION, THE FOUNDATION HAS AN

HERBARIUM WHICH INCLUDES OVER 10,000 PRESERVED PLANT SPECIMENS. THE

FOUNDATION'S LIVING COLLECTION INCLUDES OVER 38 "STATE CHAMPION" TREES.

THE BARNES ARBORETUM IS HOME FOR A NATIONAL DISPLAY GARDEN OF HOSTA,

THE LARGEST COLLECTION OF HARDY ORNAMENTAL FERNS IN THE MID-ATLANTIC

STATES, AND A DISPLAY GARDEN OF MEDICINAL PLANTS UNIQUE IN THE DELAWARE

VALLEY REGION.

PROGRAM EXPENSES FOR EDUCATION INCLUDES A PRO-RATA SHARE OF DEPRECIATION AND OTHER FACILITY COSTS.

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

THE BARNES FOUNDATION 990 IS PREPARED BY AN INDEPENDENT FIRM BASED ON

INFORMATION PROVIDED BY MANAGEMENT. A DRAFT IS REVIEWED AND REVISED BY THE

EXECUTIVE VICE PRESIDENT, CFO AND COO, THE DIRECTOR OF FINANCE AND THE

GENERAL COUNSEL (MEMBERS OF MANAGEMENT). THE 990 IS THEN FINALIZED BY THE

INDEPENDENT FIRM AND THE BARNES FOUNDATION SUBMITS THE DRAFT 990 FOR REVIEW

TO ALL BOARD MEMBERS PRIOR TO FILING. AFTER A COMMENT PERIOD, FORM 990 IS

SUBMITTED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

IN ADDITION TO REQUIRING EACH TRUSTEE, OFFICER AND KEY EMPLOYEE TO MAKE A

DISCLOSURE OF ANY POSSIBLE PERSONAL, FAMILIAL, OR BUSINESS RELATIONSHIP

THAT COULD GIVE RISE TO A CONFLICT OF INTEREST OR THE APPEARANCE OF A

CONFLICT OF INTEREST, THE FOUNDATION'S CONFLICT OF INTEREST POLICY ALSO

Employer identification number 23-6000149

REQUIRES THE DISCLOSURE OF ANY CHANGE OF CIRCUMSTANCE THAT WOULD GIVE RISE TO CONFLICTS CONCERNS.

MOREOVER, THE FOUNDATION HAS ADOPTED A WHISTLEBLOWER POLICY DESIGNED TO

ENCOURAGE PROMPT DISCLOSURE BY TRUSTEES, OFFICERS AND EMPLOYEES OF ANY

UNLAWFUL OR IMPROPER BEHAVIOR OR TRANSACTIONS, INCLUDING THOSE THAT RAISE

POTENTIAL CONFLICT OF INTEREST CONCERNS.

EACH YEAR ALL DIRECTORS, OFFICERS, TRUSTEES AND KEY EMPLOYEES ARE REMINDED

OF THEIR OBLIGATIONS TO COMPLY WITH THE CONFLICT ON INTEREST POLICY AT THE

ORGANIZATION'S ANNUAL MEETING AND PERIODICALLY AT OTHER TIMES DURING THE

YEAR.

FORM 990, PART VI, SECTION B, LINE 15:

THE BARNES FOUNDATION PERFORMS A REVIEW OF THE COMPENSATION AND BENEFITS

PACKAGE (INCLUDING FRINGE, RETIREMENT AND SEVERANCE BENEFITS) FOR KEY

EMPLOYEES AT THE TIME OF HIRE. THIS REVIEW RELIES UPON COMPARABILITY DATA

TO DETERMINE WHETHER THE COMPENSATION ARRANGEMENT IN ITS ENTIRETY IS

REASONABLE. FOR THIS PURPOSE, APPROPROPRIATE AND RELEVANT INFORMATION

INCLUDES COMPENSATION PAID BY SIMILIARLY SITUATED TAX-EXEMPT AND TAXABLE

ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS. THIS REVIEW ALSO

TAKES INTO ACCOUNT THE SIZE, REVENUE, GEOGRAPHIC LOCATION, STRUCTURE AND

COMPLEXITY OF THE ORGANIZATION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA,CO,CT,DC,DE,FL,GA,IL,MA,MD,MN,NC,NH,NJ,NY,OH,PA,SC,TN,VA,WA,WI

FORM 990, PART VI, SECTION C, LINE 19:

THE BARNES FOUNDATION'S BY-LAWS, CHARTER, FINANCIAL STATEMENTS AND CERTAIN

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General Section Capital Co.	Section Control	nnn.	OOO PT	mara
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Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization THE BARNES FOUNDATION	Employer identification number 23 – 6000149
OTHER GOVERNING DOCUMENTS (E.G., CONFLICT OF INTEREST POLI	CY), ARE
AVAILABLE FOR REVIEW UPON REQUEST FOR THE SAME PERIOD OF I	DISCLOSURE AS SET
FORTH IN SECTION 6104(D), DIRECTED TO THE FOLLOWING: GEN	NERAL COUNSEL (A
MEMBER OF MANAGEMENT), BARNES FOUNDATION, 2025 BENJAMIN FF	RANKLIN PARKWAY,
PHILADELPHIA, PA 19130.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
SECURITY:	
PROGRAM SERVICE EXPENSES	1,217,049.
MANAGEMENT AND GENERAL EXPENSES	69,213.
FUNDRAISING EXPENSES	24,400.
TOTAL EXPENSES	1,310,662.
OTHER PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	1,431,547.
MANAGEMENT AND GENERAL EXPENSES	81,411.
FUNDRAISING EXPENSES	28,701.
TOTAL EXPENSES	1,541,659.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,852,321.
FORM 990, PART X, LINE 27-29	
IN 2019, THE FOUNDATION ADOPTED ASC 606 REVENUE FROM CONT	RACTS WITH
CUSTOMERS IN ACCORDANCE WITH U.S. GAAP AND ELECTED TO IMP	LEMENT USING
THE FULL RETROSPECTIVE METHOD. AMONGST OTHER CHANGES, IM	PLEMENTATION
RESULTED IN AN INCREASE IN LIABILITIES OF \$985,809 TO REF	LECT THE
ADDITIONAL DEFERRED REVENUE WHICH RESULTED FROM ACCOUNTING	G FOR THE
OBLIGATION TO PROVIDE BENEFITS TO MEMBERS OVER A FUTURE M	EMBERSHIP
PERIOD. THERE WAS A CORRESPONDING REDUCTION IN NET ASSET	S WITHOUT  edule O (Form 990 or 990-EZ) (2019)
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DONOR	RESTRICTION	OF	\$985	,993	AS	OF	DECEMBER	31.,	2018.	
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