

JAN 10 2018

DEPARTMENT OF  
PLANNING & DEVELOPMENT

# APPLICATION FOR AN AMENDMENT TO THE CHICAGO ZONING ORDINANCE

- PHONE 312-641-7144 FAX 312-641-5137 EMAIL [dstubblefield@nealandleroy.com](mailto:dstubblefield@nealandleroy.com)

6. If the applicant is a legal entity (Corporation, LLC, Partnership, etc.) please provide the names of all owners as disclosed on the Economic Disclosure Statements.

The Applicant is a nonprofit corporation and a tax exempt entity under Section 501(c)(3) of the Internal Revenue Code. As such, the Applicant has attached its most recent IRS Form 990 to this Application.

7. On what date did the owner acquire legal title to the subject property? Various dates between April 26, 1873 and January 29, 1876

8. Has the present owner previously rezoned this property? If yes, when?

No.

9. Present Zoning District POS-1 Proposed Zoning District IPD

10. Lot size in square feet (or dimensions) 19.30 acres (840,848 square feet), including certain rights of way to be vacated

11. Current Use of the property Parks and Open Space

12. Reason for rezoning the property The project is a Mandatory Planned Development pursuant to Section 17-8-0504 (Campus-Style Institutional Uses).

13. Describe the proposed use of the property after the rezoning. Indicate the number of dwelling units; number of parking spaces; approximate square footage of any commercial space; and height of the proposed building. (BE SPECIFIC)

The proposed rezoning will allow for the development of the proposed Obama Presidential Center including community center, recreation building, and similar assembly use; community garden, passive open space; cultural exhibits and library and accessory uses related to the principal cultural exhibits and library uses, including, without limitation, research and administration, office, food and beverage retail sales, eating and drinking establishments (including liquor) and general retail sales; special events and entertainment; at-grade, terrace and rooftop outdoor patios; parks and recreation uses; and non-accessory and accessory parking.


14. The Affordable Requirements Ordinance (ARO) requires on-site affordable housing units and/or a financial contribution for residential housing projects with ten or more units that receive a zoning change which, among other triggers, increases the allowable floor area, or, for existing Planned Developments, increases the number of units (see attached fact sheet or visit [www.cityofchicago.org/ARO](http://www.cityofchicago.org/ARO) for more information). Is this project subject to the ARO?

YES \_\_\_\_\_ NO <sup>x</sup> \_\_\_\_\_

COUNTY OF COOK  
STATE OF ILLINOIS

Robbin Cohen, as Executive Director of Applicant, being first duly sworn on oath, states that all of the above statements and the statements contained in the documents submitted herewith are true and correct.

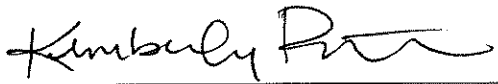
THE BARACK OBAMA FOUNDATION, a  
District of Columbia nonprofit corporation

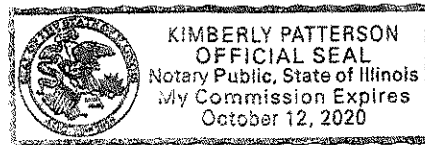
  
Signature of Applicant

Name: Robbin Cohen

Its: Executive Director

Subscribed and Sworn to before me this  
8 day of January, 2018.

  
Notary Public



For Office Use Only

Date of Introduction: \_\_\_\_\_

File Number: \_\_\_\_\_

Ward: \_\_\_\_\_

## **ORDINANCE**

### **BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF CHICAGO:**

**SECTION 1.** The Chicago Zoning Ordinance, be amended by changing all of the POS-1, Parks and Open Space District and indications as shown on Map No. 14-C in the area bound by:

East Midway Plaisance (north); the north line of East 59<sup>th</sup> Street if extended east where no street exists; the east line of South Cornell Avenue (to be vacated); a line 1,672.65 feet south of East Midway Plaisance (north) and perpendicular to South Stony Island Avenue; a line 346.78 feet east of and parallel to South Stony Island Avenue; a line 1585.96 feet south of East Midway Plaisance (north) and perpendicular to South Stony Island Avenue; a line 276.03 feet east of and parallel to South Stony Island Avenue; and South Stony Island Avenue.

to those of a PD##, Planned Development.

**SECTION 2.** This ordinance shall be effective after its passage and publication.

**Common Address:** 1601 - 1629 East Midway Plaisance; 5900 - 6201 South Cornell Drive; 5901 - 6201 South Stony Island Avenue; and 1600 - 1631 East Midway Plaisance

**INSTITUTIONAL PLANNED DEVELOPMENT NUMBER [     ]**

**PLANNED DEVELOPMENT STATEMENTS**

1. The area delineated herein as Institutional Planned Development Number [     ], (the “Planned Development” or “PD”) consists of a net site area of approximately 840,848 square feet (19.30 acres) of property, including approximately 224,583 square feet of right-of-way to be vacated, all as depicted on the attached Planned Development Boundary and Property Line Map (the “Property”). The Property is owned by the Chicago Park District. The Barack Obama Foundation, a District of Columbia nonprofit corporation, is the Applicant for this Planned Development, pursuant to authorization from the Property owner.
2. The requirements, obligations and conditions contained within this Planned Development shall be binding upon the Applicant, its successors and assigns and, if different than the Applicant, the legal title holders and any ground lessors. All rights granted hereunder to the Applicant shall inure to the benefit of the Applicant’s successors and assigns and, if different than the Applicant, the legal title holder and any ground lessors. Furthermore, pursuant to the requirements of Section 17-8-0400 of the Chicago Zoning Ordinance (the “Zoning Ordinance”), the Property, at the time of application for amendments, modifications or changes (administrative, legislative or otherwise) to this Planned Development are made, shall be under single ownership or designated control. Single designated control is defined in Section 17-8-0400.
3. All applicable official reviews, approvals or permits are required to be obtained by the Applicant or its successors, assignees or grantees. Any dedication or vacation of streets or alleys or grants of easements or any adjustment of the right-of-way shall require a separate submittal to the Chicago Department of Transportation (“CDOT”) on behalf of the Applicant or its successors, assigns or grantees.

Any areas to be dedicated shall be excluded and any area to be vacated shall be included in determining the Net Site Area (as said term is defined by the Chicago Zoning Ordinance) of this Planned Development.

Any requests for grants of privilege, or any items encroaching on the public way, shall be in compliance with the plans.

Ingress or egress shall be pursuant to the plans and may be subject to the review and approval of the Department of Planning and Development (“DPD”) and CDOT. Closure of all or any public street or alley during demolition or construction shall be subject to the review and approval of CDOT.

All work proposed in the public way must be designed and constructed in accordance with the CDOT Construction Standards for Work in the Public Way and in compliance with the Municipal Code of Chicago. Prior to the issuance of any Part II approval, the submitted plans must be approved by CDOT.

4. This Plan of Development consists of these eighteen (18) Statements and the following exhibits prepared by Tod Williams Billie Tsien Architects and Interactive Design Architects, collectively, the “Plans”):
  - (a) Bulk Regulations Table;
  - (b) Existing Zoning Map;
  - (c) Existing Land-Use Map;
  - (d) Planned Development Boundary and Property Line Map;
  - (e) Right of Way Adjustment Maps; and
  - (f) Site plans, landscape plans, building elevations, other drawings and plans;

Full-sized copies of the Site Plan, Landscape Plan and Building Elevations are on file with the Department of Planning and Development. In any instance where a provision of this Planned Development conflicts with the Chicago Building Code, the Building Code shall control.

This Planned Development conforms to the intent and purpose of the Chicago Zoning Ordinance, and all requirements thereto, and satisfies the established criteria for approval as a Planned Development. In case of a conflict between the terms of this Planned Development Ordinance and the Chicago Zoning Ordinance, this Planned Development shall control.

5. The following uses shall be allowed in this Planned Development: community center, recreation building, and similar assembly use; community garden; passive open space; playgrounds; playing courts; trails for hiking, bicycling, or running; cultural exhibits and library and accessory uses related to the principal cultural exhibits and library uses, including, without limitation, research and administration, office, food and beverage retail sales, eating and drinking establishments (including liquor) and general retail sales; special events and entertainment, including, without limitation, indoor and outdoor live and recorded musical or theatrical performances, movies, and other temporary uses; kiosks; at-grade, terrace and rooftop outdoor patios; parks and recreation uses not otherwise listed above, and non-accessory and accessory parking.
6. On-Premise signs and temporary signs, such as construction and marketing signs, shall be permitted within the Planned Development, subject to the review and approval of DPD.
7. For purposes of height measurement, the definitions in the Chicago Zoning Ordinance shall apply. The height of any building shall also be subject to height limitations, if any, established by the Federal Aviation Administration.

8. The maximum permitted floor area ratio (FAR) for the Property shall be in accordance with the attached Bulk Regulations and Data Table. For the purpose of FAR calculations and measurements, the definitions in the Zoning Ordinance shall apply. The permitted FAR identified in the Bulk Regulations and Data Table has been determined using a net site area of 840,848 square feet and a base FAR of 1.0.
9. Upon review and determination, Part II Review, pursuant to Section 17-13-0610, a Part II Review Fee shall be assessed by DPD. The fee, as determined by staff at the time, is final and binding on the Applicant and must be paid to the Department of Revenue prior to the issuance of any Part II approval.
10. The Site and Landscape Plans shall be in substantial conformance with the Landscape Ordinance and any other corresponding regulations and guidelines, including Section 17-13-0800. Final landscape plan review and approval will be by DPD. Any interim reviews associated with site plan review or Part II reviews, are conditional until final Part II approval.
11. Prior to the Part II Approval (Section 17-13-0610 of the Chicago Zoning Ordinance), the Applicant shall submit a site plan, landscape plan and building elevations for review and approval by DPD. Review and approval by DPD is intended to assure that specific development components substantially conform with the Planned Development and to assist the City in monitoring ongoing development. Site Plan Approval Submittals (Section 17-13-0800) need only include that portion of the Property for which approval is being sought by the Applicant. If the Applicant is seeking approval for a portion of the Property that represents less than the total site area of the Property, the Applicant shall also include a site plan for that area of the Property which is bounded on all sides by either public Rights-of-Way or the boundary of the nearest adjacent property. The site plan provided shall include all dimensioned and planned street Rights-of-Way.

No Part II Approval for any portion of the Property shall be granted until Site Plan approval has been granted. Following approval by DPD, the approved Site Plan Approval Submittals, supporting data and materials shall be made part of the main file and shall be deemed to be an integral part of the PD.

After approval of the Site Plan, changes or modifications may be made pursuant to the provisions of Statements 13 and 18. In the event of any inconsistency between approved plans and the terms of the PD, the terms of the PD shall govern. Any Site Plan Approval Submittals shall, at a minimum, provide the following information:

- fully-dimensioned site plan (including a footprint of the proposed improvements);
- fully-dimensioned building elevations;
- fully-dimensioned landscape plan(s); and,
- statistical information applicable to the subject area, including floor area, the applicable floor area ratio, uses to be established, building heights and setbacks.

Site Plan Approval Submittals shall include all other information necessary to illustrate substantial conformance to the PD.

12. The Applicant shall comply with Rules and Regulations for the Maintenance of Stockpiles promulgated by the Commissioners of the Departments of Streets and Sanitation, Fleet and Facility Management and Buildings, under Section 13-32-085, or any other provision of the Municipal Code of Chicago.
13. The terms, conditions and exhibits of the Planned Development may be modified, administratively, by the Commissioner of the Department upon the application for such a modification by Applicant or legal titleholder of the Property and after a determination by the Commissioner of the Department that such a modification is minor, appropriate and consistent with the nature of the improvements contemplated by this Planned Development. Any such modification of the requirements of the Planned Development by the Commissioner of the Department shall be deemed to be a minor change in the Planned Development as contemplated by Section 17-13-0611 of the Chicago Zoning Ordinance.
14. The Applicant acknowledges that it is in the public interest to design, construct and maintain the project in a manner which promotes, enables and maximizes universal access throughout the Property. Plans for all buildings and improvements on the Property shall be reviewed and approved by the Mayor's Office for People with Disabilities to ensure compliance with all applicable laws and regulations related to access for persons with disabilities and to promote the highest standard of accessibility.
15. The Applicant acknowledges that it is in the public interest to design, construct, renovate and maintain all buildings in a manner that provides healthier indoor environments, reduces operating costs and conserves energy and natural resources. The Applicant shall obtain the number of points necessary to meet the requirements of the Chicago Sustainable Development Policy, in effect at the time the Part II review process is initiated for each improvement that is subject to the aforementioned Policy and must provide documentation verifying compliance.
16. The Applicant acknowledges that it is the policy of the City to maximize opportunities for Minority and Women-owned Business Enterprises ("M/WBEs") and city residents to compete for contracts and jobs on construction projects approved through the planned development process. To assist the city in promoting and tracking such M/WBE and city resident participation, an applicant for planned development approval shall provide information at three points in the city approval process. First, the applicant must submit to DPD, as part of its application for planned development approval, an M/WBE Participation Proposal. The M/WBE Participation Proposal must identify the applicant's goals for participation of certified M/WBE firms in the design, engineering and construction of the project, and of city residents in the construction work. The city encourages goals of 26% MBE and 6% WBE participation (measured against the total construction budget for the project or any phase thereof), and (ii) 50% city resident hiring (measured against the total construction work hours for the project or any phase thereof). The M/WBE Participation Proposal must include a description of the Applicant's proposed outreach plan designed to inform M/WBEs and city residents of job and contracting opportunities. Second, at the time of the Applicant's submission for Part II permit review for the project or any phase thereof,



the Applicant must submit to DPD (a) updates (if any) to the Applicant's preliminary outreach plan, (b) a description of the Applicant's outreach efforts and evidence of such outreach, including, without limitation, copies of certified letters to M/WBE contractor associations and the ward office of the alderman in which the project is located and receipts thereof; (c) responses to the Applicant's outreach efforts, and (d) updates (if any) to the applicant's M/WBE and city resident participation goals. Third, prior to issuance of a Certificate of Occupancy for the project or any phase thereof, the Applicant must provide DPD with the actual level of M/WBE and city resident participation in the project or any phase thereof, and evidence of such participation. In addition to the forgoing, DPD may request such additional information as the department determines may be necessary or useful in evaluating the extent to which M/WBEs and city residents are informed of and utilized in planned development projects. All such information will be provided in a form acceptable to the Zoning Administrator. DPD will report the data it collects regarding projected and actual employment of M/WBEs and city residents in planned development projects twice yearly to the Chicago Plan Commission and annually to the Chicago City Council and the Mayor.

17. The project contemplated herein is under review by federal and state departments and agencies, among them, the United States Department of the Interior, the United States Department of Transportation, the United States Army Corps of Engineers, the Illinois Department of Transportation and the Illinois Historic Preservation Agency. In addition, comments will be received from the public during the review process. The project shall be subject to and limited by the terms of any state or federal regulation, permit, approval or memorandum of understanding that is more limited or restrictive than the project approved by this ordinance.
18. Any and all of the Applicant's development rights as contained in this Planned Development shall fully vest, and shall be enforceable upon the Applicant's commencement of any portion of the proposed improvements that are contemplated herein. Should this Planned Development ordinance lapse pursuant to the terms of Section 17-13-0612, the Commissioner of DPD shall initiate a Zoning Map Amendment to rezone the property to POS-1, Park and Open Space District.

**PLANNED DEVELOPMENT  
BULK REGULATIONS AND DATA TABLE**

**Site Area**

Gross Site Area (includes 224,583 sq. ft. of public right-of-way to be vacated)	949,572 sq. ft.
Public Right-of-Way:	108,724 sq. ft.
Public Right-of-Way to be Vacated:	224,583 sq. ft.
Net Site Area:	840,848 sq. ft.

**Maximum Height**

235 feet

**Floor Area Ratio & Buildable Area**

Overall Maximum FAR:	1.0
Overall Maximum Buildable Area:	840,848 sq. ft. (840,848 net site area x 1 FAR)

**Setbacks**

In accordance with Plans

**Bicycle Spaces**

38

**Maximum Parking Spaces:**

450

**Loading Spaces:**

3

**APPLICANT:** The Barack Obama Foundation

**ADDRESS:** 1601 - 1629 East Midway Plaisance; 5900 - 6201 South Cornell Drive; 5901 - 6201 South Stony Island Avenue; and 1600 - 1631 East Midway Plaisance

**DATE INTRODUCED:** January 17, 2018

# NEAL & LEROY, LLC

120 North LaSalle Street, Suite 2600 | Chicago, Illinois 60602 | telephone 312.641.7144 | facsimile 312.641.5137

January 10, 2018

Daniel S. Solis, Chairman  
Committee on Zoning  
Room 304, City Hall  
121 North LaSalle Street  
Chicago, Illinois 60602

Martin Cabrera, Jr., Chairman  
Chicago Plan Commission  
Room 1000, City Hall  
121 North LaSalle Street  
Chicago, Illinois 60602

**Re: Applications for Institutional Planned Development and Approval under The Lake Michigan and Chicago Lakefront Protection Ordinance**

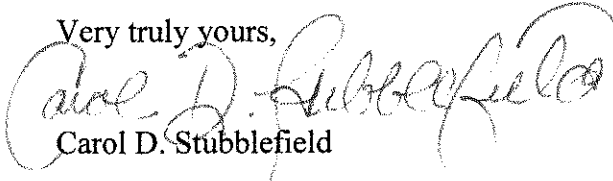
Dear Chairman Solis and Chairman Cabrera:

The undersigned, Carol D. Stubblefield, an attorney with the law firm of Neal & Leroy, LLC, which firm represents The Barack Obama Foundation, the applicant for an amendment to the Chicago Zoning Ordinance and approval under The Lake Michigan and Chicago Lakefront Protection Ordinance with respect to property commonly known as 1601-1629 East Midway Plaisance; 5900-6201 South Cornell Drive; 5901-6201 South Stony Island Avenue; and 1600-1631 East Midway Plaisance, certifies that she has complied with the requirements of Section 17-13-0107 and Section 16-4-100 of the Municipal Code of the City of Chicago by sending the attached letter by United States Postal Service First Class Mail to the owners of all property within 250 feet in each direction of the subject property, as determined by the most recent Cook County tax records of Cook County, exclusive of public roads, streets, alleys and other public ways, or a total distance limited to 400 feet.


The undersigned certifies that the notice contains the common street address of the subject property, a description of the nature, scope and purpose of the applications; the name and address of the Applicant; the name and address of the owner; the date the Applicant intends to file the applications on or about January 17, 2018.

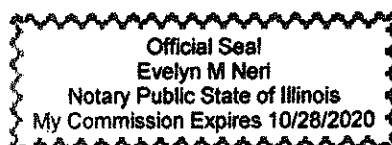
The undersigned certifies that she has made a bona fide effort to determine the addresses of the parties to be notified under Section 17-13-0107 and Section 16-4-100 of the Municipal Code of the City of Chicago and that the Applicant certifies that the accompanying list of names and addresses of surrounding properties located within 250 feet of the subject property, is a complete list containing the names and last known addresses of the owners of the property required to be served.

Very truly yours,

  
Carol D. Stubblefield

Subscribed and sworn to before me  
this 10<sup>th</sup> day of January 2018

  
Notary Public



# NEAL & LEROY, LLC

120 North LaSalle Street, Suite 2600 | Chicago, Illinois 60602 | telephone 312.641.7144 | facsimile 312.641.5137

January 10, 2018

## **First Class Mail**

Dear Sir or Madam:

In accordance with the requirements of Section 17-13-0107 and Section 16-4-100 of the Municipal Code of the City of Chicago, please be informed that on or about January 17, 2018, the undersigned, on behalf of the owner and Applicant identified below, intends to file an application to amend the Chicago Zoning Ordinance (the "Rezoning Application") and an application to the Chicago Plan Commission under The Lake Michigan and Chicago Lakefront Protection Ordinance (the "Lakefront Protection Application"). The Applications relate to the development of the Obama Presidential Center ("OPC") on property commonly known as 1601-1629 East Midway Plaisance; 5900-6201 South Cornell Drive; 5901-6201 South Stony Island Avenue; and 1600-1631 East Midway Plaisance (the "Property"). Attached to this letter, please find a map that illustrates the location of the Property.

More than a building or museum, the OPC will be a living, working campus for citizenship, designed to inspire and empower visitors and residents to create change in their communities and world. An open and inclusive campus integrated into historic Jackson Park, the OPC will unlock the Park's potential as a cultural attraction, creating new recreational opportunities for community members and driving economic opportunity on the South Side. The Obamas chose to bring the OPC to Jackson Park and the South Side, a community they called home, to give back to the community that has given them so much. Today, the Obama Foundation submitted its zoning application for the OPC, marking a significant step in realizing President and Mrs. Obama's vision for the OPC as a global community center, a place of vibrancy and life showcasing the South Side to the world. The Foundation looks forward to receiving additional input and feedback from the community to further develop the vision and plans for the OPC.

The Rezoning Application will request City of Chicago approval to rezone the Property from POS-1, Parks and Open Space District to an Institutional Planned Development for the construction of the OPC. The OPC is a planned campus comprising four buildings (the Museum, Forum and Library Buildings, plus an Athletic Center), a Plaza, and landscaped grounds totaling approximately 19.3 acres. The building footprints will occupy only 2.6 acres, or less than 15%, of the total campus site, and more than half that total (the "roofs" of the Forum and Library Buildings) will be covered by accessible park space. The OPC will include, among other features, a museum, exhibitions, resources and space for community activity, an auditorium, restaurant, recreational facilities, visitor parking and new passive and active park areas, including new walking and bike paths, more diverse plantings and improved lighting and public facilities.

Page 2  
January 10, 2018  
Obama Presidential Center  
Public Notice Letter

The Lakefront Protection Application will request Chicago Plan Commission approval of the proposed development under The Lake Michigan and Chicago Lakefront Protection Ordinance.

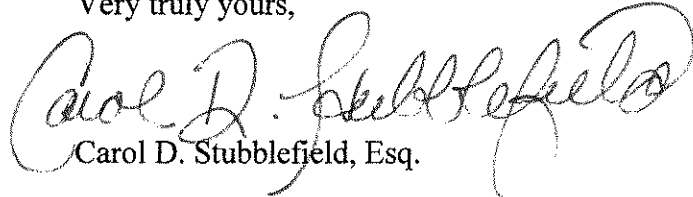
The Property is owned by the Chicago Park District, 541 N. Fairbanks Ct, Chicago, Illinois 60611; Attn: Nichole Sheehan, phone: 312-742-4290.

The Applicant for the rezoning is The Barack Obama Foundation, 5235 S. Harper Court, Suite 1140, Chicago, Illinois 60615; Attn: Robbin Cohen, Executive Director, phone: 773-420-1700.

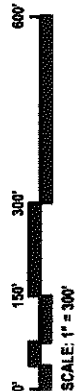
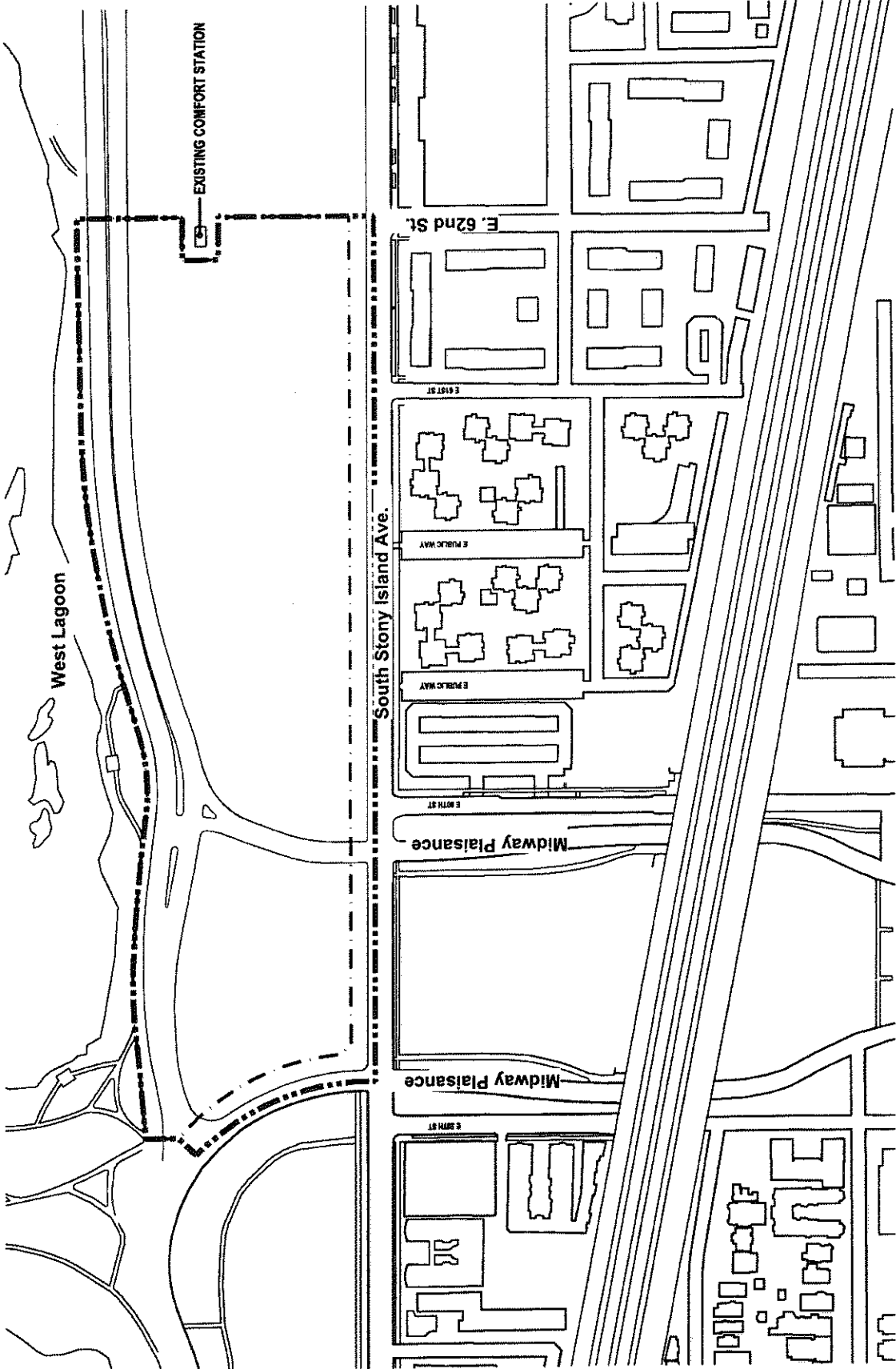
I am an authorized representative of the owners and the Applicant. Questions regarding the proposed project or the Applications may be addressed to Carol D. Stubblefield, Esq. at Neal & Leroy, LLC, phone: 312-641-7144; 120 North LaSalle Street, Suite 2600, Chicago, Illinois 60602

**PLEASE NOTE: THE APPLICANT IS NOT SEEKING TO REZONE OR PURCHASE YOUR PROPERTY. YOU ARE RECEIVING THIS NOTICE AS REQUIRED BY THE CHICAGO MUNICIPAL CODE BECAUSE COOK COUNTY TAX RECORDS INDICATE YOU OWN PROPERTY WITHIN 250 FEET OF THE BOUNDARIES OF THE SUBJECT PROPERTY.**

Very truly yours,



Carol D. Stubblefield, Esq.



# **Exhibit to Public Notice Letter** **PROPERTY LINE AND PD** **BOUNDARY MAP**

Applicant: The Barack Obama Foundation  
 Address: 1601 - 1629 East Midway Plaisance; 5900 - 6201 South Cornell Drive; 5901 - 6201 South Stony Island Avenue; and 1600 - 1631 East Midway Plaisance



**Administration Office**  
541 North Fairbanks Ct.  
Chicago, Illinois 60611  
(312) 742-7529  
(312) 747-2001 (TTY)  
www.chicagoparkdistrict.com

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Michael P. Kelly

City of Chicago  
Rahm Emanuel  
*Mayor*

January 10<sup>th</sup>, 2018

Mr. Martin Cabrera, Jr.  
Chairman, Chicago Plan Commission  
City Hall, Room 905  
121 North LaSalle Street  
Chicago, IL 60602

**Applicant:** The Barack Obama Foundation  
5235 S. Harper Court, Suite 1140, Chicago, Illinois 60615

**Subject Property:** 1601 - 1629 East Midway Plaisance; 5900 - 6201 South Cornell Drive; 5901 - 6201 South Stony Island Avenue; and 1600 - 1631 East Midway Plaisance

**Re:** Application For Rezoning To Planned Development And An Application To The Chicago Plan Commission Under The Lake Michigan And Chicago Lakefront Protection Ordinance

Dear Chairman Cabrera:

We are aware that The Barack Obama Foundation (the "Foundation") is planning to develop the Obama Presidential Center on the subject property described above and depicted on Exhibit A attached to this letter (the "Subject Property"). In order to proceed with the development, the Foundation must seek a rezoning of the Subject Property to a Planned Development and obtain approval under the Lake Michigan and Chicago Lakefront Protection Ordinance. The Subject Property is owned by the Chicago Park District. The undersigned does hereby authorize Neal & Leroy, LLC, on behalf of the Foundation, to file the necessary applications for Planned Development and Lake Michigan and Chicago Lakefront Protection Ordinance.

By: \_\_\_\_\_

Timothy King  
General Counsel  
Chicago Park District

cc: Patricia Scudiero, Zoning Administrator  
David Reifman, Commissioner  
Robbin Cohen, Executive Director, The Barack Obama Foundation



2014 National  
Gold Medal Winner  
for Excellence in Park and  
Recreation Management

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
December 31, 2016

Prepared for	The Barack Obama Foundation 5235 South Harper Court No. 1140 Chicago, IL 60615
Prepared by	Washington, Pittman and McKeever, LLC 819 South Wabash Avenue - Suite 600 Chicago, IL 60605
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.



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

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

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

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**Open to Public  
Inspection**A** For the 2016 calendar year, or tax year beginning

and ending

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

THE BARACK OBAMA FOUNDATION

Doing business as

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

5235 SOUTH HARPER COURT

Room/suite

1140

City or town, state or province, country, and ZIP or foreign postal code

CHICAGO, IL 60615

**F** Name and address of principal officer: ROBBIN COHEN

SAME AS C ABOVE

**D** Employer identification number

46-4950751

**E** Telephone number

773.420.1700

**G** Gross receipts \$ 13,182,092.**H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☒ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.OBAMA.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 2014**M** State of legal domicile: DC**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: THE FOUNDATION'S INITIAL FOCUS IS THE DEVELOPMENT OF THE PRESIDENTIAL CENTER.	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	11
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	11
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	13
	<b>6</b> Total number of volunteers (estimate if necessary)	23
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0.
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: 1,916,247. Current Year: 13,175,732.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0. 0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19. 6,360.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 0.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,916,266. 13,182,092.
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
<b>Expenses</b>	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,111,131. 1,819,458.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	12,000. 578,579.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,055,171.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,697,777. 2,473,239.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,820,908. 4,871,276.
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-904,642. 8,310,816.
	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: 3,990,573. End of Year: 13,448,613.
	<b>21</b> Total liabilities (Part X, line 26)	1,412,592. 2,559,816.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	2,577,981. 10,888,797.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date
	ROBBIN COHEN, EXECUTIVE DIRECTOR		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	VIVIAN FUNCHES	Vivian Funches	5.12.17
<b>Paid Preparer Use Only</b>	Firm's name	Firm's EIN	PTIN
	WASHINGTON, PITTMAN AND MCKEEVER, LLC	36-4189747	P00692224
<b>Paid Preparer Use Only</b>	Firm's address	Phone no. 312-786-0330	
	819 SOUTH WABASH AVENUE - SUITE 600 CHICAGO, IL 60605		

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

**Part 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:

SEE SCHEDULE O

- 2**
- Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

- 3**
- Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

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 \$ 2,797,694. Including grants of \$ ) (Revenue \$ )  
DEVELOPMENT OF THE PRESIDENTIAL CENTER.**4b** (Code: ) (Expenses \$ Including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ Including grants of \$ ) (Revenue \$ )

- 4d**
- Other program services (Describe in Schedule O.)

(Expenses \$ Including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 2,797,694.Form **990** (2016)

**Part IV Checklist of Required Schedules**

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

Form 990 (2016)

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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
<b>22</b> 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		X
<b>23</b> 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	X	
<b>24a</b> 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		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> 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		X
<b>b</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		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> 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		X
<b>34</b> 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		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
<b>36</b> 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		X
<b>37</b> 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		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

Form 990 (2016)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

Yes No

1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	21			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X		
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	2a	13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		X		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a				X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a				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).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a				X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a				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	<b>Organizations that may receive deductible contributions under section 170(c).</b>					
a	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	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				
g	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	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9	<b>Sponsoring organizations maintaining donor advised funds.</b>					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	<b>Section 501(c)(7) organizations.</b> Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	<b>Section 501(c)(12) organizations.</b> Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				

Form 990 (2016)

**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 in Schedule O. See instructions.

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

☒ X**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	11			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent		11		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			3	X
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	X
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:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
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 in Schedule O			9	X

**Section 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?		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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	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?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b		

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed: AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS

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

☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: THE BARACK OBAMA FOUNDATION C/O JONABEL RUSSETTE, DIR OF ACCT. & ADM. -  
5235 SOUTH HARPER CT, STE. 1140, CHICAGO, IL 60615

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARTIN H. NESBITT DIRECTOR/CHAIRMAN	10.00	X		X				0.	0.	0.
(2) JOHN KEVIN POORMAN DIRECTOR/PRESIDENT	10.00	X		X				0.	0.	0.
(3) DAVID FLOUFFE DIRECTOR/VP/SECRETARY	1.00	X		X				0.	0.	0.
(4) MAYA SOETORO-NG DIRECTOR	1.00	X						0.	0.	0.
(5) JULIANNA SMOOT DIRECTOR	1.00	X						0.	0.	0.
(6) JOHN DOERR DIRECTOR	1.00	X						0.	0.	0.
(7) THELMA GOLDEN DIRECTOR	1.00	X						0.	0.	0.
(8) DEVAL PATRICK DIRECTOR	1.00	X						0.	0.	0.
(9) JOHN ROGERS DIRECTOR	1.00	X						0.	0.	0.
(10) MICHAEL SACKS DIRECTOR	1.00	X						0.	0.	0.
(11) ROBERT WOLF DIRECTOR	1.00	X						0.	0.	0.
(12) ROBBIN COHEN EXECUTIVE DIRECTOR	40.00			X				490,627.	0.	21,784.
(13) JONABEL RUSSETTE DIR OF ACCOUNTING & ADM.	40.00			X				121,531.	0.	14,683.
(14) DAVID SIMAS CEO (12/20/16)	40.00			X				0.	0.	0.
(15) MICHAEL A. STRAUTMANIS VP OF CIVIC ENGAGEMENT	40.00				X			248,121.	0.	18,364.
(16) ROARK A. FRANKEL DIR. OF PLANNING AND CONSTRUCTION	40.00				X			204,224.	0.	21,920.
(17) ELISABETH C. SICILIANO CHIEF OF STAFF	40.00				X			180,000.	0.	6,945.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JAMISON CITRON CHIEF OF STAFF TO CDO	40.00					X		137,500.	0.	6,920.
(19) HILARY L. COHEN ADVISOR	40.00					X		110,308.	0.	0.
<b>1b Sub-total</b>								1,492,311.	0.	90,616.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,492,311.	0.	90,616.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**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
KATTEN, MUCHIN ROSENMAN, LLP 525 WEST MONROE, CHICAGO, IL 60661	LEGAL	838,568.
BLUE STATE DIGITAL, 101 AVENUE OF THE AMERICAS - 12TH FLOOR, NEW YORK, NY 10013	MARKETING AND COMMUNICATIONS	532,848.
GRENZBACH GLIER & ASSOCIATES, INC., 401 N. MICHIGAN AVE. - SUITE 2800, CHICAGO, IL	FUNDRAISING CONSULTANT	372,937.
TOD WILLIAMS BILLIE TSIEH ARCHITECTS & PART 222 CENTRAL PARK SOUTH, NEW YORK, NY 10019	ARCHITECTS	305,244.
GLENN OTIS BROWN NEW YORK, NY 10014	DIGITAL CONSULTING	187,500.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **8**



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>			
	<b>b</b> Membership dues	<b>1b</b>			
	<b>c</b> Fundraising events	<b>1c</b>			
	<b>d</b> Related organizations	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 13,175,732.			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$				
	<b>h Total.</b> Add lines 1a-1f	13,175,732.			
<b>Program Service Revenue</b>	<b>2 a</b>	<b>Business Code</b>			
	<b>b</b>				
	<b>c</b>				
	<b>d</b>				
	<b>e</b>				
	<b>f</b> All other program service revenue				
	<b>g Total.</b> Add lines 2a-2f				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		29.		29.
	<b>4</b> Income from investment of tax-exempt bond proceeds				
	<b>5</b> Royalties				
	<b>6 a</b> Gross rents	(i) Real (ii) Personal			
	<b>b</b> Less: rental expenses				
	<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss)				
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	<b>b</b> Less: cost or other basis and sales expenses				
	<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss)		6,331.		6,331.
	<b>8 a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>			
	<b>b</b> Less: direct expenses	<b>b</b>			
	<b>c</b> Net income or (loss) from fundraising events				
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>			
	<b>b</b> Less: direct expenses	<b>b</b>			
	<b>c</b> Net income or (loss) from gaming activities				
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>			
	<b>b</b> Less: cost of goods sold	<b>b</b>			
	<b>c</b> Net income or (loss) from sales of inventory				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>			
<b>11 a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b> All other revenue					
<b>e Total.</b> Add lines 11a-11d					
<b>12 Total revenue.</b> See instructions.		13,182,092.	0.	0.	6,360.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,146,581.	636,696.	421,525.	88,360.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	482,653.	276,119.	77,816.	128,718.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	86,674.	44,216.	32,117.	10,341.
<b>10</b> Payroll taxes	103,550.	57,067.	31,812.	14,671.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	156,772.	69,765.	41,769.	45,238.
<b>c</b> Accounting	15,344.		15,344.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	578,579.			578,579.
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	415,961.	356,128.	59,557.	276.
<b>12</b> Advertising and promotion	1,291,268.	1,103,749.	140,319.	47,200.
<b>13</b> Office expenses	140,503.	53,473.	75,536.	11,494.
<b>14</b> Information technology	137,730.		74,720.	63,010.
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel	176,150.	131,454.	14,093.	30,603.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	65,891.	29,206.	208.	36,477.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	44,138.	39,821.	4,113.	204.
<b>23</b> Insurance	29,482.		29,482.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	4,871,276.	2,797,694.	1,018,411.	1,055,171.
<b>26</b> 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 88-2 (ASC 858-720)

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,348,817.	<b>1</b>	6,753,927.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	340,557.	<b>3</b>	2,742,519.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	53,089.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	7,497.	<b>9</b>	14,073.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 338,717.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 59,276.		
		32,494.	<b>10c</b>	279,441.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	1,261,208.	<b>15</b>	3,605,564.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	3,990,573.	<b>16</b>	13,448,613.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,412,592.	<b>17</b>	2,559,816.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	1,412,592.	<b>26</b>	2,559,816.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	2,244,648.	<b>27</b>	8,146,278.
	<b>28</b> Temporarily restricted net assets .....	333,333.	<b>28</b>	2,742,519.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> .....	2,577,981.	<b>33</b>	10,888,797.
<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	3,990,573.	<b>34</b>	13,448,613.	

Form 990 (2016)

**Part 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	13,182,092.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,871,276.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,310,816.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,577,981.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,888,797.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2016)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

THE BARACK OBAMA FOUNDATION

Employer identification number

46-4950751

**Part I 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).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ 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: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ 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 university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **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.**
- 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.**
- 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.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 08-21-16 Schedule A (Form 990 or 990-EZ) 2016

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....			5,434,877.	1,916,247.	13,175,732.	20,526,856.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....			5,434,877.	1,916,247.	13,175,732.	20,526,856.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
6 <b>Public support.</b> Subtract line 5 from line 4.						20,526,856.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4 .....			5,434,877.	1,916,247.	13,175,732.	20,526,856.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....				19.	6,360.	6,379.
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 <b>Total support.</b> Add lines 7 through 10 .....						20,533,235.
12 Gross receipts from related activities, etc. (see instructions) .....				12		

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ☒ X

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14 .....	15	%
16a <b>33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
b <b>33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2016

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐**b 33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**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**

	Yes	No
<b>1</b> 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.		
<b>2</b> 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).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</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.		
<b>c</b> 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.		
<b>4a</b> 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>b</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.		
<b>c</b> 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.		
<b>5a</b> 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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.		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).		
<b>8</b> 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).		
<b>9a</b> 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>b</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.		
<b>c</b> 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.		
<b>10a</b> 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>b</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.)		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> 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.		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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, 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.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2016

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b>	Amounts paid to acquire exempt-use assets	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)	
<b>6</b>	Other distributions (describe in Part VI). See instructions	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
<b>9</b>	Distributable amount for 2016 from Section C, line 6	
<b>10</b>	Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b>	Distributable amount for 2016 from Section C, line 6		
<b>2</b>	Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions		
<b>3</b>	Excess distributions carryover, if any, to 2016:		
<b>a</b>			
<b>b</b>			
<b>c</b>	From 2013		
<b>d</b>	From 2014		
<b>e</b>	From 2015		
<b>f</b>	<b>Total</b> of lines 3a through e		
<b>g</b>	Applied to underdistributions of prior years		
<b>h</b>	Applied to 2016 distributable amount		
<b>i</b>	Carryover from 2011 not applied (see instructions)		
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
<b>4</b>	Distributions for 2016 from Section D, line 7: \$		
<b>a</b>	Applied to underdistributions of prior years		
<b>b</b>	Applied to 2016 distributable amount		
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4		
<b>5</b>	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions		
<b>6</b>	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions		
<b>7</b>	<b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c		
<b>8</b>	<b>Breakdown of line 7:</b>		
<b>a</b>			
<b>b</b>	Excess from 2013		
<b>c</b>	Excess from 2014		
<b>d</b>	Excess from 2015		
<b>e</b>	Excess from 2016		

Schedule A (Form 990 or 990-EZ) 2016

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

PART II SECTION B LINE 13

THE FOUNDATION DATE OF INCEPTION WAS JANUARY 31, 2014.

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

THE BARACK OBAMA FOUNDATION

Employer identification number

46-4950751

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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.
- ☐ 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.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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).

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) (2016)

Name of organization	Employer identification number
THE BARACK OBAMA FOUNDATION	46-4950751

**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	CAMPION FOUNDATION  1904 THIRD AVENUE, SUITE 405  SEATTLE, WA 98101	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DANIEL LEVIN & AMBASSADOR FAY HARTOG-LEVIN  CHICAGO, IL 60654	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MARILYN AND JAMES SIMONS  NEW YORK, NY 10010	\$ 330,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	GEORGE LUCAS FAMILY FOUNDATION  SAN RAFAEL, CA 94912	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	HUTCHINS FAMILY FOUNDATION  NEW YORK, NY 10019	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	AVRAM AND JILL GLAZER  PALM BEACH, FL 33480	\$ 520,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE BARACK OBAMA FOUNDATION

46-4950751

**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
7	ANN & JOHN DOERR  SAN CARLOS, CA 94070	\$ 1,013,232.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	AMBASSADOR LOUIS B. & MARJORIE SUSMAN  CHICAGO, IL 60610	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	NATIONAL PHILANTHROPIC TRUST 65 CASCADE CREEK LANE LAS VEGAS, NV 89113	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	NICHOLAS LOGOTHETIS  NEW YORK, NY 10023	\$ 295,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	FIDELITY CHARITABLE P. O. BOX 770001 CINCINNATI, OH 45277	\$ 1,003,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO REAL, SUITE 300 MOUNTAIN VIEW, CA 94040-1498	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
THE BARACK OBAMA FOUNDATION	46-4950751

**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
13	THE HAUPTMAN FAMILY FOUNDATION  BEVERLY HILLS, CA 90212	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	THE JOHN & MARCIA GOLDMAN FOUNDATION  SAN FRANCISCO, CA 94105	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	THE MIAMI FOUNDATION 40 NW 3RD STREET, SUITE 105 MIAMI, FL 33128-1835	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	THE NEW YORK COMMUNITY TRUST 909 THIRD AVENUE NEW YORK, NY 10022	\$ 330,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)





Name of organization

Employer identification number

THE BARACK OBAMA FOUNDATION

46-4950751

**Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from 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, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**Open to Public  
Inspection

Name of the organization

THE BARACK OBAMA FOUNDATION

Employer identification number

46-4950751

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

	(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified 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
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ .....

b Assets included in Form 990, Part X .....

▶ \$ .....

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

Schedule D (Form 990) 2016

632051 08-28-16

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		305,217.	37,873.	267,344.
e Other		33,500.	21,403.	12,097.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				279,441.

Schedule D (Form 990) 2016

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) PRE-DEVELOPMENT COST	3,275,713.
(2) WORKS OF ART	18,601.
(3) WEBSITE DEVELOPMENT	311,250.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 3,605,564.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Schedule D (Form 990) 2016

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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.

[illegible]

**SCHEDULE G**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

THE BARACK OBAMA FOUNDATION

Employer identification number

46-4950751

**Part I**

**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 ☐ Mail solicitations  
b ☐ Internet and email solicitations  
c ☒ Phone solicitations  
d ☒ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
LAKEFRONT STRATEGIES -	SOLICITATION		X	13,085,286.	96,000.	12,989,286.
GRENZEBACH, GLIER & ASSOCIATES -	ADVISING/CONSULTING OF SOLICITATION ACTIVITY		X	0.	464,578.	-464,578.
SKY ADVISORY GROUP, INC. -	PLANNING OF FUTURE SOLICITATION ACTIVITY		X	0.	9,000.	-9,000.
PRATT'S LLC -	PLANNING OF FUTURE SOLICITATION ACTIVITY		X	0.	9,000.	-9,000.
<b>Total</b>				13,085,286.	578,578.	12,506,708.

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.

ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts .....				
	2 Less: Contributions .....				
	3 Gross income (line 1 minus line 2) .....				
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....				
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1 Gross revenue .....				
2 Cash prizes .....				
3 Noncash prizes .....				
4 Rent/facility costs .....				
5 Other direct expenses .....				
6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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) .....				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_



- 11 Does the organization conduct gaming activities with nonmembers? ☐ 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? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

## 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 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 ► \$ \_\_\_\_\_

**Part 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

## SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: LAKEFRONT STRATEGIES

(I) ADDRESS OF FUNDRAISER: WASHINGTON, DC 20005

(I) NAME OF FUNDRAISER: GRENZBACH, GLIER &amp; ASSOCIATES

(I) ADDRESS OF FUNDRAISER: CHICAGO, IL 60611

(I) NAME OF FUNDRAISER: SKY ADVISORY GROUP, INC.

**Part IV** Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER:

LOS ANGELES, CA 90049

(I) NAME OF FUNDRAISER: PRATT'S LLC

(I) ADDRESS OF FUNDRAISER:

, NEW YORK, NY 10001

**SCHEDULE J  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**Open to Public  
Inspection

Name of the organization

THE BARACK OBAMA FOUNDATION

Employer identification number

46-4950751

**Part I Questions Regarding Compensation**

**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.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

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:

**a** The organization?

**b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?

**b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

X

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

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

Schedule J (Form 990) 2016



**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE BOARD OF DIRECTORS USES COMPARABILITY DATA TO REVIEW AND APPROVE THE

COMPENSATION OF THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES ON AN ANNUAL

BASIS.

**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.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open To Public  
Inspection

Name of the organization

THE BARACK OBAMA FOUNDATION

Employer identification number

46-4950751

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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 .....	X	2	1,264,293	FV ON DATE OF RECEIPT
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 ▶ ( .....				
26 Other ▶ ( .....				
27 Other ▶ ( .....				
28 Other ▶ ( .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part IV, Donee Acknowledgement .....

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it  
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

	Yes	No
30a		X
31		X
32a		X
33		

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

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

Schedule M (Form 990) (2016)

## Part II

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

THE BARACK OBAMA FOUNDATION

Employer identification number

46-4950751

990 PART III LINE 1

THE BARACK OBAMA FOUNDATION ("THE FOUNDATION") IS A NONPROFIT

FOUNDATION. IN THE MONTHS AND YEARS TO COME, OUR CHARGE IS TO CREATE

AN ENGAGING AND WELCOMING PLACE THAT WILL INSPIRE PEOPLE GLOBALLY TO

SHOW UP FOR THE MOST IMPORTANT OFFICE IN ANY DEMOCRACY - THAT OF

CITIZEN.

THE FOUNDATION WILL DESIGN AND BUILD THE OBAMA PRESIDENTIAL CENTER

("THE CENTER"), SET IN THE HEART OF HISTORIC JACKSON PARK, ON CHICAGO'S

SOUTH SIDE. THE CENTER WILL TELL THE STORY OF THE OBAMA ADMINISTRATION,

ITS ACHIEVEMENTS, CHALLENGES AND LESSONS LEARNED - AS WELL AS THE

MILLIONS OF AMERICANS, IN AND OUT OF GOVERNMENT, AT ALL LEVELS OF

SOCIETY, WHO MADE THEM POSSIBLE. THE CENTER WILL BE BASED ON THE SOUTH

SIDE OF CHICAGO BUT HAVE PROJECTS ALL OVER THE CITY, COUNTRY, AND THE

WORLD.

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

THE 990 IS PROVIDED TO AND REVIEWED BY THE FOUNDATION'S BOARD MEMBERS

BEFORE FILING.

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

THE FOUNDATION REQUIRES ALL DIRECTORS TO REVIEW AND SIGN A CONFLICT OF

INTEREST DISCLOSURE STATEMENT ON AN ANNUAL BASIS. THE FOUNDATION'S LEGAL

COUNSEL REVIEWS THE DISCLOSURES AND WORKS WITH THE BOARD OF DIRECTORS TO

RESOLVE ANY DISCLOSED CONFLICTS.



Name of the organization

THE BARACK OBAMA FOUNDATION

Employer identification number

46-4950751

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

THE BOARD OF DIRECTORS USES COMPARABILITY DATA TO REVIEW AND APPROVE THE  
COMPENSATION OF THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES ON AN ANNUAL  
BASIS.

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

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC  
ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

## FORM 990, PART VI, SECTION C, LINE 18:

THE FOUNDATION MAKES ITS EXEMPT STATUS APPLICATION AND FORM 990 AVAILABLE  
FOR PUBLIC INSPECTION UPON WRITTEN REQUEST. THE FOUNDATION'S FORM 990 IS  
ALSO AVAILABLE ON THE FOUNDATION'S WEBSITE AND GUIDESTAR'S WEBSITE.

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

THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST  
POLICY AVAILABLE UPON WRITTEN REQUEST. THE FOUNDATION'S AUDITED FINANCIAL  
STATEMENTS ARE AVAILABLE ON THE FOUNDATION'S WEBSITE.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	COMPUTER	08/22/14	SL	3.00		16	2,118.				2,118.	960.		706.	1,666.
2	COMPUTER	09/12/14	SL	3.00		16	2,136.				2,136.	926.		712.	1,638.
3	COMPUTER	09/12/14	SL	3.00		16	2,136.				2,136.	926.		712.	1,638.
4	COMPUTER	09/15/14	SL	3.00		16	2,407.				2,407.	1,037.		802.	1,839.
5	COMPUTER	11/20/14	SL	3.00		16	1,637.				1,637.	621.		546.	1,167.
6	COMPUTER	08/03/15	SL	3.00		16	1,024.				1,024.	142.		341.	483.
7	COMPUTER	08/03/15	SL	3.00		16	1,519.				1,519.	211.		506.	717.
8	COMPUTER	10/12/15	SL	3.00		16	1,156.				1,156.	80.		385.	465.
10	COMPUTER	01/04/16	SL	3.00		16	1,199.				1,199.			383.	383.
11	COMPUTER	05/05/16	SL	3.00		16	1,629.				1,629.			339.	339.
12	COMPUTER	05/21/16	SL	3.00		16	1,452.				1,452.			302.	302.
13	COMPUTER	04/07/16	SL	3.00		16	1,579.				1,579.			373.	373.
14	COMPUTER	05/24/16	SL	3.00		16	1,127.				1,127.			235.	235.
15	COMPUTER	06/21/16	SL	3.00		16	1,127.				1,127.			204.	204.
16	COMPUTER	09/08/16	SL	3.00		16	1,127.				1,127.			78.	78.
17	COMPUTER	09/26/16	SL	3.00		16	1,127.				1,127.			78.	78.
	* 990 PAGE 10 TOTAL						24,500.				24,500.	4,903.		6,702.	11,605.
	MACHINERY & EQUIPMENT														

828111 04-01-16

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	OTHER														
9	WEBSITE	01/28/15	SL	3.00		16	33,500.				33,500.	10,236.		11,167.	21,403.
18	NETWORK	03/18/16	SL	5.00		16	73,029.				73,029.			11,563.	11,563.
19	NETWORK	03/18/16	SL	5.00		16	702.				702.			111.	111.
20	NETWORK	03/18/16	SL	5.00		16	10,900.				10,900.			1,726.	1,726.
21	NETWORK	10/04/16	SL	5.00		16	27,932.				27,932.			1,164.	1,164.
22	LEASEHOLD IMPROVEMENTS	03/18/16	SL	84.00		16	80,380.				80,380.			9,091.	9,091.
23	LEASEHOLD IMPROVEMENTS	10/04/16	SL	84.00		16	87,774.				87,774.			2,613.	2,613.
	* 990 PAGE 10 TOTAL OTHER						314,217.				314,217.	10,236.		37,435.	47,671.
	* GRAND TOTAL 990 PAGE 10 DEPR						338,717.				338,717.	15,139.		44,137.	59,276.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						47,633.			0.	47,633.	15,139.			31,016.
	ACQUISITIONS						291,084.			0.	291,084.	0.			28,260.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						338,717.			0.	338,717.	15,139.			59,276.
	ENDING ACCUM DEPR											59,276.			
	ENDING BOOK VALUE											279,441.			

628111 04-01-16

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

20-14-223-039-0000  
City of Chicago  
121 N. LaSalle St., Rm 501  
Chicago, Illinois 60602

20-13-104-001-0000  
Chicago Park District  
541 N. Fairbanks Ct.  
Chicago, Illinois 60611

20-14-223-041-8001  
Metra  
547 W. Jackson Blvd.  
Chicago, Illinois 60606

20-14-419-001-0000  
Board of Education  
42 W. Madison, 9th Fl.  
Chicago, Illinois 60602

20-14-501-001-0000  
Candian National  
17641 S. Ashland  
Homewood, IL 60430

20-14-222-062-0000  
CAROL LERNER  
5834 S HARPER AVE  
CHICAGO, IL 60637

20-14-222-061-0000  
DAVID RADEN  
5832 S HARPER  
CHICAGO, IL 60637

20-14-222-072-1005  
HELFAND HEDRICK  
8137 SW 35TH AVENUE  
PORTLAND, OR 97219

20-14-223-041-8002  
HYDE PARK CAFE  
5230 NORTH CICERO  
CHICAGO, IL 60630

20-14-405-006-0000  
JACKSON PARKSIDE APTS  
6040 S HARPER AVE  
CHICAGO, IL 60637

20-14-222-063-0000  
JAMES MANN  
PO BOX 749  
BUCYRUS, OH 44820

20-14-222-072-1004  
JESSE W SHELTON  
5844 S HARPER AV 1ST  
CHICAGO, IL 60637

20-14-222-060-0000  
KANG WU  
5830 S HARPER AVE  
CHICAGO, IL 60637

20-14-222-058-0000  
MARY ANNE WALLACE  
5822 S HARPER AV  
CHICAGO, IL 60637

20-14-222-065-0000  
MICHAEL B ROSEN  
5848 S HARPER AV  
CHICAGO, IL 60637

20-14-222-072-1001  
MICHAEL KENNEDY  
5842 S HARPER AVE#1  
CHICAGO, IL 60637

20-14-223-034-0000  
MIDWAY APT BLDG CORP  
1534 E 59TH ST  
CHICAGO, IL 60637

20-14-223-033-0000  
PAUL A BAKER  
1520 E 59TH ST APT 3N  
CHICAGO, IL 60637

20-14-222-059-0000  
R HERRON  
5824 S HARPER  
CHICAGO, IL 60637

20-14-222-072-1003  
RAY LODATO  
5842 S HARPER AVE #2  
CHICAGO, IL 60637

20-14-222-072-1002  
RAYMOND LODATO  
5842 HARPER 2  
CHICAGO, IL 60637

20-14-411-032-0000  
REILLY MORTGAGE  
2010 CORPORATE RIDGE  
MCLEAN, VA 22102

20-14-223-036-0000  
SHAN LU  
5830 S STONY ISLAND AV  
CHICAGO, IL 60637

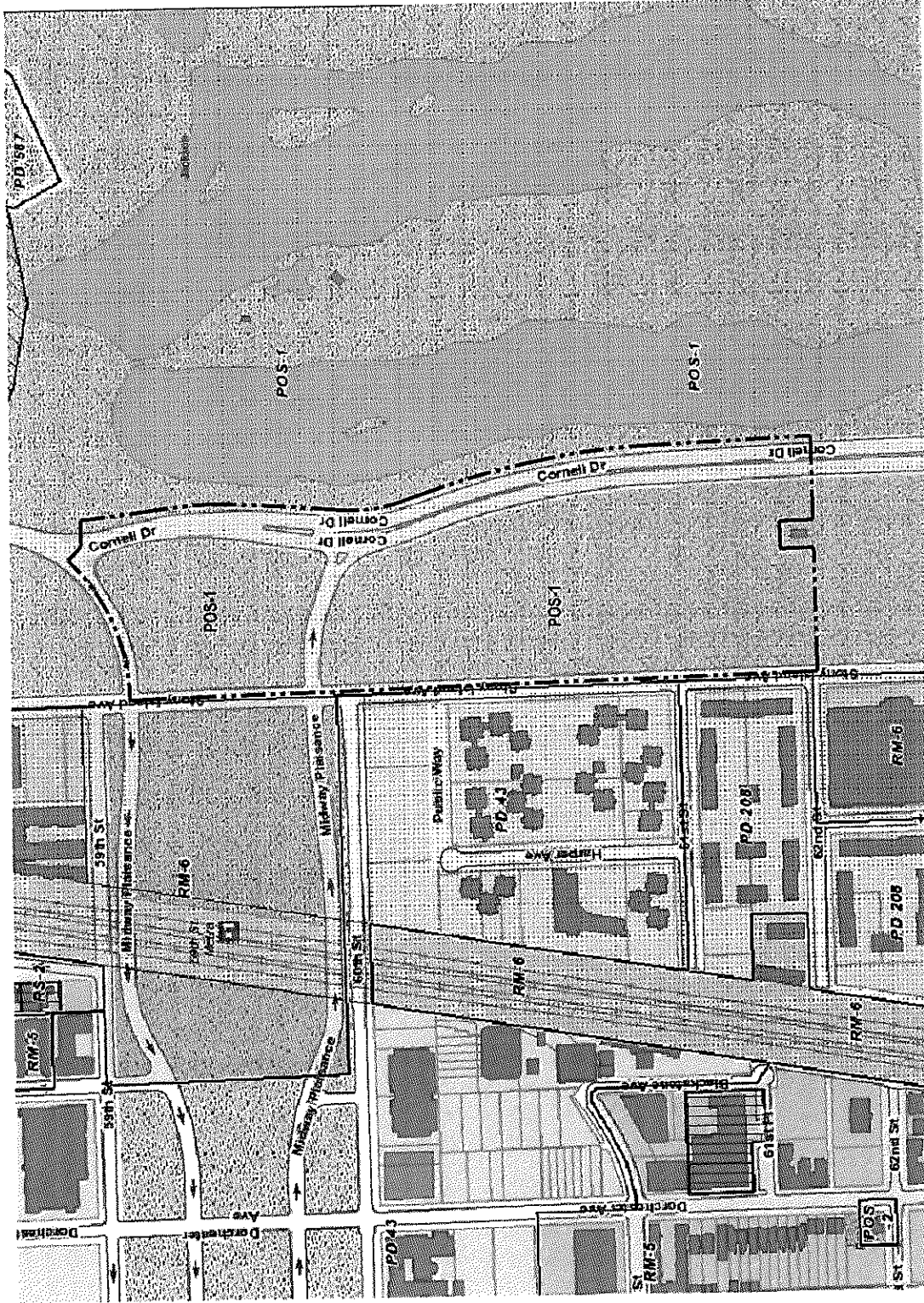
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TAXPAYER OF  
5844 S STONY ISLAND  
CHICAGO, IL 60637

20-14-411-033-0000  
TAXPAYER OF  
1544 E 62ND ST  
CHICAGO, IL 60637

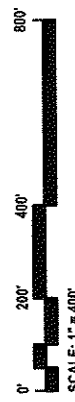
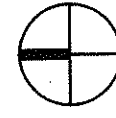
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UNIVERSITY OF CHICAGO  
5235 S HARPER CT  
CHICAGO, IL 60615

20-14-223-031-0000  
VISTA GARAGE CORP  
5844 S STONY ISLAND  
CHICAGO, IL 60637

20-14-222-072-1006  
YOUSSEF CASEWIT  
5844 S HARPER AVENUE  
CHICAGO, IL 60637



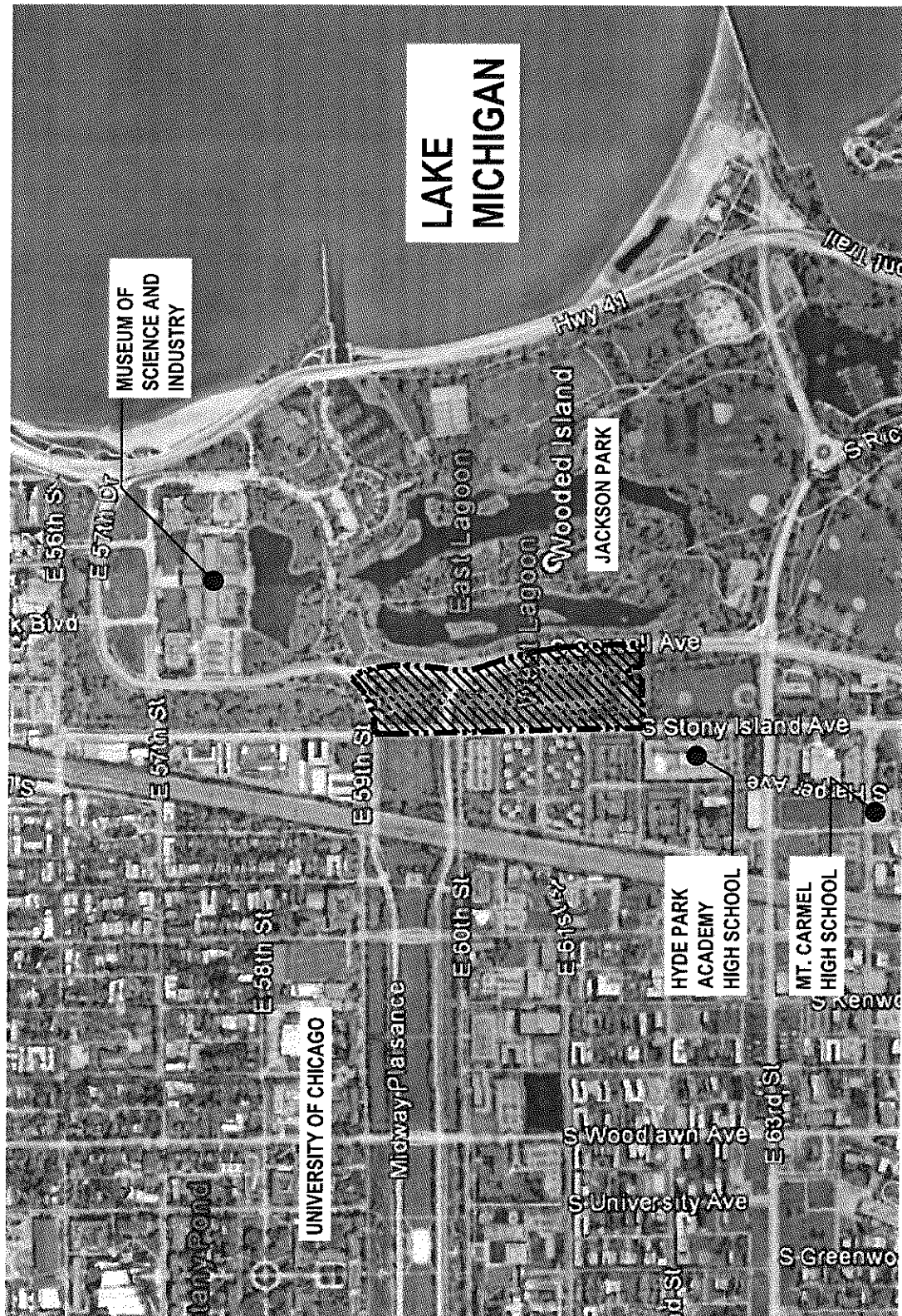
PD BOUNDARY



Applicant: The Barack Obama Foundation  
 Address: 1601 - 1629 East Midway Plaisance; 5900 - 6201 South Cornell Drive;  
 5901 - 6201 South Stony Island Avenue; and 1600 - 1631 East Midway Plaisance  
 Date Introduced: January 17, 2018

**PD-01**  
**EXISTING ZONING MAP**

TOD WILLIAMS BILLIE TSIEN Architects | Partners  
 Interactive Design Architects (IDEA)



LAKE  
MICHIGAN

MUSEUM OF  
SCIENCE AND  
INDUSTRY

JACKSON PARK

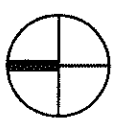
UNIVERSITY OF CHICAGO

HYDE PARK  
ACADEMY  
HIGH SCHOOL

MT. CARMEL  
HIGH SCHOOL



PROJECT LIMITS

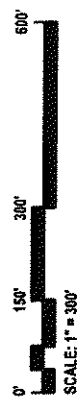
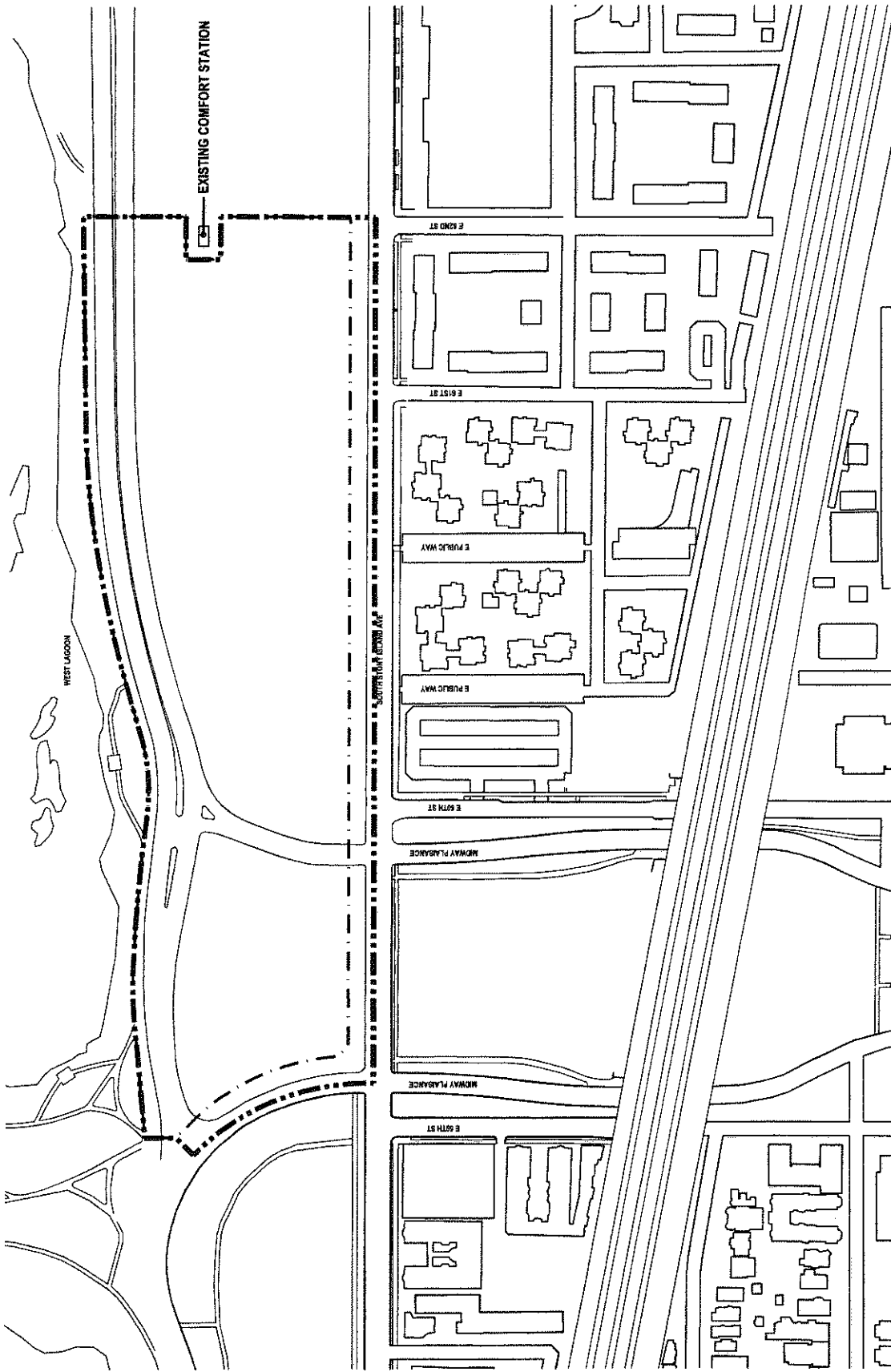




Applicant: The Barack Obama Foundation  
Address: 1601 - 1629 East Midway Plaisance; 5900 - 6201 South Cornell Drive;  
5901 - 6201 South Stony Island Avenue; and 1600 - 1631 East Midway Plaisance  
Date Introduced: January 17, 2018

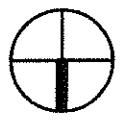
PD-02  
**EXISTING LAND USE  
MAP**

TOD WILLIAMS BILLIE TSIEN Architects | Partners  
Interactive Design Architects (IDEA)





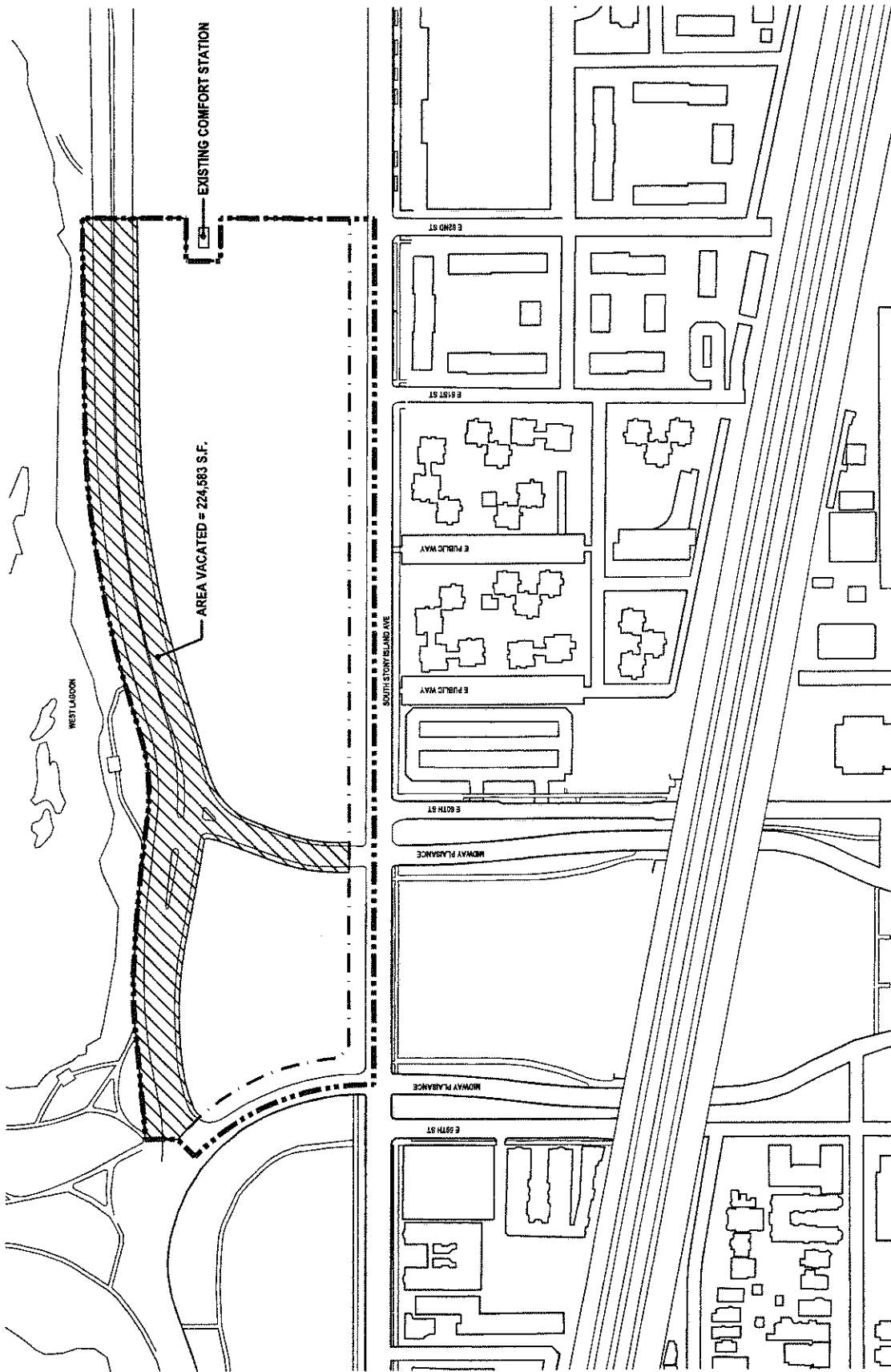
 PROPERTY LINE  
 PD BOUNDARY



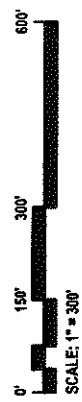
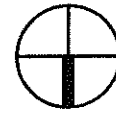
# PD-03 PROPERTY LINE AND PD BOUNDARY MAP

TOD WILLIAMS BILLIE TSIEN Architects | Partners  
 Interactive Design Architects (IDEA)

Applicant: The Barack Obama Foundation  
 Address: 1601 - 1629 East Midway Plaisance; 5900 - 6201 South Cornell Drive;  
 5901 - 6201 South Stony Island Avenue; and 1600 - 1631 East Midway Plaisance  
 Date Introduced: January 17, 2018



- VACATED ROW
- PROPERTY LINE
- PD BOUNDARY

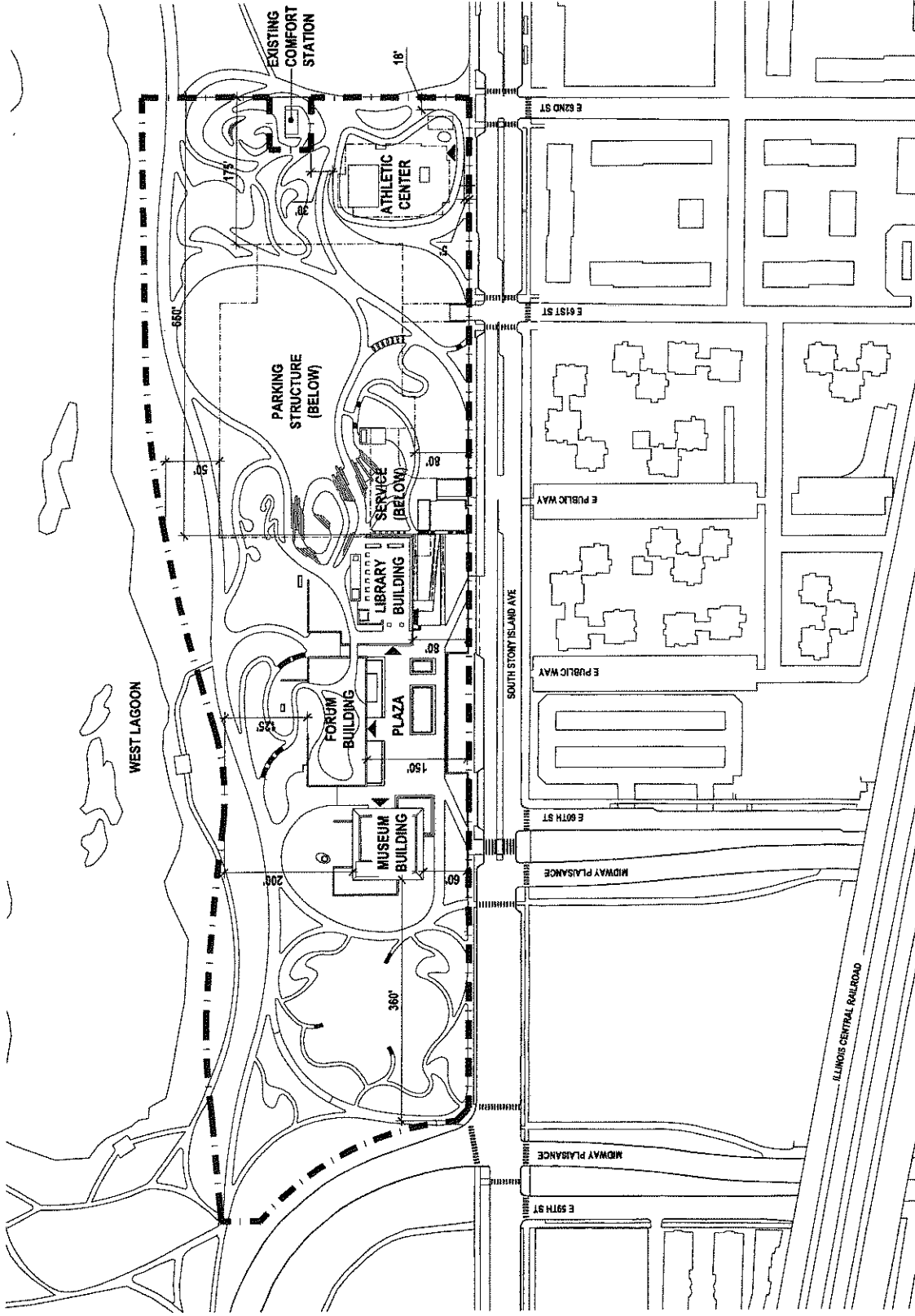


# **PD-04** **RIGHT-OF-WAY** **ADJUSTMENT MAP**

TOD WILLIAMS BILLIE TSIEN Architects | Partners  
Interactive Design Architects (IDEA)

Applicant: The Barack Obama Foundation  
Address: 1601 - 1629 East Midway Plaisance; 5900 - 6201 South Cornell Drive;  
5901 - 6201 South Stony Island Avenue; and 1600 - 1631 East Midway Plaisance  
Date Introduced: January 17, 2018

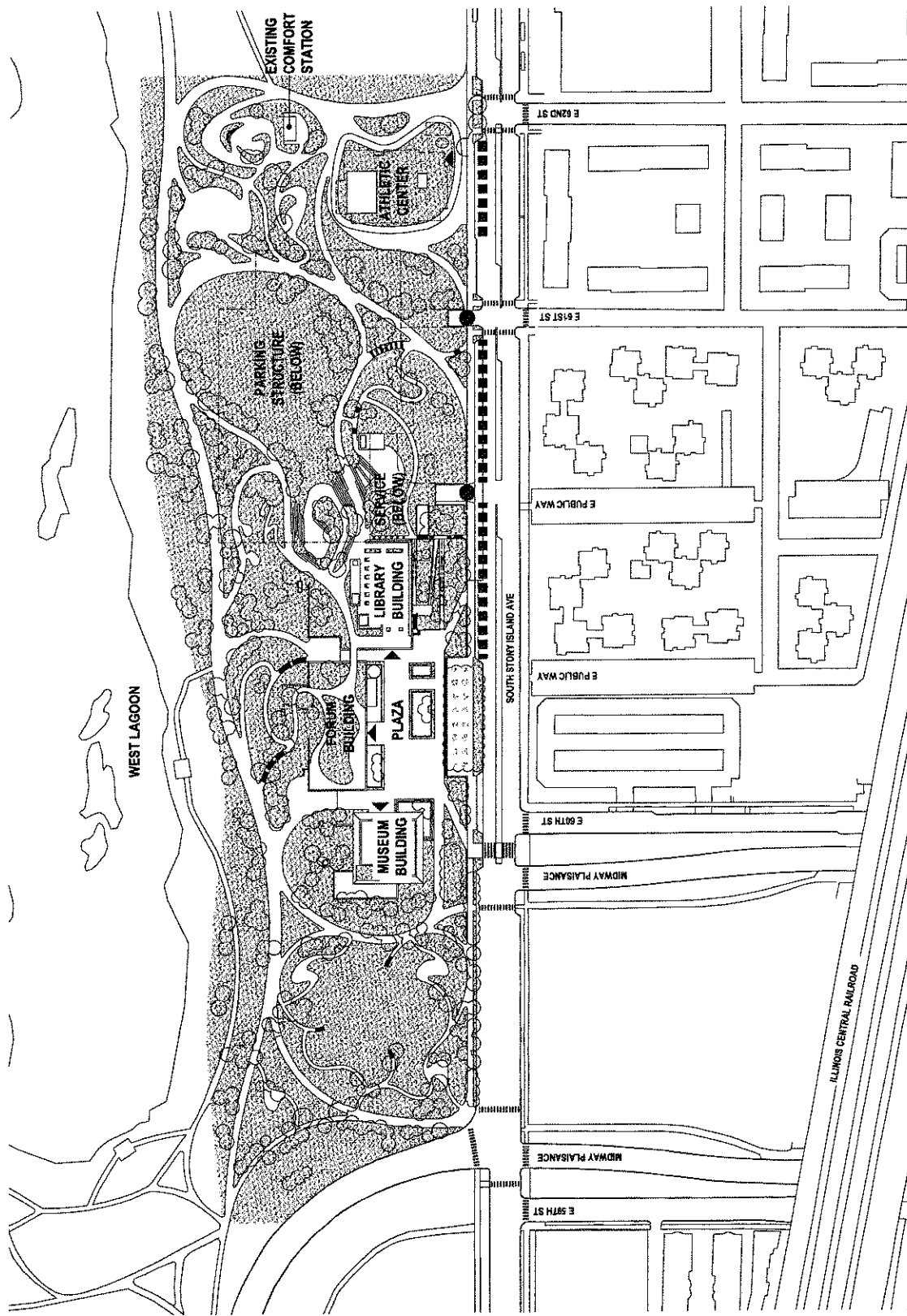




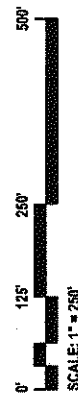
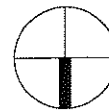
TOD WILLIAMS BILLIE TSIEN Architects | Partners  
Interactive Design Architects (IDEA)

## PD-05 SITE PLAN

Applicant: The Barack Obama Foundation  
Address: 1601 - 1629 East Midway Plaisance; 5900 - 6201 South Cornell Drive;  
5901 - 6201 South Stony Island Avenue; and 1600 - 1631 East Midway Plaisance  
Date Introduced: January 17, 2018



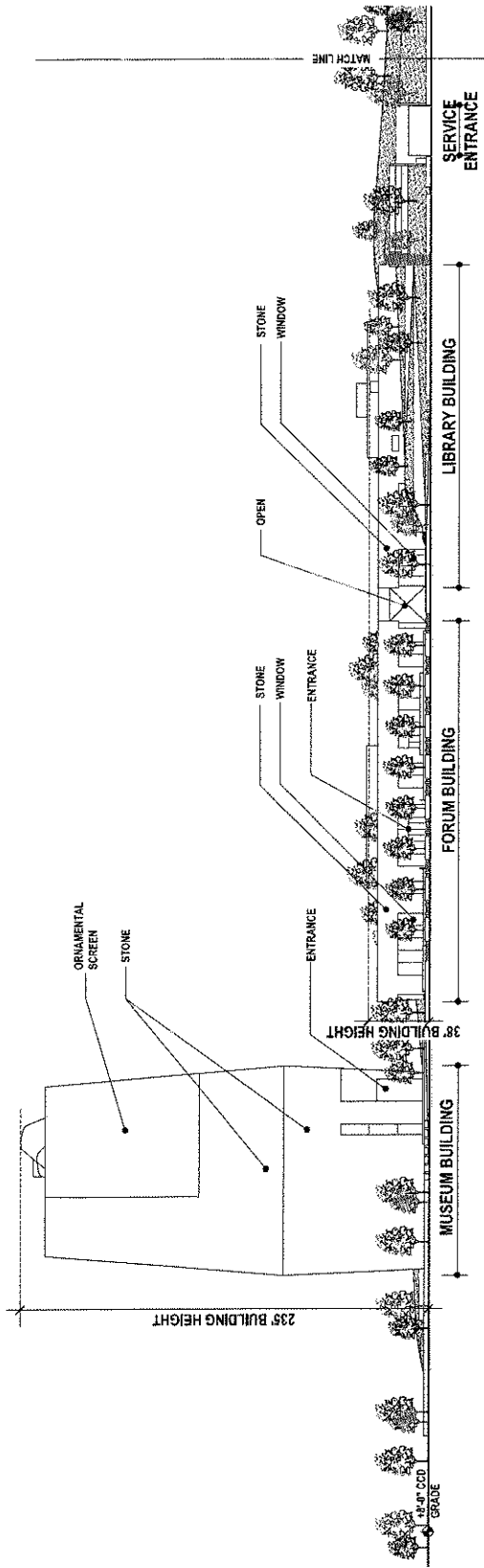
- TREES
- PLANTED AREA
- BUS/CAR DROP OFF
- VEHICULAR ACCESS
- BUILDING ENTRANCE



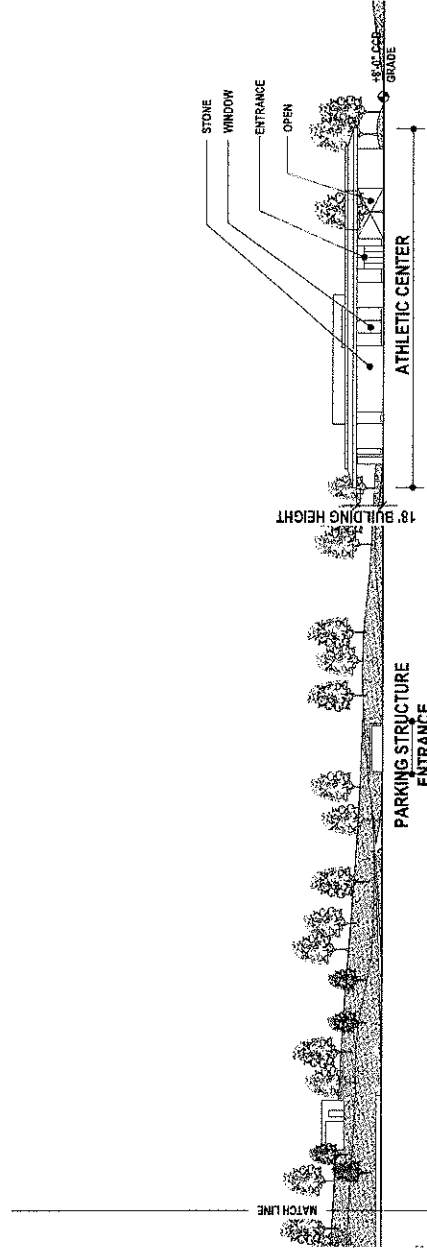
TOD WILLIAMS BILLIE TSIEN Architects | Partners  
Interactive Design Architects (IDEA)

## PD-06 LANDSCAPE PLAN

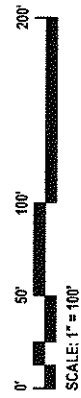
Applicant: The Barack Obama Foundation  
Address: 1601 - 1629 East Midway Plaisance; 5900 - 6201 South Cornell Drive;  
5901 - 6201 South Stony Island Avenue; and 1600 - 1631 East Midway Plaisance  
Date Introduced: January 17, 2018



VIEW FROM STONY ISLAND LOOKING EAST (WEST ELEVATION)



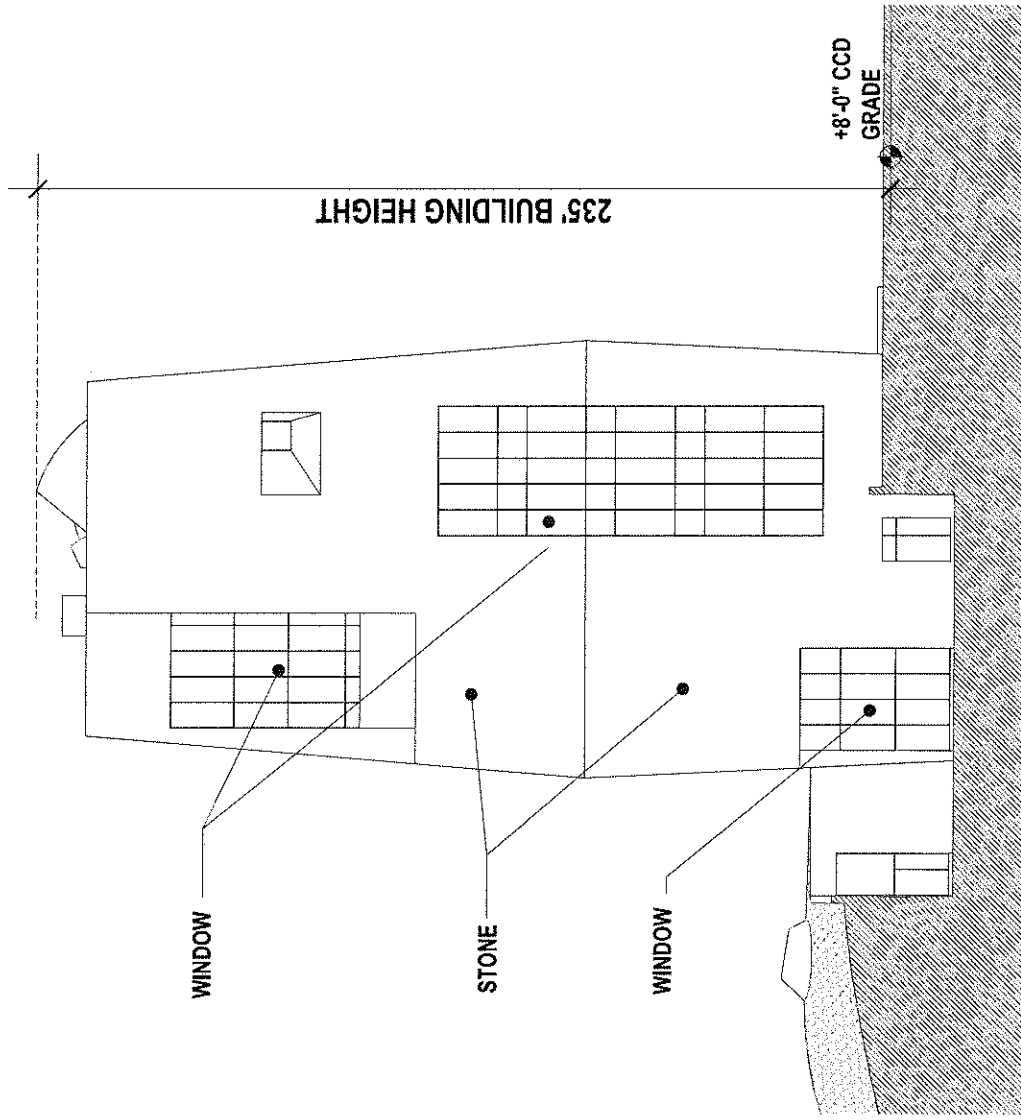
VIEW FROM STONY ISLAND LOOKING EAST (WEST ELEVATION)



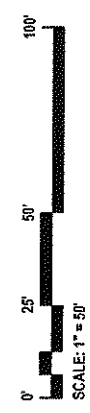
Applicant: The Barack Obama Foundation  
 Address: 1601 - 1629 East Midway Plaisance; 5900 - 6201 South Cornell Drive;  
 5901 - 6201 South Stony Island Avenue; and 1600 - 1631 East Midway Plaisance  
 Date Introduced: January 17, 2018

## PD-07.1 ELEVATIONS

TOD WILLIAMS BILLIE TSIEN Architects | Partners  
 Interactive Design Architects (IDEA)



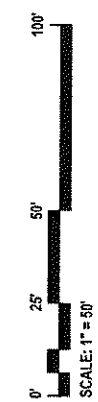
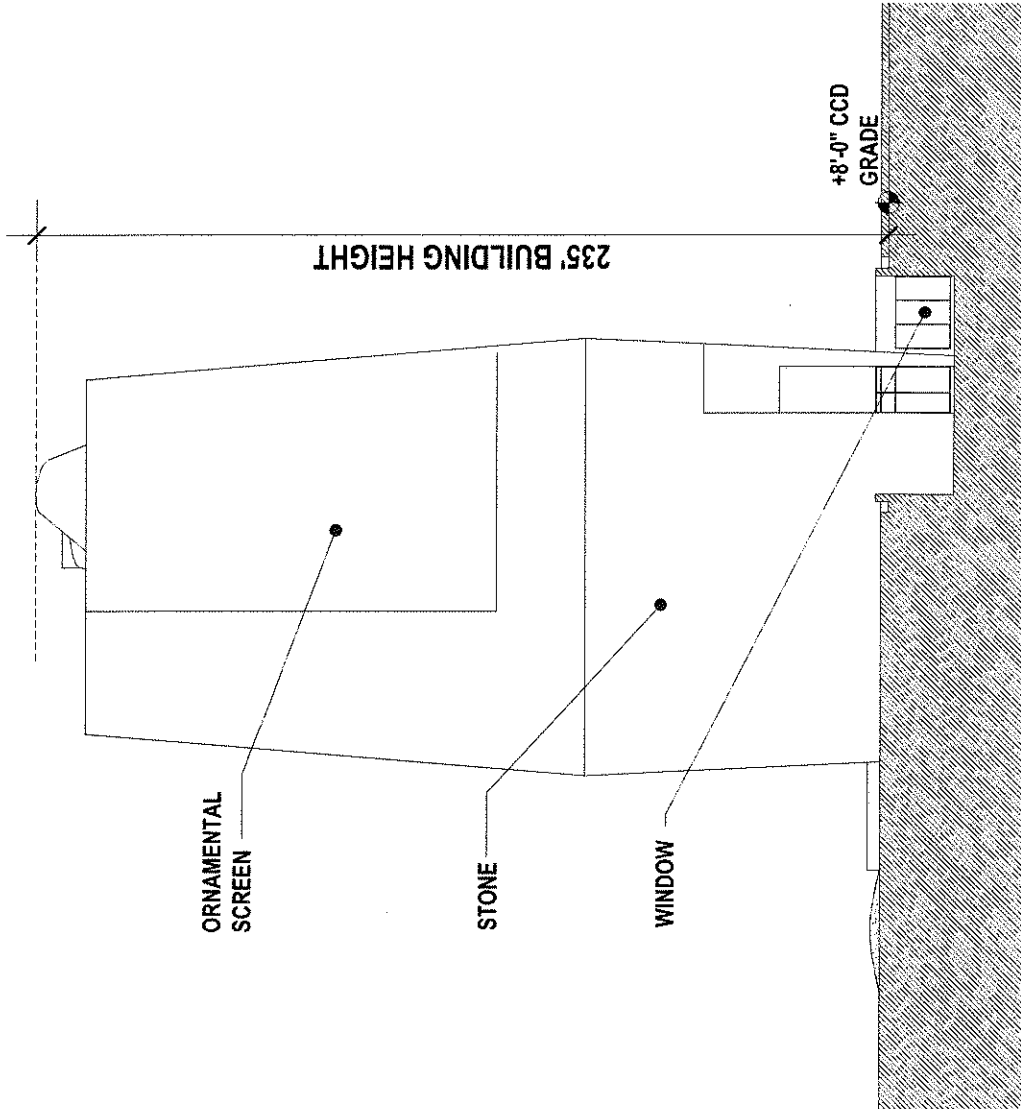
MUSEUM BUILDING NORTH ELEVATION



Applicant: The Barack Obama Foundation  
Address: 1601 - 1629 East Midway Plaisance; 5900 - 6201 South Cornell Drive;  
5901 - 6201 South Stony Island Avenue; and 1600 - 1631 East Midway Plaisance  
Date Introduced: January 17, 2018

## PD-07.2 ELEVATIONS

TOD WILLIAMS BILLIE TSIEN Architects | Partners  
Interactive Design Architects (IDEA)

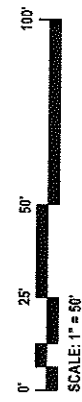
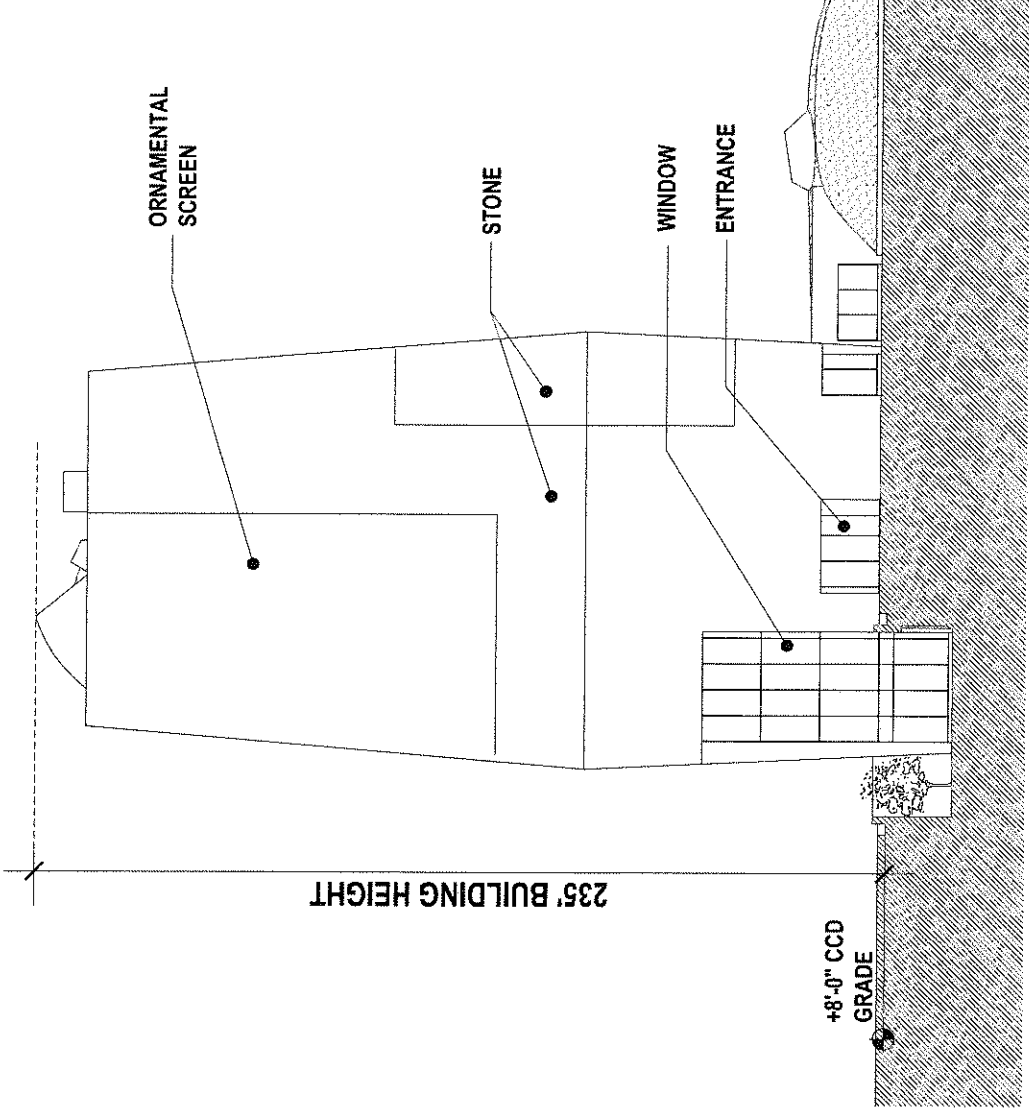


MUSEUM BUILDING WEST ELEVATION

Applicant: The Barack Obama Foundation  
 Address: 1601 - 1629 East Midway Plaisance; 5900 - 6201 South Cornell Drive;  
 5901 - 6201 South Stony Island Avenue; and 1600 - 1631 East Midway Plaisance  
 Date Introduced: January 17, 2018

# PD-07.3 ELEVATIONS

TOD WILLIAMS BILLIE TSIEN Architects | Partners  
 Interactive Design Architects (IDEA)

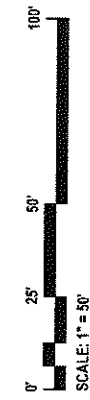
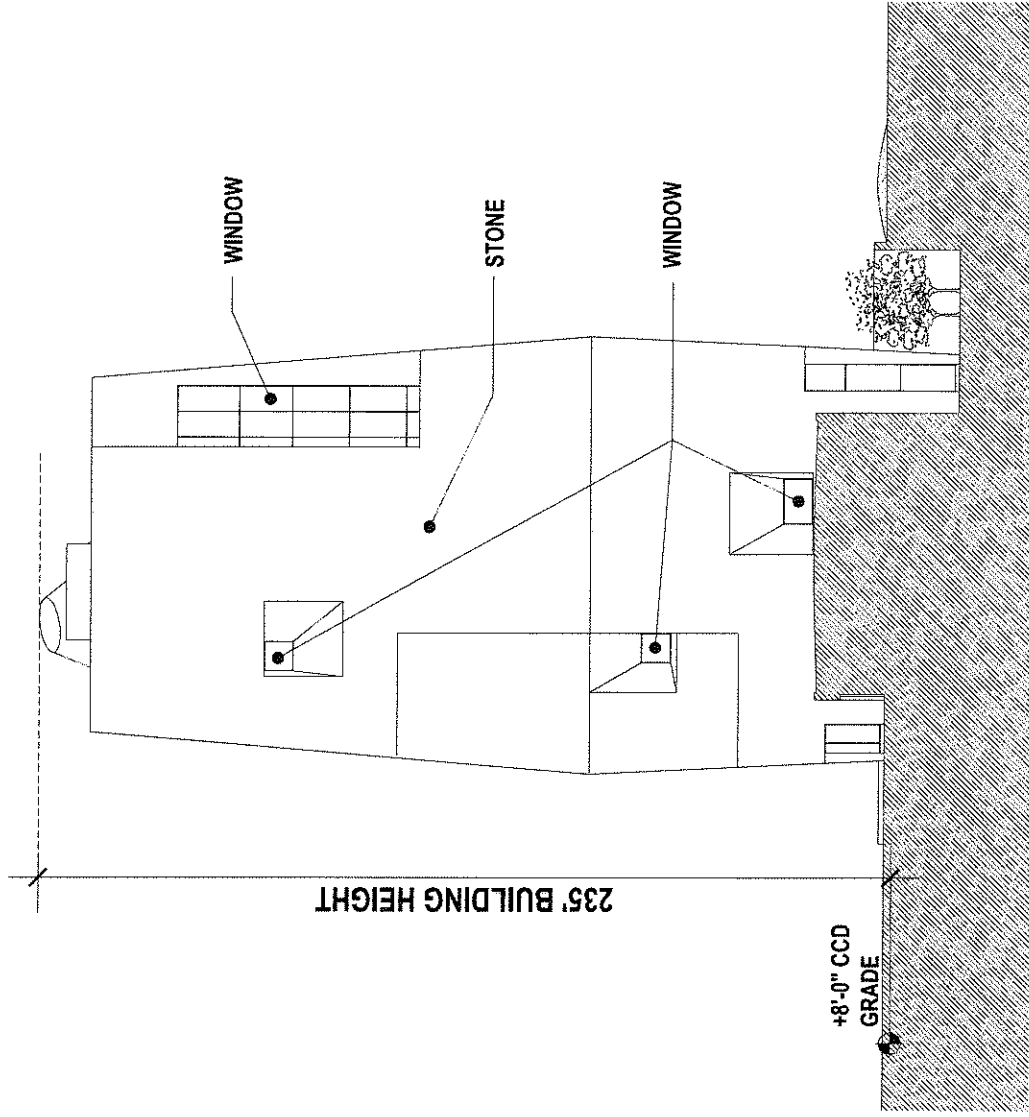


MUSEUM BUILDING SOUTH ELEVATION

Applicant: The Barack Obama Foundation  
Address: 1601 - 1629 East Midway Plaisance; 5900 - 6201 South Cornell Drive;  
5901 - 6201 South Stony Island Avenue; and 1600 - 1631 East Midway Plaisance  
Date Introduced: January 17, 2018

**PD-07.4  
ELEVATIONS**

TOD WILLIAMS BILLIE TSIEN Architects | Partners  
Interactive Design Architects (IDEA)

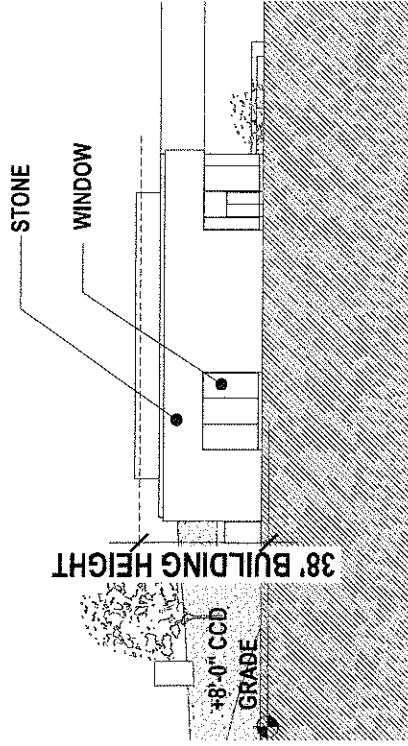


MUSEUM BUILDING EAST ELEVATION

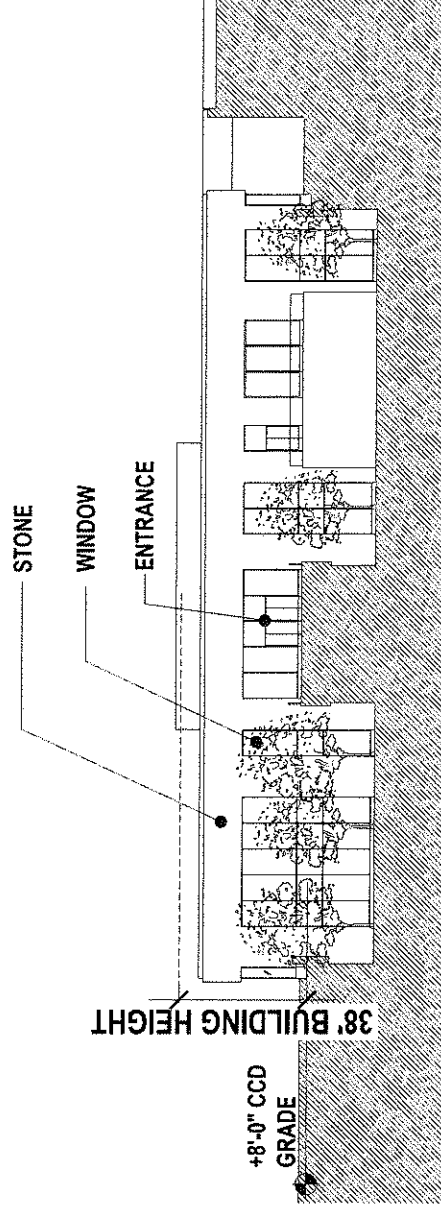
Applicant: The Barack Obama Foundation  
 Address: 1601 - 1629 East Midway Plaisance; 5900 - 6201 South Cornell Drive;  
 5901 - 6201 South Stony Island Avenue; and 1600 - 1631 East Midway Plaisance  
 Date Introduced: January 17, 2018

## PD-07.5 ELEVATIONS

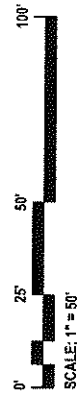
TOD WILLIAMS BILLIE TSIEN Architects | Partners  
 Interactive Design Architects (IDEA)



FORUM BUILDING NORTH ELEVATION



FORUM BUILDING WEST ELEVATION

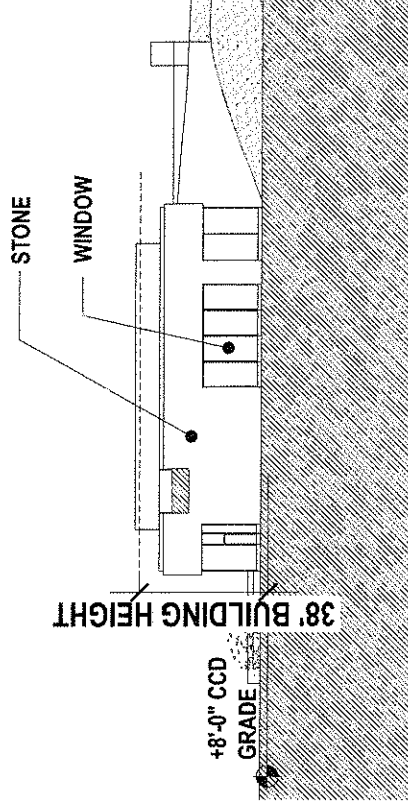


Applicant: The Barack Obama Foundation  
 Address: 1601 - 1629 East Midway Plaisance; 5900 - 6201 South Cornell Drive;  
 5901 - 6201 South Stony Island Avenue; and 1600 - 1631 East Midway Plaisance  
 Date Introduced: January 17, 2018

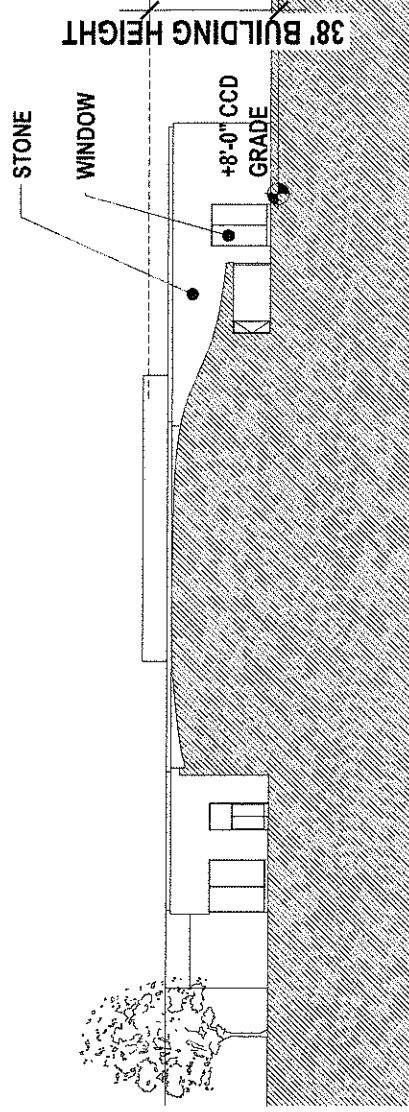
## PD-07.6 ELEVATIONS

TOD WILLIAMS BILLIE TSIEN Architects | Partners  
 Interactive Design Architects (IDEA)

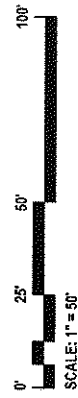




FORUM BUILDING SOUTH ELEVATION



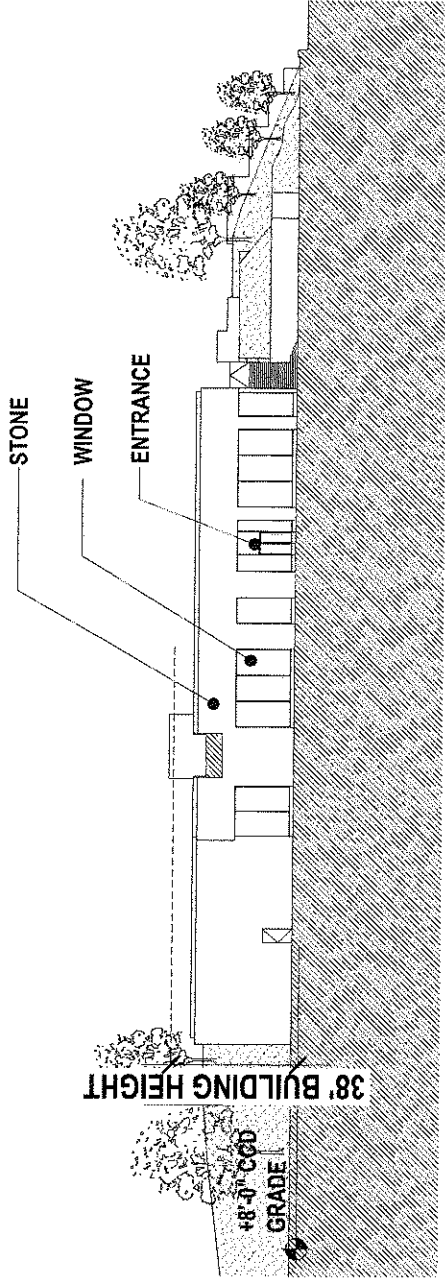
FORUM BUILDING EAST ELEVATION



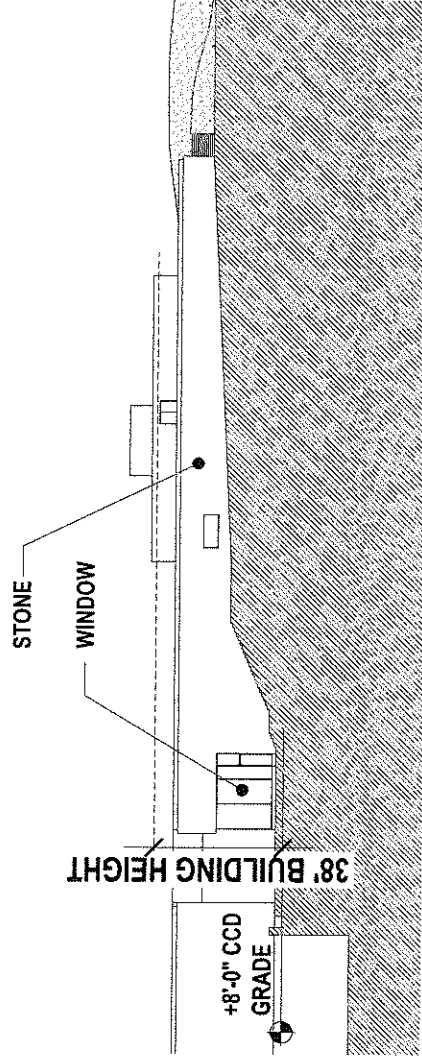
Applicant: The Barack Obama Foundation  
 Address: 1601 - 1629 East Midway Plaisance; 5900 - 6201 South Cornell Drive;  
 5901 - 6201 South Stony Island Avenue; and 1600 - 1631 East Midway Plaisance  
 Date Introduced: January 17, 2018

## PD-07.7 ELEVATIONS

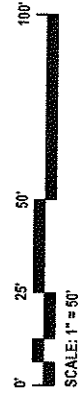
TOD WILLIAMS BILLIE TSIEN Architects | Partners  
 Interactive Design Architects (IDEA)



LIBRARY BUILDING NORTH ELEVATION



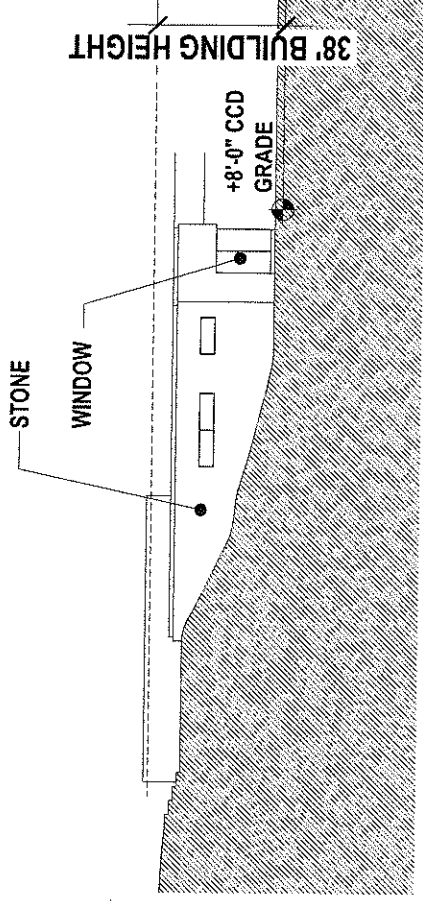
LIBRARY BUILDING WEST ELEVATION



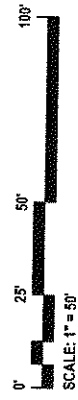
Applicant: The Barack Obama Foundation  
 Address: 1601 - 1629 East Midway Plaisance; 5900 - 6201 South Cornell Drive;  
 5901 - 6201 South Stony Island Avenue; and 1600 - 1631 East Midway Plaisance  
 Date Introduced: January 17, 2018

## PD-07.8 ELEVATIONS

TOD WILLIAMS BILLIE TSIEN Architects | Partners  
 Interactive Design Architects (IDEA)



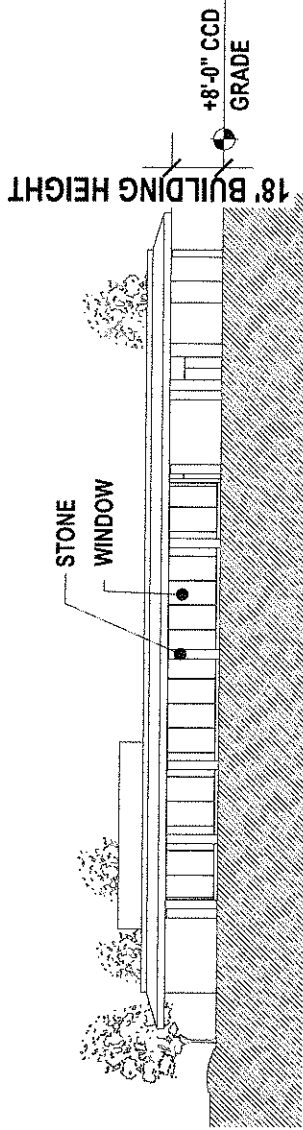
LIBRARY BUILDING EAST ELEVATION



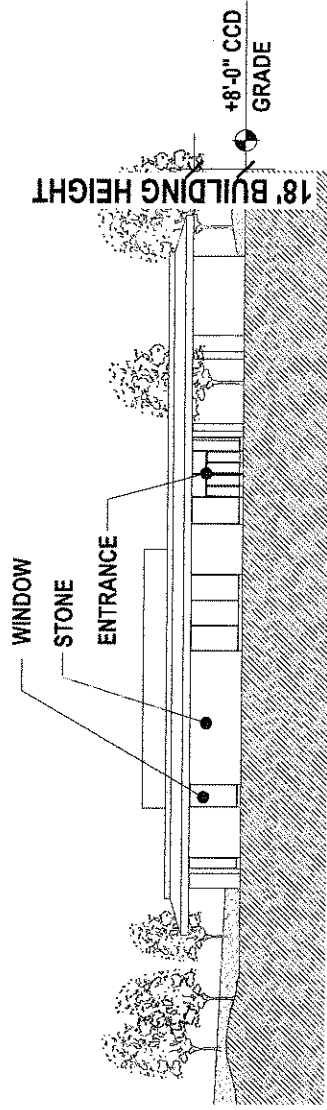
Applicant: The Barack Obama Foundation  
 Address: 1601 - 1629 East Midway Plaisance; 5900 - 6201 South Cornell Drive;  
 5901 - 6201 South Stony Island Avenue; and 1600 - 1631 East Midway Plaisance  
 Date Introduced: January 17, 2018

## PD-07.9 ELEVATIONS

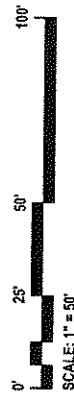
TOD WILLIAMS BILLIE TSIEN Architects | Partners  
 Interactive Design Architects (IDEA)



ATHLETIC CENTER NORTH ELEVATION



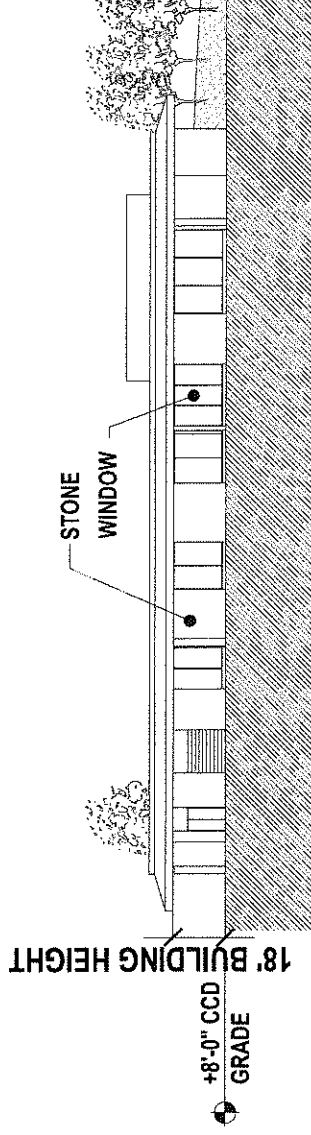
ATHLETIC CENTER WEST ELEVATION



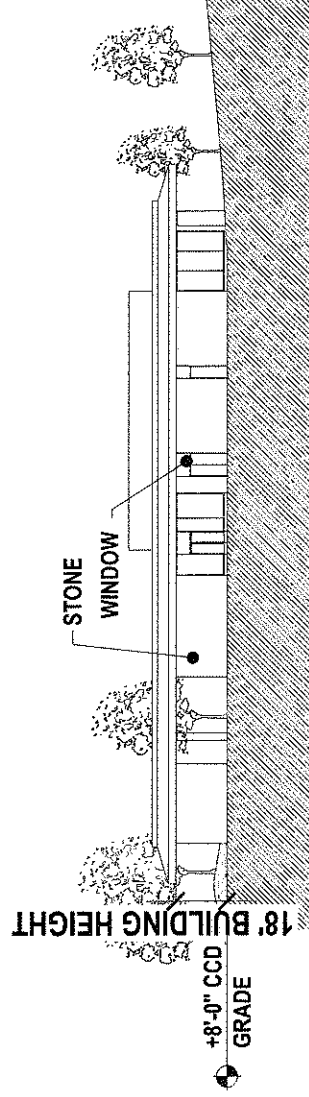
Applicant: The Barack Obama Foundation  
 Address: 1601 - 1629 East Midway Plaisance; 5900 - 6201 South Cornell Drive;  
 5901 - 6201 South Stony Island Avenue; and 1600 - 1631 East Midway Plaisance  
 Date Introduced: January 17, 2018

## PD-07.10 ELEVATIONS

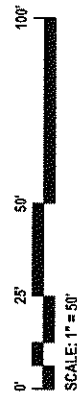
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ATHLETIC CENTER SOUTH ELEVATION



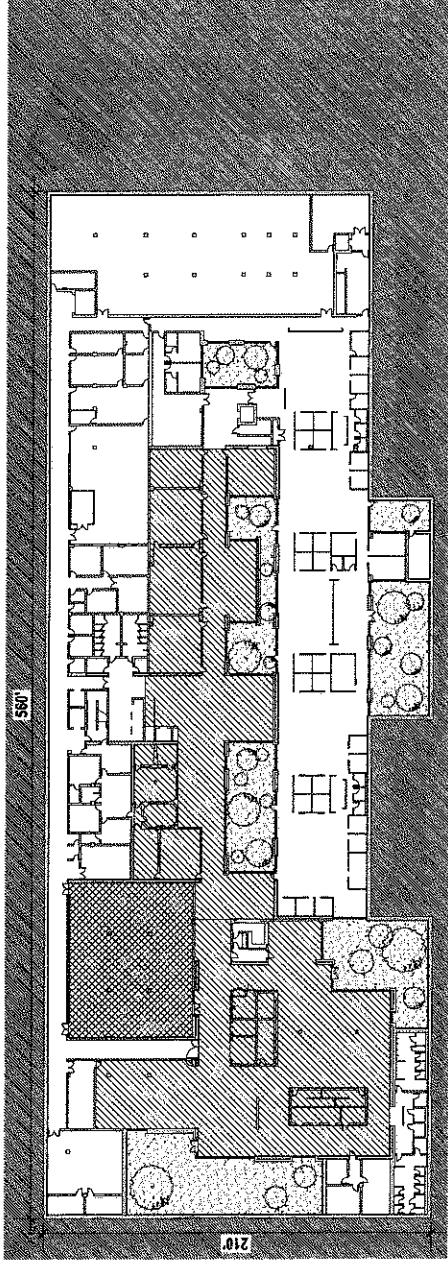
ATHLETIC CENTER EAST ELEVATION



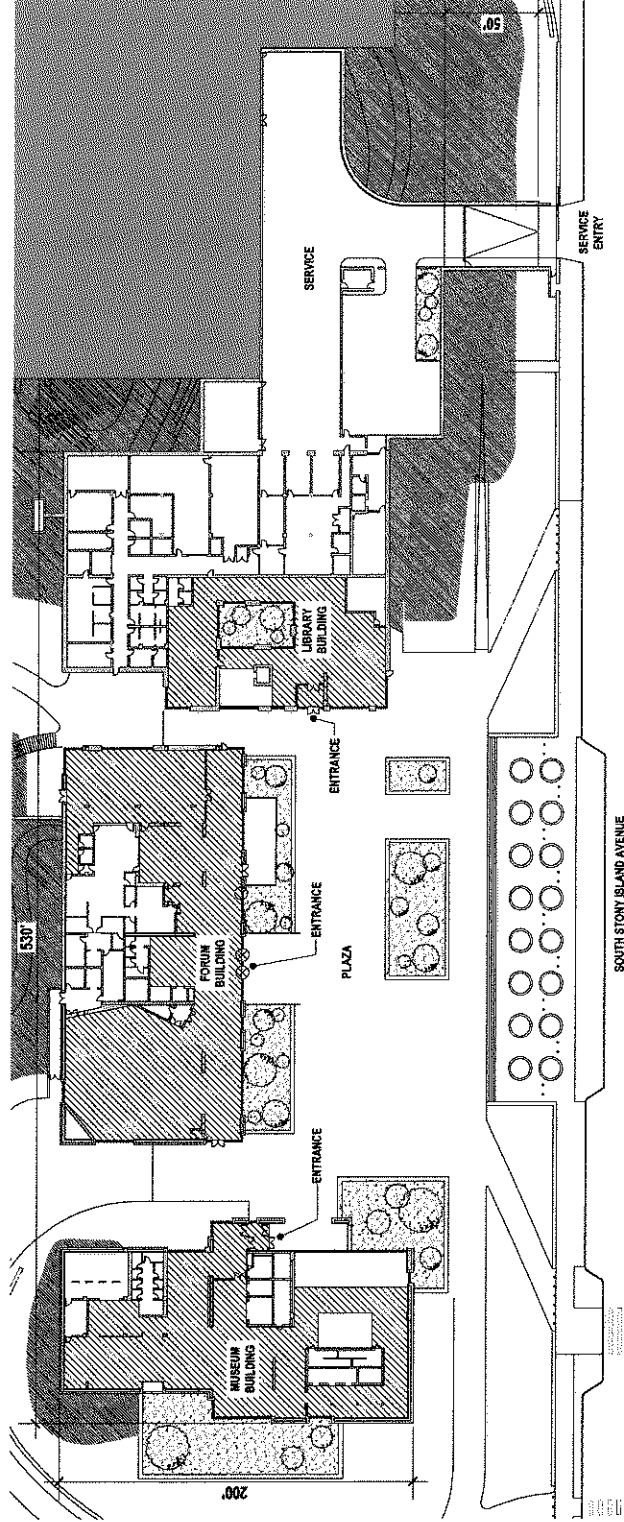
Applicant: The Barack Obama Foundation  
 Address: 1601 - 1629 East Midway Plaisance; 5900 - 6201 South Cornell Drive;  
 5901 - 6201 South Stony Island Avenue; and 1600 - 1631 East Midway Plaisance  
 Date Introduced: January 17, 2018

## PD-07.11 ELEVATIONS

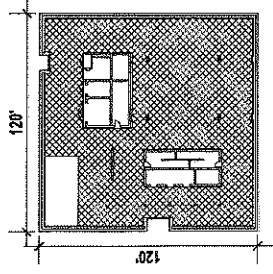
TOD WILLIAMS BILLIE TSIEN Architects | Partners  
 Interactive Design Architects (IDEA)



GARDEN LEVEL PLAN

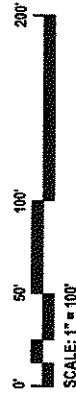
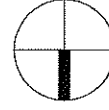


PLAZA LEVEL PLAN



REPRESENTATIVE MUSEUM BUILDING  
TOWER LEVEL PLAN

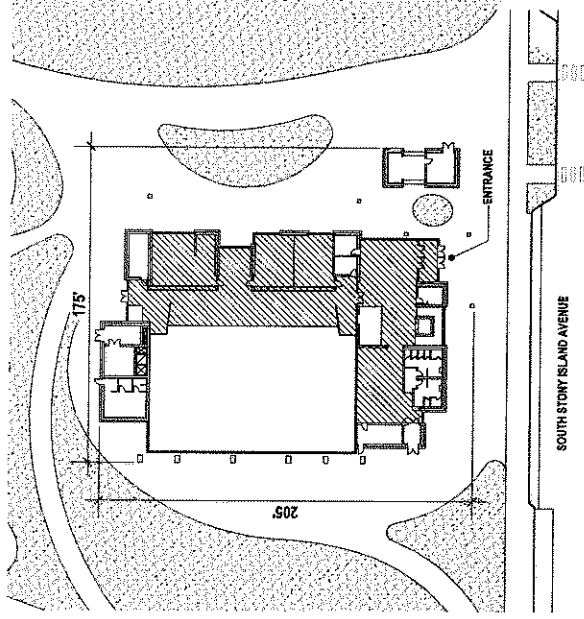
- PARKING STRUCTURE
- EARTH
- COURTYARD SPACE
- MUSEUM SPACE
- PUBLIC PROGRAM SPACE



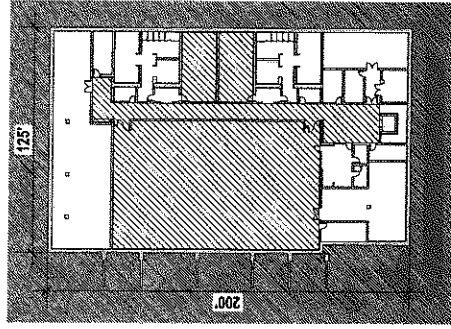
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 Address: 1601 - 1629 East Midway Plaisance; 5900 - 6201 South Cornell Drive;  
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 Date Introduced: January 17, 2018

# PD-08.1 **PROPOSED FLOOR PLANS** OPC

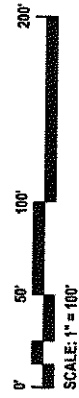
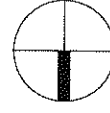
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 Interactive Design Architects (IDEA)



GROUND FLOOR PLAN



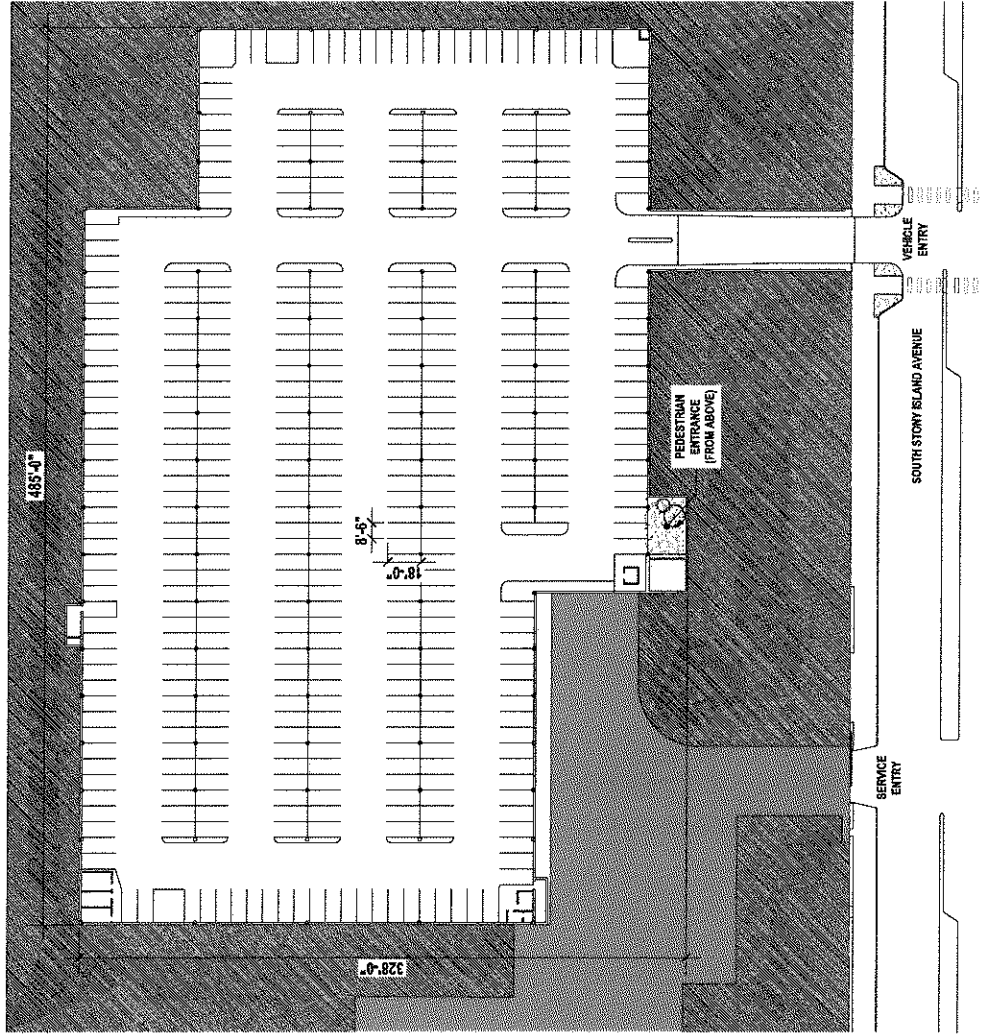
LOWER LEVEL FLOOR PLAN



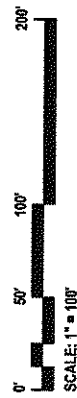
Applicant: The Barack Obama Foundation  
 Address: 1601 - 1629 East Midway Plaisance; 5900 - 6201 South Cornell Drive;  
 5901 - 6201 South Stony Island Avenue; and 1600 - 1631 East Midway Plaisance  
 Date Introduced: January 17, 2018

## PD-08.2 PROPOSED FLOOR PLANS ATHLETIC CENTER

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ENTRY LEVEL PLAN



Applicant: The Barack Obama Foundation  
 Address: 1601 - 1629 East Midway Plaisance; 5900 - 6201 South Cornell Drive;  
 5901 - 6201 South Stony Island Avenue; and 1600 - 1631 East Midway Plaisance  
 Date Introduced: January 17, 2018

# **PD-08.3** **PROPOSED FLOOR PLANS** **PARKING STRUCTURE**

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