PUBLIC DISCLOSURE COPY

EXTENDED TO NOVEMBER 16, 2020

(Rev. January 2020)

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)

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

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

Open to Public

OMB No. 1545-0047

Inspection

A For the 2019 calendar year, or tax year beginning and ending D Employer identification number Check if applicable: C Name of organization Address change THE BARACK OBAMA FOUNDATION Name change 46-4950751 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 5235 SOUTH HARPER COURT NO 1140 (773) 420-1700 termin-ated 162,526,720. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return CHICAGO, IL 60615 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DAVID SIMAS for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: WWW.OBAMA.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 2014 M State of legal domicile: DC Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Governance Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 14 Number of voting members of the governing body (Part VI, line 1a) 14 Number of independent voting members of the governing body (Part VI, line 1b) 4 203 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 6 985 Total number of volunteers (estimate if necessary) 0. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. **b** Net unrelated business taxable income from Form 990-T, line 39 7b **Prior Year Current Year** 163,949,264, 139,662,706. Contributions and grants (Part VIII, line 1h) 0. 0. Program service revenue (Part VIII, line 2g) 701,270. 1.667 055. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 23,775. -21, 268. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 164 674 309 141,308,493. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,950,000, 3,194,000. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0 . 14 Benefits paid to or for members (Part IX, column (A), line 4) 18,576,333. 24,654,533. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,073,263. 312,000. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 23,050,047 25,861,457. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 45,888,380 54,783,253. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 118,785,929 86,525,240. Revenue less expenses. Subtract line 18 from line 12 **End of Year Beginning of Current Year** 439,375,134. 355,887,803. 20 Total assets (Part X, line 16) 12,867,784. 9,829,875. 21 Total liabilities (Part X, line 26) 343,020,019. 429,545,259 Net assets or fund balances. Subtract line 21 from line 20 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 (wher than officer) is based on all information of which preparer has any knowledge. were Date Signature of officer Sign RALPH LESLIE, CFO Here Type or print name and title PTIN Preparer's signature Print/Type preparer's name 7/13/20 00769270 PARRISH IVY Paid 86-1065772 DELOITTE TAX LLP Preparer Firm's name Firm's EIN Firm's address 111 SOUTH WACKER DRIVE Use Only Phone no.312-486-1000 CHICAGO, IL 60606 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

46-4950751

	Check if Schedule O contains a response or note to any line in this Part III	X
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 X 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 X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured	l by expenses
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	• •
	revenue, if any, for each program service reported.	ai experises, ariu
4a	(Code:) (Expenses \$ 23,167,927. including grants of \$ 1,010,000.) (Revenue \$	-21,268.
	OBAMA FOUNDATION PROGRAMMING:	· · · · · · · · · · · · · · · · · · ·
	IN SERVICE OF THE FOUNDATION'S MISSION TO INSPIRE, EMPOWER, AND CONNECT	
	PEOPLE TO CHANGE THEIR WORLD, THE FOUNDATION CONTINUED TO WORK WITH	
	YOUNG LEADERS IN A VARIETY OF LOCAL, NATIONAL, AND GLOBAL PROGRAMS.	
	FELLOWS: THE OBAMA FOUNDATION FELLOWSHIP SUPPORTS OUTSTANDING CIVIC	
	INNOVATORS LEADERS WHO ARE WORKING WITH THEIR COMMUNITIES TO CREATE	
	TRANSFORMATIONAL CHANGE, ADDRESSING SOME OF THE WORLD'S MOST PRESSING	
	PROBLEMS. IN 2019, THE PROGRAM WELCOMED 20 NEW COMMUNITY-MINDED RISING	
	STARS FROM AROUND THE WORLD FOR A TWO-YEAR, NON-RESIDENTIAL PROGRAM,	
	DESIGNED TO AMPLIFY THE IMPACT OF THEIR WORK AND INSPIRE A WAVE OF	
	CIVIC INNOVATION.	
4b	(Code:) (Expenses \$10,505,682. including grants of \$2,184,000.) (Revenue \$)
	OBAMA PRESIDENTIAL CENTER STARTUP: IN 2019 THE OBAMA FOUNDATION RAMPED	
	UP ITS DEVELOPMENT OF THE OBAMA PRESIDENTIAL CENTER AND MUSEUM.	
	ACTIVITIES INCLUDED STARTING THE FINAL PHASE AND REMAINING ON SCHEDULE	
	FOR THE DESIGN OF THE OPC AND ACCELERATING THE MUSEUM BY LAYING THE	
	INFRASTRUCTURE FOR, AND INITIATING, OUR COLLECTION PROCESS AND ART	
	PLAN. IN ADDITION, SIGNIFICANT PROGRESS WAS MADE ON VARIOUS PROJECTS	
	THAT ENABLE THE START OF OPC CONSTRUCTION.	
	·	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
) (Expenses 4) (revenue 4)	<i>,</i>
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$\frac{\text{including grants of \$}}{\text{(Revenue \$}})
4e	Total program service expenses ► 33,673,609.	

Form 990 (2019) THE BARACK OBAMA FOUNDATION 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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
	Schedule D, Part III	8	Х	-
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			l
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		77	
	Part VI	11a	Х	
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	11b		X
С	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	11c		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	11d	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		₩
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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	146	х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		 -
10		16		x
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		 -
17		17	х	
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''		
10		18		x
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
ı	,	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20a		-
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
۲1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	Someone gereatine to the areas, continue to II Tes. complete scriedule I, Parts I and II		000	(004-

Form 990 (2019) THE BARACK OBAMA FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·		24c		
a	any tax-exempt bonds?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		_
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
_	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30		30		x
24	contributions? If "Yes," complete Schedule M	31		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c	х	

Form 990 (2019)

THE BARACK OBAMA FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	OI:		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). 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?	70	х	
	If IIV and all all the consequention and if the advance of the control of the con	7a 7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	75		
·	to file Form 8282?	7с		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
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	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14			
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	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe 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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	• ,		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	RALPH LESLIE, CFO - (773) 420-1700			
	5235 SOUTH HARPER COURT NO 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.

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

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

(A)	(B))		((C)		our	(D)	(E)	(F)
Name and title	Average	(do		heck		than o		Reportable	Reportable	Estimated
	hours per week					s both r/trus		compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC)	from the
	related	steec	truste		a.	pensa		(W-2/1099-MISC)		organization
	organizations below	ual tru	ional 1		ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARTIN H. NESBITT	10.00									
DIRECTOR/CHAIRPERSON		Х		Х				0.	0.	0.
(2) JOHN KEVIN POORMAN	10.00									
DIRECTOR/PRESIDENT		Х		Х				0.	0.	0.
(3) PENNY PRITZKER	10.00									
DIRECTOR/VICE CHAIRPERSON		Х		Х				0.	0.	0.
(4) DAVID PLOUFFE	1.00									
DIRECTOR/VP/SECRETARY		Х		Х				0.	0.	0.
(5) DEVAL PATRICK	1.00									_
DIRECTOR/VP/TREASURER (END 11/19)	1 00	Х		Х				0.	0.	0.
(6) ROBERT WOLF	1.00									
DIRECTOR/VP/TREASURER (BEG 11/19)	1 00	Х		Х				0.	0.	0.
(7) SEAN PARKER	1.00	х						0.	0.	0
DIRECTOR (8) MICHAEL SACKS	1.00	Λ						0.	٠.	0.
DIRECTOR	1.00	х						0.	0.	0.
(9) JUAN SALGADO	1.00	Λ						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(10) JULIANNA SMOOT	1.00	21						· · ·	· ·	<u>.</u>
DIRECTOR	1.00	х						0.	0.	0.
(11) JOHN DOERR	1.00								- •	
DIRECTOR		х						0.	0.	0.
(12) DR. MAHALIA A. HINES	1.00									
DIRECTOR		х						0.	0.	0.
(13) GLENN HUTCHINS	1.00									
DIRECTOR		х						0.	0.	0.
(14) THELMA GOLDEN	1.00									
DIRECTOR		Х						0.	0.	0.
(15) JOHN ROGERS	1.00									
DIRECTOR		Х						0.	0.	0.
(16) DAVID SIMAS	40.00									
CHIEF EXECUTIVE OFFICER				Х				626,183.	0.	31,782.
(17) ROBBIN COHEN	40.00									
EXECUTIVE DIRECTOR				Х				573,435.	0.	29,705.

932007 01-20-20 Form **990** (2019)

101111000 (2010)	K OBAMA FOUNDA	TIU	IA						46-495075	1 Page C
Part VII Section A. Officers, Directors,	Trustees, Key Em	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average hours per week (list any	box	Position (do not check more box, unless person i officer and a directo				an tee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(18) RALPH LESLIE	40.00									
CHIEF FINANCIAL OFFICER				Х				336,984.	0.	20,481.
(19) ADEWALE ADEYEMO	40.00									
PRESIDENT (BEG 8/6/19)				Х				219,231.	0.	249.
(20) GLENN BROWN	40.00									
CHIEF DIGITAL OFFICER					Х			447,212.	0.	7,075.
(21) ANNE FILIPIC	40.00									
CHIEF PROGRAM OFFICER					Х			409,692.	0.	18,707.
(22) JORDAN KAPLAN	40.00									
CHIEF DEVELOPMENT OFFICER					Х			303,827.	0.	13,853.
(23) BERNADETTE MEEHAN	40.00									
CHIEF INTERNATIONAL OFFICER					Х			300,843.	0.	30,750.
(24) ADDAR LEVI	40.00									
GENERAL COUNSEL (BEG 4/15/19)					Х			285,372.	0.	22,512.
(25) MICHAEL STRAUTMANIS	40.00									
CHIEF ENGAGEMENT OFFICER					х			282,011.	0.	31,482.
(26) LOUISE BERNARD	40.00									
MUSEUM DIRECTOR					Х			233,398.	0.	16,083.
1b Subtotal							—	4,018,188.	0.	222,679.
c Total from continuation sheets to Pa	rt VII, Section A							1,035,991.	0.	63,103.
d Total (add lines 1b and 1c)							•	5,054,179.	0.	285,782.

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

79

Х

3	bid the organization list any former officer, director, trustee, key employee, or highest compensated employee on
	line 1a? If "Yes," complete Schedule J for such individual
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization

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)	(B)	(C)
Name and business address	Description of services	Compensation
TOD WILLIAMS BILLIE TSIEN ARCHITECTS		
222 CENTRAL PARK SOUTH, NEW YORK, NY 10019	ARCHITECTS	8,678,754.
LAKESIDE ALLIANCE		
2636 W. 15TH AVE., GARY, IN 46404	CONSTRUCTION MANAGEMENT	2,753,632.
TCC2, JV, 205 N. MICHIGAN AVENUE, SUITE		
1930, CHICAGO, IL 60601	PROJECT MANAGEMENT	2,570,510.
RALPH APPELBAUM ASSOCIATES		
88 PINE STREET, 29 FL, NEW YORK, NY 10005	EXHIBIT DESIGN	2,418,884.
SIDLEY AUSTIN		
ONE SOUTH DEARBORN ST., CHICAGO, IL 60603	LEGAL SERVICES	1,776,143.
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	66	
*		000

Part VII Section A. Officers, Directors, Tr										
Geotion At Officers, Birectors, II	ustees, Key Er	nplo	yee	s, a	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	C)			(D)	(E)	(F)				
Name and title	Average hours per	(cl			ition that	tion hat apply)		Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
27) ROARK FRANKEL	40.00									
DIRECTOR OF PLANNING AND CONTRUCTION	1					х		239,940.	0.	20,146
28) MICHAEL SMITH	40.00									
DIR, MBK ALLIANCE & YOUTH OPP						х		206,990.	0.	14,799
29) ELISABETH SICILIANO DIR, OFFICE OF CEO & CORP COUNSEL	40.00					х		199,208.	0.	14,866
30) KORI SCHULMAN	40.00									
DITOR IN CHIEF & DIGITAL PSHIP DIR						х		197,577.	0.	13,292
31) CHRIS WYANT DEPUTY CHIEF PROGRAM OFFICER	40.00					х		192,276.	0.	0
otal to Part VII, Section A, line 1c	ı	<u> </u>	<u> </u>	<u> </u>	<u> </u>			1,035,991.		63,103

Form 990 (2019) THE BARACK
Part VIII Statement of Revenue

			Check if Schedule O	conta	ains a r	response	or note to any lin	e in this Part VIII			
							-	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									lunction revenue	business revenue	sections 512 - 514
S S	1	а	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts	·		Membership dues			1b					
جَ ۾			Fundraising events		ı	1c					
fts,			Related organizations			1d	9,100,000.				
Ω̈́ ä			Government grants (contri		ľ	1e					
Sin			All other contributions, gifts,		ı	16					
Ē Ė		'				4.6	130,562,706.				
έş			similar amounts not included				30,910,339.				
<u> </u>		_	Noncash contributions included in		•	1g \$	30,510,555.	139,662,706.			
O 6		n	Total. Add lines 1a-1f					139,002,700.			
							Business Code				
Se	2	а									
e ⊆		b									
Sch		С	-								
e a		d									
Program Service Revenue		е									
<u>-</u>		f	All other program service	rever	าue						
		g	Total. Add lines 2a-2f								
	3		Investment income (include	ling o	dividen	nds, intere	est, and				
			other similar amounts)					1,682,892.			1,682,892.
	4		Income from investment of	f tax	-exem _l	pt bond p	roceeds				
	5		Royalties	. <u></u>							
					(i)	Real	(ii) Personal				
	6	а	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6с							
			Net rental income or (loss)								
	7		Gross amount from sales of	<u> </u>	(i) Se	ecurities	(ii) Other				
	•	u	assets other than inventory	72		69,005.	(.,, =				
		h	Less: cost or other basis	1 a	,-	,					
ω		D		76	21 1	84 842					
ğ		_	and sales expenses			15,837.					
ther Revenue			, ,		•	13,037.		-15,837.			-15,837.
Ä	_		Net gain or (loss)			······	······	-13,037.			-13,037.
	8	а	Gross income from fundraising	-		_					
0			including \$			of					
			contributions reported on		,	I .					
			Part IV, line 18								
			Less: direct expenses								
	_		Net income or (loss) from				D				
	9	а	Gross income from gamin								
			Part IV, line 19			I .					
			Less: direct expenses								
		С	Net income or (loss) from	gami	ing act	ivities	<u></u>				
	10	а	Gross sales of inventory, I	ess r	eturns	;					
			and allowances								
		b	Less: cost of goods sold			10k	33,385.				
		С	Net income or (loss) from	sales	of inv	entory		-21,268.	-21,268.		
,							Business Code				
one e	11	а									
ane di		b									
Miscellaneous Revenue		С									
<u>iš</u>		d	All other revenue								
2			Total. Add lines 11a-11d				>				
	12		Total revenue. See instruction					141,308,493.	-21,268.	0.	1,667,055.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,194,000.	3,194,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	3,784,790.	1,846,091.	1,039,535.	899,164.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	17,552,718.	9,668,190.	4,039,488.	3,845,040.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	503,577.	271,743.	118,294.	113,540.
9	Other employee benefits	1,084,990.	585,489.	254,872.	244,629.
10	Payroll taxes	1,728,458.	932,721.	406,027.	389,710.
11	Fees for services (nonemployees):				•
а	Management				
	Legal	420,007.		420,007.	
	Accounting	53,177.		53,177.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	1,073,263.			1,073,263.
f	Investment management fees				
g					
3	column (A) amount, list line 11g expenses on Sch O.)	4,888,498.	3,465,450.	792,372.	630,676.
12	Advertising and promotion				•
13	Office expenses	920,371.	282,521.	554,025.	83,825.
14	Information technology	1,204,452.	348,058.	522,643.	333,751.
15	Royalties	, ,	,	,	,
16	Occupancy	2,144,402.	1,243,754.	450,324.	450,324.
17	Travel	3,789,266.	2,298,791.	507,276.	983,199.
18	Payments of travel or entertainment expenses	, ,	, ,	,	,
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,819,873.	5,523,245.	120,313.	176,315.
20	Interest	. ,	. ,	,	•
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,063,091.	616,593.	223,249.	223,249.
23	Insurance	180,742.	101,215.	37,956.	41,571.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	COMMUNICATIONS	2,947,187.	1,096,681.	1,064,173.	786,333.
b	PROGRAM CONTRACTUAL	2,249,679.	2,131,959.	117,720.	
С	PROFESSIONAL DEVEL.	146,458.	32,854.	37,191.	76,413.
d	COLLECTIONS	34,254.	34,254.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	54,783,253.	33,673,609.	10,758,642.	10,351,002.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
00004	0.01-20-20				Form 990 (2019)

Form 990 (2019) Part X Balance Sheet

ıa	IL X	Check if Schedule O contains a response or	note to an	v line in this Part Y			
		CHECK II SCHEdule O COITAINS a response of	note to an	y iiile iii tiiis Fait A	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			100,093,303.	1	156,237,536.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net			218,287,411.	3	212,549,015.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial d	contributor, or 35%			
		controlled entity or family member of any of these persons				5	
	6	Loans and other receivables from other disqualified persons (as defined					
		under section 4958(f)(1)), and persons descri	bed in sec	tion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges		2,654,295.	9	2,997,041.	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		58,636,255.			
	b	Less: accumulated depreciation		1,612,728.	33,065,629.	10c	57,023,527.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lir				12	
	13	Investments - program-related. See Part IV, li				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	1,787,165.	15	10,568,015.		
	16	Total assets. Add lines 1 through 15 (must e		1	355,887,803.	16	439,375,134.
	17	Accounts payable and accrued expenses	10,571,026.	17	6,322,490.		
	18	Grants payable			1,750,000.	18	2,250,000.
	19	Deferred revenue			516,200.	19	516,200.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple		1		21	
S	22	Loans and other payables to any current or for	ormer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, su	ıbstantial o	contributor, or 35%			
abil		controlled entity or family member of any of t	hese pers	ons		22	
Ë	23	Secured mortgages and notes payable to un		23			
	24	Unsecured notes and loans payable to unrela		24			
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on li	nes 17-24)	. Complete Part X			
		of Schedule D			30,558.	25	741,185.
	26	Total liabilities. Add lines 17 through 25			12,867,784.	26	9,829,875.
		Organizations that follow FASB ASC 958, o	check her	e 🕨 🗓			
Ses		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			113,680,390.	27	186,984,793.
Ba	28	Net assets with donor restrictions			229,339,629.	28	242,560,466.
пd		Organizations that do not follow FASB AS					
Ī		and complete lines 29 through 33.					
, Q	29	Capital stock or trust principal, or current fun	nds			29	
set	30	Paid-in or capital surplus, or land, building, o				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			343,020,019.	32	429,545,259.
	33	Total liabilities and net assets/fund balances			355,887,803.	33	439,375,134.

Form **990** (2019)

932012 01-20-20

Pa	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	141	,308,	493.
2	Total expenses (must equal Part IX, column (A), line 25)	2	54	,783,	253.
3	Revenue less expenses. Subtract line 2 from line 1	3	86	,525,	240.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	343	,020,	019.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	429	,545,	259.
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule ().			
2a	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?	-	За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
			Form	990	(2019)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

THE BARACK OBAMA FOUNDATION

Employer identification number 46-4950751

Pá	art I	Reason for Public (Charity Status (All organizations must co	mplete th	is part.) Se	ee instructions.		
The	organ	nization is not a private found							
1	\sqcap	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	一	A school described in sect	•				- N N-1-		
3	Ħ	A hospital or a cooperative		•			i).		
4	Ħ	A medical research organiz					-	the hospital's name.	
•		city, and state:	and roperated in ee.	nganionon man a noophan		000110		ine ricepinal e rialite,	
5		An organization operated for	or the benefit of a col	llege or university owner	l or operat	ed by a go	vernmental unit describe	ad in	
3		section 170(b)(1)(A)(iv). (C		inege of university owner	or operat	cd by a go	verninental unit describe	5 4 III	
6				anntal wait described in		70/61/41/41	6.4		
6	X	A federal, state, or local gov	_						
7	_A_	An organization that norma	-	ntial part of its support if	om a gove	ernmentai	unit or from the general p	oublic described in	
		section 170(b)(1)(A)(vi). (C	•	//// 1) /O					
8	\vdash	A community trust describe							
9		An agricultural research org				_	-	-	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or	
		university:							
10		An organization that norma							
		activities related to its exen	•	• •	` '		• •	· ·	
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the organization a	ifter June 30, 1975.	
		See section 509(a)(2). (Con	•						
11	\vdash	An organization organized a	•	•	•			_	
12	Ш	An organization organized a	•	•	•		•		
		more publicly supported or	~					check the box in	
		lines 12a through 12d that	* *			-		at to a	
á	' _		· · · · · · · · · · · · · · · · · · ·		•	-			
		the supported organization			majority c	of the aired	tors or trustees of the st	apporting	
		organization. You must o							
k) <u> </u>		•					-	
		control or management o			ame perso	ns that co	ntrol or manage the supp	ported	
		organization(s). You mus	-			C	and for all and the last and the	at 245	
(;							ed with,	
		its supported organization		·				-4:(-)	
(ı <u> </u>	☐ Type III non-functionally					· · · · · · · · · · · · · · · · · · ·		
		that is not functionally int		• ,	•		•	/eness	
		requirement (see instructi	•	-					
•	•	Check this box if the orga					Type I, Type II, Type III		
	: Fot	functionally integrated, or	• •	nally integrated supporti	ig organiz	ation.			
1		er the number of supported o		d arganization(a)					
		vide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other	
		organization	, ,	(described on lines 1-10	in your governi Yes	No	support (see instructions)	support (see instructions)	
				above (see instructions))	1.00	110			
_									
_									
<u>Tot</u>	ai						I	1	

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.)

Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 1 Gifts, grants, contributions, and	(f) Total
1 Gifts, grants, contributions, and	
membership feed received (De pot	1
membership fees received. (Do not	
include any "unusual grants.") 1,916,247. 13,175,732. 231,993,748. 163,949,264. 139,037,209.	550,072,200.
2 Tax revenues levied for the organ-	
ization's benefit and either paid to	
or expended on its behalf	
3 The value of services or facilities	
furnished by a governmental unit to	
the organization without charge	
4 Total. Add lines 1 through 3 1,916,247. 13,175,732. 231,993,748. 163,949,264. 139,037,209.	550,072,200.
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,	142 552 560
column (f)	143,753,560.
6 Public support. Subtract line 5 from line 4. Section B. Total Support	406,318,640.
Calendar year (or fiscal year beginning in) ► (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019	(f) Total
7 Amounts from line 4 1,916,247. 13,175,732. 231,993,748. 163,949,264. 139,037,209.	550,072,200.
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties,	
and income from similar sources 19. 6,360. 101,127. 648,749. 1,682,892.	2,439,147.
9 Net income from unrelated business	, , , , , , , , , , , , , , , , , , ,
activities, whether or not the	
business is regularly carried on	
10 Other income. Do not include gain	
or loss from the sale of capital	
assets (Explain in Part VI.)	
11 Total support. Add lines 7 through 10	552,511,347.
12 Gross receipts from related activities, etc. (see instructions)	46,968.
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	
Section C. Computation of Public Support Percentage	
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	73.54 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box	
stop here. The organization qualifies as a publicly supported organization	
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check the	
and stop here. The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10%	
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and significances" test. The organization meets the "facts and significances" test.	
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is	
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how th organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ □
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instruction	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		1	Γ	1	1	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				L		<u></u>
14	First five years. If the Form 990 is for	-			•		
Sac	check this box and stop heretion C. Computation of Publi						P
	Public support percentage for 2019 (I			oolumn (f))		15	0/
	Public support percentage from 2018					16	<u>%</u> %
	etion D. Computation of Inves	·			•••••	1 10 1	70
	Investment income percentage for 20			ne 13 column (f)		17	%
	Investment income percentage from 2					18	<u>%</u>
	33 1/3% support tests - 2019. If the						
.Ja	more than 33 1/3%, check this box ar						. —
h	33 1/3% support tests - 2018. If the						
J	line 18 is not more than 33 1/3%, che	· ·				•	
20	Private foundation. If the organization						

Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	V	No
	Yes	NO
_		
1		
2		
0-		
3a		
Ol-		
3b		
0-		
3c		
4-		
4a		
AI-		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Sche	dule A (Form 990 or 990-EZ) 2019 THE BARACK OBAMA FOUNDATION	46-4950751	Pa	age 5
Par	t IV Supporting Organizations (continued)			ago o
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		1,,	
_	Did the director has been been been been been been been bee		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	tructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	-		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	y (see instructions	:)(
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	<u>2a</u>		
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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
h	trustees of each of the supported organizations? <i>Provide details in</i> Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

	dule A (Form 990 or 990-EZ) 2019 THE BARACK OBAMA FOUNDATION			46-4950751 Page 6
Pa	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	•	, , ,	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	on 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		
Sect	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	on 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	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting org	ganization (see
	instructions).	-		

Schedule A (Form 990 or 990-EZ) 2019

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)						
Secti	on D - Distributions		V	Current Year					
1	Amounts paid to supported organizations to accomplish exe	mpt purposes							
2	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported								
	organizations, in excess of income from activity								
3									
4	Amounts paid to acquire exempt-use assets	-							
5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI). See instructions.								
7	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which the	ne organization is responsive							
	(provide details in Part VI). See instructions.								
9	Distributable amount for 2019 from Section C, line 6								
10	Line 8 amount divided by line 9 amount								
		(i)	(ii)	(iii)					
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019					
1	Distributable amount for 2019 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2019 (reason-								
	able cause required- explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2019								
a	From 2014								
b	From 2015								
с	From 2016								
d	From 2017								
<u>e</u>	From 2018								
f	Total of lines 3a through e								
g	Applied to underdistributions of prior years								
<u>h</u>	Applied to 2019 distributable amount								
<u>i</u>	Carryover from 2014 not applied (see instructions)								
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2019 from Section D,								
	line 7: \$								
<u>a</u>	Applied to underdistributions of prior years								
<u>b</u>	Applied to 2019 distributable amount								
с	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2019, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2019. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2020. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
<u>a</u>	Excess from 2015								
<u>b</u>	Excess from 2016								
с	Excess from 2017								
<u>d</u>	Excess from 2018								
_	Evenes from 2010								

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 THE BARACK OBAMA FOUNDATION	46-4950751	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ac (See instructions.)	nes 1 and 2; Part IV, Section Part V, Section B, line 1e; Pa	C,

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

	(see separate instructions), then				
	Section 501(c)(4), (5), or (6) organizate me of organization	ions: Complete Part III.		F	lavar idantification number
ivai	•	ODANA HOIDIDAHTON		Emp	loyer identification number 46-4950751
D		OBAMA FOUNDATION anization is exempt unde	er section 501(c) o	or is a section 527 or	
Г	GIT I-A Complete II the org	anization is exempt unde	er section soric, o	is a section 327 of	gariizatiori.
				5	
	Provide a description of the organiz	•	. •		
	Political campaign activity expendit				S
3	Volunteer hours for political campai	gn activities			
Pa	art I-B Complete if the org	anization is exempt unde	er section 501(c)(3	3).	
	Enter the amount of any excise tax	•	, ,,	•	
	Enter the amount of any excise tax				
	If the organization incurred a section				
	a Was a correction made?				
	f "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	anization is exempt unde	er section 501(c), o	except section 501(c	:)(3).
1	Enter the amount directly expended	I by the filing organization for sec	tion 527 exempt function	on activities	S
2	Enter the amount of the filing organ	ization's funds contributed to oth	ner organizations for sec	ction 527	
	exempt function activities			> \$	S
3	Total exempt function expenditures				
	line 17b			> \$	S
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and en	nployer identification number (EIN	N) of all section 527 poli	tical organizations to whicl	h the filing organization
	made payments. For each organiza	tion listed, enter the amount paic	I from the filing organiza	ation's funds. Also enter th	e amount of political
	contributions received that were pro-	• •		·	e segregated fund or a
	political action committee (PAC). If	additional space is needed, provi	ide information in Part I	V.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	
					delivered to a separate political organization.
					If none, enter -0
					·
			ı	1	1

Part II-A Complete if the org				501(c)(3) and file		ction under
section 501(h)).						
	_		liated group (and list in	Part IV each affiliated	group member's name	, address, EIN,
expenses, and shar ■ Check if the filing organiza		, ,	expenditures). nd "limited control" pro	wiciono apply		
Limi	ts on Lobb	ying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience publi	c opinion (grassroots lobbying)		0.	
b Total lobbying expenditures to influ	ience a leg	islative boo	dy (direct lobbying)		0.	
c Total lobbying expenditures (add li	nes 1a and	1b)			0.	
d Other exempt purpose expenditure	es				33,355,044.	
e Total exempt purpose expenditure	s (add lines	1c and 1c)		33,355,044.	
f Lobbying nontaxable amount. Ente	er the amou	int from the	e following table in both	n columns.	1,000,000.	
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,00	00 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	00 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000	\$225,000 plus 5% of the excess over \$1,500,000.				
Over \$17,000,000		\$1,000,	000.			
	OF0/ of	l: 14			250,000.	
g Grassroots nontaxable amount (en		,			0.	
h Subtract line 1g from line 1a. If zeroi Subtract line 1f from line 1c. If zero					0.	
j If there is an amount other than zer			line 1i did the organiza		· ·	
reporting section 4911 tax for this					Γ	Yes No
			eraging Period Under			
(Some organizations the	nat made a	section 5		have to complete all c	of the five columns be	low.
	Lobb	ying Expe	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					1,000,000.	1,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))						1,500,000.
c Total lobbying expenditures					0.	
d Grassroots nontaxable amount					250,000.	250,000.
e Grassroots ceiling amount						= · · · , · · · = •
(150% of line 2d, column (e))						375,000.
f Grassroots lobbying expenditures					0.	_

Schedule C (Form 990 or 990-EZ) 2019

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912	No No	Am	ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912			
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912			
or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i la Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i la Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912			
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912			
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912			
e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912			
g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912			
g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912			
j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912			
j Total. Add lines 1c through 1i a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or se	ction	
501(c)(6).			
West and the district (OO) and the state of		Yes	1
Were substantially all (90% or more) dues received nondeductible by members?		+	\vdash
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior y		 	-
answered "Yes." Dues, assessments and similar amounts from members	1	T	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political			
expenses for which the section 527(f) tax was paid).			
	20		
a Current year			
	I		
b Carryover from last year	2b		
a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	2b 2c		
b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	2b 2c		
 b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess 	2b 2c		
b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	2b 2c 3		
 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess 	2b 2c 3		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE BARACK OBAMA FOUNDATION

Employer identification number

Pai	t I Organizations Maintaining Donor Advised	1 Funds or Other Similar Funds	Or Accounts Complete if the
Fai			Complete if the
	organization answered "Yes" on Form 990, Part IV, line		(In) Francis and other accounts
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	_	
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	
_	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register	•	
3	Number of conservation easements modified, transferred, rele		
	year▶	, 3	3
4	Number of states where property subject to conservation eas	ement is located ▶	
5	Does the organization have a written policy regarding the peri		
_	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
Ū	>	Tanamig or Helanorie, and emercing eem	servation casements as ing the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
•	S	ining of violations, and emoroting contents	inerreasements daring the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
Ū			
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	•	
	organization's accounting for conservation easements.	oto to the organization o inhaholal otatom	one that december the
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 958		and balance sheet works
	of art, historical treasures, or other similar assets held for pub	·	
	service, provide in Part XIII the text of the footnote to its finan		•
b	If the organization elected, as permitted under FASB ASC 958		
-	art, historical treasures, or other similar assets held for public	•	
	provide the following amounts relating to these items:	eransisting databases, or recognist in full	
			• \$
	(i) Revenue included on Form 990, Part VIII, line 1		
0	If the organization received or held works of art, historical trea	pouros, or other cimilar assets for financia	
2			ıı gairi, provide
_	the following amounts required to be reported under FASB AS	_	L ¢
a	Revenue included on Form 990, Part VIII, line 1		
a	Assets included in Form 990, Part X		> \$

Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or	Other S	Similar	Assets	(contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the t	following that	make sigr	nificant us	se of its	,	,
	collection items (check all that apply):									
а	X Public exhibition	d	ι 🔲 ι	oan or exc	hange progra	ım				
b	Scholarly research	е	. 🗌	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how the	y further th	ne organizatio	n's exemp	t purpos	e in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, his	torical treas	sures, or othe	r similar as	ssets			
	to be sold to raise funds rather than to be ma								Yes	X No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered "	Yes" on F	orm 990,	Part IV,	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for c	ontribution	s or other ass	ets not ind	cluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	scrow or cu	ıstodial accou	unt liability	?		Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	f the organization an	swered "	Yes" on Fo	rm 990, Part	IV, line 10				
		(a) Current year	(b) Pr	ior year	(c) Two year	s back (c	d) Three ye	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	column (a))) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С		%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that	are held ar	nd administer	ed for the	organizat	tion	_	
	by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the		wment fu	nds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere									
	Description of property	(a) Cost or o basis (investr			or other (other)	. ,	cumulated eciation	d	(d) Book	value
1a	Land									
	Buildings									
С	Leasehold improvements			1	,856,521.		401,1		1,	455,343.
d	Equipment				,710,245.		524,2			186,000.
	Other				,069,489.		687,3	05.		382,184.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part	X, colum	n (B), line 1	0c.)			>	57,	023,527.

Part VII Investments - Other Securities.			J
Complete if the organization answered "Yes"			
(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	e 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" of		e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	15.)	>	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED RENT LIABILITY			741,185.
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		741,185.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2019 THE BARACK OBAMA FOUNDATION			46-49507	51 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With F	Revenue per Ret	turn.	<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	-			1	143,158,266.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities		1,816,388.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	1 4 . 1			
	Add lines 2a through 2d			2e	1,816,388.
3	Subtract line 2e from line 1			3	141,341,878.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		-33,385.		
	Add lines 4a and 4b		,	4c	-33,385.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	141,308,493.
	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per R	•	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1				1	56,633,026.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
	Donated services and use of facilities	2a	1,816,388.		
a h			2,020,000.		
D	Prior year adjustments				
C	Other losses		33,385.		
d	Other (Describe in Part XIII.)		,		1 040 773
	Add lines 2a through 2d			2e	1,849,773.
3	Subtract line 2e from line 1			3	54,783,253.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)	4b			2
	Add lines 4a and 4b		ľ	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	54,783,253.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	•		Part X, line	2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional inform	ation.		
PART	III, LINE 1A:				
THE	FOUNDATION ACQUIRED ITS COLLECTIONS BY PURCHASE OR BY DONATIC	ON. THE			
FOUN	DATION'S COLLECTIONS MANAGEMENT POLICY, WHICH WAS AMENDED IN	2019,			
INCL	UDES GUIDANCE ON THE FOUNDATION'S COLLECTIONS STEWARDSHIP				
RESE	ONSIBILITIES FROM INTAKE AND ACQUISITION THROUGH PRESERVATION	I, ACCESS			
AND	USE, AND DEACCESSIONING AND DISPOSAL OF MATERIALS THAT NO LON	IGER			
SUPF	ORT THE FOUNDATION'S PUBLIC MISSION. THE POLICY DOES NOT PERT	TAIN			
DIRE	CTLY TO THE MANAGEMENT OF THE OBAMA PRESIDENTIAL ARCHIVE, WHI	CH IS			
MAIN	TAINED AS A SEPARATE COLLECTION PROPERTY OF THE NATIONAL ARCH	HIVES AND			
RECO	RDS ADMINISTRATION ("NARA") AND IS NOT INCLUDED ON THE STATEM	MENT OF			
FINA	NCIAL POSITION OF THE FOUNDATION, NOR IS THE FOUNDATION RESPO	ONSIBLE			
FOR	THE MAINTENANCE OR PRESERVATION OF ITEMS IN THESE COLLECTIONS	5.			

Part XIII | Supplemental Information (continued) THE FOUNDATION'S COLLECTIONS ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENTS OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECORDED ON THE STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS AS DECREASES IN NET ASSETS WITHOUT DONOR RESTRICTIONS IN THE PERIOD OF ACQUISITION, UNLESS THE ITEMS WERE PURCHASED WITH DONOR RESTRICTED FUNDS AND THEN THEY ARE SHOWN AS DECREASES IN NET ASSETS WITH DONOR RESTRICTIONS. PROCEEDS FROM THE SALE OF DEACCESSIONED MATERIALS WILL BE UTILIZED EXCLUSIVELY FOR THE PURCHASE OF FUTURE COLLECTION ACQUISITIONS INCLUDING COSTS DIRECTLY RELATED TO OBTAINING, CONSERVING, OR PROCESSING NEW ACQUISITIONS. PART III, LINE 4: THE MUSEUM COLLECTIONS WILL DOCUMENT THE HISTORY OF PRESIDENT AND MRS. OBAMA AND THE OBAMA ADMINISTRATION. FRAME THESE NARRATIVES IN A BROADER HISTORICAL CONTEXT AND WITH AN EMPHASIS ON CIVIC DISCOURSE, AND CONNECT THESE STORIES TO THE MOVEMENTS AND MILESTONES THAT HAVE HELPED TO SHAPE THE NATION AND THE WORLD OVER TIME. THE MUSEUM COLLECTIONS WILL SUPPORT AND ADVANCE THE PUBLIC MISSION AND PURPOSE OF THE OBAMA PRESIDENTIAL CENTER (OPC), INCLUDING THE DEVELOPMENT OF A CORE EXHIBITION, SPECIAL EXHIBITIONS PROGRAM, AND PUBLIC PROGRAMMING; THE OPC EXHIBITIONS AND PUBLIC PROGRAMMING WILL, IN TURN, SUPPORT AND ADVANCE THE BROADER FOUNDATION MISSION TO EMPOWER, INSPIRE, AND CONNECT PEOPLE TO CHANGE THEIR WORLD. THE COLLECTION COMPRISES ARTWORK AS WELL AS HISTORICAL MATERIALS. THE GOAL IN DEVELOPING THE COLLECTION'S ARTS-RELATED HOLDINGS IS TO UPHOLD AND EXPAND UPON THE IMPORTANCE OF THE ARTS AND THE DIVERSE REPRESENTATION OF ARTISTS CELEBRATED IN THE OBAMA WHITE HOUSE ("THE PEOPLE'S HOUSE") IN ORDER TO PRESERVE AND SHARE WORKS OF ENDURING VALUE THAT COMPLEMENT THE

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

2019
Open to Public Inspection

Name of the organization

THE BARACK OBAMA FOUNDATION

Employer identification number

46-4950751

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance	<u> </u>	
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?		□ No

2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and other assistance outsi	de the
United States.		ga <u>_</u> a	procedures for morning and deeper in		
	ho following Part	L line 2 table of	an be duplicated if additional space is n	anded)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE	0	0	PROGRAM SERVICES	ENGAGEMENT, OUTREACH,	1 275 211
PACIFIC	0	U	PROGRAM SERVICES	AND RESEARCH	1,275,211.
EAST ASIA AND THE	0	0	FUNDRAISING		58,932.
EUROPE	0	0	PROGRAM SERVICES	ENGAGEMENT, OUTREACH, AND RESEARCH	260,684.
BOROTE	•		I ROSIUM BERVIOES	IND REDERICE	200,004.
EUROPE	0	0	FUNDRAISING		39,195.
NORTH AMERICA	0	0	PROGRAM SERVICES	CONFERENCES AND RESEARCH	13,727.
SOUTH AMERICA	0	0	PROGRAM SERVICES	ENGAGEMENT, OUTREACH, AND RESEARCH	923.
SOUTH AMERICA	0	0	FUNDRAISING		4,667.
CIID_CAUADAN ADDICA	0	0		ENGAGEMENT, OUTREACH, AND RESEARCH	902 070
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	MIND KESEWICH	893,870. 2,547,209.
3 a Subtotalb Total from continuation		<u> </u>			2,541,209.
sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			2,547,209.

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

Schedule F (Form 990) 2019

THE BARACK OBAMA FOUNDATION

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
recipient who received more than \$5,000. Part II can be duplicated if additional space is r	needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of	recipient organization	ı ns listed above that are r	I recognized as charities by the t	oreign country,	recognized as tax-ex	ı empt		I
by the IRS, or for which	ch the grantee or cou	nsel has provided a sect	ion 501(c)(3) equivalency letter					
3 Enter total number of	other organizations of	or entities						

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.								
Type of grant or assistance	(b) Region		(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)	
	Part III can be duplicated if a	Part III can be duplicated if additional space is neede	Part III can be duplicated if additional space is needed.	Part III can be duplicated if additional space is needed.	Part III can be duplicated if additional space is needed.	Part III can be duplicated if additional space is needed. Type of grant or assistance (b) Region (c) Number of recipients (d) Amount of cash grant (e) Manner of cash disbursement (f) Amount of noncash	Part III can be duplicated if additional space is needed. Type of grant or assistance (b) Region (c) Number of recipients (d) Amount of cash grant (d) Amount of cash disbursement (e) Manner of cash disbursement (f) Amount of noncash noncash assistance	

Page 4

Schedule F (Form 990) 2019
Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 THE BARACK OBAMA FOUNDATION	46-4950751	Page 5
Part V Supplemental Information		Ĭ
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accour	nting method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting meth	od); and Part III, column (c)	
(estimated number of recipients), as applicable. Also complete this part to provide any additional infor	mation. See instructions.	
PART I, LINE 3:		
THE EXPENDITURES ARE REPORTED USING THE ACCRUAL BASIS OF ACCOUNTING IN		
ACCORDANCE WITH ACCOUNTING PRINCIPLES CONTRALLY ACCORDED IN THE UNITED		
ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED		
STATES OF AMERICA ("U.S. GAAP").		
billing of Market (0.5. of m).		

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

THE BARACK OBAMA FOUNDATION						46-4950751		
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line								
required to complete this par		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00 01	11 01111 000, 1 are 14, 1	17.1011110	00 LZ	more are not	
 Indicate whether the organization rais Mail solicitations X Internet and email solicitations X Phone solicitations 	e X Solicita	tion of tion of	non-g gover	overnment grants				
d X In-person solicitations	g openia	iuiiuie	iioii ig	CVCITIS				
2 a Did the organization have a written	or oral agreement with any individual	(includ	lina of	ficers directors trus	tees or			
G	Part VII) or entity in connection with p	•	•		·	Yes	☐ No	
b If "Yes," list the 10 highest paid indi	, ,			J				
compensated at least \$5,000 by the		arre to	ug. oo.	monte ander which t	io rarraraioor k	, 10 50		
(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	to (or retaine fundraise	(v) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) organization		
ORR GROUP INC - 3000 K ST NW,		Yes	No					
WASHINGTON, DC 20007	DEVELOPMENT STRATEGY		х	0.	320,	000.	-320,000.	
COMMUNITY COUNSELING SERVICE	CULTIVATION AND							
CO LLC - 527 MADISON AVE, NEW	SOLICITATION		x	0.	230,	000.	-230,000.	
VICTORIA YANG SOUZA - 41	CULTIVATION AND							
LEDGEWOOD DR, COHASSET, MA	SOLICITATION		х	0.	172,	400.	-172,400.	
4 NORTH CONSULTING LLC - 255	CULTIVATION AND							
COLUMBIA ST, BROOKLYN, NY	SOLICITATION		х	0.	126,	356.	-126,356.	
SKY ADVISORY GROUP, INC	CULTIVATION AND							
9713 SANTA MONICA BLVD,	SOLICITATION		Х	0.	104,	507.	-104,507.	
KLB DEVELOPMENT LLC - 1851	CULTIVATION AND							
7TH AVE, NEW YORK, NY 10026	SOLICITATION		Х	0.	60,	000.	-60,000.	
RESTREPO STRATEGIES LLC -	CULTIVATION AND							
5335 MACARTHUR BLVD,	SOLICITATION		Х	0.	60,	000.	-60,000.	
				1,073,	263.	-1,073,263.		
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt fr	om re	gistration	
AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,I	L, KS, KY, ME, MD, MA, MI, MN, MS, N	V,NH,	NJ,N	M,NY,NC				
ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,W	A,WV,WI							

SEE PART IV FOR CONTINUATIONS

		of fundraising event contributions and gro	oss income on Form 990			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
_			(event type)	(event type)	(total number)	col. (c))
Revenue						
Reve	1	Gross receipts				
		Less: Contributions				
		Less. Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Ø	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
ot Ex	7	Food and beverages				
Dire						
	8	Entertainment				
	9	Other direct expenses				
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				
Pá	rt I	II Gaming. Complete if the organization a	answered "Yes" on Form	n 990, Part IV, line 19, or r	reported more than	l
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev		Crees revenue				
	1	Gross revenue				
ses	2	Cash prizes				
Kper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses				
	3	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	ı 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
a		the organization licensed to conduct gaming ac		states?		Yes No
t) If "	No," explain:				
	_					
		ere any of the organization's gaming licenses re		erminated during the tax y	rear?	Yes No
	_	•				

Sch	edule G (Form 990 or 990-EZ) 2019 THE BARACK OBAMA FOUNDATION	46-4950/51	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	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:		
а	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	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o 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:		
а	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	e	
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
<u>(I)</u>	NAME OF FUNDRAISER: COMMUNITY COUNSELING SERVICE CO LLC		
(I)	ADDRESS OF FUNDRAISER: 527 MADISON AVE, NEW YORK, NY 10022		
(I)	NAME OF FUNDRAISER: VICTORIA YANG SOUZA		
(I)	ADDRESS OF FUNDRAISER: 41 LEDGEWOOD DR, COHASSET, MA 02025		
(I)	NAME OF FUNDRAISER: 4 NORTH CONSULTING LLC		

Schedule (G (Form 990 or 990-EZ)	THE BARACK OBAMA	FOUNDATION		46-4950751	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)				
(I) ADDR	ESS OF FUNDRAISER:	255 COLUMBIA ST, BR	ROOKLYN, NY 11231			
(I) NAME	OF FUNDRAISER: SKY	ADVISORY GROUP, IN	īC.			
(I) ADDR	ESS OF FUNDRAISER:	9713 SANTA MONICA E	BLVD, BEVERLY HILLS	S, CA 90210		
(I) NAME	OF FUNDRAISER: RES	TREPO STRATEGIES LI	ı.C			
(I) ADDR	ESS OF FUNDRAISER:	5335 MACARTHUR BLVD	O, WASHINGTON, DC	20016		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization						Employer identification number	
THE BARACK OBA	MA FOUNDATION	1					46-4950751
Part I General Information on Grants ar	nd Assistance						
1 Does the organization maintain records to							
criteria used to award the grants or assis-							Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I	_				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$		be duplicated if addition	1		(f) Method of	T	,
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BLACK FAMILY DEVELOPMENT, INC. 2995 EAST GRAND BOULEVARD							COMMUNITY COORDINATOR FOR
	20 2240470	E01/G\/2\	100 000	0			YOUTH VIOLENCE PREVENTION
DETROIT, MI 48202	38-2248479	501(C)(3)	100,000.	0.			AND MENTORSHIP
CHANGE HAPPENS! 3353 ELGIN STREET							COMMUNITY COORDINATOR FOR YOUTH VIOLENCE PREVENTION
HOUSTON, TX 77004	76-0297531	501(C)(3)	100,000.	0.			AND MENTORSHIP
CHICAGO COMMUNITY LOAN FUND 29 E. MADISON STREET, SUITE 1700 CHICAGO, IL 60602	36-3762123	501(C)(3)	150,000.	0.			SUPPORT OF ECONOMIC DEVELOPMENT OF THE SOUTH SIDE OF CHICAGO
CHILDREN FIRST FUND: THE CHICAGO PUBLIC SCHOOLS FOUNDATION - 42 WEST MADISON STREET, FLOOR 3 - CHICAGO, IL 60602	36-4094830	501(C)(3)	10,000.	0.			CIVIC ACTION RECOGNITION AWARDS
LIBERTY HILL FOUNDATION 6420 WILSHIRE BOULEVARD LOS ANGELES, CA 90048	51-0181191	501(C)(3)	100,000.	0.			COMMUNITY COORDINATOR FOR YOUTH VIOLENCE PREVENTION AND MENTORSHIP
THE MASS MENTORING PARTNERSHIP, INC 75 KNEELAND ST., 11TH FLOOR - BOSTON, MA 02111	22-3207958	501(C)(3)	100,000.	0.			COMMUNITY COORDINATOR FOR YOUTH VIOLENCE PREVENTION AND MENTORSHIP
2 Enter total number of section 501(c)(3) ar	nd government orç	ganizations listed in the	e line 1 table				•14.
3 Enter total number of other organizations	listed in the line	1 table)

Schedule I (Form 990) THE BARACK OBAMA FOUNDATION 46-4950751

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) METROPOLITAN FAMILY SERVICES ONE NORTH DEARBORN, SUITE 1000 SUPPORT TO STRENGTHEN CHICAGO, IL 60602 36-2167940 501(C)(3) 50,000 0. FAMILIES AND COMMUNITIES THE NATIONAL ARCHIVES ASSEMBLY DIGITIZATION AND TRANSFER 8601 ADELPHI ROAD, SUITE 5100 OF OBAMA PRESTDENTIAL COLLEGE PARK, MD 20740 52-1374071 501(C)(3) 1,984,000 0 RECORDS NACA INSPIRED SCHOOLS NETWORK COMMUNITY COORDINATOR FOR 1000 INDIAN SCHOOL RD. NW YOUTH VIOLENCE PREVENTION ALBUQUERQUE, NM 87104 47-2981893 501(C)(3) 100,000 0. AND MENTORSHIP NEPPERHAN COMMUNITY CENTER, INC. COMMUNITY COORDINATOR FOR 342 WARBURTON AVENUE YOUTH VIOLENCE PREVENTION YONKERS, NY 10701 13-1876350 501(C)(3) 100,000 0 AND MENTORSHIP PUERTO RICO COMMUNITY FOUNDATION. COMMUNITY COORDINATOR FOR INC. - P.O. BOX 70362 - SAN JUAN. YOUTH VIOLENCE PREVENTION 66-0413230 501(C)(3) PR 00909 0. AND MENTORSHIP 100,000 SIERRA HEALTH FOUNDATION: CENTER FOR HEALTH PROGRAM MANAGEMENT COMMUNITY COORDINATOR FOR 1321 GARDEN HIGHWAY - SACRAMENTO, YOUTH VIOLENCE PREVENTION CA 95833 45-5282243 501(C)(3) 0. AND MENTORSHIP 100,000 URBAN STRATEGIES COUNCIL COMMUNITY COORDINATOR FOR 1720 BROADWAY, 2ND FLOOR YOUTH VIOLENCE PREVENTION 94-3044453 501(C)(3) AND MENTORSHIP OAKLAND, CA 94612 100 000 0. YOUTH GUIDANCE COMMUNITY COORDINATOR FOR YOUTH VIOLENCE PREVENTION 1 N LA SALLE ST, STE 900 CHICAGO, IL 60602 36-2167032 501(C)(3) 100,000. 0. AND MENTORSHIP

Page 1

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	recipionic				
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, column	n (b); and any other ac	Iditional information.	
PART I, LINE 2:					
GRANTEES ARE AWARDED BY COMMITTEES BASED ON VARIOU	S FACTORS AND	ARE RANKED			
USING A SCORING SYSTEM. THE COMMITTEE MEMBERS CONS	IST OF CONSUL	TANTS WHO			
	1001101010	ovan			
ARE QUALIFIED TO EVALUATE THE MERITS OF THE GRANT	APPLICATIONS.	ONCE			
SELECTED, GRANTEES ARE REQUIRED TO SUBMIT INTERIM	ACCOUNTING RE	PORTS AS			
WELL AS A FINAL ACCOUNTING OF ALL EXPENDITURES, DE	LIVERABLES AN	ID RESULTS 90			
DAYS AFTER THE TERMINATION OF THE GRANT.					

SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

THE BARACK OBAMA FOUNDATION

Employer identification number 46-4950751

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	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	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 (4958-6/c)2	a		

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019 THE BARACK OBAMA FOUNDATION 46-4950751 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) DAVID SIMAS	(i)	626,183.	0.	0.	11,500.	20,282.	657,965.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) ROBBIN COHEN	(i)	573,435.	0.	0.	7,948.	21,757.	603,140.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) RALPH LESLIE	(i)	336,984.	0.	0.	11,500.	8,981.	357,465.	0.	
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) ADEWALE ADEYEMO	(i)	219,231.	0.	0.	0.	249.	219,480.	0.	
PRESIDENT (BEG 8/6/19)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) GLENN BROWN	(i)	447,212.	0.	0.	0.	7,075.	454,287.	0.	
CHIEF DIGITAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) ANNE FILIPIC	(i)	409,692.	0.	0.	11,500.	7,207.	428,399.	0.	
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) JORDAN KAPLAN	(i)	303,827.	0.	0.	0.	13,853.	317,680.	0.	
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) BERNADETTE MEEHAN	(i)	300,843.	0.	0.	11,200.	19,550.	331,593.	0.	
CHIEF INTERNATIONAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) ADDAR LEVI	(i)	285,372.	0.	0.	9,779.	12,733.	307,884.	0.	
GENERAL COUNSEL (BEG 4/15/19)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) MICHAEL STRAUTMANIS	(i)	282,011.	0.	0.	11,200.	20,282.	313,493.	0.	
CHIEF ENGAGEMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(11) LOUISE BERNARD	(i)	233,398.	0.	0.	8,577.	7,506.	249,481.	0.	
MUSEUM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(12) ROARK FRANKEL	(i)	239,940.	0.	0.	0.	20,146.	260,086.	0.	
DIRECTOR OF PLANNING AND CONTRUCTION	(ii)	0.	0.	0.	0.	0.	0.	0.	
(13) MICHAEL SMITH	(i)	206,990.	0.	0.	7,654.	7,145.	221,789.	0.	
DIR, MBK ALLIANCE & YOUTH OPP	(ii)	0.	0.	0.	0.	0.	0.	0.	
(14) ELISABETH SICILIANO	(i)	199,208.	0.	0.	7,948.	6,918.	214,074.	0.	
DIR, OFFICE OF CEO & CORP COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.	
(15) KORI SCHULMAN	(i)	197,577.	0.	0.	0.	13,292.	210,869.	0.	
EDITOR IN CHIEF & DIGITAL PSHIP DIR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(16) CHRIS WYANT	(i)	192,276.	0.	0.	0.	0.	192,276.	0.	
DEPUTY CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990.

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

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

Pai	t I Types of Property				<u> </u>		
		(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 do noncash contribu	etermining	
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	Х	37	21,184,842.	FMV, DATE OF REC	EIPT	
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						•
	trust interests	Х	1	9,100,000.	FMV, DATE OF REC	EIPT	
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial	X	3	248,700.	FMV, DATE OF REC	EIPT	
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	<u> </u>		010 021			
25	Other (SOFTWARE)	X	2	· · · · · · · · · · · · · · · · · · ·	FMV, DATE OF REC		
26	Other (SUPPLIES)	X	4	157,900.	FMV, DATE OF REC	EIPT	
27	Other ()						
<u>28</u> 29	Other () Number of Forms 8283 received by the organize	-ation during	the toy year far a	antributions			
29	for which the organization completed Form 82			I I			0
	for which the organization completed form oz	00, 1 ait iv, i	Jones Acknowledg	gernent <u>23 </u>		Ve	s No
30a	During the year, did the organization receive by	v contributio	n any property rep	orted in Part I lines 1 throug	h 28 that it		,3 110
oou	must hold for at least three years from the date						
	exempt purposes for the entire holding period			Willow long troquiled to be de		30a	х
h	If "Yes," describe the arrangement in Part II.	•				354	
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribut	ions?	31 X	
	Does the organization hire or use third parties						\top
			_	, p. 55555, 5. 551		32a	x
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	cked,		
	describe in Part II.				<u> </u>		
			· · · · · · · · · · · · · · · · · · ·				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

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.

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

OMB No. 1545-0047 Inspection

Name of the organization

THE BARACK OBAMA FOUNDATION

Employer identification number 46-4950751

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE FOUNDATION'S MISSION IS TO INSPIRE, EMPOWER, AND CONNECT PEOPLE TO
CHANGE THEIR WORLD AND TO HONOR THE LEGACY OF PRESIDENT AND MRS. OBAMA.
FORM 990 PART III, LINE 1:
THE FOUNDATION'S MISSION IS TO INSPIRE, EMPOWER, AND CONNECT PEOPLE TO
CHANGE THEIR WORLD AND TO HONOR THE LEGACY OF PRESIDENT AND MRS. OBAMA.
A CORE PURPOSE OF THE FOUNDATION IS TO BUILD THE OBAMA PRESIDENTIAL
CENTER, HOUSING THE PRESIDENTIAL MUSEUM, IN JACKSON PARK ON THE SOUTH
SIDE OF CHICAGO. THE MUSEUM WILL TELL THE STORY OF OUR NATION'S FIRST
AFRICAN-AMERICAN PRESIDENT AND FIRST LADY, THEIR PATH TO THE WHITE
HOUSE, AND THE COUNTLESS INDIVIDUALS, COMMUNITIES, AND SOCIAL CURRENTS
THAT SHAPED THEIR JOURNEY. THE MUSEUM WILL FOCUS ON THE HISTORIC OBAMA
PRESIDENCY, ITS SUCCESSES AND CHALLENGES, AND ITS LEGACY OF INSPIRING
INDIVIDUAL PEOPLE TO COME TOGETHER TO SOLVE PROBLEMS IN THEIR
COMMUNITY. THE CENTER WILL USE THE OBAMAS' PERSONAL STORY OF COMMUNITY
ENGAGEMENT AND PUBLIC SERVICE TO INSPIRE VISITORS TO FIND THEIR OWN
PATHS TO CIVIC ENGAGEMENT AND LEADERSHIP.
BUILDING ON THE OBAMAS' EXAMPLE OF ENGAGED CITIZENSHIP, FOUNDATION
PROGRAMMING FOCUSES ON GIVING THE NEXT GENERATION OF LEADERS THE TOOLS
THEY NEED TO CREATE POSITIVE CHANGE IN THEIR COMMUNITIES. THROUGH OUR
OBAMA FELLOWS, SCHOLARS, LEADERS, COMMUNITY LEADERSHIP CORPS, MY
BROTHER'S KEEPER ALLIANCE, AND GIRLS OPPORTUNITY ALLIANCE, WE INVEST IN
HUMAN POTENTIAL TO HELP EMERGING COMMUNITY LEADERS BUILD THE WORLD THEY

Name of the organization THE BARACK OBAMA FOUNDATION	Employer identification number 46-4950751
WANT TO SEE.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
SCHOLARS: OUR SCHOLARS PROGRAM SUPPORTS RISING LEADERS AROUND THE WORLD	
VIA A ONE-YEAR RESIDENTIAL PROGRAM THAT BRINGS TOGETHER ACADEMIC,	
SKILLS-BASED, AND HANDS-ON LEARNING. FOR THE 2019-2020 SCHOOL YEAR, THE	
SCHOLARS PROGRAM INCLUDED 19 SCHOLARS AT THE UNIVERSITY OF CHICAGO AND	
11 SCHOLARS AT COLUMBIA UNIVERSITY.	
LEADERS: LEADERS: AFRICA AND LEADERS: ASIA-PACIFIC ARE YEAR-LONG	
LEADERSHIP PROGRAMS AIMED AT BUILDING AND EMPOWERING REGIONAL NETWORKS	
OF CHANGEMAKERS. EACH REGIONAL COHORT PROVIDES VALUES-BASED TRAINING TO	
200 YOUNG LEADERS. THE LEADERS: AFRICA PROGRAM BEGAN IN 2018 IN	
JOHANNESBURG, AND THE LEADERS: ASIA-PACIFIC PROGRAM LAUNCHED IN KUALA	
LUMPUR IN DECEMBER 2019 WITH BOTH PRESIDENT AND MRS. OBAMA ATTENDING.	
COMMUNITY LEADERSHIP CORPS: THE COMMUNITY LEADERSHIP CORPS IS A 6-MONTH	
PROGRAM IN WHICH YOUNG PEOPLE AGES 18-25 WORK IN TEAMS TO COMPLETE	
PROJECTS IN THEIR COMMUNITIES SUPPORTED BY IN-PERSON AND ONLINE	
TRAINING RESOURCES. IN 2019, COMMUNITY LEADERSHIP CORPS WERE HELD IN	
CHICAGO AND HARTFORD, CONNECTICUT. A TOTAL OF 115 YOUNG LEADERS	
PARTICIPATED.	
GIRLS OPPORTUNITY ALLIANCE: THE GIRLS OPPORTUNITY ALLIANCE SEEKS TO	
EMPOWER ADOLESCENT GIRLS AROUND THE WORLD THROUGH EDUCATION, SO THAT	
THEY CAN, IN TURN, SUPPORT THEIR FAMILIES, COMMUNITIES, AND COUNTRIES.	
IN 2019, MRS. OBAMA VISITED A PROJECT OF THE ALLIANCE IN VIETNAM,	

Name of the organization THE BARACK OBAMA FOUNDATION	Employer identification number 46-4950751
ENGAGING PEOPLE AROUND THE WORLD TO TAKE ACTION TO HELP THE GRASSROOTS	10 1500701
LEADERS WHO BEST UNDERSTAND THE UNIQUE CHALLENGES GIRLS FACE IN THEIR	
LOCAL COMMUNITIES AND THE STRATEGIES NEEDED TO OVERCOME THEM.	
MY BROTHER'S KEEPER ALLIANCE: MBK ALLIANCE LEADS A NATIONAL CALL TO	
ACTION FOCUSED ON BUILDING SAFE AND SUPPORTIVE COMMUNITIES FOR BOYS AND	
YOUNG MEN OF COLOR WHERE THEY FEEL VALUED AND HAVE CLEAR PATHWAYS TO	
OPPORTUNITY. IN 2019, MBK ALLIANCE HELD MBK RISING!, A CELEBRATION OF	
MBK'S FIFTH ANNIVERSARY, BRINGING TOGETHER MORE THAN A THOUSAND	
PARTICIPANTS IN OAKLAND TO HEAR FROM PRESIDENT OBAMA AND LEARN BEST	
PRACTICES FROM EACH OTHER. MBK ALLIANCE ALSO SUPPORTED ITS SEED AND	
IMPACT COMMUNITY GRANTEES BOTH IN CHICAGO AND AROUND THE UNITED	
STATES.	
OBAMA YOUTH JOBS CORPS: IN PARTNERSHIP WITH URBAN ALLIANCE, THE OBAMA	
YOUTH JOBS CORPS INCREASES ACCESS TO ECONOMIC OPPORTUNITY FOR HIGH	
SCHOOL STUDENTS IN SOME OF THE MOST UNDERSERVED COMMUNITIES IN CHICAGO.	
THROUGH WORKFORCE READINESS TRAINING AND EARLY, MEANINGFUL WORK	
EXPERIENCE AT BUSINESSES AND NONPROFIT ORGANIZATIONS THROUGHOUT THE	
CITY, OYJC GAVE STUDENTS THE SKILLS, EXPERIENCE, AND EXPOSURE NEEDED TO	
SUCCEED. OYJC SERVED MORE THAN 100 CHICAGO PUBLIC SCHOOLS SOPHOMORES	
AND JUNIORS IN EACH OF THE 2018-2019 AND 2019-2020 ACADEMIC SCHOOL	
YEAR.	
FORM 990, PART VI, SECTION A, LINE 2:	
PENNY PRITZKER AND JOHN KEVIN POORMAN HAVE A BUSINESS RELATIONSHIP.	

Name of the organization THE BARACK OBAMA FOUNDATION	Employer identification number 46-4950751
THE BARACK OBAMA FOUNDATION AMENDED ITS BYLAWS ON AUGUST 8, 2019 TO ADD A	
PRESIDENT POSITION AS PART OF THE ORGANIZATION.	
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 COMPLETE A CONFLICT OF	
INTEREST DISCLOSURE ON AN ANNUAL BASIS. THE FOUNDATION'S GENERAL COUNSEL	
REVIEWS ALL DISCLOSURES AND WORKS WITH THE DISINTERESTED MEMBERS OF THE	
AUDIT AND RISK COMMITTEE AND THE BOARD OF DIRECTORS TO EVALUATE POTENTIAL	
CONFLICTS OF INTEREST IN ACCORDANCE WITH THE FOUNDATION'S CONFLICTS OF	
INTEREST POLICY. DIRECTORS WITH POTENTIAL CONFLICTS OF INTEREST RECUSE	
THEMSELVES FROM BOARD DISCUSSIONS AND DECISION MAKING.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD OF DIRECTORS USES COMPARABILITY DATA AND A COMPENSATION	
CONSULTANT TO REVIEW AND APPROVE THE COMPENSATION OF THE CEO, 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,ME,MD,MA,MI,MN,MS,NV,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	Schodulo O /Form 990 or 990 F7) /2010

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization THE BARACK OBAMA FOUNDATION	Employer identification number 46-4950751
ALSO AVAILABLE ON THE FOUNDATION'S WEBSITE AND GUIDESTAR 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.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	THE BARACK OBAMA FOUN	IDATION					46-4950751														
Part I	Identification of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.																	
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	l l		(d) (e) otal income End-of-year asse		• • • • • • • • • • • • • • • • • • •				I I				I I		I I		assets Direct co)
Part II	Identification of Related Tax-Exempt Organiza	tions. Complete if the organization a	answered "Yes" on Form 990	, Part IV, line 34, t	pecause it had one	or more	related tax-exer	npt													
	organizations during the tax year. (a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direc	(f) ct controlling entity	Section 5 contr	olled												
					501(c)(3))			Yes	No												

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

organizations trouted as a partitioning drawing the tark year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	1	ortionate itions?	Code V-UBI amount in box 20 of Schedule	General of managin partner?	Percentage ownership
		country)		sections 512-514)		455015	Yes	No	K-1 (Form 1065)	Yes No	
]										
]										
	1										
	1										
	1										
	1										
	-										
											+
	-										
-	-										
	-										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	1	i) ction b)(13) rolled ity?
		country)						Yes	No
			THE BARACK						ĺ
			OBAMA						ĺ
CHARITABLE LEAD ANNUITY TRUST	ANNUITY TRUST	CA	FOUNDATION					х	ĺ
	1								1
									1
	1								ĺ
									1
	1								ĺ
									1
	1								
	1								1

Page 3

Х

Yes No

1a

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				. 1b		X
С	Gift, grant, or capital contribution from related organization(s)				. 1c	Х	
							Х
е	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				. 1g		Х
h	Purchase of assets from related organization(s)				. 1h		Х
i	Exchange of assets with related organization(s)				. 1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				. <u>1j</u>		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				. 1k		Х
- 1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		Х
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			. 1n		Х
0	Sharing of paid employees with related organization(s)				. <u>1o</u>		Х
	Reimbursement paid to related organization(s) for expenses						Х
q	Reimbursement paid by related organization(s) for expenses				. 1q		Х
	Other transfer of cash or property to related organization(s)						Х
s	Other transfer of cash or property from related organization(s)				. 1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered rel	ationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	involved		
1) (CHARITABLE LEAD ANNUITY TRUST	С	9,100,000.F	MV			
2)							
3)							
4)							
E\							
5)							
6)							
	3 09-10-19	1		Schadi	le R (For	ກ 990	2019
02 10	3 03 10 10			Schedu	(1 011	550	, 2019

Schedule R (Form 990) 2019 THE BARACK OBAMA FOUNDATION 46-4950751 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(b)	(c)	(d)	(e) Are a)	(f)	(g)	(1	ո)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile		Are a partners	ıll s sec.		Share of	Disp	opor- nate		General	or Percentage
of entity	, ,	(state or foreign	(related, unrelated,	partners 501(c) orgs.)(3)	total	end-of-year	alloca	nate tions?	amount in box 20	managi	ownership
		country)	sections 512-514)	Yes I			assets		No	(Form 1065)	Yes N	
			300000000000000000000000000000000000000	165 1	NO			162	NO	(1 01111 1000)	Tes IV	^
					\dashv						\vdash	+
					J							
					\neg							
					\dashv						\vdash	
					\neg							
					ļ							
					J							
					J							
					ļ							
					ļ							
					ļ							