DLN: 93493195036500 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 D Employer identification number B Check if applicable THE BARACK OBAMA FOUNDATION ☐ Address change 46-4950751 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 5235 SOUTH HARPER COURT NO 1140 ☐ Amended return ☐ Application pending (773) 420-1700 City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL $\,\,$ 60615 $\,$ G Gross receipts \$ 162,526,720 Name and address of principal officer H(a) Is this a group return for DAVID SIMAS □Yes ☑No subordinates? 5235 SOUTH HARPER COURT NO 1140 H(b) Are all subordinates CHICAGO, IL 60615 ☐ Yes ☐No included? Tax-exempt status **✓** 501(c)(3) 4947(a)(1) or □ 527 If "No," attach a list (see instructions) 501(c)() **◀** (insert no) **H(c)** Group exemption number ▶ Website: ► WWW OBAMA ORG L Year of formation 2014 M State of legal domicile DC K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities 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 Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 14 Number of independent voting members of the governing body (Part VI, line 1b) 5 203 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 985 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 7b b Net unrelated business taxable income from Form 990-T, line 39 0 **Prior Year Current Year** 139,662,706 163,949,264 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 701,270 1,667,055 23,775 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -21,268 164,674,309 141,308,493 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 3,950,000 3,194,000 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 18,576,333 24,654,533 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 312,000 1,073,263 b Total fundraising expenses (Part IX, column (D), line 25) ▶10,351,002 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 23,050,047 25,861,457 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 45,888,380 54,783,253 19 Revenue less expenses Subtract line 18 from line 12 . 118,785,929 86,525,240 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 355,887,803 439,375,134 9,829,875 21 Total liabilities (Part X, line 26) . 12,867,784 22 Net assets or fund balances Subtract line 21 from line 20 . 429,545,259 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-07-13 Signature of officer Sign Here RALPH LESLIE CFO Type or print name and title Date Print/Type preparer's name Preparer's signature Check I If P00769270 Paid self-employed Firm's name ► DELOITTE TAX LLP Firm's EIN ▶ 86-1065772 **Preparer** Use Only Firm's address ▶ 111 SOUTH WACKER DRIVE Phone no (312) 486-1000 CHICAGO, IL 60606 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019) Cat No 11282Y

Form	990 (2019)					Page 2
Pa	till Stat	ement of Program Se	rvice Accomplis	hments		
	Chec	k ıf Schedule O contains a	response or note to	any line in this Part III		🗹
1	Briefly descr	ibe the organization's miss	ion			
SEE S	SCHEDULE O					
_	5.1.1					
2	-	nization undertake any sig		. ,	nich were not listed on	□ Yes ☑ No
		m 990 or 990-EZ?				□ Yes 🛂 No
3		cribe these new services of nization cease conducting,		changes in how it cond	usta any program	
3	_		_	changes in now it cond	ucts, any program	□ Yes ☑ No
		cribe these changes on Sch				⊔ Yes 💌 No
4					I	
7	Section 501	(c)(3) and 501(c)(4) organ	ızatıons are required	to report the amount of	largest program services, as meas of grants and allocations to others,	
	expenses, a	nd revenue, if any, for each	n program service re	ported		
4a	(Code) (Expenses \$	23,167,927	including grants of \$	1,010,000) (Revenue \$	-21,268)
	See Additional	Data				
4b	(Code) (Expenses \$	10,505,682	ıncludıng grants of \$	2,184,000) (Revenue \$)
	See Additional	Data				
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other progra (Expenses \$	am services (Describe in So	thedule O) including grants of	.) (Revenue \$,
	•			•) (Revenue \$	
4e	lotal progr	am service expenses ►	33,673,6	09		Form 990 (2019)

19

Pa	t 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🛸	2	Yes	
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		No
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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			No

Schedule D, Part I 📆 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 💆 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"

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

complete Schedule D, Part III 🥦

Nο 7

Yes

8

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

21

Yes

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Yes

Yes

Yes

Yes

9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Yes 11a

No Nο

No

No

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🔧

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

valued at \$100,000 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

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV 🛸

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

Form	990 (2019)			Page 4
Par	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		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
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		No
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? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
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		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M ***	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			

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

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

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

No

Yes

Yes

221

0

1c

1a

1b

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Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)? If "Yes," enter the name of the foreign country	4a		No
E	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		No No
эа b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	-		No No
		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		NI -
	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		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).	7.	Vac	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
u	Thes, indicate the number of Forms 6262 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
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 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
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		
	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			
	Enter the amount of reserves on hand	10-		NI-
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If Yes," has it filed a Form 720 to report these payments 11 "No, provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	14b		
	parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No

orm	990 (2019)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	•		lines 🗹
Se	ction A. Governing Body and Management			
			Yes	No
la	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 in Schedule O			
b	Enter the number of voting members included in 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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
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		No
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		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			11
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u>Cod</u> €		
40-	Did the comment of heart level thanks in the second	10-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
U	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	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			ı
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	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		No
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		
Se	ction 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 , , MD , MA , MI , MN , MS , NV , NH , NJ , N , OK , OR , PA , RI , SC , TN , UT , VA , WA	M , NY	, NC , I	
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			

policy, and financial statements available to the public during the tax year

20

State the name, address, and telephone number of the person who possesses the organization's books and records ►RALPH LESLIE CFO 5235 SOUTH HARPER COURT NO 1140 CHICAGO, IL 60615 (773) 420-1700

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Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	/ees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	this	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees	, an	id H	lighe	st C	Compensated En	nployees	
year .	e this table for all persons require		·						, ,		
of compensa	of the organization's current off ation Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas p	paid				
	of the organization's current key										
who receive	organization's five current high d reportable compensation (Box and any related organizations										
	of the organization's former office e compensation from the organiz						pensat	ed e	employees who rece	ived more than \$10	0,000
organızatıor	of the organization's former dire n, more than \$10,000 of reportab	le compensation	n from t								e
	ions for the order in which to list	•									
☐ Check t	this box if neither the organization		d orgar	nizatio			ensate	d ar	ny current officer, di	rector, or trustee	_
	(A) Name and title	(B) Average hours per week (list any hours for related	than o	ne b	ox, ι n of or/t	t che unles ficer rust	· and a ee)	on	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
See Addition	al Data Table										_
					_						
											_

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

Page 8

Pa	Section A. Officers, Direc	tors, musices	s, key	Emp.	ioye	zes,	, allu	nıgı	nest Compensate	zu cilipioyees	(COIII	unueu)	
	(A) Name and title	(B) Average hours per week (list any hours for related	than c	one be both a direct	οοχ, ι an of	ot ch unle officei	heck mo ess pers er and a stee)	rson a	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	n I s	Estima amount o compens from	ated of other sation the
		organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	- (W-2/1099- MISC)	(W-2/1099- MISC)		organizati relati organiza	ed
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See .	Additional Data Table				\perp	\perp		\perp			\perp		
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			<u> </u>	\perp	\perp	\perp		\perp			\dashv		
			<u> </u>		\perp	\perp		\perp			\perp		
	Sub-Total			•	•	•		_			$\overline{+}$		
	Total from continuation sheets to P Total (add lines 1b and 1c)	•					>		5,054,179		0		285,782
2	Total number of individuals (including of reportable compensation from the	ng but not limited	d to thos				re) who	o rec	:eived more than \$1	.00,000			
						_					_	Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .									l employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual									n the	4		
5	Did any person listed on line 1a recei									lividual for		1	
	services rendered to the organization		lete Sch	ıedul€	∍ J fo	or sı	uch pei	rson			5		No
Se	ection B. Independent Contract Complete this table for your five high			de	nt c	ontr	ractors	that	received more that	n \$100.000 of co	mner	reation	
	from the organization Report compe	ensation for the c								n's tax year	111111		
		(A) and business addre	ess							(B) cription of services		Compen	nsation
	WILLIAMS BILLIE TSIEN ARCHITECTS								ARCHITECT	S		8	8,678,754
NEW '	CENTRAL PARK SOUTH YORK, NY 10019												
	ESIDE ALLIANCE								CONSTRUC	TION MANAGEMENT		2,	2,753,632
GARY	5 W 15TH AVE Y, IN 46404												
TCC2									PROJECT MA	IANAGEMENT		۷,	2,570,510
CHICA	N MICHIGAN AVENUE SUITE 1930 CAGO, IL 60601								EVITRIT DI			ļ	
	PH APPELBAUM ASSOCIATES								EXHIBIT DE	:SIGN		۷,	2,418,884
NEW '	INE STREET 29 FL YORK, NY 10005								LECAL CED			ļ.,	
	EY AUSTIN SOUTH DEARBORN ST								LEGAL SER\	/ICES		1,	.,776,143
CHICA	CAGO, IL 60603 Total number of independent contractor	/ -1:1:	· - 6 loa		· - 4		1 -5 - 4		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	U #100 0			
י כ	Lotal number of independent contractor	ors (includina but	t not lim	nited '	to th	nose	- listed	aboʻ	ve) who received m	iore than \$100.00	JU ot		

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

		(2019)								Page 9
Part	VIII									
		Check If Sched	dule (O contains a	respo	onse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campa	igns	1	1a			revenue		512 - 514
nts nts	Ŀ	b Membership dues	_	.	1b	<u> </u>				
ons, Gifts, Grants Similar Amounts		Fundraising even		.	1c					
IS, (١,	d Related organiza		L	1d	9,100,000				
Gif ilar		e Government grants		L	1e	<u> </u>				
ns,	f	F All other contributio								
ıtio er		and similar amounts above	s not	included	1f	130,562,706				
tributio Other	g	Noncash contributio	ns in	cluded in						
Contributions, Gifts, Grants and Other Similar Amounts	١.			Ĺ	1 g	30,910,339				
ت ق	<u> </u>	h Total. Add lines :	1a-11	· · ·	•	P	139,662,706			
	2a					Business Code				
P.F.	ь	_								
æ						-				+
MC+	С									
Program Service Revenue	d									
'an										
Togi	e									
Δ.	f	All other program	serv	ice revenue						
		Total. Add lines 2			>		1	1		
	3 I	Investment Income	(ınc	luding divide	nds, ı	nterest, and other	1,682,892	,		1,682,892
		imilar amounts). Income from invest		 t of tay-eyer		ond proceeds •				1,002,092
							-			
		·		(ı) Rea		(II) Personal				
	62	Gross rents	6a							
		Less rental					-			
		expenses	6b							
		Rental income or (loss)	6с							
	d	Net rental income	or (loss)			1			
				(ı) Securi	ties	(II) Other				
	7a	Gross amount from sales of	7a	21,1	69,005	5				
		assets other than inventory								
	ь	Less cost or	7b	21.1	.84,842		7			
		other basis and sales expenses		21,1	.04,042					
	c	Gain or (loss)	7c	-	15,837	7				
		Net gain or (loss)	Ч.			· · · •	-15,837	7		-15,837
a)	8a	Gross income from fu (not including \$	ındraı	sing events of						
E C		contributions reported	d on I	ine 1c)						
ě		See Part IV, line 18			8a					
7	l	Less direct expen Net income or (los			8b	onts				
Other Revenue	١	. IVet income or (los	(S)	om rumuraisi	Ing ev	ents •				
		Gross income from See Part IV, line 19								
					9a 9b		4			
		Less direct expen Net income or (los				les .	J			
			-,	-··· J						
	10a	Gross sales of inve returns and allowa				12,117				
	b	Less cost of good			10a 10b		⊣			
		Net income or (los						-21,268		
		Miscellaneo				Business Code				
	11	a								
	Ь	<u> </u>								
	C	1								
		- 								
		All other revenue								
		Total. Add lines 1				•				
	12	Total revenue. S	ee in	structions .	•	• • • •	141,308,493	-21,268		0 1,667,055
										Form 990 (2019)

3,845,040

113,540

244,629

389,710

1,073,263

630,676

83,825

333,751

450,324

983,199

176,315

223,249

41,571

786,333

76,413

10,351,002

Form **990** (2019)

Part IX	Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must	complete all columns	All other organization	ns must complete co	lumn (A)
	Check if Schedule O contains a response or note to a	ny line in this Part IX			\square
	clude amounts reported on lines 6b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	s and other assistance to domestic organizations and stic governments See Part IV, line 21	3,194,000	3,194,000		
	s and other assistance to domestic individuals See /, line 22				
gover	s and other assistance to foreign organizations, foreign nments, and foreign individuals See Part IV, lines 15 6				
4 Benef	its paid to or for members				
5 Comp	ensation of current officers, directors, trustees, and	3,784,790	1,846,091	1,039,535	899,164

17,552,718

503.577

1,084,990

1,728,458

420,007

53,177

1,073,263

4,888,498

920,371

1,204,452

2,144,402

3,789,266

5,819,873

1,063,091

2,947,187

2,249,679

146,458

34,254

54,783,253

180,742

9,668,190

271,743

585,489

932,721

3,465,450

282,521

348,058

1,243,754

2,298,791

5,523,245

616,593

101,215

1,096,681

2,131,959

32,854

34,254

33,673,609

4,039,488

118,294

254,872

406,027

420,007

53,177

792,372

554,025

522,643

450,324

507,276

120,313

223,249

37,956

1,064,173

117,720

37,191

10,758,642

key employees 6 Compensation not included above, to disqualified persons (as

defined under section 4958(f)(1)) and persons described in

8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . .

section 4958(c)(3)(B)

e Professional fundraising services See Part IV, line 17

(A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e

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)

g Other (If line 11g amount exceeds 10% of line 25, column

7 Other salaries and wages .

10 Payroll taxes . .

b Legal .

c Accounting . **d** Lobbying . . .

13 Office expenses .

15 Royalties .

17 Travel .

16 Occupancy .

23 Insurance .

14 Information technology .

20 Interest

9 Other employee benefits . . .

f Investment management fees . .

12 Advertising and promotion . . .

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization .

21 Payments to affiliates

expenses on Schedule O) a COMMUNICATIONS

b PROGRAM CONTRACTUAL

c PROFESSIONAL DEVEL

d COLLECTIONS

e All other expenses

11 Fees for services (non-employees) a Management

Form 990 (2019)

2

3

Assets

Fund Balances

ō 29

Assets 30

27

28

31

32

33

End of year

Beginning of year

100,093,303

218.287.411

2,654,295

33,065,629

1,787,165

355,887,803

10,571,026

1.750.000

516,200

30.558

12.867.784

113,680,390

229,339,629

343,020,019

355,887,803

1

2

3

4

5

6 7

8

9

10c

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12 13

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17

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20 21

22 23

24

25

26

27

28

29

30

31

32

33

Page **11**

156,237,536

212,549,015

2,997,041

57,023,527

10,568,015

439,375,134

6,322,490

2.250.000

516.200

741.185

9.829.875

429,545,259

439,375,134

Form 990 (2019)

	 neck if Schedule O contains a response or note to any line in this Part IX	
_		
Begii		

Cash-non-interest-bearing Savings and temporary cash investments .

Pledges and grants receivable, net . . . Accounts receivable, net

Loans and other 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . . Inventories for sale or use . Prepaid expenses and deferred charges .

10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D 10b

b Less accumulated depreciation 11 Investments—publicly traded securities . 12 13 Investments—program-related See Part IV, line 11 14 Intangible assets . 15 Other assets See Part IV, line 11 . . .

16

Investments—other securities See Part IV, line 11 . Total assets. Add lines 1 through 15 (must equal line 34) . Accounts payable and accrued expenses

Grants payable .

17 18 19 Deferred revenue . . 20 Tax-exempt bond liabilities . 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other 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

Secured mortgages and notes payable to unrelated third parties

22 23 24 Unsecured notes and loans payable to unrelated third parties 25

Liabilities and other liabilities not included on lines 17 - 24)

Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 . .

26 Organizations that follow FASB ASC 958, check here ▶ complete lines 27, 28, 32, and 33.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

58,636,255

1,612,728

186,984,793 242,560,466

3a

3b

No

Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 46-4950751

Name: THE BARACK OBAMA FOUNDATION

Form 990 (2019)

Form 990, Part III, Line 4a:

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 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, ENGAGING PEOPLE AROUND THE WORLD TO TAKE ACTION TO HELP THE GRASSROOTS 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, DYIC 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 III, Line 4b: 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

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the compensation from related any hours and a director/trustee) organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

DIRECTOR/VP/TREASURER (END 11/19)

DIRECTOR/VP/TREASURER (BEG 11/19)

ROBERT WOLF

SEAN PARKER

MICHAEL SACKS

JUAN SALGADO

JULIANNA SMOOT

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

	1 2,							(1)	(1)		
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations	
MARTIN H NESBITT DIRECTOR/CHAIRPERSON	10 00	×		х				0	0	0	
JOHN KEVIN POORMAN DIRECTOR/PRESIDENT	10 00	×		х				0	0	0	
PENNY PRITZKER DIRECTOR/VICE CHAIRPERSON	10 00	×		х				0	0	0	
				_	-	-					

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DIRECTOR/PRESIDENT		^	χ.				
PENNY PRITZKER	10 00	×	Х			0	
DIRECTOR/VICE CHAIRPERSON			*				
DAVID PLOUFFE	1 00	×	Х			0	
DIRECTOR/VP/SECRETARY		^	ζ				
DEVAL PATRICK	1 00						

1 00

1 00

1 00

1 00

1 00

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the compensation from related any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and [요[종[일프] 팟

MISC)

0

626,183

573,435

336,984

219,231

447,212

0

0

0

31,782

29,705

20,481

249

7,075

MISC

related

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	below dotted line)	idividual trustee I director	nstitutional Trustee	ey employee	ghest compensated nplovee	ormer	MISC	MISC)	organizations
JOHN DOERR DIRECTOR	1 00	×					0	0	0
DR MAHALIA A HINES DIRECTOR	1 00	х					0	0	0
GLENN HUTCHINS DIRECTOR	1 00	х					0	0	0
THELMA GOLDEN	1 00								

Χ

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Χ

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40 00

40 00

40 00

40 00

40 00

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DIRECTOR		_ ^		
GLENN HUTCHINS	1 00	×		
DIRECTOR				
THELMA GOLDEN	1 00	×		
DIRECTOR		_ ^		
JOHN BOCERS	1 00			П

and Independent Contractors

JOHN ROGERS

DAVID SIMAS

ROBBIN COHEN

RALPH LESLIE

GLENN BROWN

EXECUTIVE DIRECTOR

ADEWALE ADEYEMO

CHIEF EXECUTIVE OFFICER

CHIEF FINANCIAL OFFICER

PRESIDENT (BEG 8/6/19)

CHIEF DIGITAL OFFICER

......

DIRECTOR

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

LOUISE BERNARD

MUSEUM DIRECTOR

...... DIRECTOR OF PLANNING AND CONTRUCTION

......

ROARK FRANKEL

MICHAEL SMITH

KORI SCHULMAN

ELISABETH SICILIANO

DIR, MBK ALLIANCE & YOUTH OPP

DIR, OFFICE OF CEO & CORP COUNSEL

EDITOR IN CHIEF & DIGITAL PSHIP DIR

	ally flours	ا مانات	a uii	ecto	71 / []	usice	,	Organization	organizations	iloni die
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ANNE FILIPIC CHIEF PROGRAM OFFICER	40 00				×			409,692	0	18,707
JORDAN KAPLAN CHIEF DEVELOPMENT OFFICER	40 00				×			303,827	0	13,853
BERNADETTE MEEHAN	40 00				х			300,843	0	30,750

40 00				×			303 827	0	
				^			303,027	5	
				×			300,843	0	
••••••				×			285,372	0	
	40 00	40 00	40 00	40 00	40 00 X	40 00 X	40 00 X	X 303,827 40 00 X 300,843	X 303,827 0 40 00 X 300,843 0

40 00

40 00

40 00

40 00

40 00

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BERNADETTE MEEHAN	40 00			Ψ.		300,843	0	
CHIEF INTERNATIONAL OFFICER				^		300,643	0	_
ADDAR LEVI	40 00			×		285,372	0	-
GENERAL COUNSEL (BEG 4/15/19)						203,372		•
MICHAEL STRAUTMANIS	40 00							
		1 1		ΧI		282.011	1 0	1 3

BERNADETTE MEEHAN	40 00		v		300.843	n	30,750
CHIEF INTERNATIONAL OFFICER			^		300,043	0	30,730
ADDAR LEVI GENERAL COUNSEL (BEG 4/15/19)	40 00		×		285,372	0	22,512
MICHAEL STRAUTMANIS	40 00		×		282,011	0	31,482
CHIEF ENGAGEMENT OFFICER			^		202,011	ŭ	31,402

CHIEF DEVELOPMENT OFFICER							
BERNADETTE MEEHAN	40 00		>		200.042		20.750
CHIEF INTERNATIONAL OFFICER			×		300,843	0	30,750
ADDAR LEVI	40 00		V		285,372	0	22,512
GENERAL COUNSEL (BEG 4/15/19)			^		205,372	0	22,312
MICHAEL CERALITMANIC	40.00						

Х

Х

Χ

Х

Х

233,398

239,940

206,990

199,208

197,577

16,083

20,146

14,799

14,866

13,292

0

0

and Independent Contractors (A)

DEPUTY CHIEF PROGRAM OFFICER

CHRIS WYANT

week (list any hours for related organizations below dotted line)
40 00

(B)

Average

Institutio

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

Position (do not check more than one box, unless person is both an officer and a director/trustee) employee Х

Reportable compensation from the organization (W- 2/1099-MISC) 192,276

(D)

compensation from related organizations (W- 2/1099-MISC)

(E)

Reportable

(F)

Estimated

amount of other

compensation

from the

organization and related

organizations

Name and Title

efil	e GR/	APHIC pri	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493195036500			
SCI		ULE A	Dublia (Charity Statu	e and Dul	alic Supp	ort	OMB No 1545-0047			
	m 99			ganization is a sect 4947(a)(1) nonexe ► Attach to Form	ion 501(c)(3) empt charitable	organization or trust.	1	2019			
•		the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i			ormation.	Open to Public Inspection			
Nam	e of th	nie Service he organiza OBAMA FOUNI					Employer identific				
IIIL D	ANACK						46-4950751				
	rt I		for Public Charity State a private foundation because				See instructions.				
1	n garnz		onvention of churches, or as	•	-		(A)(;)				
2		•	r								
			scribed in section 170(b)(,						
3		·	·	oital service organization described in section 170(b)(1)(A)(iii). n operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospita							
4	Ш	name, city,		ed in conjunction with	a nospital descri	bed in section :	1/U(b)(1)(A)(III). E	nter the hospital's			
5			ation operated for the benefit (iv). (Complete Part II)	t of a college or univer	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170			
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	\)(v).				
7	✓		ation that normally receives a (O(b)(1)(A)(vi). (Complete		s support from a	governmental u	ınıt or from the gener	al public described in			
8		A communi	ty trust described in section	170(b)(1)(A)(vi)	(Complete Part I	I)					
9			ural research organization de rant college of agriculture So		ege or university or a						
10		from activit	ation that normally receives ties related to its exempt fun income and unrelated busin See section 509(a)(2). (Co	ctions—subject to cert ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	apport from gross			
11		An organiza	ation organized and operated	exclusively to test for	r public safety S	ee section 509	(a)(4).				
12		more public	ation organized and operated ly supported organizations of I through 12d that describes	lescribed in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509 (a				
a		Type I. A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by				
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ervised or controlled in							
c		Type III f	unctionally integrated. A sorganization(s) (see instruction)	supporting organization				ited with, its			
d		Type III n	on-functionally integrated integrated The organization (s) You must complete Par	d. A supporting organi n generally must satis	zation operated fy a distribution	in connection wi requirement and	th its supported organ				
e		Check this	box if the organization receiver or Type III non-functionally	ved a written determin	ation from the I		pe I, Type II, Type II	I functionally			
f	Enter		of supported organizations		J						
g	Provi	de the follow	ing information about the su	·	s)						
	(i) Name of supported organization										
					Yes	No					
Tota		l. P. '	tion Act Notice, see the Ir		Cat No 11285		 Schedule A (Form 9	000 57) 5515			

box and stop here. The organization qualifies as a publicly supported organization

organization

instructions

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% or more, 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-circumstances" test. The organization qualifies as a publicly supported

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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 10% or more, 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-circumstances" test. The organization qualifies as a publicly

▶□

Schedule A (Form 990 or 990-EZ) 2019

P		upport Schedule for						
		Complete only if you cl						der Part II. If
		ne organization fails to	qualify under t	ne tests listed i	pelow, please co	omplete Part II.)	
56	ection A. Pub	ndar year			1			T
		r beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1		contributions, and						
		ees received (Do not						
_		nusual grants ")						
2		from admissions, sold or services						
		facilities furnished in						
		at is related to the						
	organization's	tax-exempt purpose						
3		from activities that are						
		ed trade or business						
4	under section Tax revenues	F						
-		benefit and either paid						
		d on its behalf						
5		ervices or facilities						
		governmental unit to						
		on without charge						
6	Total. Add line	-						
/a		ded on lines 1, 2, and m disqualified persons						
b		ded on lines 2 and 3						
_		other than disqualified						
		exceed the greater of						
		of the amount on line						
_	13 for the yea Add lines 7a a							
8		rt. (Subtract line 7c						
0	from line 6)	it. (Subtract line / c						
Se	ection B. Tota	al Support				•		
		ıdar year	(-) 201E	(h) 2016	(=) 2017	(4) 2010	(-) 2010	(f) Tatal
		r beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts fron	n line 6						
L0a		from interest,						
		yments received on						
		ns, rents, royalties and similar sources						
b		siness taxable income						
_		511 taxes) from						
		equired after June 30,						
	1975							
_	Add lines 10a							
11		rom unrelated business						
		included in line 10b, ot the business is						
	regularly carr							
12		Do not include gain or						
		sale of capital assets						
	(Explain in Pa							+
13	11, and 12)	rt. (Add lines 9, 10c,						
14	First five yea	a rs. If the Form 990 is foi	r the organization	's fırst, second, th	nird, fourth, or fift	th tax year as a se	ction 501(c)(3)	organization,
•		and stop here		, ,	, ,	•	()()	▶ □
Se		nputation of Public S	Support Perce	ntage				
15		percentage for 2019 (lin			column (f))		15	
16	• •	: percentage from 2018 S		•	(//		16	
		nputation of Investr					1 -0	
17		come percentage for 201			line 13. column (f	f))	17	
		come percentage from 20	,		25, 201411111 (1	• / /		
18				·	on line 14	aa 1 E ja waana 41	18 22 1/20/ and l	na 17 ia
		ort tests—2019. If the						_
		/3%, check this box and s	-					▶□
b	33 1/3% sup	pport tests—2018. If the	e organization did	not check a box	on line 14 or line	19a, and line 16 is	more than 33 i	_
	not more than	n 33 1/3%, check this box	and stop here.	The organization (qualifies as a publ	licly supported org	anızatıon	▶□
20	Private found	dation. If the organization	n did not check a	box on line 14, 1	19a, or 19b, check	this box and see	instructions	ightharpoons

Schedule A (Form 990 or 990-EZ) 2019

6

7

8

10a

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

			Yes	No
•	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	1		
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			
	ın section 509(a)(1) or (2)	2		

	describe the designation If historic and continuing relationship, explain	1	Γ
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		
	ın section 509(a)(1) or (2)	2	
la	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		Γ
	below	3a	Γ
1.	Did the appropriate and the cook appropriate appropriate and propriate and appropriate and app		Т

		_	
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		
	ın section 509(a)(1) or (2)	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	3a	
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		
ı	determination		

3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
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	3b	
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	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	

	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b	1	
С	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	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a		
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	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			

	Checked 12a or 12b in Part 1, answer (b) and (c) below	4a		
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	4b		
С	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	4c		
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)	5a	<u> </u>	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the		<u> </u>	
	organization's organizing document?	5b	1	

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

than (1) its supported organizations. (11) 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

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

	dule A (Form 990 of 990-E2) 2019		۲	age :
Pai	t IV Supporting Organizations (continued)			
_			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	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		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, 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		
S	ection C. Type II Supporting Organizations		1	
	., 11 2 2		Yes	No
	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		
S	ection D. All Type III Supporting Organizations			
			Yes	No
•	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? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
2				
	D	2		
	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
<u> </u>	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test Complete line 2 below	,		
	The organization is the parent of each of its supported organizations. Complete line 3 below			
	_		_L \	
(instru	ctions)	
	Activities Test Answer (a) and (b) below.		Yes	No
ā	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	2a		
ŀ	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	2 h		
}	Parent of Supported Organizations Answer (a) and (b) below.	2b		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
ŀ	Did the organizations? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h		

3b

Page **6**

Schedule A (Form 990 or 990-F7) 2019

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E				
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1			
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1 b			
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			
	Section C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			

3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Enter greater of line 2 or line 3 Income tax imposed in prior year	4 5	
		<u> </u>	

instructions)

_		1.0		
7	Total annual distributions. Add lines 1 through 6			
8	8 Distributions to attentive supported organizations to which the 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			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable

8	Distributions to attentive supported organizations to wh 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			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
	Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2019			
_	From 2014		(

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017 .			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			

h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2019 from Section D, line 7

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder Subtract lines 4a and 4b from 4

instructions)

8 Breakdown of line 7

d Excess from 2018. e Excess from 2019.

a Excess from 2015. **b** Excess from 2016. c Excess from 2017.

\$

5	Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6	Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
7	Excess distributions carryover to 2020. Add lines 3j and 4c		

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

Additional Data

Software ID:

Software Version: EIN: 46-4950751

THE DADAGE

Name: THE BARACK OBAMA FOUNDATION

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Part VI

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

	Facts And Circumstances Test	

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

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

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.

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

OMB No 1545-0047

DLN: 93493195036500

Open to Public Inspection

Department of the Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

EZ)

(Form 990 or 990-

▶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.

Section 527 organizations Complete Part I-A only

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 Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** THE BARACK OBAMA FOUNDATION 46-4950751 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-2 5 For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2019 Cat No 50084S

activity

Volunteers?

Media advertisements?

Return Reference

1

(b)

Amount

(a)

Yes | No

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 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 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 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). 2a Current year 2b Carryover from last year C Total 2c 3 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 does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

SCHEDULE D

DLN: 93493195036500

Schedule D (Form 990) 2019

Cat No 52283D

2019

OMB No 1545-0047

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990,

(Form 990)

•	rtment of the Treasury		10, 11a, 11b, 11c, 11d, 11e, 11 ▶ Attach to Form 990.				n to Public
	nal Revenue Service		1990 for instructions and the la	atest inforn			spection
	ame of the organ E BARACK OBAMA FO				Employer id	dentification	number
					46-4950751		
Pa		zations Maintaining Donor Advi te if the organization answered "Ye			Accounts.	•	
	Comple	te il tile organization answered Te	(a) Donor advised funds		(b) Fur	nds and other	accounts
L	Total number at	end of year	(a, z siier aariisea raiiia		(-)		
2		of contributions to (during year)					
3		of grants from (during year)					
1	Aggregate value	,					
5	_	ation inform all donors and donor adviso roperty, subject to the organization's ex	3	ın donor advı	 ised funds ar		Yes 🗌 No
5		ation inform all grantees, donors, and d oses and not for the benefit of the dono					Yes □ No
Pa	rt III Conser	vation Easements.					res 🗀 NO
		ete if the organization answered "Ye	es" on Form 990, Part IV, line	7.			
L	Purpose(s) of co	onservation easements held by the orga	nızatıon (check all that apply)				<u> </u>
	☐ Preservation	on of land for public use (e g , recreatio	n or education)	ation of an h	ııstorıcally ım	portant land	area
	Protection	of natural habitat	Preserva	ation of a ce	rtıfıed hıstorı	c structure	
	Preservation	on of open space					
2		2a through 2d if the organization held a e last day of the tax year	qualified conservation contribution	n ın the form		vation I at the End o	of the Year
а	Total number of	conservation easements			2a		
b	Total acreage re	stricted by conservation easements			2b		
С	Number of conse	ervation easements on a certified histor	c structure included in (a)		2c		
d		ervation easements included in (c) acqu in the National Register	ired after 7/25/06, and not on a h	istoric	2d		
3	Number of cons tax year ►	ervation easements modified, transferro	ed, released, extinguished, or term	ninated by th	ie organizatio	on during the	
1	Number of state	es where property subject to conservation	on easement is located >				
5	Does the organi and enforcemen	ization have a written policy regarding t nt of the conservation easements it hold	he periodic monitoring, inspection, s?	, handling of	violations,	☐ Yes	□ No
	Ctaff and valuet	took bours dougted to manitoring upone	cting bandling of wolstions and o	nforaina con	comunican on		
5	<u> </u>	teer hours devoted to monitoring, inspe		_			
7	Amount of expe ▶ \$	enses incurred in monitoring, inspecting,	handling of violations, and enforc	ing conserva	ition easeme	nts during the	e year
3	Does each constant section 170	ervation easement reported on line 2(d i(h)(4)(B)(ii)?	above satisfy the requirements of	f section 170)(h)(4)(B)(ı)	☐ Yes	□ No
9	balance sheet, a	scribe how the organization reports con: and include, if applicable, the text of the n's accounting for conservation easemer	footnote to the organization's fina			, and	
Pa I	rt IIII Organi	zations Maintaining Collections te if the organization answered "Ye	of Art, Historical Treasures		r Similar <i>A</i>	\ssets.	
La	art, historical tr	ion elected, as permitted under SFAS 1 easures, or other similar assets held for XIII, the text of the footnote to its final	public exhibition, education, or re	esearch in fui			
b	historical treasu	ion elected, as permitted under SFAS 1: ires, or other similar assets held for pub nts relating to these items					
(_	ded on Form 990, Part VIII, line 1			▶ \$		
		in Form 990, Part X			▶ \$		
2	If the organizati	ion received or held works of art, histor nts required to be reported under SFAS			ial gain, pro		
а	_	ed on Form 990, Part VIII, line 1	, , .g		▶ \$		
b		in Form 990, Part X			▶ \$		

d Equipment .

Sche	dule D (Form 990) 2019											Page 2
Par	t III	Organizations M	aintaining Col	lections of	Art, Histo	rical Tr	easure	es, or	Other	Similar A	ssets (continued ()
3		the organization's acq (check all that apply)	uisition, accessioi	n, and other re	ecords, checl	k any of t	he follo	wing th	at are a	significant	use of it	s collectio	n
а	✓	Public exhibition			d		Loan or	r excha	nge prog	ırams			
b		Scholarly research			e		Other						
c		Preservation for future	e generations										
4	Provid Part X	e a description of the III	organızatıon's col	lections and ex	xplaın how t	hey furth	er the o	organiza	ation's ex	xempt purp	ose in		
5	_	the year, did the org to be sold to raise fui								nılar	□ Y ₆	es 🗸	No
Pa	rt IV	Escrow and Cust Complete if the or X, line 21.			on Form 99	0, Part	[V, line	e 9, or	reporte	ed an amo	unt on	Form 990), Part
1a		organization an agent ed on Form 990, Part		an or other int	ermediary fo	or contrib	utions (or othe	r assets	not	□ Y	es 🗆	No
ь	If "Yes	s," explain the arrange	ement in Part VIII	and complete	the followin	a table		Г			Amount		
c		ning balance	inche in rare XIII	and complete	the following	ig table		F	1c				
d	_	ons during the year							1d				
е		outions during the yea	r						1e				
f		g balance							1f				
2a	Did th	e organization include	an amount on Fo	rm 990. Part)	K. line 21. fo	r escrow	or custo	odial ac	count lia	ability?		es \square	— No
		s," explain the arrange									_	_	
	rt V	Endowment Fun		CHECK HOLE II	the explain	acion nas	been pi	Toriaca	iii rare /				
		Complete If the or		vered "Yes" o	on Form 99	0, Part							
	_	6 1 1		(a) Current y	/ear (b)	Prior year	(c)) Two ye	ars back	(d) Three ye	ears back	(e) Four y	ears back
		ng of year balance .											
		utions											
		estment earnings, gair	•										
	Other e	or scholarships xpenditures for faciliti grams											
f	·	strative expenses .											
		/ear balance											
2		e the estimated perce	ntage of the curre	ent vear end h	alance (line	1a colun	n (a))	held as					
- a		designated or quasi-e	-	ine year end b	alance (iiiic	rg, colui	(4))	neia as					
b	Perma	nent endowment >											
c	Tempo	orarily restricted endo	wment >										
		ercentages on lines 2a		ld equal 100%)								
3а		ere endowment funds zation by	not in the posses	sion of the org	ganization th	at are he	ld and a	adminis	stered fo	r the		Yes	s No
	(i) un	related organizations										a(i)	
		lated organizations .						•				a(ii)	
b ⊿		s" on 3a(II), are the re	=					•			· L	3b	
4		be in Part XIII the inte			endowmen	ı ıunas							
F(c)	rt VI	Land, Buildings, Complete if the or			on Form 99	0. Part	[V. line	e 11a	See Foi	rm 990. Pa	art X. lı	ne 10.	
	Descrip	ption of property	(a) Cost or oth	ner basis (I	b) Cost or oth					depreciation		(d) Book va	alue
			(investme	ent)									
1a	Land .												
b	Building	ıs											
С	Leaseho	old improvements				1,85	5,521			401,178			1,455,343

1,710,245

55,069,489

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

1,186,000

54,382,184

57,023,527

524,245

687,305

Part VII	Investments—Other Securities.	N Down TV Ive		. Coo Form 000 I	Do \	/ lima 13
	Complete if the organization answered "Yes" on Form 990 (a) Description of security or category (including name of security)	(b) Book value	ne III	(c) Metho Cost or end-of	d of v	aluation
(1) Financia	l derivatives	value				
	held equity interests					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n (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, lır	ne 11c	. See Form 990,	Part :	X, line 13.
	(a) Description of investment			(b) Book value) Method of valuation t or end-of-year market
(1)					┿	value
(2)					\vdash	
(3)					\vdash	
(4)					\vdash	
(5)					\vdash	
(6)					\vdash	
(7)					┼	
(8)					┼	
(9)					\vdash	
	n (b) must equal Form 990, Part X, col (B) line 13)		•		┼	
Part IX	Other Assets.	Dawt IV Jun	-	S F 000 P	<u> </u>	15
	Complete if the organization answered 'Yes' on Form 990, (a) Description	, rait IV, iiii	e IIu.	See Form 990, Par		(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7) ————						
(8) ————						
(9)						
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities.				•	
1.	Complete if the organization answered 'Yes' on Form 990, (a) Description of liability	, Part IV, lın	e 11e	or 11f.See Form	990, 	Part X, line 25. (b) Book value
(1) Federal	income taxes					
(2)					<u> </u>	
(3)					<u> </u>	
(4)					<u> </u>	
(5)					<u> </u>	
(6)					<u> </u>	
(7)					<u> </u>	
(8)					<u> </u>	
(9)	n (h) must squal Farm 200. Part V. sal (DV) 25 h				<u> </u>	
	n (b) must equal Form 990, Part X, col (B) line 25) or uncertain tax positions In Part XIII, provide the text of the footr	note to the or	ganızat	ion's financial state	<u>l</u> ments	741,185 that reports the
organization	's liability for uncertain tax positions under FIN 48 (ASC 740). Chec	-k here if the	tavt of	the footpote has be	on nr	ovided in Bart VIII

Part XI

2

b

c

5

1

2

c

d

3

b

5

Part XIII

See Additional Data Table

Part XII

Schedule D (Form 990) 2019

Page 4

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Total expenses and losses per audited financial statements

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Other (Describe in Part XIII) . .

Subtract line 2e from line 1

Supplemental Information

Add lines 2a through 2d .

Return Reference

Prior year adjustments

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

2d

2a

2b

2c

2a

2b

2c

2d

4a 4b

Explanation

2e 1,816,388 3 141,341,878 -33,385

141,308,493

56,633,026

1,849,773

54,783,253

54.783.253

Schedule D (Form 990) 2019

· · · · · · · · · · · · · · · · · · ·								
nent expenses not included on Form 990, Part VIII, line 7b	4a							
Describe in Part XIII)	4b				-:	33,385		
es 4a and 4b							4c	
venue Add lines ${f 3}$ and ${f 4c.}$ (This must equal Form 990, Part I, line 12)							5	
Reconciliation of Expenses per Audited Financial Statem	ents	With	Ex	per	ises	per R	eturr	٦.
Complete if the organization answered 'Yes' on Form 990, Part	: IV, lı	ne 12	2a.					

1,816,388

33,385

1

2e

3

4c

5

1.816.388

Page 5		Schedule D (Form 990) 2019			
	ormation (continued)	Part XIII Supplemental Info			
	Explanation	Return Reference			
	<u> </u>				

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 46-4950751

Name: THE BARACK OBAMA FOUNDATION

Explanation

Supplemental Information Return Reference

THE FOUNDATION ACQUIRED ITS COLLECTIONS BY PURCHASE OR BY DONATION	THE FOUNDATION'S COLLE

PART III, LINE 1A CTIONS MANAGEMENT POLICY, WHICH WAS AMENDED IN 2019, INCLUDES GUIDANCE ON THE FOUNDATION'S

COLLECTIONS STEWARDSHIP RESPONSIBILITIES FROM INTAKE AND ACQUISITION THROUGH PRESERVATION . ACCESS AND USE, AND DEACCESSIONING AND DISPOSAL OF MATERIALS THAT NO LONGER SUPPORT THE FOUNDATION'S PUBLIC MISSION THE POLICY DOES NOT PERTAIN DIRECTLY TO THE MANAGEMENT OF THE

OBAMA PRESIDENTIAL ARCHIVE. WHICH IS MAINTAINED AS A SEPARATE COLLECTION PROPERTY OF THE NATIONAL ARCHIVES AND RECORDS ADMINISTRATION ("NARA") AND IS NOT INCLUDED ON THE STATEMENT OF FINANCIAL POSITION OF THE FOUNDATION, NOR IS THE FOUNDATION RESPONSIBLE FOR THE MAINTE NANCE OR PRESERVATION OF ITEMS IN THESE COLLECTIONS. THE FOUNDATION'S COLLECTIONS ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENTS OF FINANCIAL POSITION PURCHASES OF COLLECTION ITEM S ARE RECORDED ON THE STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS AS DECREASES IN NE T ASSETS WITHOUT DONOR RESTRICTIONS IN THE PERIOD OF ACOUISITION, UNLESS THE ITEMS WERE PU RCHASED WITH DONOR RESTRICTED FUNDS AND THEN THEY ARE SHOWN AS DECREASES IN NET ASSETS WIT H DONOR RESTRICTIONS PROCEEDS FROM THE SALE OF DEACCESSIONED MATERIALS WILL BE UTILIZED E XCLUSIVELY FOR THE PURCHASE OF FUTURE COLLECTION ACQUISITIONS, INCLUDING COSTS DIRECTLY RE LATED TO OBTAINING, CONSERVING, OR PROCESSING NEW ACQUISITIONS

Supplemental Information					
Return Reference	Explanation				
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 EMPHAS IS 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 A ND ADVANCE THE PUBLIC MISSION AND PURPOSE OF THE OBAMA PRESIDENTIAL CENTER (OPC), INCLUDIN G THE DEVELOPMENT OF A CORE EXHIBITION, SPECIAL EXHIBITIONS PROGRAM, AND PUBLIC PROGRAMMIN G, THE OPC EXHIBITIONS AND PUBLIC PROGRAMMING WILL, IN TURN, SUPPORT AND ADVANCE THE BROAD ER FOUNDATION MISSION TO EMPOWER, INSPIRE, AND CONNECT PEOPLE TO CHANGE THEIR WORLD THE C OLLECTION COMPRISES ARTWORK AS WELL AS HISTORICAL MATERIALS. THE GOAL IN DEVELOPING THE CO LIECTION'S ARTS-RELATED HOLDINGS IS TO UPHOLD AND EXPAND UPON THE IMPORTANCE OF THE ARTS A ND 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 OBAMA ETHOS OF ENGAGEMENT AND UPLIFT				

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND APPLICABLE STATE LAW ACCORDINGLY, NO PROVISION FOR SUCH TAXES HAS BEEN RECOGNIZED IN THESE FINANCIAL STATEMENTS THE FINANCIAL ACCOUNTING STANDARDS BOARD ISSUED GUIDANCE THAT REQUIRES TAX EFFECTS FROM UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE FI NANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POS ITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY MANAGEMENT HAS DETERMINED THERE ARE NO MATERIAL UNCERTAIN POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS ADDITIO NALLY, NO PROVISION FOR INCOME TAXES IS REFLECTED AND THERE IS NO INTEREST OR PENALTIES RE COGNIZED IN THE STATEMENTS OF ACTIVITIES OR STATEMENTS OF FINANCIAL POSITION

Commented to Comments of

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	COST OF GOODS SOLD REPORTED ON PART VIII, LINE 10B

.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD REPORTED ON PART VIII, LINE 10B

S

SCHEDULE F Form 990)	State	ement of A	Activities (Outside the Uni	ited S	tates	OMB No 1545-0047
Form 990)	► Comp	lete if the organiz		Yes" to Form 990, Part IV, I to Form 990.	ıne 14b, 1	.5, or 16.	2019
Department of the Treasury nternal Revenue Service	•	→ Go to www.irs.g		nstructions and the latest ii	nformatioi	n.	Open to Public Inspection
Name of the organization THE BARACK OBAMA FOL						Employer ider 46-4950751	ntification number
	Information Part IV, line		Outside the U	Jnited States. Comple	te If the		inswered "Yes" on
_	the grantees'	eligibility for th		substantiate the amount stance, and the selection	_		☐ Yes ☐ No
2 For grantmaker outside the United		Part V the orga	anization's proce	dures for monitoring the	use of it	ts grants and ot	her assistance
3 Activites per Regio	n (The followii	ng Part I, line 3 t	able can be dupli	cated if additional space is	needed)	
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	program spe	vity listed in (d) is a i service, describe ecific type of (s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data							
3a Sub-total b Total from continual Part I	tion sheets to	0	-				2,547,20

Schedule F (Form 990) 2019							Page 3
Part IIII Grants and Ot				ed States. Complete i	f the organization ar	swered "Yes" on Form	990, Part IV, line 16.
	duplicated if addit			1	1	T	
(a) 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 assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
						Saha	dula E (Form 990) 2019

Sche	dule F (Form 990) 2019		Page 4
Par	t 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	☑ 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	☑ 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	☑ 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	☑ 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	✓ 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	☑ No

Schedule F (I	orm 990) 2019 Page 5
Part V 990 Sched	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. ule F, Supplemental Information
Return Reference	Explanation e

990 Schedule F, Supplemental Information	
Return Reference	Explanation

PART III ACCOUNTING METHOD

Additional Data

EAST ASIA AND THE PACIFIC

Software ID: Software Version:

EIN: 46-4950751

Name: THE BARACK OBAMA FOUNDATION

58,932

(a) Region (b) Number of offices in the region (c) Number of employees or agents in region (d) Activities conducted in region (by type) (i.e., fundraising, program service, describe specific type of service(s) in region (e) If activity listed in (d) is a program service, describe specific type of service(s) in region (f) Total expenditures for region (a) Region (b) Number of employees or agents in region (by type) (i.e., fundraising, program service, describe specific type of service(s) in region (b) Number of employees or agents in region (by type) (i.e., fundraising, program service, describe specific type of service(s) in region (c) Number of employees or agents in region (by type) (i.e., fundraising, program service, describe specific type of service(s) in region (d) Activities conducted in region (by type) (i.e., fundraising, program service, describe specific type of service(s) in region (e) If activity listed in (d) (f) Total expenditures (f) Total expenditures (g) Region (g) Regio					
(a) Region	offices in the	employees or agents in	in region (by type) (i e , fundraising, program services, grants to recipients located in the	is a program service, describe specific type of	
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	ENGAGEMENT, OUTREACH, AND RESEARCH	1,275,211

0 FUNDRAISING

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) **EUROPE** 0 PROGRAM SERVICES ENGAGEMENT, OUTREACH, 260.684 IAND RESEARCH EUROPE 0 FUNDRAISING 39,195

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) NORTH AMERICA 0 PROGRAM SERVICES CONFERENCES AND 13,727 IRESEARCH SOUTH AMERICA 0 PROGRAM SERVICES ENGAGEMENT, OUTREACH, 923 AND RESEARCH

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) 0 FUNDRAISING 4.667 SOUTH AMERICA SUB-SAHARAN AFRICA 0 PROGRAM SERVICES ENGAGEMENT, OUTREACH, 893,870 AND RESEARCH

efile GRAPHIC print - DO NOT PROCESS A

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 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

DLN: 93493195036500OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization THE BARACK OBAMA FOUNDATION						Employer ide	ntification number
THE BARACK OBAMA FOUNDATION						46-4950751	
Part I Fundraising Activities Form 990-EZ filers a	•	_		answered "Yes" on Fo	orm 990	, Part IV, line 1	7.
1 Indicate whether the organiza	ation raised funds thr	ough any	of the fo	llowing activities Check	all that a	pply	
a Mail solicitations			e	Solicitation of non-	-governm	ent grants	
b Internet and email solicitation	ations		f	Solicitation of gove	ernment (grants	
c Phone solicitations			g	Special fundraising	events		
d ✓ In-person solicitations			_				
2a Did the organization have a workey employees listed in Fo							s 🗆 No
b If "Yes," list the 10 highest pa to be compensated at least \$			raisers) į	pursuant to agreements	under wh		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundi ais custo conti	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(or r fundra	mount paid to retained by) aiser listed in col (i)	(vi) Amount paid to (or retained by) organization
	DEVELOPMENT	Yes	No				
ORR GROUP INC 3000 K ST NW	STRATEGY		No	0		320,000	-320,000
WASHINGTON, DC 20007							
COMMUNITY COUNSELING SERVICE CO LLC 527 MADISON AVE	CULTIVATION AND SOLICITATION		No	0		230,000	-230,000
NEW YORK, NY 10022							
VICTORIA YANG SOUZA 41 LEDGEWOOD DR	CULTIVATION AND SOLICITATION		No	0		172,400	-172,400
COHASSET, MA 02025	CHITIVATION AND						
4 NORTH CONSULTING LLC 255 COLUMBIA ST	CULTIVATION AND SOLICITATION		No	0		126,356	-126,356
BROOKLYN, NY 11231	CHI TIVATION AND						
SKY ADVISORY GROUP INC 9713 SANTA MONICA BLVD	CULTIVATION AND SOLICITATION		No	0		104,507	-104,507
BEVERLY HILLS, CA 90210	CULTIVATION AND						
KLB DEVELOPMENT LLC 1851 7TH AVE	SOLICITATION		No	0		60,000	-60,000
NEW YORK, NY 10026	CULTIVATION AND						
RESTREPO STRATEGIES LLC 5335 MACARTHUR BLVD	SOLICITATION		No	0		60,000	-60,000
WASHINGTON, DC 20016							
Total			>			1,073,263	-1,073,263

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

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or

	dule G (Form 990 or 990-EZ) 2019 rt II	ete if the organization	answered "Yes" on For	m 990, Part IV, line 18	Page : 3, or reported more
	than \$15,000 of fundraising e	event contributions and			
	gross receipts greater than \$	5,000. (a)Event #1	(b) Event #2	(c)Other events	(d) Tatal avents
		(a)Event #1	(b) Event #2	(c)other events	(d) Total events (add col (a) through
		(event type)	(event type)	(total number)	col (c))
		, , , ,		,	
Mue					
ver					
Re					
	1 Gross receipts				
	2 Less Contributions				
	3 Gross income (line 1 minus				
	•				
	•				
sesuec					
	_				
EXD	7 Food and beverages				
ರ್ಥ	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4	through 9 ın column (d)			
	11 Net income summary Subtract line 10	from line 3, column (d)		•	
Par		anization answered "Y	es" on Form 990, Part	IV, line 19, or reported	d more than \$15,000
	on Form 990-EZ, line 6a.	T	T	<u> </u>	
МІЕ		(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
vel			biligo/progressive biligo		cor (a) through cor (c)
Re	1 Gross revenue				
Se.					
ens(2 Cash prizes				
ă X	3 Noncash prizes				
ย	A Rent/facility costs				
Olfe					
_	5 Other direct expenses				
		Yes	☐ Yes <u>%</u>	<u> </u> Yes <u>%</u>	
	6 Volunteer labor	□ No	│ □ No	□ No	
	Direct expense summary Add lines 2 is	through 5 in column (d)			
	8 Net gaming income summary Subtrac	t line 7 from line 1, colur	nn (d)	<u> • </u>	
1 Gross receipts (event type) (event type) (total number) Color number					
а			of these states?		☐ Yes ☐ No
b	•				
L0a					☐ Yes ☐ No
b	If "Yes," explain				

sche	edule G (Form 990 or 990-EZ) 2019				F	age 3
.1	Does the organization conduct gaming activities with nonmembers?			□Yes	□Ne	
2	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership formed to administer charitable gaming?	or other entity		□Yes		
3	Indicate the percentage of gaming activity conducted in					
а	The organization's facility		13a			%
b	An outside facility		13b			%
4	Enter the name and address of the person who prepares the organization's gaming/special e	events books and re	cords			
	Name •					
	Address ▶					
5a	Does the organization have a contract with a third party from whom the organization receive revenue?	es gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming revenue received by the organization $ ightharpoonup $$ amount of gaming revenue retained by the third party $ ightharpoonup $$ \$	and th	e			
c	If "Yes," enter name and address of the third party					
	Name ►					
	Address ▶					
.6						
0	Gaming manager information					
	Name ►					
	Gaming manager compensation ▶ \$					
	Description of services provided ▶					
	☐ Director/officer ☐ Employee ☐ Independen	nt contractor				
7	Mandatory distributions					
а	Is the organization required under state law to make charitable distributions from the gamin retain the state gaming license?	ng proceeds to		□Yes	Пио	
b	Enter the amount of distributions required under state law distributed to other exempt organ	nizations or spent			_ 110	
	in the organization's own exempt activities during the tax year ▶ \$					
Par	Supplemental Information. Provide the explanations required by Part I, III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an					5.
_	Return Reference Explan	nation				

Schedule G (Form 990 or 990-EZ) 2019

DLN: 93493195036500 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number THE BARACK OBAMA FOUNDATION 46-4950751 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2019

Schedule I (Form 990) 2019

Part III

(3)

(4)

(5)

(6)

PART I, LINE 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

GRANTEES ARE AWARDED BY COMMITTEES BASED ON VARIOUS FACTORS AND ARE RANKED USING A SCORING SYSTEM. THE COMMITTEE MEMBERS CONSIST OF

Page **2**

(7) Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Explanation Return Reference

Additional Data

BOULEVARD

DETROIT, MI 48202

3353 ELGIN STREET

HOUSTON, TX 77004

CHANGE HAPPENS

Software ID: Software Version: **EIN:** 46-4950751 Name: THE BARACK OBAMA FOUNDATION Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(c) IRC section if applicable organization grant cash

76-0297531

(f) Method of valuation (book, FMV, appraisal, assistance other)

non-cash assistance

or government BLACK FAMILY DEVELOPMENT 38-2248479 501(C)(3) 100,000 INC 2995 FAST GRAND

501(C)(3)

100,000

(q) Description of (h) Purpose of grant or assistance

COMMUNITY COORDINATOR FOR YOUTH VIOLENCE PREVENTION AND MENTORSHIP

COMMUNITY

COORDINATOR FOR

YOUTH VIOLENCE PREVENTION AND MENTORSHIP

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance CHICAGO COMMUNITY LOAN 36-3762123 501(C)(3) 150,000 SUPPORT OF ECONOMIC ELINID DEVELOPMENT OF THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CHICAGO, IL 60602

29 E MADISON STREET SUITE 1700 CHICAGO, IL 60602					SOUTH SIDE OF CHICAGO
CHILDREN FIRST FUND THE CHICAGO PUBLIC SCHOOLS FOUNDATION 42 WEST MADISON STREET FLOOR 3	36-4094830	501(C)(3)	10,000		CIVIC ACTION RECOGNITION AWARDS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable arant cash non-cash assistance or assistance or government other) assistance 51-0181191 501(C)(3) 100.000 COMMUNITY LIBERTY HILL FOUNDATION 6420 WILSHIRE BOULEVARD COORDINATOR FOR LOS ANGELES, CA 90048 YOUTH VIOLENCE PREVENTION AND MENTORSHIP 100,000 THE MASS MENTORING 22-3207958 501(C)(3) COMMUNITY

LCOORDINATOR FOR

YOUTH VIOLENCE

PREVENTION AND MENTORSHIP

PARTNERSHIP INC 75 KNEELAND ST 11TH FLOOR

BOSTON, MA 02111

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance METROPOLITAN FAMILY 36-2167940 501(C)(3) 50,000 SUPPORT TO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5100

COLLEGE PARK, MD 20740

SERVICES ONE NORTH DEARBORN SUITE 1000 CHICAGO, IL 60602					STRENGTHEN FAMILIES AND COMMUNITIES
THE NATIONAL ARCHIVES ASSEMBLY 8601 ADELPHI ROAD SUITE	52-1374071	501(C)(3)	1,984,000		DIGITIZATION AND TRANSFER OF OBAMA PRESIDENTIAL

RECORDS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable arant cash non-cash assistance or assistance or government other) assistance 47-2981893 501(C)(3) 100.000 COMMUNITY NACA INSPIRED SCHOOLS NETWORK COORDINATOR FOR 1000 INDIAN SCHOOL RD NW YOUTH VIOLENCE ALBUQUERQUE, NM 87104 PREVENTION AND MENTORSHIP

PREVENTION AND MENTORSHIP

ALBUQUERQUE, NM 87104 PREVENTION AND MENTORSHIP NEPPERHAN COMMUNITY 13-1876350 501(C)(3) 100,000 COMMUNITY CENTER INC 342 WARBURTON AVENUE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

YONKERS, NY 10701

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance PUERTO RICO COMMUNITY 66-0413230 501(C)(3) 100.000 COMMUNITY COORDINATOR FOR FOUNDATION INC

PO BOX 70362 SAN JUAN, PR 00909					YOUTH VIOLENCE PREVENTION AND MENTORSHIP
SIERRA HEALTH FOUNDATION CENTER FOR HEALTH	45-5282243	501(C)(3)	100,000		COMMUNITY COORDINATOR FOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SACRAMENTO, CA 95833

PROGRAM MANAGEMENT YOUTH VIOLENCE 1321 GARDEN HIGHWAY PREVENTION AND

MENTORSHIP

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable arant cash non-cash assistance or assistance or government other) assistance 94-3044453 501(C)(3) 100.000 COMMUNITY URBAN STRATEGIES COUNCIL 1720 BROADWAY 2ND FLOOR COORDINATOR FOR OAKLAND, CA 94612 YOUTH VIOLENCE PREVENTION AND MENTORSHIP

MENTORSHIP

100,000 YOUTH GUIDANCE 36-2167032 501(C)(3)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

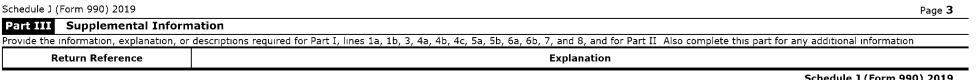
COMMUNITY 1 N LA SALLE ST STE 900 LCOORDINATOR FOR CHICAGO, IL 60602 YOUTH VIOLENCE PREVENTION AND

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Dat	a -	DLN: 9349	9319	5036	500
Sch	edule J	Co	ompensat	ion Information	ОМЕ	3 No	1545-0)047
(For	n 990)	For certain Office	ers, Directors, T	rustees, Key Employees, and High	nest			
		Complete if the ord	Compensa	ated Employees vered "Yes" on Form 990, Part IV,	line 23.	2(1	19)
			▶ Attach	to Form 990.				
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	<u>00/<i>F0r</i>m990</u>	instructions and the latest inform			o Pul	
	ne of the organiza				Employer identification	on nu	ımber	
IHE	BARACK OBAMA FO	UNDATION			46-4950751			
Pa	rt I Questio	ons Regarding Compensa	ition	<u> </u>				
							Yes	No
1a				the following to or for a person listed y relevant information regarding thes				
	First-class	s or charter travel		Housing allowance or residence for p	personal use			
		companions	님	Payments for business use of persor				
		nification and gross-up payment	is \square	Health or social club dues or initiatio				
	☐ Discretion	nary spending account		Personal services (e g , maid, chaufi	eur, cnet)			
b				follow a written policy regarding payr ve? If "No," complete Part III to expla		1 b		
2				or allowing expenses incurred by all r, regarding the items checked on Lin	. 1.2	2	Yes	
	directors, truste	es, officers, including the CEO/	executive Directo	r, regarding the items checked on Lin	e ia'			
3				ed to establish the compensation of th	e			
				not check any boxes for methods CEO/Executive Director, but explain in	n Part III			
	Composes	ation committee		Westen employment contract				
		ation committee ent compensation consultant	☑	Written employment contract Compensation survey or study				
		of other organizations	☑	Approval by the board or compensat	cion committee			
		-						
4	During the year, related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fil	ing organization or a			
а	_	ance payment or change-of-con	itrol navment?			4a		No
ь		r receive payment from, a suppl		ified retirement plan?		4b		No
С	•	r receive payment from, an equ		•		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	olicable amounts for each item in Part	III			
	- 1/ \/-	/						
5), 501(c)(4), and 501(c)(29)	-	must complete lines 5-9. the organization pay or accrue any				
5		ontingent on the revenues of		the organization pay or accrue any				
а	The organization	n?				5a		No
b	Any related orga	anization?				5b		No
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of		the organization pay or accrue any				
а	The organization	٦?				6a		No
b	Any related orga					6b		No
	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Ye		the organization provide any nonfixed rt III		7		No
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	scribe			
	ni rait III				L	8		No
9	If "Yes" on line 8 53 4958-6(c)?	8, did the organization also follo	w the rebuttable	presumption procedure described in l	Regulations section	9		
For E	``	iction Act Notice, see the Ins	structions for Fo	orm 990 Cat No. 5	0053T S chedule 1 (990)	2019

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 are not 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-MISC (C) Retirement (D) Nontaxable (E) Total of (F) and other benefits columns compensation Compensation in deferred (B)(i)-(D)column (B) (iii) Other (i) Base (ii) reported as compensation compensation | Bonus & incentive reportable deferred on prior compensation compensation Form 990 See Additional Data Table

Schedule J (Form 990) 2019



Software ID:

Software Version:

EIN: 46-4950751

Name: THE BARACK OBAMA FOUNDATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation in (C) Retirement and (D) Nontavable (E) Total of columns (E) Compensation in

(A) Name and Title			C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in				
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990			
1DAVID SIMAS CHIEF EXECUTIVE OFFICER	(1)	626,183	o	0	11,500	20,282	657,965	0			
	(11)	0	0	0	0	0	0	0			
1ROBBIN COHEN EXECUTIVE DIRECTOR	(1)	573,435	0	0	7,948	21,757	603,140	0			
	(11)	0	0	0	0	0	0	0			
2RALPH LESLIE CHIEF FINANCIAL OFFICER	(1)	336,984	0	0	11,500	8,981	357,465	0			
	(11)	0	0	0	0	0	0	0			
3ADEWALE ADEYEMO PRESIDENT (BEG 8/6/19)	(1)	219,231	0	0	0	249	219,480	0			
(220 0, 0, 22)	(11)	0	0	0	0	0	0	0			
4GLENN BROWN CHIEF DIGITAL OFFICER	(1)	447,212	0	0	0	7,075	454,287	0			
	(11)	0	0	0	0	0	0	0			
5ANNE FILIPIC CHIEF PROGRAM OFFICER	(1)	409,692	0	0	11,500	7,207	428,399	0			
	(11)	0	0	0	0	0	0	0			
6 JORDAN KAPLAN CHIEF DEVELOPMENT	(1)	303,827	0	0	0	13,853	317,680	0			
OFFICER	(11)	0	0	0	0	0	0	0			
7 BERNADETTE MEEHAN CHIEF INTERNATIONAL	(1)	300,843	0	0	11,200	19,550	331,593	0			
OFFICER	(11)	0	0	0	0	0	0	0			
8ADDAR LEVI GENERAL COUNSEL (BEG	(1)	285,372	0	0	9,779	12,733	307,884	0			
4/15/19)	(11)	0	0	0	0	0	0	0			
9MICHAEL STRAUTMANIS CHIEF ENGAGEMENT	(1)	282,011	0	0	11,200	20,282	313,493	0			
OFFICER	(11)	0	0	0	0	0	0	0			
10LOUISE BERNARD MUSEUM DIRECTOR	(1)	233,398	0	0	8,577	7,506	249,481	0			
	(11)	0	0	0	0	0	0	0			
11ROARK FRANKEL DIRECTOR OF PLANNING	(1)	239,940	0	0	0	20,146	260,086	0			
AND CONTRUCTION	(11)	0	0	0	0	0	0	0			
12MICHAEL SMITH DIR, MBK ALLIANCE &	(1)	206,990	0	0	7,654	7,145	221,789	0			
YOUTH OPP	(11)	0	0	0	0	0	0	0			
13ELISABETH SICILIANO DIR, OFFICE OF CEO &	(1)	199,208	0	0	7,948	6,918	214,074	0			
CORP COUNSEL	(11)	0	0	0	0	0	0	0			
14KORI SCHULMAN EDITOR IN CHIEF &	(1)	197,577	0	0	0	13,292	210,869	0			
DIGITAL PSHIP DIR	(11)	0	0	0		0	0	0			
15CHRIS WYANT DEPUTY CHIEF PROGRAM	(1)	192,276	0	0	0	0	192,276	0			
OFFICER	(11)	0	0	0	0	0	0	0			
			-1	<u>-</u>	·						

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493195036500 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) ▶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 the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number THE BARACK OBAMA FOUNDATION 46-4950751 Part I Types of Property (b) (a) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art—Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities-Publicly traded . Χ 37 21,184,842 FMV, DATE OF RECEIPT 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, Х 9,100,000 FMV, DATE OF RECEIPT or trust interests . . . 12 Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures . . . 14 Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . Χ 248,700 FMV, DATE OF RECEIPT Real estate—Other . . 18 Collectibles **19** Food inventory . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (SOFTWARE) Χ 218,831 FMV, DATE OF RECEIPT 26 Other ▶ (SUPPLIES) Χ 157,966 FMV, DATE OF RECEIPT 27 Other ► (_____ 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο b If "Yes," describe in Part II If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2019)	Page 2
	ution. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both Also y additional information
Return Reference	Explanation
PART I, COLUMN (B)	THIS IS REPORTED USING THE NUMBER OF CONTRIBUTIONS
	Schedule M (Form 990) (2019)

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SCHEDUL (Form 990 or EZ)	· 990-	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.							
Name! Setherofg THE BARACK OBAN	MA FOUNDAT	rion plemental Information	n		Employer identi 46-4950751	fication number			
Return Reference				Explanation					
FORM 990 PART III, LINE 1	AND TO O BUILD THE SOU MERICAL UALS, CO THE HIS INDIVIDU SE THE OR MPLE OF OF LEAD OBAMA E, AND O	HONOR THE LEGACY OF THE OBAMA PRESIDENT JTH SIDE OF CHICAGO TO PRESIDENT AND FIRST OMMUNITIES, AND SOCIATORIC OBAMA PRESIDEN JAL PEOPLE TO COME TO OBAMAS' PERSONAL STO IND THEIR OWN PATHS TO FENGAGED CITIZENSHIP DERS THE TOOLS THEY NOFELLOWS, SCHOLARS, LE	PRESIDENT AND M TAL CENTER, HOUSE THE MUSEUM WILL T LADY, THEIR PATH AL CURRENTS THAT ACY, ITS SUCCESSE OGETHER TO SOLVE OF COMMUNITATION PRO THE TO TO CREATE PO EADERS, COMMUNITATION PRO THE TO TO CREATE PO EADERS, COMMUNITATION PRO THE TO TO THE TO TO THE TO TO THE TO TO THE TO T	VER, AND CONNECT PEOPLE IRS OBAMA A CORE PURPOS ING THE PRESIDENTIAL MUS IELL THE STORY OF OUR NAT I TO THE WHITE HOUSE, AND IS SHAPED THEIR JOURNEY THE IS AND CHALLENGES, AND ITS IS PROBLEMS IN THEIR COMM IS ENT AND LEADERSHIP BUILD INTERIOR OF THEIR COMM INTERIOR OF THEIR	SE OF THE FOUNI EUM, IN JACKSON FION'S FIRST AFR THE COUNTLESS HE MUSEUM WILL S LEGACY OF INS IUNITY THE CEN' SERVICE TO INS SING ON THE OBA VING THE NEXT O DMMUNITIES THE BROTHER'S KEEF	DATION IS T N PARK ON RICAN-A S INDIVID L FOCUS ON SPIRING TER WILL U PIRE VISITO LMAS' EXA GENERATION ROUGH OUR PER ALLIANC			

Return Explanation
Reference

LINE 2

FORM 990, PENNY PRITZKER AND JOHN KEVIN POORMAN HAVE A BUSINESS RELATIONSHIP SECTION A.

Return Explanation
Reference

LINE 4

FORM 990, PART OF THE ORGANIZATION
SECTION A,

Return Explanation
Reference

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

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990,	THE FOUNDATION REQUIRES ALL DIRECTORS TO REVIEW AND COMPLETE A CONFLICT OF INTEREST DISCLO
PART VI,	SURE ON AN ANNUAL BASIS THE FOUNDATION'S GENERAL COUNSEL REVIEWS ALL DISCLOSURES AND WORK
SECTION B,	S WITH THE DISINTERESTED MEMBERS OF THE AUDIT AND RISK COMMITTEE AND THE BOARD OF DIRECTOR
LINE 12C	S TO EVALUATE POTENTIAL CONFLICTS OF INTEREST IN ACCORDANCE WITH THE FOUNDATION'S CONFLICT
	S OF INTEREST POLICY DIRECTORS WITH POTENTIAL CONFLICTS OF INTEREST RECUSE THEMSELVES FRO
	M BOARD DISCUSSIONS AND DECISION MAKING

Return Explanation
Reference

FORM 990, PART VI, SECTION B, LINE 15

Return Explanation

FORM 990, THE FOUNDATION MAKES ITS EXEMPT STATUS APPLICATION AND FORM 990 AVAILABLE FOR PUBLIC INSPE PART VI, CTION UPON WRITTEN REQUEST THE FOUNDATION'S FORM 990 IS ALSO AVAILABLE ON THE FOUNDATION' SECTION C, S WEBSITE AND GUIDESTAR WEBSITE LINE 18

Return Explanation
Reference

FORM 990, THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPO N WRITTEN REQUEST THE FOUNDATION'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE FOUN SECTION C, LINE 19

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SCHEDULE R (Form 990)	> 0	Related (_		s" on Form	990, Part		-		37.		20	1545-004	17
Department of the Treasury Internal Revenue Service		► Go to <u>ww</u>	v.irs.gov/				e latest info	ormation.					o Public ection	
Name of the organization THE BARACK OBAMA FOUNDATION									Emp	loyer identif	ication	number		
										950751				
Part I Identification	of Disregarded E	ntities. Complete if	the organ	nization ansv	wered "Ye:	s" on Forn	n 990, Part	: IV, line 3	3.					
Name, address, and	(a) EIN (If applicable) of disre	egarded entity		(b) Primary a			c) nicile (state n country)	(d) Total inco	ome	(e) End-of-year as	sets	(1 Direct co ent	introlling	
Part II Identification of related tax-exen	of Related Tax-Ex npt organizations di		ns. Compl	ete if the org	ganızatıon	answered	i "Yes" on I	Form 990,	. Part I'	V, line 34 be	ecause	it had one or	more	
Name, address, an	(a) d EIN of related organızatı	on	Prima	(b) ary activity	Legal dom	c) ncile (state n country)	(d) Exempt Cod		Public ch	(e) harity status in 501(c)(3))	Dır	(f) rect controlling entity	Section (13) cor enti	512(b) trolled
For Paperwork Reduction Ac	t Notice, see the Inc	structions for Form 9	90.		Ca	t No 5013	1 35Y				Sche	edule R (Form	990) 20	19

(a) Name, address, and E related organizatio		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomina income(rela unrelated excluded fr tax unde sections 51 514)	ted, total incon l, om r			rtionate tions?	(i) Code V-U amount in 20 of Schedule (Form 106	box ma pa (-1 (55)	artner?	(k) Percent owners
								Yes	No		Ye	s No	-
					1		I	1		I	- 1		
Deart IV Identification of Related Orgobecause it had one or more related (a) Name, address, and EIN of related organization		s a corporation (on or tru: (c) egal micile	st during th	(d)	(e) Type of entity C corp, S corp,	swered "Ye. (f) Share of total income	Share	(g) e of end- year	-of- Pe	IV, lir (h) ercentag	e 5	(I) Section 51 13) contr
because it had one or more rela (a) Name, address, and EIN of related organization	ated organizations treated a: (b) Primary activity	s a corporation (Le don (state o	on or trusted egal micile or foreign intry)	st during th	(d) controlling entity	(e) Type of entity	(f) Share of total	Share	(g) e of end-	-of- Pe	(h) ercentag	e 5	Section 51 13) contr entity Yes
because it had one or more rela (a) Name, address, and EIN of related organization	ated organizations treated as	s a corporation (Le don (state o	on or tru: c) egal micile or foreign	st during th	(d) c controlling ((e) Type of entity C corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Pe	(h) ercentag	e 5	Section 51 13) contr entity
because it had one or more rela (a) Name, address, and EIN of related organization	ated organizations treated a: (b) Primary activity	s a corporation (Le don (state o	on or trusted egal micile or foreign intry)	Direct THE BA	(d) c controlling ((e) Type of entity C corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Pe	(h) ercentag	e 5	Section 51 13) contr entity Yes
because it had one or more rela (a) Name, address, and EIN of related organization	ated organizations treated a: (b) Primary activity	s a corporation (Le don (state o	on or trusted egal micile or foreign intry)	Direct THE BA	(d) c controlling ((e) Type of entity C corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Pe	(h) ercentag	e 5	Section 51 13) contr entity Yes
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because it had one or more rela (a) Name, address, and EIN of related organization	ated organizations treated a: (b) Primary activity	s a corporation (Le don (state o	on or trusted egal micile or foreign intry)	Direct THE BA	(d) c controlling ((e) Type of entity C corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Pe	(h) ercentag	e 5	Section 51 13) contr entity Yes
because it had one or more rela (a) Name, address, and EIN of	ated organizations treated a: (b) Primary activity	s a corporation (Le don (state o	on or trusted egal micile or foreign intry)	Direct THE BA	(d) c controlling ((e) Type of entity C corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Pe	(h) ercentag	e 5	Section 51 13) contr entity Yes

Schedule R (Form 990) 2019		Pa	age 3
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
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?		T	
a Receipt of (i) interest, (ii)annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	1	No
b Gift, grant, or capital contribution to related organization(s)	1b	1	No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	1	No
e Loans or loan guarantees by related organization(s)	1e	\blacksquare	No
f Dividends from related organization(s)	1 f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	\vdash	No
l Performance of services or membership or fundraising solicitations for related organization(s)	. 11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	1	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	1	No
o Sharing of paid employees with related organization(s)	10	\vdash	No
p Reimbursement paid to related organization(s) for expenses	1 p		No
q Reimbursement paid by related organization(s) for expenses	1 q		No

1r No No 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (d) Method of determining amount involved (a) Name of related organization (b) Transaction (c) Amount involved type (a-s) C 9,100,000 FMV

(1)CHARITABLE LEAD ANNUITY TRUST

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

- See instructions regarding exclusion													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets		allocations? a		(1) General or managing partner?		(k) Percentage ownership
			514)	Yes	No	<u> </u>		Yes	No		Yes	No	
				_					_	Schedul	e R (Form	1 990)) 2019

