Porm 990-PF
Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

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

Do not enter social security numbers on this form as it may be made public
 Go to www.irs.gov/Form990PF for instructions and the latest information.

2017
Open to Public Inspection

Fo	cale	ndar year 2017 or tax year beginning		, and ei	nding		
N	ame o	f foundation				A Employer identification	number
_		NSTONE FOUNDATION, INC.	27-4092721				
	Number and street (or P O box number if mail is not delivered to street address)  Room/suite						
	_	. BOX 685	<del></del>			6109351852	
		town, state or province, country, and ZIP or foreign p BERTON, PA 19442	ostal code			C If exemption application is pe	ending, check here
	_	<del></del>	Initial satura of a f		haub.	D 1. Foreign organizations	ahook horo
u	CHEC	k all that apply: Initial return Final return	Initial return of a f	ormer public d	narity	i. Foreign organizations	s, check here
4		Address change	Name change			Foreign organizations me check here and attach col	eting the 85% test,
' — H	Chec	k type of organization: X Section 501(c)(3) ex		D		E If private foundation sta	
Ï			Other taxable private found:	ation	Ų	under section 507(b)(1)	
ī		arket value of all assets at end of year J Account		Accr	ual	F If the foundation is in a	
(	from		ther (specify)			under section 507(b)(1)	
لے	<b>►</b> \$	4,282,716. (Part I, colur	nn (d) must be on cash basi	s.)			
LP.	ärt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net in		(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a) )	expenses per books	inco	me	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received	664,042.	3 %	*		
	2	Check If the foundation is not required to attach Sch. B. Interest on savings and temporary	***	<u> </u>	<u>.*</u>		
	3	cash investments  Dividends and interest from securities	44,226.		4,226.		
	4	Gross rents	44,420.		4,440.	<del></del>	
	1 .	Net rental income or (loss)			<u> </u>		
	1 -	Net gain or (loss) from sale of assets not on line 10	665,829.	3	l ,0,5		
	ᅃ	Gross sales price for all		**	Lx.	<b>3.9</b> 7. <b>3.</b> 7	, 9 (10 to 10 to 1
	on 7	Capital gain net income (from Part IV, line 2)	k * k */	66	5,829.	· 1877 46	
	8	Net short-term capital gain	* * * * .	,	. 🔆 🧀		* **
	9	Income modifications Gross sales less returns		* 1	<u> </u>		<u>, 4                                   </u>
	10a	and allowances		- No.	<u> </u>	*	<u> </u>
		Less Cost of goods sold	<b>*</b> * * * * * * * * * * * * * * * * * *	18 1	<u> </u>	<u> </u>	* 4 5
	1	: Gross profit or (loss) Other income					
	12	Total. Add lines 1 through 11	1,374,097.	71	0,055.	0.	
	13	Compensation of officers, directors, trustees, etc	0.		0.	0.	0.
	14						
	15	Other employee sataries and wages Pension-plans, employ <u>ee benefits</u>					
	ဗ္ဗ 16a	J 7 1 1/5 1					
	b b	Accounting 4ees 1 6 2018	2,200.		2,200.	0.	0.
œ	Š	Accounting 4 es 1 6 2018	300.		300.	0.	0.
20.	e 17 ≥	Interest	0.210		<u> </u>		
1.1.1.2018	E 18 '	Taxes	9,310.		59.	0.	0.
<b>~</b> —€	2 19	Depreciation and depletion Occupancy					**
=	20	Travel, conferences, and meetings			<del></del>		
JÜL	22	Printing and publications					
	D 20	Other expenses					
뿔.	24	Total operating and administrative					
Z		expenses. Add lines 13 through 23	11,810.		2,559.	0.	0.
SCANNED	25	Contributions, gifts, grants paid	103,500.	'Y   \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$ 5 5 % }	. Y . 4 ^	103,500.
S	26	Total expenses and disbursements.					
	<del> </del> _	Add lines 24 and 25	115,310.		<u>2,559.</u>	0.	103,500.
	27	Subtract line 26 from line 12:	1.1 0,50 *=0.5-		1		
	1	Excess of revenue over expenses and disbursements	1,258,787.	*	7 400	<u> </u>	
	1	Net investment income (if negative, enter -0-)  Adjusted net income (if negative, enter -0-)		/U	7,496.		
_	1 0	nujusteu liet incomite (ii negative, enter -0-)	<u> </u>	<u> </u>	1 ž	0.	- 000 PF (0017)

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions

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Б	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year		of year
드	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	151,492.	490,188.	490,188.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
	}	Less; allowance for doubtful accounts	The same a second of the same and the same a		
	4	Pledges receivable	* .	<u> </u>	
	`	Less; allowance for doubtful accounts	a samp approximated or from the ending with	the transfer of the state of th	
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other		-	
	ľ	disqualified persons			
	7	Other notes and loans receivable			Total Carlotte
	'	Less; allowance for doubtful accounts	Carlos all and a	"So allighed" and so well-	1 - 3 - 3 - 3 - 3 - 4 - 4 - 4 - 4 - 4 - 4
	8	Inventories for sale or use		<del></del>	
Assets	9	Prepaid expenses and deferred charges			
Ass	1	Investments - U.S. and state government obligations	0.	657,828.	657,467.
	l	Investments - corporate stock	1,345,743.	1,130,528.	3,135,061.
	l	Investments - corporate bonds	2/3/3//130		5/203/0023
		Investments - land, buildings, and equipment basis		AME. A	
	l ''			l at Wallett C	
	4.0	Less accumulated depreciation  Investments - mortgage loans			<del></del>
		Investments - other	<del> </del>		
	13				
	14	Land, buildings, and equipment, basis Less accumulated depreciation			
	4.		<del></del>		
	l	Other assets (describe			<del> </del>
	16	Total assets (to be completed by all filers - see the	1,497,235.	2,278,544.	4,282,716.
	17	Instructions. Also, see page 1, item I)	1,497,233.	2,2/0,344.	17 4,202,710.
	1	Accounts payable and accrued expenses			
	18	Grants payable			
ies	19	Deferred revenue			
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
	22	Other liabilities (describe			
	22	Total lightifting (add lines 17 through 22)	0.	0.	
	20	Total liabilities (add lines 17 through 22)  Foundations that follow SFAS 117, check here			
		·			
ņ	.,	and complete lines 24 through 26, and lines 30 and 31.	1 /07 225	2 270 544	
၁၁	24	Unrestricted	1,497,235.	2,278,544.	
alai	25	Temporarily restricted			
e E	26	Permanently restricted			
Ē		Foundations that do not follow SFAS 117, check here			
ě	0.7	and complete lines 27 through 31.			
Net Assets or Fund Balances	27	Capital stock, trust principal, or current funds			
SSS	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
¥	29	Retained earnings, accumulated income, endowment, or other funds	1 407 225	2 279 544	
ž	30	Total net assets or fund balances	1,497,235.	2,278,544.	
		T . 10 100	1 407 025	2 270 544	
_	31	Total liabilities and net assets/fund balances	1,497,235.	2,278,544.	. 3
P	art,	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30	<del></del>	
-		st agree with end-of-year figure reported on prior year's return)		1	1,497,235.
2		r amount from Part I, line 27a		2	1,258,787.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	2,756,022.
5	Decr	eases not included in line 2 (itemize)		5	477,478.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	2,278,544.
					Form <b>990-PF</b> (2017)

Part IV Capital Gains a	nd Losses for Tax on In	vestment					
(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(b) How ac P - Purc D - Dona	equired hase ation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
1a ML X4024 LTD					VARIOUS	12/31/17	
b ML X4024 LTE					P	VARIOUS	12/31/17
С							
d							
e							<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain or (los ((e) plus (f) minus	s (g))
a 418,851.			120,644				298,207.
ь 568,915.			201,293	3.			367,622.
C		ļ					
d							
e		L					<del></del>
Complete only for assets showing	gain in column (h) and owned by t	the foundation	on 12/31/69.		()	) Gains (Col. (h) gai	in minus
(i) FMV as of 12/31/69	(j) Adjusted basis		cess of col. (i)	İ	COL	(k), but not less th Losses (from col.	an -u-) <b>or</b> . (h))
(1) - 11 - 12 - 13 - 13 - 13 - 13 - 13 - 13	as of 12/31/69	over	col. (j), if any				
a		<b></b>	<u> </u>	-			<u>298,207.</u>
<u>b</u>							367,622.
C				<del></del>			
d	<del></del>			<del> </del>			
e	<del></del>	1		<del>.                                     </del>			
• 0	If gain, also enter	r ın Part I, line	7	)			665 020
2 Capital gain net income or (net cap	oital loss) { If (loss), enter -0	- in Part I, line	7	1 2			665,829.
3 Net short-term capital gain or (loss		nd (6):					
If gain, also enter in Part I, line 8, o	olumn (c).			<b> </b>			0.
If (loss), enter -0- in Part I, line 8  Part V   Qualification Un	der Section 4940/el for	Reduced	Tay on Net I	nyestm	ent Inco	me	
	<del></del>	·					
(For optional use by domestic private i	dundations subject to the section 4	1940(a) tax off	net investment inc	ome.)			
lf section 4940(d)(2) applies, leave thi	s part blank.						
Was the foundation liable for the section	on 1012 tay on the distributable am	ount of any ve	ar in the bace perio	nd2			Yes X No
If "Yes," the foundation doesn't qualify			•	Ju r			165 [22] 100
	ich column for each year; see the in	<del></del>		ries.			
(a)	(b)		or o maning any one	(c)		T	(d)
Base period years Calendar year (or tax year beginning	Advisated available in a disc	tributions	Net value of non		use assets	Distr	ribùtión rati <b>c</b> livided by col. (c))
2016		0,000.			9,639		.022425
2015		0.			2,757		.000000
2014		0.			9,031		.000000
2013	1	4,892.		3	8,672		.385085
2012		0.	<del></del>		999		.000000
				<del></del>		1	<del></del>
2 Total of line 1, column (d)						2	.407510
3 Average distribution ratio for the 5-	vear base period - divide the total o	on line 2 by 5.0	), or by the number	r of vears		-	
the foundation has been in existence			,,	J. , June		3	.081502
4 Enter the net value of noncharitable	e-use assets for 2017 from Part X. I	line 5				4	3,475 <u>,793</u> .
Multiply line 4 by line 3						5	283,284.
						<del>                                    </del>	200,7===
6 Enter 1% of net investment income	(1% of Part Lline 27h)					6	<b>7</b> ,07 <u>5</u> .
b Little 170 of fict investment income	(176 OF Fart I, IIIIe 270)					<del>                                     </del>	7,073.
7 Add lines 5 and 6						,	290,359.
. Add midd o difd o						7	230,333
8 Enter qualifying distributions from	Part XII line 4						103,500.
		41 1	lata da a con	40/ -		8	103,500.
If line 8 is equal to or greater than I See the Part VI instructions.	ine 7, check the box in Part VI, line	1b, and comp	lete that part using	a 1% tax r	ate.		

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	990-PF (2017) BARNSTONE FOUNDATION, INC. rt VI Excise Tax Based on Investment Income (Section 4940(a), 49		27-409 48 - see		Page 4
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A		10 - 300	manaction:	<u> </u>
	Date of ruling or determination letter: (attach copy of letter if necessary-s				*
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here		1   ~~ `~	14,1	50.
	of Part I, line 27b		F		
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part	I, line 12, col. (b).		· · · · · · · · · · · · · · · · · · ·	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter	er -0-)	2		0.
	Add lines 1 and 2		3	14,1	
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, ent	ter -0-)	_4		0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	-	5	14,1	50.
	Credits/Payments:	2 000	. 8 A . B		
	2017 estimated tax payments and 2016 overpayment credited to 2017  Exempt foreign organizations - tax withheld at source  6b	2,000.			
	<del>-</del>	0.			N.)
	lax paid with application for extension of time to file (Form 8868)  Backup withholding erroneously withheld  66  66	0.	*		
	Total credits and payments. Add lines 6a through 6d		7	2,0	ፈ ሰ ሰ
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <b>X</b> if Form 2220 is attached	-	8		75.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>▶</b>	9	12,3	
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10		
	Enter the amount of line 10 to be: Credited to 2018 estimated tax	Refunded >	11		
₽ar	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or	did it participate or intervene ir	า	Yes	No
	any political campaign?			1a	<u>X</u>
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See		on	1b	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any ma	aterials published or			
	distributed by the foundation in connection with the activities.			_	
	Did the foundation file Form 1120-POL for this year?			1c	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	0.			
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$ _ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax in				
	managers. > \$ 0.	inposed on iodilidation		7.	45
	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	X
	If "Yes," attach a detailed description of the activities.				<del></del>
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrumen	nt, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	X
	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	X
	If "Yes," attach the statement required by General Instruction T				
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or     By state languagement that office with a government as that as a round that a district the government as that as a round that a district the government as that as a round that a district the government as that as a round that a district the government as that as a round that a district the government as that as a round that a district the government as			1 t	
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory direction remain in the governing instrument?</li> </ul>	ns that conflict with the state la	aw	6 X	to me were
	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part is	Il and (a) and Part VI		6 X 7 X	<del></del>
	the state of the s	11, col. (c), and Fart Av		<del> </del>	√8.H
8a E	Enter the states to which the foundation reports or with which it is registered. See instructions.				
_	PA		<u></u> _		
ЬI	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gi	eneral (or designate)			
C	of each state as required by General Instruction G? If "No," attach explanation			8b X	
	s the foundation claiming status as a private operating foundation within the meaning of section 494		ar		11/1
	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part			9	<u>x</u> 4
10 [	Old any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the	eir names and addresses		10 X	
			F	orm <b>990-PF</b>	(2017)

BARNSTONE FOUNDATION, INC.

7	art VII-A Statements Regarding Activities (continued)	
		Yes No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	
	section 512(b)(13)? If "Yes," attach schedule. See instructions	_11
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	
	If "Yes," attach statement, See instructions	12 X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13 X
_	Website address N/A	
14	The books are in care of ► THOMAS K. CLOETINGH  Telephone no. ► (610)	35-1852
	Located at ► 2084 PICKERING ROAD, PHOENIXVILLE, PA ZIP+4 ►19	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	<b>D</b>
	and enter the amount of tax-exempt interest received or accrued during the year	N/A
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,	Yes No
	securities, or other financial account in a foreign country?	16 X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	10
	foreign country	
Pa	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	3 2 3
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Yes No
14	a During the year, did the foundation (either directly or indirectly):	
16	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	
	a disqualified person?	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No	
	(5) Transfer any income or assets to a disqualified person (or make any of either available	
	for the benefit or use of a disqualified person)?  Yes X No	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	
	if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)  Yes X No	
	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations  section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions  N/A	
	. ,	1b
_	Organizations relying on a current notice regarding disaster assistance, check here	
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	17
_	before the first day of the tax year beginning in 2017?	1c A
Z	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	
_	defined in section 4942(j)(3) or 4942(j)(5)):	
č	a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017?  Yes X No	
	ICINA, a H Local Ada.	
	If "Yes," list the years , , , , , , , , , , , , , , , , , , ,	
1	h Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	1
_	statement - see instructions.)  N/A	2b
	c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	1, \$ 1
	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	
32		
	during the year?  Yes X No	
t	b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after	
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	<u>*</u>   <del>*</del>   * '
	Form 4720, to determine if the foundation had excess business holdings in 2017.)  N/A	3b V
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a X
t	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b X orm 990-PF (2017)
	Fr -	1rm <b>ララいー厂</b> [ (201/)

form 990-PF (2017)  BARNSTONI FOUNDATION, INC. Part VII-B   Statements Regarding Activities for Which F		<del></del>	27-40927	21 Page 6
	VIIII TI ZU Way De N	equired (continu	T	Yes No
<ul><li>5a During the year, did the foundation pay or incur any amount to:</li><li>(1) Carry on propaganda, or otherwise attempt to influence legislation (section</li></ul>	1 4945(e)) <b>?</b>	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	·		
any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes'	?	Y€	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
4945(d)(4)(A)? See instructions		<del></del>	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?	or educational purposes, or fo		s X No	
b If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify unit	der the exceptions described i		3 [22] 180	
section 53.4945 or in a current notice regarding disaster assistance? See instru		·	N/A	5b
Organizations relying on a current notice regarding disaster assistance, check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr expenditure responsibility for the grant?		ned I∕A ∑Ye	s 🗀 No	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	•	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		[#	
a personal benefit contract?		Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p if "Yes" to 6b. file Form 8870.	ersonal benefit contract?		) <del>, .</del> .	6b X
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?			7b
Part VIII Information About Officers, Directors, Truster Paid Employees, and Contractors	ees, Foundation Mar	nagers, Highly		
1 List all officers, directors, trustees, and foundation managers and the				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	PRESIDENT, TR	EASURER		
2084 PICKERING ROAD PHOENIXVILLE, PA 19460-2827	0.00	0.	0.	0.
	VICE PRESIDEN			
2084 PICKERING ROAD		[, ]	<del></del>	
PHOENIXVILLE, PA 19460-2827	0.00	0.	0.	0.
		]		
2 Compensation of five highest-paid employees (other than those incl	uded on line 1). If none, a	enter "NONE."	<u> </u>	<u> </u>
	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deterred compensation	allowances
NONE		1		
,	}	,		ļ
		<del>                                     </del>		
		<u></u>		
Total number of other employees paid over \$50,000			<b>&gt;</b>	0
			Form	<b>990-PF</b> (2017)

Form 990-PF (20	BARNSTONE FOUNDATION, INC.	27-	-409272	1 Page 7
Part VIII	Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)			
3 Five highes	t-paid independent contractors for professional services. If none, ent	ter "NONE."		
<del></del>	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c	) Compensation
NC	ONE			
				<del></del>
Total number of	others receiving over \$50,000 for professional services  Summary of Direct Charitable Activities		<b>&gt;</b>	0
List the foundati	on's four largest direct charitable activities during the tax year. Include relevant sta	itistical information such as the oduced, etc.	Exp	penses
1 <u>N/A</u>				
2			<b></b>	0.
			1	
3			+	
4				
*			-	
	Summary of Program-Related Investments  o largest program-related investments made by the foundation during the tax year of	on lines 1 and 2	Δη	nou nt
NONE	o all good program rotated invostments made by the rotal addition during the tax year	on mes rand 2.	- 711	nou ni
			1	0.
			1	
	m-related investments. See instructions.			
NONE				
			1	
				0.
Total. Add lines	s 1 through 3			0. PE (2017)
			Form 9	90-PF (2017)

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Part X Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 3,265,131. a Average monthly fair market value of securities 1a 263,593. 1b b Average of monthly cash balances c Fair market value of all other assets 1c 3,528,724. 1đ d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e 2 Acquisition indebtedness applicable to line 1 assets 3,528,724. Subtract line 2 from line 1d 3 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 52,931. 3,475,793. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 173,790. Minimum investment return. Enter 5% of line 5 Part XI Distributable Amount (see instructions) (Section 4942(i)(3) and (i)(5) private operating foundations and certain and do not complete this part.) foreign organizations, check here 173,790. Minimum investment return from Part X, line 6 14,150. Tax on investment income for 2017 from Part VI, line 5 Income tax for 2017. (This does not include the tax from Part VI.) 14,150. Add lines 2a and 2b 2¢ 159,640. Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 159,640. 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 159,640. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 103,500. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 Amounts set aside for specific charitable projects that satisfy the: À a Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b 103,500. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b 5 Adjusted qualifying distributions. Subtract line 5 from line 4 6

Form 990-PF (2017)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

4940(e) reduction of tax in those years.

Page 9

orm 990-PF (2017) BARNSTONE F	OUNDATION			(4)
Part XIII Undistributed Income (se	ee instructions)	(b)	(c)	( <b>d</b> ) 20 <b>1</b> 7
Part Am	(a)	Years prior to 2016	2016	
	Corpus		<i>'</i>	159,640.
1 Distributable amount for 2017 from Part XI,			ļ	
			103,050.	3.45
line 7  2 Undistributed income, if any, as of the end of 2017			1037	***
2 Undistributed income, if any, 2016 only			*2	. **
a Enter amount for 2016 only		0	•	
b Total for prior years:				
3 Excess distributions carryover, if any, to 2017:				1. 1. 1.
a From 2012	- '	, , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b From 2013	$\dashv$ , ,	* *		
c From 2014			**,,,	
d From 2015	$+1.3$ $\times$ $\times$ $\times$ $\times$			
e From 2016		0.		
through 6				o 1
A Qualifying distributions for 2017 from	o.		103,05	0.
	2 1 0 %			
onte but not more man mile			0.	
	3 3			
years (Election required - see instructions)		0.		450.
c Treated as distributions out of corpus	\	U		
(Election required - see instructions)  d Applied to 2017 distributable amount		0.	***	0.
d Applied to 2017 distributed out of corp  e Remaining amount distributed out of corp	us	0.		
Remaining amount documents      Excess distributions carryover applied to 2017      Excess distributions carryover ap				
(If an amount op column (a) )	ount			
6 Enter the net total of each column as		" ŏ. l		
indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5		122	4 ' '	
<b>a</b> Corpus Add lines St, 40, 2006 <b>b</b> Prior years' undistributed income, Subtri	act	*	0.	
line 4b from line 2b		in the second se		
		<u>'</u>		
c Enter the amount of prior years undistributed income for which a notice	O 126 200 "	,	0.	
undistributed income for which deficiency has been issued, or on which the section 4942(a) tax has been previous	ously 🤾 🔭	₹%x	- 1	
		**	0.	
Subtract line 6c from line 6b. Taxable		» 1		
otructions				0.
the standard occurs for 2016. Subject	unctr The	( <u>)</u>		
	1110411			159,190.
the standard recome for 20 17. Subtraction	act 12	in the second second	***************************************	
lines 4d and 5 from line 1. This amou	\$			
be distributed in 2018	of	3		
7 Amounts treated as distributions out	sed by	***		
corpus to satisfy requirements impossection 170(b)(1)(F) or 4942(g)(3) (	Election	0.		
may be required - see instructions)				
8 Excess distributions carryover from	2012	0.		
led on line 5 Nt 1116 /				
9 Excess distributions carryover to 2	2018.	0.		
Subtract lines 7 and 8 from line 6a	ļ		, ,	
Subtract titles 7 and 3 and 10 Analysis of line 9:	ľ		,	
a Excess from 2013				
b Excess from 2014			, , , , , , , , , , , , , , , , , , ,	
c Excess from 2015				Form <b>990-PF</b> (2
d Excess from 2016				
e Excess from 2017				TOURDATTON, INC 693

	NE FOUNDATI			27-40	92721 Page 1
Part XIV   Private Operating F	oundations (see in:	structions and Part VI	I-A, question 9)	N/A	
·1 a If the foundation has received a ruling of	r determination letter that	it is a private operating	!		,
foundation, and the ruling is effective fo	r 2017, enter the date of t	he ruling	<b>▶</b>		
b Check box to indicate whether the found	<u>fation is a private operatir</u>	ig foundation described	<del></del>	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		_ /
income from Part I or the minimum	(a) 2017	<b>(b)</b> 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for					
each year listed				ļ	
<b>b</b> 85% of line 2a			<u> </u>		
c Qualifying distributions from Part XII,					
line 4 for each year listed			<del></del>	ļ <u> </u>	
d Amounts included in line 2c not				/	
used directly for active conduct of	1				
exempt activities			<del></del>	<del> </del>	
e Qualifying distributions made directly	,			}	
for active conduct of exempt activities.	ł			,	
Subtract line 2d from line 2c Complete 3a, b, or c for the			<del></del>	<u> </u>	
alternative test relied upon:			/		
a "Assets" alternative test - enter:			/		
(1) Value of all assets	} <del></del>		<del>                                     </del>	<u> </u>	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed		,			_
c "Support" alternative test - enter:		/			
(1) Total support other than gross		<i>[</i>			
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from				1	
an exempt organization				<u> </u>	
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	had \$5,000 or mor	e in assets
at any time during t	<del></del>	uctions.)			
1 Information Regarding Foundation	•				
a List any managers of the foundation wh year (but only if they have contributed r			ributions received by the	foundation before the close	e of any tax
	nore man \$5,000). (See S	ection 507 (a)(2).)			
PHOMAS K. CLOETINGH	400/		· · · · · · · · · · · · · · · · · · ·		A complete of
<ul> <li>List any managers of the foundation who other entity) of which the foundation ha</li> </ul>			(or an equally large portion	on of the ownership of a pa	rtnership or
NONE	10.1 Si gi satoi intoloc	· <del>-</del>			
2 Information Regarding Contributi	on Grant Gift Loan	Sabalarahın ata D			
Check here X if the foundation of				not account uncollected requi	sete for funde. If
the foundation makes gifts, grants, etc.,	to individuals or organiza	itions under other condit	ions, complete items 2a.	b. c. and d.	313 101 10110 3, 11
a The name, address, and telephone num					
a The hame, address, and telephone ham	ber of email address of th	o person to whom applic	ations should be address.	,	
<b>b</b> The form in which applications should be	e submitted and informat	ion and materials they s	hould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographica	al areas, charitable fields.	kinds of institutions, or	other factors:	
·					
700004 04 00 40					r. 000 DE (201

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Part XV Supplementary Information				
3 Grants and Contributions Paid During the	Year or Approved for Future	Payment	- <del></del>	
Recipient	show any relationship to	Foundation	Purpose of grant or contribution	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
GOOD WORKS INC	N/A	PC	CHARITABLE	
PO BOX 1441 COATESVILLE, PA 19320				3E 000
CONTROL IN 19020				25,000
ALZHEIMERS ASSOCIATION	N/A	₽C	CHARITABLE	
PO BOX 96011				
WASHINGTON, DC 20090				5,000
BARNES MUSEUM	N/A	PC	CHARITABLE	
2025 BENJAMIN FRANKLIN PARKWAY	,,,,	Ĩ		
PHILADELPHIA, PA 19130				3,000
CHARLESTOWN PLAY SCHOOL	N/A	PC	CHARITABLE	
2478 CHARLESTOWN RD				
PHOENIXVILLE, PA 19460		<del>                                     </del>		2,000
CHILDRENS HOSPITAL OF PHILADELPHIA	N/A	PC	CHARITABLE	
PO BOX 249	,,,,		CHACTABLE	
GREENCASTLE, PA 17225				5,000
	NTINUATION SHEE	T(S)	<b>&gt;</b> 3a	103,500
b Approved for future payment				
NONE				
£				
	<del></del>		+	
Total				
iviai			<u>▶ 3b</u>	rm <b>990-PF</b> (20

## Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income				ded by section 512, 513, or 514	(e)
	(a) Business	( <b>b)</b> Amount	t	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:  a b c d e f g Fees and contracts from government agencies 2 Membership dues and assessments		Amount		code	Amount	Tunction Income
Interest on savings and temporary cash investments     Dividends and interest from securities			0.	14	44,226.	
5 Net rental income or (loss) from real estate:  a Debt-financed property  b Not debt-financed property			, jin		变 减	
6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory			0.	18	665,829.	
<ul> <li>9 Net income or (loss) from special events</li> <li>10 Gross profit or (loss) from sales of inventory</li> <li>11 Other revenue:</li> </ul>						
a b c d						
e			0.		710,055.	
3 Total. Add line 12, columns (b), (d), and (e)					13	710,055.
See worksheet in line 13 instructions to verify calculations.)						

## Part XVI:B: Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Form **990-PF** (2017)

27-

Part XVII	Information Regard Exempt Organizatio	-	sters to a	nd Transactions ar	na Relations	nips with Nonci	naritable		
1 Did the or	ganization directly or indirectly er		of the followin	in with any other organization	on described in sec	tion 501(c)	3	Yes	No
	n section 501(c)(3) organizations	-		· · · ·	2000 DOG III 360				
· ·	from the reporting foundation to								
(1) Cash	• •		• · · · · · · · · · · · · · · · · · · ·	<b>9</b>			1a(1)		X
(2) Other							1a(2)		X
<b>b</b> Other tran								نْمان	
(1) Sales	of assets to a noncharitable exen	npt organizat	ion				1b(1)		X
(2) Purci	nases of assets from a noncharital	ble exempt o	rganization				1b(2)		X
(3) Renta	al of facilities, equipment, or other	assets					1b(3)		X
(4) Reim	bursement arrangements						1b(4)		X
(5) Loans	s or loan guarantees						1b(5)		X
(6) Perfo	rmance of services or membershi	ıp or fundrais	sing solicitatio	ins			1b(6)		X
c Sharing o	f facilities, equipment, mailing list	s, other asse	ts, or paid em	ployees			1c		X
d If the ansv	wer to any of the above is "Yes," co	omplete the f	following sche	dule. Column (b) should alv	ways show the fair	market value of the go-	ods, other ass	ets,	
	s given by the reporting foundation			ed less than fair market valu	e ın any transactıo	n or sharing arrangeme	ent, show in		
	i) the value of the goods, other as			<del></del>					
(a) Line no	(b) Amount involved	(c) Name of		e exempt organization	(d) Description	on of transfers, transactions	, and sharing arra	ingemen	ts
			N/A	<del></del>					
					<del></del>	<u>,                                     </u>			
				<del></del>	<u> </u>				
			<del></del>						
		<del></del>							
	<del></del>				<del></del>	·			
		<del></del>		<del></del>					
			·			<del></del> -			
				<del></del>		<del></del>			
					-	<del></del>			
				<del></del>	<del></del>	<del></del>			
				<del></del>	<del> </del>				
				<del></del>		<del> </del>			
				<del></del>		<del></del>			
in section	ndation directly or indirectly affilia 501(c) (other than section 501(c)			or more tax-exempt organia	zations described		Yes	X	No No
n res, co	omplete the following schedule.  (a) Name of organization			(b) Type of organization		(c) Description of rela	tionehin		—
	N/A			(b) Type of organization		(c) Description of rela	monariih		—
		_							—
							<del></del>		
Sign Here	penalties of perjury, I declare that I have olief, it is true, correct, and complete. Dec	examined this claration of pre	return, including parer (other than	accompanying schedules and straxpayer) is based on all informat	tion of which preparer	est of my knowledge has any knowledge	May the IRS d return with the shown below?  X Yes	prepare	er
	Print/Type preparer's name		Dranavasta	Date /	Title	Charle T 4 In	TIN		
	Print/Type preparer's name	s i	Preparer's si	rynature	Date		PTIN		
Paid	CHRISTINA M MA	TOV	A 1	manual	05/07/0040	self- employed	D004F1	400	
Preparer	Firm's name ► PRICEWA			DEBC TID	05/07/2018		P00451		
Use Only	FILL S HAME PENTURME	TEKNO	റാലഗയി	בפעט חחג		Firm's EIN ► 13	-40083	<b>4</b>	
<b></b>	Firm's address ▶ 2001 N	(A DV Dm	Cm Ci	ጠተጥ <u>ሮ</u> 1000		<del></del>			
			ST, St A, PA :			267	220 24	200	
	I IIIIMI	, ent ut	n, FA.	T) T () 3	-	Phone no. 267	-330-30 Form <b>990</b>		(2017)
							LOUIN 230	- 1	12011)

BAR FONE FOUNDATION, INC.

3 Grants and Contributions Paid During the				
• Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
CLEVELAND CLINIC	N/A	PC	CHARITABLE	
9500 EUCLID AVE				
CLEVELAND , OH 44195				1,00
DISABLED AMERICAN VETERANS	N/A	PC	CHARITABLE	
PO BOX 14301				
CINCINNATI , OH 45250				1,000
DREXEL UNIVERSITY	N/A	PC	CHARITABLE	
PO BOX 8215				5.00
PHILADELPHIA, PA 19101				5,00
FIBROLAMELLAR CANCER FOUNDATION	N/A	PC	CHARITABLE	
20 HORSENECK LANE 2ND FLOOR GREENWICH , CT 06830				5,00
,				3,00
FRENCH AND PICKERING CREEKS	N/A	PC	CHARITABLE	
CONSERVATION TRUSTS 511 KIMBERTON ROAD				
PHOENIXVILLE, PA 19460				5,00
HADDONFIELD FRIENDS SCHOOL	N/A	PC	CHARITABLE	
47 NORTH HADDON AVE	N/A		CHARITABLE	
HADDONFIELD, NJ 08033				5,00
LEUKEMIA & LYMPHOMA SOCIETY	N/A	₽C	CHARITABLE	
ро вох 98016				
WASHINGTON, DC 20090				5,00
MAYO CLINIC	N/A	PC	CHARITABLE	
PO BOX 450				05.00
ALBERT LEA, MN 56007	<del>                                     </del>			25,00
PHILADELPHIA MUSEUM OF ART PO BOX 7646	N/A	PC	CHARITABLE	
PHILADELPHIA, Pl. 19101				1,50
		<del>                                     </del>		1,30
SPECIAL OLYMPICS	N/A	P.C.	MUADIMADI D	
PO BOX 2301	N/A	₽C	CHARITABLE	
NORRISTOWN , PA 19404				1,00
Total from continuation sheets			<u>,                                    </u>	63,50

3 Grants and Contributions Paid During the				L
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
THE HERITAGE FOUNDATION	N/A	₽C	CHARITABLE	
PO BOX 97057				
WASHINGTON, DC 20090				1,00
THE LEADERSHIP INSTITUTE	N/A	PC	CHARITABLE	
1101 NORTH HIGHLAND STREET				
ARLINGTON , VA 22201		<u> </u>		1,00
VFW	N/A	PC	CHARITABLE	
PO BOX 8911	['.'	Ţ		
торека, кs 66608		<del> </del>		1,00
WITTENBERG UNIVERSITY	N/A	PC	CHARITABLE	
PO BOX 720	N/A		CHARTTABLE	
SPRINGFIELD , OH 45501		1		5,00
AMERICAN CANCER SOCIETY	N/A	₽C	CHARITABLE	
PO BOX 30468				
PHILADELPHIA, PA 19103		-		1,00
		1		
			<del> </del>	
Total from continuation sheets				

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

# Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2017

Employer identification number

_						
	BARNSTONE FOUNDATION, INC.	27-4092721				
Organization type (chec	ck one)					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	le See instructions.				
General Rule						
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor's					
Special Rules						
sections 509(a) any one contrib	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations uncler sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II.					
year, total cont	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	ttion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a	· •				

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

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization

Employer identification number

BARNSTONE	FOUNDATION,	INC.
-----------	-------------	------

27-4092721

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	space is needed.	
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THOMAS K CLOETINGH & JOAN E CLOETINGH  2084 PICKERING RD  PHOENIXVILLE, PA 19460	\$664,042.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Ocomplete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onneash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

# BARNSTONE FOUNDATION, INC.

27-4092721

1	art II	Noncash Property (see instructions). Use duplicate copies of P		-4092/21
1			FMV (or estimate)	(d) Date received
(a) No. Toront		310 SHS - BLACKROCK INC		
No. torn Description of noncash property given  (a) Description of noncash property given  (a) S 421 SHS - JPMORGAN CHASE & CO  (a) No. torn Description of noncash property given  (b) C (c) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received (See instructions.)  (e) FMV (or estimate) (See instructions.)  (a) No. torn Description of noncash property given  (a) No. torn Description of noncash property given  (b) Description of noncash property given  (c) FMV (or estimate) (See instructions.)  (d) Date received (See instructions.)  (e) FMV (or estimate) (See instructions.)  (f) FMV (or estimate) (See instructions.)  (g) No. torn Description of noncash property given (See instructions.)  (g) No. torn Description of noncash property given (See instructions.)  (g) No. torn Description of noncash property given (See instructions.)  (g) No. torn Description of noncash property given (See instructions.)  (g) No. torn Description of noncash property given (See instructions.)  (g) No. torn Description of noncash property given (See instructions.)			\$\$	12/20/17
1	No. rom		FMV (or estimate)	(d) Date received
(a) No. power art I	1	421 SHS - JPMORGAN CHASE & CO		
No. Description of noncash property given    1			\$\$	12/20/17
\$ 153,360. 12/20/17  (a) No. Torm Description of noncash property given (See instructions.)  1 127 SHS - NEWMARKET CORP  1	No. rom		FMV (or estimate)	(d) Date received
(a) No. Description of noncash property given structions.)  (b) FMV (or estimate) (See instructions.)  (a) No. Description of noncash property given structions.)  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received structions.)  (a) No. Description of noncash property given structions.)  (a) No. Description of noncash property given structions.)  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received structions.)	1	1794 SHS - MICROSOFT CORP		
No. rom Description of noncash property given  (a) No. rom Description of noncash property given  (b) Description of noncash property given  (c) See instructions.)  (d) Date received to the received service			\$\\$\\$\	12/20/17
\$ 50,601. 12/20/17  (a) No. Tome art I	No. rom		FMV (or estimate)	(d) Date received
(a) No. Tom Description of noncash property given  1  241 SHS - THERMO FISHER SCIENTIFIC  (b) Sho. Tom Description of noncash property given  (c) FMV (or estimate) (See instructions.)  (d) Date received  3 46,425.  (d) Date received  (c) FMV (or estimate) (See instructions.)  (d) Date received  (d) Date received  (d) Date received  (see instructions.)	1	127 SHS - NEWMARKET CORP		
No. (b) PMV (or estimate) (See instructions.)  241 SHS - THERMO FISHER SCIENTIFIC  (a) No. (b) Description of noncash property given  (b) See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received the property given (See instructions.)  (a) (b) FMV (or estimate) (See instructions.)  (b) FMV (or estimate) (See instructions.)			\$\\$\$	12/20/17
\$\frac{1}{2096}\$ SHS - ASSURANT INC \$\frac{1}{2096}\$ SHS - ASSURAN	No. from		FMV (or estimate)	(d) Date received
(a) No. Tom Description of noncash property given art I   2096 SHS - ASSURANT INC  1  1  1  1  1  1  1  1  1  1  1  1  1	1	241 SHS - THERMO FISHER SCIENTIFIC		
No. (b) FMV (or estimate) Part I  2096 SHS - ASSURANT INC  1			\$ 46,425.	12/20/17
1	No. from		FMV (or estimate)	(d) Date received
	1	2096 SHS - ASSURANT INC		
Ψ   Ζοσ, 130.			\$208,458.	12/20/17

723453 11-01-17

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of org	anization			Employer identification number
BARNST	ONE FOUNDATION, INC.	_		27-4092721
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	Columns (a) through (e) and thus, charitable, etc., contributions of \$1	ie followina line	n 501(c)(7), (8), or (10) that total more than \$1,000 for entry. For organizations e year (Enter this info once)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer	of gift	
-	Transferee's name, address, a	and ZIP + 4	R	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Description of how gift is held
-		(e) Transfer	of gift	
	Transferee's name, address, a			elationship of transferor to transferee
				·
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer	of gift	
	Transferee's name, address, a		_	elationship of transferor to transferee
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	_	(d) Description of how gift is held
-		(e) Transfer	of gift	
	Transferee's name, address, a		_	elationship of transferor to transferee
723454 11-01-1	77			Schodulo P (Form 900, 900 F7, or 900 DE) (2017)



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DIVIDEND	S AND INTER	EST	FROM SECUR	ITIES ST	TATEMENT 1
GROSS AMOUNT	GAINS		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
40,169	•	0.	40,169.	40,169.	0.
482	•	0.	482.	482.	0 .
1,365	•	0.	1,365.	1,365.	0 .
2,226	•	0.	2,226.	2,226.	0 .
-16	•	0.	-16.	-16.	0 .
44,226	•	0.	44,226.	44,226.	0.
	ACCOUNTI	NG F	EES	SI	CATEMENT 2
	(A) EXPENSES PER BOOKS			(C) ADJUSTED NET INCOME	( D) CHAR ITABLE PUR POSES
	2,200.		2,200.	0.	0.
			2,200.	0.	0.
	GROSS AMOUNT 40,169 482 1,365 2,226 -16	GROSS GAINS DIVIDEND  40,169. 482.  1,365.  2,22616.  44,226.  ACCOUNTI  (A) EXPENSES PER BOOKS	GROSS GAINS GAINS DIVIDENDS  40,169. 0. 482. 0. 1,365. 0. 2,226. 016. 0. 44,226. 0. ACCOUNTING F. (A) EXPENSES PER BOOKS MEN	GROSS GAINS REVENUE PER BOOKS  40,169. 0. 40,169. 482. 0. 482.  1,365. 0. 1,365.  2,226. 0. 2,22616. 016.  44,226. 0. 44,226.  ACCOUNTING FEES  (A) EXPENSES PER BOOKS MENT INCOME	GROSS GAINS REVENUE NET INVEST- AMOUNT DIVIDENDS PER BOOKS MENT INCOME  40,169. 0. 40,169. 40,169.  482. 0. 482. 482.  1,365. 0. 1,365. 1,365.  2,226. 0. 2,226. 2,226.  -16. 01616.  44,226. 0. 44,226. 44,226.  ACCOUNTING FEES ST  (A) (B) (C) EXPENSES NET INVEST- PER BOOKS MENT INCOME  (C) ADJUSTED NET INCOME

FORM 990-PF	THER PROFES	SIONAL FEES	STATEMENT 3		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	( D) CHAR ITABLE PUR POSES	
MERRILL LYNCH X4024 FEES	300.	300.	0.	0.	
TO FORM 990-PF, PG 1, LN 16C	300.	300.	0.	0.	



FORM 990-PF	TAX	ES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAXES PAID	59.	59.	0.	0.	
2016 FEDERAL TAXES PD IN 2017 2016 FEDERAL ESTIMATED TAX	7,251.	0.	0.	0.	
PD	2,000.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 18	9,310.	59.	0.	0.	

FORM 990-PF OTHER DECREASES IN NE	ET ASS	ets	OR	FUND	BALANCES	STATEMENT 5
DESCRIPTION						AMOUNT
DIFFERENCE OF FMV ON CONTRIBUTED ASSETS OTHER ADJUSTMENT						477,469. 9.
TOTAL TO FORM 990-PF, PART III, LINE	E 5					477,478.
FORM 990-PF U.S. AND STATE/CI	ITY GO	VERI	MEN	IT OB	LIGATIONS	STATEMENT 6
DESCRIPTION	U.S. GOV'T		THEF OV'I	-	OOK VALUE	FAIR MARKET VALUE
US TREASURY BILL	x				657,828.	657,467.
TOTAL U.S. GOVERNMENT OBLIGATIONS					657,828.	657,467.
TOTAL STATE AND MUNICIPAL GOVERNMENT	r OBLI	GAT1	ONS	3		
TOTAL TO FORM 990-PF, PART II, LINE	10A			<u> </u>	657,828.	657,467.





FORM 990-PF CORPORATE ST	OCK	STATEMENT 7 FAIR MARKET VALUE
DESCRIPTION	BOOK VALUE	
MERRILL LYNCH X4024 SECURITIES	1,130,528.	3,135,061.
TOTAL TO FORM 990-PF, PART II, LINE 10B	1,130,528.	3,135,061.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS
PART VII-A, LINE 10

STATEMENT 8

NAME OF CONTRIBUTOR

ADDRESS

THOMAS K CLOETINGH & JOAN E CLOETINGH

2084 PICKERING RD

PHOENIXVILLE, PA 19460