# 990

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) o not enter social security numbers on this form as it may be made public.

2023

OMB No. 1545-

Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

		e 2023 c	alendar year, or tax year beginni	ng 01-01-2023 , and ending 12-	-31-202	2			
			C Name of organization	ing 01-01-2025 , and ending 12-	-31-202	<u>,                                     </u>	D Employ	er identi	fication number
B Check if applicable: Address change Name change			THE BARACK OBAMA FOUNDATION				46-49	50751	
l .	ime cl itial re	-	Doing business as				-	30731	
Fin	al		THE OBAMA FOUNDATION						
l.		inated ed return	Number and street (or P.O. box if r	nail is not delivered to street address)	Room/suit	:e	_ E Telephon	ne number	
_ Ap	plicati	ion pendin	g 5235 SOUTH HARPER COURT NO 1	140			(773)	420-17	00
				ntry, and ZIP or foreign postal code					
			CHICAGO, IL 60615				<b>G</b> Gross re	ceipts \$ 4	49,787,983
			<b>F</b> Name and address of princi VALERIE JARRETT	pal officer:			is a group re	eturn for	
			5235 SOUTH HARPER COUR	RT NO 1140			ordinates? all subordina	ates	Yes No
			CHICAGO,IL 60615				ıded?		
I 1a	x-exe	mpt status	5: 501(c)(3) 501(c)( ) (ins	ert no.) 4947(a)(1) or 527			Io," attach a ıp exemption		e instructions. -
J W	ebsit	te: W	WW.OBAMA.ORG			ii(c) Grot	ip exemption	i ilullibe	
K For	n of o	rganizatio	n: 🔽 Corporation 🗌 Trust 🗍 Associa	tion Other		L Year of form	nation: 2014	<b>M</b> State	of legal domicile:
								DC	
Pa	art I	Sur	nmary						
			escribe the organization's missic	n or most significant activities: CT PEOPLE TO CHANGE THEIR	WORLI	O AND TO	HONOR THE	FIEGAC	Y OF PRESIDENT
æ			S. OBAMA.	THEOREE TO CHANGE THEIR	WORLI	J AND TO	HONOR THE	LLOAC	OF TRESIDENT
anc									
Ë		-							
Ŏ.	2	Check t	this box if the organization di	scontinued its operations or disp	osed of	more than	25% of its n	et assets	s.
×	_			ning body (Part VI, line 1a)				3	16
es.	4	Number	r of independent voting members	of the governing body (Part VI, Ii	ne 1b)			4	15
Ě	5	Total n	umber of individuals employed in	calendar year 2023 (Part V, line	2a) •			5	312
Activities & Governance	6	Total n	umber of volunteers (estimate if	necessary)				6	940
4	7a	a Total unrelated business revenue from Part VIII, column (C), line 12 · · · · · · · · · · · · · · · · · ·							0
	b	Net unr	elated business taxable income	from Form 990-T, Part I, line 11				7b	0
						Pi	rior Year		<b>Current Year</b>
g)	8	Contrib	utions and grants (Part VIII, line	1h)			311,359,6	61	129,320,227
Revenue	9	Progran	n service revenue (Part VIII, line	2g)				0	0
Pes	10	Investn	nent income (Part VIII, column (A	), lines 3, 4, and 7d ) • • •			-2,079,0	09	11,249,957
_	11	Other r	evenue (Part VIII, column (A), lin	es 5, 6d, 8c, 9c, 10c, and 11e)			3,5		15,920
				must equal Part VIII, column (A),			309,284,2	39	140,586,104
				(, column (A), lines 1-3)			4,353,9	03	13,395,962
				column (A), line 4)				0	0
88			s, other compensation, employee	0)	29,188,444 39,242,				
Expenses			• , , ,	olumn (A), line 11e) · · ·			540,0	00	897,928
X,			draising expenses (Part IX, column (D)		_				
ш	17	7 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) · · · ·						17	33,926,256
	18			equal Part IX, column (A), line 2	5)		59,708,4		87,462,284
. 00	19	Revenu	e less expenses. Subtract line 1	8 from line 12		<u> </u>	249,575,7		53,123,820
Net Assets or Fund Balances						Beginn	ing of Curren Year	t	End of Year
ala	20	Total a	ssets (Part X, line 16)				944,959,4	93	986,582,755
A B	21		abilities (Part X, line 26)				19,650,3		24,253,363
ŽŽ	22	Net ass	ets or fund balances. Subtract li	ne 21 from line 20			925,309,1	31	962,329,392
Pa	rt II	Sig	nature Block					<u> </u>	
Unde	r per	nalties of	perjury, I declare that I have ex	camined this return, including acc	company	ing schedu	les and state	ements,	and to the best of
		_	I belief, it is true, correct, and co knowledge.	mplete. Declaration of preparer (o	other th	an officer) i	s based on a	ll inform	ation of which
			_				4-07-23		
Sigr Her			ure of officer R RIZKI CHIEF FINANCIAL OFFICER			Date	2		
			r print name and title	I Dunna unula sianata un	1.5			DTINI	
<b>.</b>			Print/Type preparer's name	Preparer's signature	Da		neck   If	PTIN P00769270	)
Paid			Firm's name DELOITTE TAX LLP				lf-employed rm's EIN 86-10	065772	
Pre	-	L							
Use	Or	niy	Firm's address 111 SOUTH WACKER DR	IVE		Ph	none no. (312)	486-1000	
			CHICAGO, IL 60606						
May t	the I	RS discu	ss this return with the preparer	shown above? See Instructions.	<u> </u>	<u> </u>	<u></u> .	<u> </u>	Yes No
For P	aper	work Re	duction Act Notice, see the sepa	rate instructions.		Cat. No. 1	1282Y		Form <b>990</b> (2023)

BEGAN. ACTIVITIES ALSO INCLUDED ACCELERATING THE MUSEUM COMPONENT THROUGH OUR ONGOING ARTIFACT COLLECTING ACTIVITY, ARTS COMMISSION, AND ARTS PROGRAM PLANNING: APPLYING BEST PRACTICES FOR PRESERVATION AND MANAGEMENT OF THE MUSEUM COLLECTION: AND ADVANCING PLANNING AND DEVELOPMENT FOR OUR INAUGURAL EXHIBITIONS AND VISITOR EXPERIENCE.

THE FORUM, LIBRARY AND PARKING GARAGE AND ADVANCING THE MUSEUM STRUCTURE TO 75% OF ITS FINAL HEIGHT. DESIGN OF THE ATHLETIC CENTER ALSO (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$

Other program services (Describe in Schedule O.)

including grants of \$ ) (Revenue \$ (Expenses \$ Total program service expenses 52,799,162

Form	n 990 (2023)			Page
Pa	rt 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? <i>If "Yes," complete Schedule C, Part I</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 Rev. Proc. 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? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Νo

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"

Did the organization, directly of through a related organization, hold assets in temporarily restricted endowments,

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

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, VII,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🐯 . . . . . . . . . c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

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

reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 为 . . . . . . . . . . . . . . . e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

12a ប៊ីប៉េក្តាម ទល្បានមេដា និក្សានាម្ខាត់ និក្សានាម្ខាត់ និក្សានាម្ចាត់ និក្សានាម្ចាន និក្សានាម្ចាត់ និក្សានាម្ចាន់ និក្សានិក្សានាម្ចាន់ និក្សានាម្ចាន់ និក 

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

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign

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

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

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

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

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any 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 . . .

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

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

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. . . . . Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . . . . . . . . . . . . . . Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

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

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

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

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . 🐒 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

complete Schedule D, Part III 🥵 . . . . . . . . . . . . . . . . . .

negotiation services? If "Yes," complete Schedule D. Part IV 📆

VIII, IX, or X, as applicable.

16

3

8

9

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

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18

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20a

20b

Yes

Form **990** (2023)

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Νo

Nο

Nο

Nο

Nο

Nο

Νo

Nο

Nο

Nο

orm	990 (2023)			Page <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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	26		No

ਲੀਂਕੇ<sup>7</sup>ਜ਼ਿੰਦ 'ਕਿਸ਼ਕੀਉਂਸ਼ਿੰਦ ਸਿੰਘਰਿੰਦ ਬੰਗੂਰੀ ht 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,

Was the organization a party to a business transaction with one of the following parties (see the Schedule L,

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

BidYfife" 64YaAletti8f7fiftllfate, terminate, or dissolve and cease operations? If "Yes," complete schedule N. Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

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**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🖠 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

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

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🧐 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V .

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

Part IV instructions for applicable filing thresholds, conditions, and exceptions):

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

**b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

gaming (gambling) winnings to prize winners? . . . . . . . . . . . .

**b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .

entity or family member of any of these persons?

If "Yes," completeSchedule L,Part III

conservation contributions?

sections 301.7701-2 and 301.7701-3?

29

30

31

Part V

Nο

Nο

Νo

Νo

Nο

Nο

Nο

Nο

Νo

Nο

Nο

No

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

179

Λ

1a

1b

Yes

Yes

Yes

Yes

Yes

Yes

Form 990 (2023)

Form **990** (2023)

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								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority								
b	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account, or other financial account, securities account, or other financial account, or other financial account, securities account, or other financial account								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	-		N.o.					
	Wish the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		N o					
		5b		IN O					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c 6a		N o					
	organization solicit any contributions that were not tax deductible as charitable contributions?	Oa							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7</b> c		Νo					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo					
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	7h							
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8							
9	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:								
а	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								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the								
	year.								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?								
a		13a							
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans								
	Enter the amount of reserves on hand								
	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? If "No," provide an explanation in Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No					
16	IS "theso'r sæeizhtionstruetlooztioma files Fiturtio47配的jSchedutleeNsection 4968 excise tax on net investment income?	16		No					
17	Fig. 12 complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6060.	17							

90	(2023)	Pag
ı	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines	s
	On the art 10h halaw dagariha the giraymatanaga programa ar shangag in Cahadula O. Can instructions	

Par	<b>Governance, Management, and Disclosure.</b> For each "Yes" response to lines 2 this	ough .	7b below, and for a "No" resp	ponse	to lines	S
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu. Check if Schedule O contains a response or note to any line in this Part VI	e 0. S	See instructions.			
Se	ction A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax	1a	16			
	Year-fire 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	15			

	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	1 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a bu other officer, director, trustee, or key employee?	siness •	relationship with any	2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co	,		3		No
4	Did the organization make any significant changes to its governing documents since	e the p	orior Form 990 was	4		Νo

	Yethere 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			1 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a bu other officer, director, trustee, or key employee?				,	2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co	,				3		Νo
4	Did the organization make any significant changes to its governing documents since	e the p	orior Fo	m 990 v	was	4		Νo
5	bladthe organization become aware during the year of a significant diversion of the	organi	zation's	assets?	. [	5		Νo
6	Did the organization have members or stockholders?					6		Νo
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?					7a		Νo
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?			•		7b		Νo
8	Did the organization contemporaneously document the meetings held or written active year by the following:	ions ur	ndertak	en durin	g the			
а	The governing body?					8a	Yes	
b	Each committee with authority to act on behalf of the governing body?					8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, w	ho cai	nnot be	reached	at the	٠		Na

	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	4		Νo
5	$60^{\circ}$ organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
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		Νo
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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
				_
Se	e <b>ction B. Policies</b> (Inis Section B requests information about bolicies not required by the internal R	eveni	je Coal	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	Yes	e.) <b>No</b>
	Did the organization have local chapters, branches, or affiliates?	10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No

6	Did the organization have members or stockholders?	6		Νo
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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
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	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	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 on 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?			
а	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 on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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	ection C. Disclosure			
17	list the states with which a copy of this Form 990 is required to be filed			

b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	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 on 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?			
а	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 on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
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	ection C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AK,AL,AR,CA,FL,GA,HI,IL,KS MN,MS,NC,ND,NH,NJ,NM,NY,			

Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T

(section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that

apply.

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

State the name, address, and telephone number of the person who possesses the organization's books and records: AMMAR RIZKI CHIEF FINANCIAL OFFICER 5235 SOUTH HARPER COURT NO 1140 CHICAGO, IL 60615 (773) 420-1700 Part VII

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
(A) Name and title	(B) Average hours per week (list any hours for	uı	(C) ition (do not check more nless person is both an director/truste	office)	cer a	and a	compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		
	related organizations below dotted line)	divid	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	from the organization and related organizations	
(1) VALERIE JARRETT	40.00	) . X		Х				740,000	0	14 048	
DIRECTOR/CEO	0.00			^				/40,000	J	14,948	
(2) DAVID PLOUFFE	1.00		ı								
DIRECTOR/VP/SECRETARY	0.00	X		Х				U	0	0	
(3) GLENN HUTCHINS	10.00		İ	,,							
DIRECTOR/VICE CHAIRPERSON	0.00	X		Х				U	0	0	
(4) JOHN KEVIN POORMAN	10.00	)		.,							
DIRECTOR/PRESIDENT	0.00	_		Х	igspace			U	0	0	
(5) MARTIN H NESBITT  DIRECTOR/CHAIRPERSON	0.00	X		х				0	0	0	
(6) PENNY PRITZKER DIRECTOR/VICE CHAIRPERSON	0.00	×		х				0	0	0	
(7) ROBERT WOLF DIRECTOR/VP/TREASURER	2.00	×		х				0	0	0	
(8) BRODERICK JOHNSON DIRECTOR	0.00	×		_ 				0	0	0	
(9) CONNIE BALLMER DIRECTOR		×						0	0	0	
(10) DEMOND MARTIN	0.00 1.00	_		<u> </u>	+		$\vdash$				
DIRECTOR		×						0	0	0	
(11) DR MAHALIA A HINES	1.00	)			$\dagger$		M				
DIRECTOR (END 6/23)	0.00	X						0	0	0	
(12) JOHN ROGERS DIRECTOR	1.00	· X						0	0	0	
(13) JUAN SALGADO	1.00	_						0	0	0	
DIRECTOR  (14) THE FANNA SMOOT	0.00 1.00	_	<u> </u>	<del> </del>	$\vdash$	<del>                                     </del>				-	
(14) JULIANNA SMOOT DIRECTOR		×						0	0	c	
(15) MICHAEL SACKS	1.00	_						0	0	0	
DIRECTOR	0.00			<u></u>	igspace	<u> </u>					
(16) SEAN PARKER	1.00	X						0	0	C	
DIRECTOR (17) THELMA GOLDEN	0.00 1.00	_		$\vdash$	$\vdash$						
DIRECTOR	ļ	×						0	0	C	
BIRECTOR	0.00				Щ.	Ь					

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

	(B) Average hours per week (list any hours for			cer	and a		Reportable compensation from the organization	Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	related organizations below dotted line)	Individual trustae or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	from the organization and related organizations
(18) AMMAR RIZKI	40.00			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				264.246	0	22.720
CFO	0.00			Х				364,246	0	23,730
(19) DAVID SIMAS	40.00			.,				100.050		
PRESIDENT (END 4/23)	0.00			Х				193,968	0	14,836
(20) ROBBIN COHEN	40.00				.,			510.100		25.222
EVP, OPC	0.00				Х			613,100	0	36,002
(21) ALFREDA BRADLEY-COAR	40.00				.,			42.4.760		4.4.565
EVP, CHIEF LEGAL & PEOPLE OFFICER	0.00				Х			424,769	0	14,565
(22) CHRISTINA TCHEN	40.00				.,			400.000		22.720
EVP, STRATEGY & IMPACT	0.00				Х			400,000	0	23,730
(23) LORI T HEALEY	40.00				.,			360.006		22.720
SVP, EXECUTIVE PROJECT OFFICER	0.00				Х			369,886	0	23,730
(24) MICHAEL STRAUTMANIS	40.00				.,			252 477		26.002
EVP, EXTERNAL AFFAIRS	0.00				Х			353,477	0	36,002
(25) LAURA LUCAS MAGNUSON	40.00				· ·			363.001	0	24.120
EVP, GLOBAL PROGRAMS	0.00				Х			362,801	0	24,138
(26) DANIEL MCGREGOR	40.00				Х			220.240	0	22.040
SVP, DEVELOPMENT	0.00				^			320,240	0	23,940
(27) CHARMAINE WILLIAMS	40.00				V			30F 160	0	12 704
SVP, CHIEF HUMAN RESOURCES OFFICER	0.00				Х			305,169	0	13,704
(28) LOUISE BERNARD	40.00				Х			200 424	0	22.107
SVP, MUSEUM DIRECTOR	0.00				^			289,424	0	22,107
(29) KORI SCHULMAN	40.00				Х			224 956	0	22 557
SVP, CREATIVE & COMMUNICATIONS	0.00				^			234,856	0	32,557
(30) JAMIE-CLARE PICKENS	40.00					Х		204 001	0	22,730
VP, DEPUTY GENERAL COUNSEL	0.00					^		304,991	0	22,730
(31) ELISABETH SICILIANO	40.00					Х		284,376	0	26,878
SVP, STRATEGY, GOVERNANCE & RISK	0.00					^		204,370	0	20,676
(32) RACHEL RAUSCHER	40.00					×		264,837	0	21,124
VP, DEVELOPMENT OPERATIONS	0.00					^		204,037		21,124
(33) ROARK FRANKEL	40.00					×		256,488	0	27,127
DIRECTOR OF PLANNING & DELIVERY	0.00					^		230,400	0	27,127
(34) CAITLIN GILMORE	40.00					×		264,837	0	11,959
VP, FUNDRAISING & DEVELOPMENT	0.00					^		204,037	0	11,939
(35) GABRIELA FRAGA	40.00						Х	150,562	0	17,778
FORMER SVP, PRODUCT & TECHNOLOGY	0.00						^	130,302	0	17,770
1b Sub-Total	/II, Section A .				6	5,498,0	127		0 43	31,585
Total number of individuals (including \$100,000 of reportable compensation)	but not limited t	o thos	•	eive					1	<u>·</u>
#100,000 of reportable compensation	Trom the organiz		172						Yes N	lo

			163	140			
3	3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee						
	on line 1a? If "Yes," complete Schedule J for such individual	3	Yes				
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such						
	individual						
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for						
	services rendered to the organization?If "Yes," complete Schedule J for such person	5		Νo			

#### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LAKESIDE ALLIANCE, 2636 W 15TH AVE GARY, IN 46404	CONSTRUCTION SERVICES	150,993,348
TOD WILLIAMS BILLIE TSIEN ARCHITECT, 222 CENTRAL PARK SOUTH NEW YORK, NY 10019	ARCHITECTS	4,601,855
AGENCY EA, 311 W WALTON ST CHICAGO, IL 60610	EVENT MANAGEMENT	4,496,375
AB DATA LTD, 600 AB DATA DRIVE MILWAUKEE, WI 53217	DIRECT MAIL SERVICES	2,301,450
CLAYCOARDMORE RODERICK JV, 2199 INNERBELT BUSINESS CENTER DRIV ST LOUIS, MO 63114	CONSTRUCTION MANAGEMENT	2,068,609
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 of compensation from the organization 59	who received more than	

Part		<b>nt of Revenue</b> chedule O contains a res	ponse or not	e to	any line in this Pa	rt VIII .				г
	Greek II 30	areaute o contains a res	ponse or not		(A) Total revenue	(B Relate exen funct reve	ed or npt tion	(C) Unrelate busines revenue	s e	(D) Revenue scluded from under sections 512 - 514
Contr	ibutions, Gifts, Gra	nts, and OtherAmt Simi	lar Amounts	b c d e f	Membership dues Fundraising events Related organizatio Government grants (co All other contributions, and similar amounts no above Noncash contributions i lines 1a - 1f:\$	ons ontributions) gifts, grants, at included ncluded in	1a 1b 1c 1d 1e 1f	129,320,	337	
	2a		Business C		Total. Add lines 1a	-11			129,3	320,227
Program Service Revenue	b									
Program Se	e f All other progr	am service revenue.								
	<b>9 Total.</b> Add line	as 2a-2f	-			<u> </u>	9,145,673			9,145,673
		_	(i) R		(ii) Persona	1				
		from sales of	or (loss).		es (ii) Other					
Other Revenue		other basis and sales expenses	76	,089, ,216,						
Othe		d Net gain or (loss)  8a Gross income from func (not including \$ contributions reported of See Part IV, line 18  b Less: direct expen	draising events of on line 1c).				2,104,284			2,104,284
		c Net income or (loss  9a Gross income from activities. See Part IV, line 19 b Less: direct expen	s) from fundr gaming	aisir						
		c Net income or (loss  10a Gross sales of invereturns and allowar  b Less: cost of goods	ntory, less nces	1	0a 15,9	20	15,920	15,920		
		C Net income or (loss	s) from sales	of i	Business Cod	е	13,320	13,320		
Othe	erRevenueMiscAmt	с								
		d All other revenue e Total. Add lines 11 12 Total revenue. See	.a-11d .			140	0,586,104	15,920	0	11,249,957 orm <b>990</b> (2023)

orr	m 990 (2023)				Page <b>10</b>
Pa	Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must	· · · · · · · · · · · · · · · · · · ·		izations must comple	ete column (A).
	Check if Schedule O contains a response or note to	any line in this Part		(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,348,573	9,348,573		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	4,047,389	4,047,389		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	5,122,498	2,664,930	1,674,684	782,884
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	27,365,683	13,291,388	7,968,103	6,106,192
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,321,538	649,063	392,245	280,230
۵	Other employee benefits	2,970,969	1,459,168	881,811	629,990
	Payroll taxes	2,461,450	1,208,922	730,581	521,947
	Fees for services (non-employees):	2/101/100	1/200/322	750,501	321/3
	Management				
	<del>_</del>	252,069	168,477	83,592	
	Legal	57,200	100,477	57,200	
	Accounting	37,200		37,200	
	ILobbying	907.029			907.039
	Professional fundraising services. See Part IV, line 17	897,928		76 500	897,928
	Investment management fees	76,583		76,583	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,269,974	7,364,681	246,637	658,656
12	Advertising and promotion				
13	Office expenses	6,474,349	162,725	283,958	6,027,666
14	Information technology	2,785,092	1,395,761	746,504	642,827
	Royalties				
	Occupancy	1,318,012	875,922	329,709	112,381
	Travel	4,104,057	2,866,470	372,033	865,554
	Payments of travel or entertainment expenses for any federal, state, or local public officials .				<u>`</u>
19	Conferences, conventions, and meetings	7,234,497	5,534,207	41,507	1,658,783
	Interest				
	Payments to affiliates				_
	Depreciation, depletion, and amortization	780,002	575,340	178,864	25,798
	Insurance	266,302	159,190	68,608	38,504
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	237,00			3,000
	a COMMUNICATIONS	1,511,520	576,640	873,922	60,958
	<b>b</b> PROFESSIONAL DEVEL.	252,390	67,756	106,464	78,170
	c COLLECTIONS	162,179	162,179		
	d PROGRAM CONTRACTUAL	160,237	160,237		
	e All other expenses	221,793	60,144	82,467	79,182
25	Total functional expenses. Add lines 1 through 24e	87,462,284	52,799,162	15,195,472	19,467,650
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).				

		(2023)					Page 11
Р	art X	Balance Sheet					
		Check if Schedule O contains a response or	note to any line in th	nis Part IX .	(A)		
					Beginning of year		End of year
	1	Cash-non-interest-bearing			241,474,849	1	192,413,497
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net			360,355,002	3	251,945,329
	4	Accounts receivable, net				4	
	6	Loans and other receivables from any current trustee, key employee, creator or founder, su controlled entity or family member of any of t Loans and other receivables from other disqu under section 4958(f)(1)), and persons desc	bstantial contributor hese persons alified persons (as d	efined		5	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
SS					2,213,478	9	3,787,068
A	9	Prepaid expenses and deferred charges .	 I I		2,213,470	9	3,707,000
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	401,174,086			
	ь	Less: accumulated depreciation	10b	3,213,186	224,932,662	10c	397,960,900
	11	Investments—publicly traded securities .		., .,	107,256,456	11	132,935,177
	12	Investments—other securities. See Part IV, Ii	ine 11	_	, , , , , , ,	12	
	13	Investments—program-related. See Part IV, I		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	8,727,046	15	7,540,784		
	16	Total assets: Add lines 1 through 15 (must e	aual line 33)		944,959,493	16	986,582,755
	17	Accounts payable and accrued expenses .		•	16,381,702	17	19,788,156
				-	1,390,000	18	3,066,667
	18 19	Grants payable		-	1,330,000	19	3,000,007
				-			
	20	Tax-exempt bond liabilities		_		20	
es	21	Escrow or custodial account liability. Comple	te Part IV of Schedul	e D		21	
Liabilities	22	Loans and other payables to any current or fo key employee, creator or founder, substantial controlled entity or family member of any of t	contributor, or 35%			22	
Ï	23	Secured mortgages and notes payable to unro	elated third narties	-		23	
	24	Unsecured notes and loans payable to unrela	·	· ·		24	
		Other liabilities (including federal income tax	•	-	1,878,660	25	1,398,540
	25	parties, and other liabilities not included on li Complete Part X of Schedule D		i tilli u	1,070,000	23	1,000,040
	26	<b>Total liabilities.</b> Add lines 17 through 25 .	•		19,650,362	26	24,253,363
es		Organizations that follow FASB ASC 958, che	ck here 🔽 and con	nplete			
Balances	27	lines 27, 28, 32, and 33.  Net assets without donor restrictions			511,752,615	27	657,447,799
18	28	Net assets with donor restrictions		Ī	413,556,516	28	304,881,593
Fund		Organizations that do not follow FASB ASC 9	FO shook have b		,		
F		complete lines 29 through 33.	эо, спеск nere ▶	ana			
0	29	Capital stock or trust principal, or current fun	nds			29	
ets	30	Paid-in or capital surplus, or land, building or	equipment fund .			30	
Assets or	31	Retained earnings, endowment, accumulated i	income, or other fun	ds		31	
ti di	32	Total net assets or fund balances			925,309,131	32	962,329,392

944,959,493

33

986,582,755

Form **990** (2023)

33

Total liabilities and net assets/fund balances

. . . . . . . .

2b

2c

За

3b

Yes

Yes

Νo

Form 990 (2023)

Consolidated basis Both consolidated and separate basis

If the organization changed either its oversight process or selection process during the tax year, explain in

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

**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.

**b** Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

Schedule O.

Consolidated basis Both consolidated and separate basis

Separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Form 990 (2023)		
Additional Data		Return to Form
	C. fl.	
	Software ID:	
	Software Version:	
Form 990, Special Condition Description	on:	
	Special Condition Description	

### (Form 990) Department of the Treasury

Internal Revenue Service

Form 990 or 990-EZ.

**SCHEDULE A** 

Name of the organization

THE BARACK OBAMA FOUNDATION

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

**Employer identification number** 

46-4950751

Inspection

OMB No. 1545-0047

The o	organi	zation is not a private fo	undation beca	use it is: (For lines 1	through 12, che	ck only one bo	ox.)	
1		A church, convention of	of churches, or	association of churc	hes described ir	section 170(b	o)(1)(A)(i).	
2		A school described in	section 170(b)	( <b>1)(A)(ii).</b> (Attach So	chedule E (Form	990).)		
3		A hospital or a coopera	ative hospital s	service organization o	described in <b>sec</b>	tion 170(b)(1)	(A)(iii).	
4		A medical research org hospital's name, city, a	•	ated in conjunction w	vith a hospital d	escribed in <b>sec</b>	tion 170(b)(1)(A)(iii	). Enter the
5		An organization operat  170(b)(1)(A)(iv). (Co		-	versity owned o	r operated by a	a governmental unit d	escribed in <b>section</b>
6		A federal, state, or loc	al government	or governmental unit	described in <b>se</b>	ction 170(b)(1	l)(A)(v).	
7	V	An organization that no described in <b>section 1</b> ?	•			m a governme	ntal unit or from the g	eneral public
8		A community trust des	cribed in <b>secti</b>	on 170(b)(1)(A)(vi).	(Complete Part	: II.)		
9		An agricultural researd university or a non-lan						
10		An organization that ne receipts from activities from gross investment organization after June	s related to its income and u	exempt functions—sunrelated business tax	ubject to certain able income (le	exceptions, a ss section 511	nd (2) no more than 3	3 1/3% of its support
11		An organization organi	zed and opera	ted exclusively to test	t for public safe	y. See <b>section</b>	509(a)(4).	
12		An organization organizone or more publicly sthe box on lines 12a th	upported organ	nizations described in	section 509(a)	(1) or section 5	509(a)(2). See section	<b>509(a)(3).</b> Check
а		<b>Type I.</b> A supporting of supported organization organization. <b>You mus</b>	(s) the power	to regularly appoint o	r elect a majorit			
b		Type II. A supporting of management of the su must complete Part IV	pporting organ	ization vested in the				
С		Type III functionally i supported organization	<b>ntegrated.</b> A s	upporting organizatio				rated with, its
d		Type III non-functions not functionally integra (see instructions). You	ated. The orga	nization generally mu	st satisfy a dist	ribution require		` '
e		Check this box if the o integrated, or Type III	-				s a Type I, Type II, Ty	ype III functionally
f	Ente	r the number of supporte	_				· · · · · · · · <u> </u>	
g	(:) N	Provide the following in					(w) Amount of	(vi) Amount of
(i) Name of supported organization					listed in you docur		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				1- 10 above (see instructions))	Yes	No		
Tota	ı							
For P	aperv	vork Reduction Act Noti	ce, see the Ins	tructions for	Cat. No. 11285	F	Schedule	e A (Form 990) 2023

911,105,630

201,911,289

709,194,341

911.105.630

12,281,482

923,387,112

76.800 %

76.540 %

Schedule A (Form 990) 2023

63,802

(f) Total

furnished by a governmental unit to the organization without charge.

supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5

Section B. Total Support

securities loans, rents, royalties and income from similar sources

(or fiscal year beginning in)

9 Net income from unrelated business activities, whether or not the business is regularly

10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part

Total support. Add lines 7

. . . . . . . . . . . . .

. . . . . . . . . . . . 🕨

carried on. .

VI.). .

through 10

7 Amounts from line 4. . 8 Gross income from interest. dividends, payments received on

Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly

from line 4.

Calendar year

1 990) 2023	
pport Schedule for Organizations Described in Sections $170(b)(1)(A)(iv)$ and $170(b)(1)$	)(
implete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to quali	fy

Support Schedule for	or Organizatio	ons Described	in Sections	170(b)(1)(A)	(iv) and 170(l	b)(1)(A)(v					
(Complete only if you	checked the bo	ox on line 5, 7,	or 8 of Part I o	or if the organiz	ation failed to d	qualify unde					
Part III. If the organiz	ation failed to	qualify under th	ne tests listed b	elow, please co	mplete Part III	í.)					
A. Public Support											
ear ear beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total					

Section Calendar y (or fiscal ye 1 Gifts, grants, contributions, and 139,662,706 171,102,620 159,660,416 311,359,661 129,320,227 911,105,630

(c) 2020

159,660,416

159,660,416

30,586

311,359,661

311,359,661

1,028,436

(d) 2021

129,320,227

129.320.227

9,145,673

(e) 2022

12

14

15

membership fees received. (Do not include any "unusual grant.") . . organization's benefit and either paid to or expended on its behalf

2 Tax revenues levied for the

171,102,620

171,102,620

393,895

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

check this box and  $\mathsf{stop}$  here  $\dots\dots\dots\dots\dots$ 

16a 33 1/3% support test-2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test-2023. 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 organization

b 10%-facts-and-circumstances test—2022. 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 supported organization

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

**(b)** 2019

139,662,706

139,662,706

1,682,892

Public support percentage for 2022 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . .

Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . .

Section C. Computation of Public Support Percentage

(a) 2018

3 The value of services or facilities

che	edule A (Form 990) 2023						Page <b>3</b>
P	art IIII Support Schedule f						
	(Complete only if you						
	II. If the organization	fails to qualify	under the te	sts listed below	, please comple	ete Part I	l.)
	ection A. Public Support						
	fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
•	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
_	from line 6.)						
	ection B. Total Support			Т	1	1	
	endar year fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
-	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
-	(less section 511 taxes) from						
	businesses acquired after June 30,						
_	1975.						
с 11	Add lines 10a and 10b.  Net income from unrelated	-			1		
	business activities not included on						
	line 10b, whether or not the						
	business is regularly carried on.	<u> </u>			1		
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c,						
	11, and 12.)	the even in ation!	a first seemed t	hind formeth on fit	fth tay year as a s	ostion FO1	(a)(2) arganization
14	<b>First 5 years.</b> If the Form 990 is for the check this box and <b>stop here</b>	-			•		
-						· · · · ·	
<u> </u>	Public support percentage for 2023 (			13, column (f))		15	
15 16	Public support percentage from 202					16	
_	ection D. Computation of Inve					10	
<u>3</u> 17	Investment income percentage for 2				nn (f))	. 17	
17 18	Investment income percentage from					18	
10 19a							, and line 17 is not
_ J	more than 33 1/3%, check this box a						
h	<b>33</b> 1/3% <b>support tests—2022.</b> If the						
_	is not more than 33 1/3%, check this	-			•		_

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . .

1

2

За

3b

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2023

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#### Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you

12d, of Part I, complete Sections A and D, and complete Part V.)

checked checked box

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.

Did the organization have any supported organization that does not have an IRS determination of status under

section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization

was described in section 509(a)(1) or (2).

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.

made the determination.

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

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 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 Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

4a 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

4b or supervised by or in connection with its supported organizations. 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 4c all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of

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

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

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

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

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting

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

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

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

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

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

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

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

organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

each of the supported organizations? If "Yes" or "No", provide details in Part VI.

Supporting Organizations (continued)

Page 5

11	Has the organization accepted a gift or contribution from any of the following persons?				
а	, , , ,				
	below, the governing body of a supported organization?	11a			
b	A family member of a person described on 11a above?	11b			
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in	11c			
S	<u>Part VI.</u> ection B. Type I Supporting Organizations				
			Yes	No	
1	Did the officers, 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 <b>Part VI</b> 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					
	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				
			Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported	1			
-	ection 5. A(f) Type III Supporting Organizations				
	ection D. An Type III Supporting Organizations		Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1			
2					
3	By reason of the relationship described in line 2 above, 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 <b>Part VI</b> the role the organization's supported organizations	3			
	ection E. Type III Functionally-Integrated Supporting Organizations	<u> </u>			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructio	ns)·		
	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	actio			
	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.				
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity	(see			
	instructions)				
2	Activities Test. Answer lines 2a and 2b below.		Yes	No	
	a 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 <b>Part VI identify those</b> supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.  b Did the activities described on line 2a, above 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 <b>Part VI</b> the	2a			

reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.

2b

За

3b

instructions)

Page 6

_	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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter $0.015\ \text{of line 3}$ (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 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

excess of income from activity

Section D<sup>Or</sup> อารูปาลิปาก

organizations, in

3j and 4c.

8 Breakdown of line 7:

a Excess from 2019. . .

b Excess from 2020. . .

c Excess from 2021. . .

d Excess from 2022. . .

e Excess from 2023. . .

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

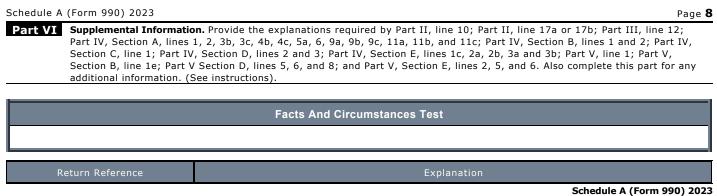
2 Amounts paid to perform activity that directly furthers exempt purposes of supported

1 Amounts paid to supported organizations to accomplish exempt purposes

1

2

3 Administrative expenses paid to accomplish exempt	nizations <b>3</b>	 	
4 Amounts paid to acquire exempt-use assets		4	 
5 Qualified set-aside amounts (prior IRS approval requir	ed - provide details in <b>Part V</b>	71) 5	
6 Other distributions (describe in Part VI). See instruc	tions	6	
<b>7 Total annual distributions.</b> Add lines 1 through 6.		7	
8 Distributions to attentive supported organizations to (provide	which the organization is re	sponsive 8	
details in <b>Part VI</b> ). See instructions			
9 Distributable amount for 2023 from Section C, line 6		9	
10 Line 8 amount divided by Line 9 amount		10	 
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2023	(iii) istributable ount for 2023
1 Distributable amount for 2023 from Section C, line 6			
Underdistributions, if any, for years prior to 2023     (reasonable cause required explain in Part VI ).			
See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023:			
<b>a</b> From 2018			
<b>b</b> From 2019			
c From 2020			
<b>d</b> From 2021			
e From 2022			
<b>f Total</b> of lines 3a through e <b>g</b> Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see			
instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>			
See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
7 Excess distributions carryover to 2024. Add lines			



#### Schedule B OMB No. 1545-0047 Schedule of Contributors (Form 990) Attach to Form 990, 990-EZ, or 990-PF. 2023 Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** THE BARACK OBAMA FOUNDATION 46-4950751 Organization type (check one): Filers of: Section: Form 990 or 990-F7 ☐ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

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

Name of organization
THE BARACK OBAMA FOUNDATION

Employer identification number

THE BARACK OB	AMA FOUNDATION	46-495075	1
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Part II

(a)

No. from

Part I

(a)

No. from

Part I

(a)

(a)

No. from

Part I

(d)

Date received

**Employer identification number** 

46-4950751

(c)

FMV (or estimate)

(See instructions)

Page 3

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Description of noncash property given

Description of noncash property given

(a) No. from Description of noncash property given Part I

Description of noncash property given

Part I

No. from

(a) Part I

No. from

(b)

(b)

(b)

(b)

Description of noncash property given

Description of noncash property given

#### **SCHEDULE C** (Form 990)

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

**Political Campaign and Lobbying Activities** 

OMB No. 1545-0047

2022

							Open to Public Inspection	
• S • S • S If the	ection 501(c)(3) org Section 501(c) (othe Section 527 organiz Section 501(c)(3) organization and	ganizatior er than se ations: Co swered ' rganizatio	as: Complete Parts I-A ction 501(c)(3)) organiomplete Part I-A only.  "Yes" on Form 990, ns that have filed Form	and B. Do r izations: Co <b>Part IV, Li</b> n 5768 (elec	mplete Parts I-A and C ne 4, or Form 990-EZ, tion under section 501(	below. Do not  Part VI, line n)): Complete	complete Part I-B.  47 (Lobbying Acti Part II-A. Do not con	ivities), then nplete Part II-B.
If the	organization an 35c (Proxy Tax)	swered (see sep	"Yes" on Form 990, arate instructions),	Part IV, Li then	(election under section ne 5 (Proxy Tax) (see			
			organizations: Comple	te Part III.			T=	
	THE BARACK OBAMA FOUNDATION				Employer identifi	cation number		
Part	Part I-A Complete if the organization is exempt under section 501(c) or is a					rganization.		
1	Provide a descript definition of "pol	otion of th	ne organization's dire	ct and indir	ect political campaign	activities in F	art IV. See instruct	
3			•		ructions		•	
					under section 50			
1	-				zation under section 4	`	\$	
2		•	•	-	on managers under sed			
3	If the organization	on incurre	ed a section 4955 tax,	did it file	Form 4720 for this yea	r?		☐ Yes ☐ No
4a	Was a correction	made?						Yes No
b	If "Yes," describ	e in Part	IV.		under section 50	1(a) aveau	-ttion F01/	-)(2)
1	<b>L</b>				tion for section 527 ex	•	•	
2					uted to other organizat			
3	<b>•</b>				nter here and on Form	•	Ψ.	
4	Did the filing org	anization	file Form 1120-POL fo	or this year	?			Yes No
5	organization mad amount of politic	le paymei al contrib	nts. For each organiza outions received that w	tion listed, were promp	umber (EIN) of all sect enter the amount paid btly and directly delive PAC). If additional spa	from the filined to a separ	g organization's fun ate political organiz	ds. Also enter the ation, such as a
(a) N	Name		(b) Address		(c) EIN	fil	Amount paid from ing organization's nds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1								
2								
3								
4								
5								
6								

Grassroots ceiling amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

1,500,000

activity.

1

(a)

Page 3

(b)

tiv	ity.	Yes	No	Amount
	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:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
C	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? ..... 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? .....

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Total. Add lines 1c through 1i .....

Yes Were substantially all (90% or more) dues received nondeductible by members? ..... 1 1

No Did the organization make only in-house lobbying expenditures of \$2,000 or less? ..... 2 3 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) 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

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

1 2 expenses for which the section 527(f) tax was paid).

2a Current year .....

2b Carryover from last year ..... 2c

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess

3 does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? ..... 4

Taxable amount of lobbying and political expenditures. See Instructions ...... 5 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.

Schedule C (Form 990) 2022

#### **SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

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

Attach to Form 990. OMB No. 1545-0047 2022

Department of the Treasury Internal Revenue Service

▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Open to Public Inspection

	ime of the organization E BARACK OBAMA FOUNDATION					Emp	loyer identification number
						46-4	4950751
Pā	ort I Organizations Maintaining Donor					nds	or Accounts.
	Complete if the organization answered						(h) Funda and abban accounts
	Total number at end of year	(a) Donor	auv	ised funds		-	(b) Funds and other accounts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3 4	Aggregate value of grants from (during year)						
	Aggregate value at end of year						
5	Did the organization inform all donors and donor ad the organization's property, subject to the organiza	_					
6	Did the organization inform all grantees, donors, an charitable purposes and not for the benefit of the do impermissible private benefit?	onor or donor advisor	or,	for any ot	her purpos	e con	ferring
Pa	<b>Conservation Easements.</b> Complete if the organization answered						
1	Purpose(s) of conservation easements held by the						
	Preservation of land for public use (e.g., recreated	-				nistor	ically important land area
	Protection of natural habitat			Preservat	ion of a ce	ertifie	d historic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization he	eld a qualified conse	vati	ion contrib	ution in the	e forn	n of a conservation
-	easement on the last day of the tax year.	na a quamica consci	vaci	ion contino	acion in cir		Held at the End of the Year
а	Total number of conservation easements					2a	
b		S				2b	
c	Number of conservation easements on a certified h	istoric structure incli	ıdec	d in (a)	ı	2c	ı
d	Number of conservation easements included in (c)	acquired after July 2		. ,	_	2d	
	historic structure listed in the National Register						
3	Number of conservation easements modified, transf tax year	ferred, released, ext	ngu	iished, or t	erminated	by th	e organization during the
4	Number of states where property subject to conser	vation easement is	ocat	ted 🕨			
5	Does the organization have a written policy regardi violations, and enforcement of the conservation ea	ng the periodic moni	torir	ng, inspect	-	ng of	Yes No
6	Staff and volunteer hours devoted to monitoring, in year	ispecting, nandling o	I VIC	oiations, ai	na emorcin	ig con	iservation easements during the
7	Amount of expenses incurred in monitoring, inspect	ting, handling of viol	atio	ons, and en	forcing cor	nserva	ation easements during the year
8	Does each conservation easement reported on line $(B)(i)$ and section $170(h)(4)(B)(ii)$ ?						70(h)(4)
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text o the organization's accounting for conservation eas	f the footnote to the					
Pa	Organizations Maintaining Collect Complete if the organization answered	ions of Art, Hist				r Ot	her Similar Assets.
1a	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets be service, provide, in Part XIII, the text of the footnotes.	neld for public exhibi	tion	, education	n, or resea	rch in	furtherance of public
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets hel provide the following amounts relating to these iter	d for public exhibition					
	(i) Revenue included on Form 990, Part VIII, line $1\cdot$						. ▶\$
	ii)Assets included in Form 990, Part X · · · · · ·						
2	If the organization received or held works of art, hi	storical treasures, or	oth	ner similar	assets for		
a	following amounts required to be reported under F. Revenue included on Form 990, Part VIII, line 1 ·		_				. <b>&gt;</b> \$
b							
	Paperwork Reduction Act Notice, see the Instruction				Cat. No.		Schedule D (Form 990) 202
					E2202D		

3	Using the organization's acquisition, accessi	ion, and other i	records, check	any of t	the following that	are a signific	ant use o	f its
а	collection items (check all that apply):  Public exhibition		dГ	Loon	or exchange prog	rame		
b			е Г	_	-			
	Scholarly research							•
С	Preservation for future generations							
4	Provide a description of the organization's c Part XIII.	ollections and e	explain how th	ey furthe	er the organization	n's exempt p	urpose in	
5	During the year, did the organization solicit assets to be sold to raise funds rather than						Yes	<b>✓</b> No
Pai	Complete if the organization and Part X, line 21.		on Form 99	O, Part I	V, line 9, or reر	oorted an a	mount o	n Form 990,
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?		•				Yes	□ No
b	If "Yes," explain the arrangement in Part XI	III and complet	e the followin	g table:		An	nount	
С	Beginning balance				1c			
d	Additions during the year				1d			<del></del>
e	Distributions during the year							
f	Ending balance							
	<b>3</b>				<u> </u>			□ No
2a	Did the organization include an amount on F	Form 990, Part	X, line 21, fo	r escrow	or custodial acco	unt liability?	Yes	No
b	If "Yes," explain the arrangement in Part XI	III. Check here	if the explana	ation has	been provided in	Part XIII .	П	
	rt V Endowment Funds.				p			
Га	Complete if the organization ans	swered "Yes"	on Form 990	), Part I	V. line 10.			
		(a) Current ye			(c) Two years back	(d) Three yea	rs back (e)	Four years back
La	Beginning of year balance	1,005,	128 1	,000,053	0			
b	Contributions		0	0	1,000,000			
c	Net investment earnings, gains, and losses	18,	123	5,075	53			
d	Grants or scholarships		ĺ	0	0			
е	Other expenditures for facilities and programs			0	0			
f	Administrative expenses			0	0			
g	End of year balance	1,023,	251 1	,005,128	1,000,053			
2	Provide the estimated percentage of the cur	rent year end b	palance (line 1	g, colum	ın (a)) held as:			
а	Board designated or quasi-endowment	100.000 %	`	<i>3.</i>	( //			
b	Permanent endowment > 0 %							
c	Term endowment  0 %							
٠	The percentages on lines 2a, 2b, and 2c sh	ould equal 100	%.					
За	Are there endowment funds not in the posse			t are hel	d and administere	d for the		
	organization by:							Yes No
	(i) Unrelated organizations						3a(i)	
_	(ii) Related organizations						3a(ii)	N o
b	If "Yes" on 3a(ii), are the related organizati	ons listed as re	equired on Sch	nedule R?	•		3b	
4	Describe in Part XIII the intended uses of the	he organization	's endowmen	funds.				
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization ans	swered "Yes"						
	Description of property  (a) Cost or othe (investment)		Cost or other ba	sis (other)	(c) Accumulated of	lepreciation	<b>(d)</b> B	Book value
La	Land							
	Buildings							
	Leasehold improvements			1,848,220		1,650,536		197,684
	Equipment			1,267,365	;	1,115,683		151,682

398,058,501

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

397,611,534

446,967

Part VII	Investments - Other Securities.				
_	Complete if the organization answered "Yes" on Form 99  (a) Description of security or category	00, Part (b) Boo		e Form 990, I (c) Method of v	
	(including name of security)	value		or end-of-year	
	al derivatives				
	-held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	in (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part	Investments - Program Related.		7/ 1: 11 0	F 000	D 1 1 1 1 2
VIII	Complete if the organization answered 'Yes' on Form 99  (a) Description of investment	00, Part	(b) Book value		hod of valuation:
	(a) bescription of investment		(b) Book value	` '	of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 13.)	۰			
Part IX	<b>Other Assets.</b> Complete if the organization answered 'Yes' on Form 990	O. Part I	V. line 11d. Se	e Form 990. I	Part X. line 15.
	(a) Description			,	(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col.(B) line 15.)				
Part X	Complete if the organization answered 'Yes' on Form 990	O, Part I	V, line 11e or 1	1f.	
1.	See Form 990, Part X, line 25.  (a) Description of liability				(b) Book value
	income taxes				
OPERATING	G LEASE LIABILITY				1,398,540
					_
	on (b) must equal Form 990, Part X, col.(B) line 25.)  for uncertain tax positions. In Part XIII, provide the text of the for	otnote to	the organization	s financial stat	1,398,540
	or uncertain tax positions. In Part XIII, provide the text of the for n's liability for uncertain tax positions under FIN 48 (ASC 740). Cl				

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.   Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.     Total revenue, gains, and other support per audited financial statements	Sche	dule D (Form 990) 2022		Page 4
1 Total revenue, gains, and other support per audited financial statements	Pa	Return.	per	
Amounts included on line 1 but not on Form 990, Part VIII, line 12:  a Net unrealized gains (losses) on investments .	1		1	144.022.983
a Net unrealized gains (losses) on investments	2			211/022/300
b Donated services and use of facilities		· · · · · · · · · · · · · · · · · · ·		
c Recoveries of prior year grants       2c       4d         d Other (Describe in Part XIII.)       2d       2d         e Add lines 2a through 2d       3       140,732,188         3 Subtract line 2e from line 1       3       140,732,188         4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4a       4a         a Investment expenses not included on Form 990, Part VIII, line 7b       4a       4c       -146,084         5 Other (Describe in Part XIII.)       4b       -146,084       5       140,586,104         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.	b			
d Other (Describe in Part XIII.)	С	Recoveries of prior year grants		
e Add lines 2a through 2d	d			
3 140,732,188  4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b	e		2e	3,290,795
A mounts included on Form 990, Part VIII, line 12, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b . 4a    b Other (Describe in Part XIII.)	3	Subtract line <b>2e</b> from line <b>1</b>	3	
b Other (Describe in Part XIII.)	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
c Add lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	b	Other (Describe in Part XIII.)		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	c	Add lines <b>4a</b> and <b>4b</b>	4c	-146,084
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5	140,586,104
1Total expenses and losses per audited financial statements	Par	<b>TXII</b> Reconciliation of Expenses per Audited Financial Statements With Expense	s pe	r Return.
Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities			ı	T
a Donated services and use of facilities	1	·	1	107,002,722
b Prior year adjustments	2			
c Other losses	а			
d Other (Describe in Part XIII.)       2d       18,488,850         e Add lines 2a through 2d       2e       19,540,438         3 Subtract line 2e from line 1       3       87,462,284         4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a         a Investment expenses not included on Form 990, Part VIII, line 7b       4a	b	Prior year adjustments		
e Add lines 2a through 2d	С	Other losses		
3 Subtract line 2e from line 1	d	Other (Describe in Part XIII.)		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b	е	Add lines <b>2a</b> through <b>2d</b>	2e	19,540,438
a Investment expenses not included on Form 990, Part VIII, line 7b	3	Subtract line <b>2e</b> from line <b>1</b>	3	87,462,284
	4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
b Other (Describe in Part XIII.)	а	Investment expenses not included on Form 990, Part VIII, line 7b		
U Other (Destribe in Part Att.)	<b>L</b>	Other (Describe in Part VIII.)		1
c Add lines <b>4a</b> and <b>4b</b>	_	,	40	

#### Part XIII **Supplemental Information**

PART XI, LINE 4B - OTHER

PART XII, LINE 2D - OTHER

ADJUSTMENTS:

ADJUSTMENTS:

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

Return Reference	Explanation
PART III, LINE 1A:	THE FOUNDATION ACQUIRES ITS COLLECTIONS BY PURCHASE OR BY DONATION. THE FOUNDATION'S COLLECTIONS MANAGEMENT POLICY 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. THIS 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 AND IS NOT INCLUDED IN THE STATEMENT OF FINANCIAL POSITION OF THE FOUNDATION, NOR IS THE FOUNDATION RESPONSIBLE FOR THE MAINTENANCE OR PRESERVATION OF ITEMS IN THESE COLLECTIONS. THE VALUE OF THE FOUNDATION'S COLLECTIONS IS NOT SUBJECT TO REASONABLE ESTIMATE, AND THEREFORE ARE NOT RECOGNIZED AS ASSETS IN THE STATEMENTS OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECORDED IN THE STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS AS DECREASES IN NET ASSETS WITHOUT DONOR RESTRICTIONS IN THE PERIOD OF ACQUISITION, UNLESS THE ITEMS WERE PURCHASED WITH DONOR RESTRICTED FUNDS IN WHICH CASE THEY ARE SHOWN AS DECREASES IN NET ASSETS WITH DONOR RESTRICTIONS. PROCEEDS FROM THE SALE OF DEACCESSIONED MATERIALS WILL BE UTILIZED EXCLUSIVELY FOR THE PURCHASE OF FUTURE COLLECTION ACQUISITIONS, INCLUDING COSTS DIRECTLY RELATED TO OBTAINING, CONSERVING, OR PROCESSING NEW ACQUISITIONS. DEACCESSIONING PROCEEDS WILL NOT BE USED TO PAY FOR DIRECT CARE OF THE COLLECTION BEYOND THE INITIAL COST OF ACQUISITION.
PART III, LINE 4:	THE MUSEUM COLLECTIONS WILL DOCUMENT THE HISTORY OF PRESIDENT AND MRS. OBAMA AND THE OBAMA ADMINISTRATION, FRAME THESE NARRATIVES IN A BROADER HISTORICAL CONTEXT AND WITH AN EMPHASIS ON CIVIC DISCOURSE, AND CONNECT THESE STORIES TO THE MOVEMENTS AND MILESTONES THAT HAVE HELPED TO SHAPE THE NATION AND THE WORLD OVER TIME. THE MUSEUM COLLECTIONS WILL SUPPORT AND ADVANCE THE PUBLIC MISSION AND PURPOSE OF THE OBAMA PRESIDENTIAL CENTER (OPC), INCLUDING THE DEVELOPMENT OF A CORE EXHIBITION, SPECIAL EXHIBITIONS PROGRAM, AND PUBLIC PROGRAMMING; THE OPC EXHIBITIONS AND PUBLIC PROGRAMMING WILL, IN TURN, SUPPORT AND ADVANCE THE BROADER FOUNDATION MISSION TO EMPOWER, INSPIRE, AND CONNECT PEOPLE TO CHANGE THEIR WORLD. THE COLLECTION COMPRISES ARTWORK AS WELL AS HISTORICAL MATERIALS. THE GOAL IN DEVELOPING THE COLLECTION'S ARTS-RELATED HOLDINGS IS TO UPHOLD AND EXPAND UPON THE IMPORTANCE OF THE ARTS AND THE DIVERSE REPRESENTATION OF ARTISTS CELEBRATED IN THE OBAMA WHITE HOUSE ("THE PEOPLE'S HOUSE") IN ORDER TO PRESERVE AND SHARE WORKS OF ENDURING VALUE THAT COMPLEMENT "THE OBAMA ETHOS OF ENGAGEMENT AND UPLIFT".
PART V, LINE 4:	THE FOUNDATION'S BOARD OF DIRECTORS DESIGNATED \$1,000,000 TO FUNCTION AS AN ENDOWMENT FOR FUTURE OPERATIONS OF THE OBAMA PRESIDENTIAL CENTER.
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. US GAAP REQUIRES TAX EFFECTS FROM UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. MANAGEMENT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS. ADDITIONALLY, THERE IS NO INTEREST OR PENALTIES RECOGNIZED IN THE STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS OR STATEMENTS OF FINANCIAL POSITION.

IN NET ASSETS OR STATEMENTS OF FINANCIAL POSITION.

LOSS ON DISPOSAL -112,400. SELLING EXPENSES -33,684.

UNCOLLECTIBLE AMOUNTS 18,342,766.

LOSS ON DISPOSAL 112,400. SELLING EXPENSES 33,684. CHANGE IN ALLOWANCE FOR

5

87,462,284

(FOI	m 99	0)
Interna	l Revenue	e Treasury Service e orgar
		CK OB
Pa	rt I	<b>Gen</b> "Yes
Pa 1	For g	

**SCHEDULE F** 

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Statement of Activities Outside the United States

Open to Public **Inspection** 

Yes

(f) Total expenditures

for and investments

in the region

1,011,000

200,000

893,000

61,000

123,000

2,288,000

2,288,000

(e) If activity listed in (d) is a

program service, describe

specific type of

service(s) in the region

ENGAGEMENT,

ENGAGEMENT,

ENGAGEMENT,

OUTREACH, AND RESEARCH

OUTREACH, AND RESEARCH

OUTREACH, AND RESEARCH

OMB No. 1545-0047

**Employer identification number** 

K OBAMA FOUNDATION 46-4950751 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

(d) Activities conducted in

region (by type) (such as,

fundraising, program

services, investments, grants

to recipients located in the

region)

PROGRAM SERVICES

PROGRAM SERVICES

PROGRAM SERVICES

1 FUNDRAISING

ACTIVITIES

FUNDRAISING

ACTIVITIES

rantmakers. Does the organization maintain records to substantiate the amount of its grants assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used **rantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other

(c) Number of

employees,

agents, and

independent

contractors in the

region

(b) Number of

offices in the

region

0

0

0

O

ance outside the United States.

Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region

EUROPE (INCLUDING

EUROPE (INCLUDING

ICELAND & GREENLAND)

ICELAND & GREENLAND)

SUB-SAHARAN AFRICA

SUB-SAHARAN AFRICA

EAST ASIA AND THE

**3a** Sub-total . . .

**b** Total from continuation sheets

PACIFIC

organization

(1)

(2)

(3)

(4) (5) (6)

(7)

(16)

(17)

(8) (9) (10) (11) (12)

(13) (14) (15)

to Part I . c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50082W Schedule F (Form 990) 2023

	F (FORM 99						1	1.057	Page Z			
Part II	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.											
orga	Name of anization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
(11)												
(12)												
(13)												
(14)												
(15)												
(16)												
_ tax-e	exempt by	the IRS, or for	t organizations list which the grantee	ed above that are ro or counsel has pro	ecognized as charition vided a section 501	es by the foreign co c)(3) equivalency le	untry, recognized a etter	s				
	· · · r total num		ganizations or enti	ties				<b>•</b>				

appraisal, other)

Schedule F (Form 990) 2023

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed Method of valuation

Part III can be	Part III can be duplicated if additional space is needed.											
(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	<b>(g)</b> Description of noncash	<b>(h)</b> Method of valuation					
					assistance	assistance	(book, FMV,					

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Schedule F (Form 990) 2023	Page <b>5</b>
method; amounts of inve (accounting method); and	equired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting estments vs. expenditures per region); Part II, line 1 (accounting method); Part III d Part III, column (c) (estimated number of recipients), as applicable. Also complete additional information. See instructions.
ReturnReference	Explanation
PART I, LINE 3:	THE EXPENDITURES ARE REPORTED USING THE ACCRUAL BASIS OF ACCOUNTING IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA ("U.S. GAAP").

Schedule F (Form 990) 2023

# Additional Data Software ID: Software Version:

### SCHEDULE G (Form 990)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

rs.gov/Form990 for instructions and the

organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

Name of the organization
THE BARACK OBAMA FOUNDATION

**Employer identification number** 

46-4950751

Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. f e  $\c ec {f v}$  Solicitation of non-government grants Mail solicitations

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

▼ Internet and email solicitations Solicitation of government grants Special fundraising events

▼ Phone solicitations 

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising  $\mathbf{v}_{\mathbf{v}}$ Yes No services? If Yes, list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(ii) Activity (iii) Did (vi) Amount paid to (i) Name and address of (iv) Gross receipts (v) Amount paid to from activity (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col. (i) contributions? No Yes DIRECT MAIL AB DATA LTD 600 AB DATA DRIVE Nο 5,326,663 352,000 4,974,663 MILWAUKEE, WI 53217 DEVELOPMENT ORR GROUP STRATEGY 3000 K STREET NW SUITE E280 200,886 120,000 80,886 Νo WASHINGTON, DC 20007 COMMUNITY BOOST FUNDRAISING STRATEGY CONSULTING 2907 SHELTER ISLAND 144,970 50,178 94,792 Νo DR SUITE 105 SAN DIEGO, CA 92106 DIRECT SD&A TELESERVICES CONSULTING 5757 W CENTURY BLVD Nο 15,259 61,375 -46,116 SUITE 300 LOS ANGELES, CA 90045 TELEMARKETING TELEFUND LLC 294 WASHINGTON ST SUITE 501 3,008 9,801 -6,793 BOSTON, MA 02108 DIRECT COMMUNITY FIRST -RESPONSE AMERICA'S CHARITIES CONSULTING 14200 PARK MEADOW DRIVE SUITE 330S 2,538 9,417 -6,879 CHANTILLY, V A 20151 CAUSE PUBLIC INC MARKETING 26 SOHO STREET SUITE 102 STRATEGY 405 45,000 Νo -44,595 TORONTO, ONTARIO FUNDRAISING DAVID A SMITH CONSULTANT 47 SALISBURY MANSIONS ST ANNS 140,000 -140,000 0 Νo  $R \cap A$ LONDON, LONDON **UKN15 3TP** SOLICITATION INTEGRAL REPORTING AND 1350 CONNECTICUT ANALYSIS AVE NW SUITE 206 0 50,000 -50,000 WASHINGTON, DC 20036 DEVELOPMENT KLB DEVELOPMENT LLC FRONTLINE 1851 ADAM CLAYTON POWELL BLVD 48,000 -48,000 NEW YORK, NY 10026

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

5,693,729

Cat. No. 50083H

885,771

4,807,958

	edule G (Form 990) 2023				Page
Pa	rt II Fundraising Events. Com more than \$15,000 of fundr events with gross receipts g	aising event contribu			
	events with gross receipts g	(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. <b>(c)</b> )
ine					
Revenue					
ď					
	1 Gross receipts				
	2 Less: Contributions				
	line 2)				
	4 Cash prizes				
Se	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs				
찞	7 Food and beverages				
ect	8 Entertainment				
ā	9 Other direct expenses				
	<b>10</b> Direct expense summary. Add lines	,			•
Dar	t III Gaming. Complete if the or				norted more than
ı aı	\$15,000 on Form 990-EZ, lin		163 011101111 330,1	The state of the s	Torted more than
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Re	1 Gross revenue				
ses	2 Cash prizes				
Direct Expense					
页	3 Noncash prizes				
irec	4 Rent/facility costs				
ш	5 Other direct expenses		 		
		Yes%	Yes%	Yes%_	
	<b>6</b> Volunteer labor	No	No	No	
	7 Direct expense summary. Add lines 2	2 through 5 in column (c	i)		•
	8 Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)	<u></u>	
9	Enter the state(s) in which the organiz	ration conducts gaming a	activities:		
a b	Is the organization licensed to conduct If "No," explain:				
10a b	Were any of the organization's gaming If "Yes," explain:	licenses revoked, suspe	nded or terminated durin	g the tax year? .	Yes No

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer chartable gaming?  Indicate the percentage of gaming activity conducted in:  The organization's facility  An outside facility  Enter the name and address of the person who prepares the organization's gaming/special events books and records:  Name  Address  Does the organization have a contract with a third party from whom the organization receives gaming revenue?  If "Yes," enter the amount of gaming revenue received by the organization   If "Yes," enter the amount of gaming revenue received by the organization   If "Yes," enter name and address of the third party:  Name  Address   Osaming manager information:  Name  Gaming manager information:  Name  Gaming manager compensation   Saming manager information:  Name   Description of services provided  Director/officer  Employee  Independent contractor  Mandatory distributions:  is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Part II, Line 29, 90, 100, 150, 150, 150, 160, and 170, as applicable. Also provide any additional informmation. See Instructions.  Explanation  In Addition To The S352,000 PAID TO AB DATA LTD.  In Addition To The S352,000 PAID TO AB DATA LTD.  In ADDITION TO THE S352,000 PAID TO AB DATA LTD.	Sche	dule G (Form 990) 2023				Page
formed to administer charitable gaming?  Jal Indicate the percentage of gaming activity conducted in:  The organization's facility  An outside facility  Enter the name and address of the person who prepares the organization's gaming/special events books and records:  Name  Address  Address  Jab 96  Address  Address  If "Yes," enter the amount of gaming revenue received by the organization receives gaming revenue?  If "Yes," enter the amount of gaming revenue received by the organization by amount of gaming revenue retained by the third party by amount of gaming revenue retained by the third party:  Name  Address  Gaming manager information:  Name  Gaming manager compensation by a line provided by the organization by a line provided by a line pr	11	Does the organization conduct gam	ing activities with nonmer	mbers?		Yes No
a The organization's facility	12					Yes No
Enter the name and address of the person who prepares the organization's gaming/special events books and records:  Name  Address  Address  Does the organization have a contract with a third party from whom the organization receives gaming revenue?  If "Yes," enter the amount of gaming revenue received by the organization   \$ and the amount of gaming revenue retained by the third party   \$  If "Yes," enter the amount of daming revenue received by the organization   \$  If "Yes," enter name and address of the third party:  Name  Address  Gaming manager information:  Name  Gaming manager compensation   \$  Description of services provided  Director/officer   Employee   Independent contractor  The Mandatory distributions:  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year   \$   Yes   No Part II, line 2 by columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See Instructions.  Explanation  Explanation  Explanation  Address   Name	13	Indicate the percentage of gaming	activity conducted in:			
Enter the name and address of the person who prepares the organization's gaming/special events books and records:  Name   Address   Does the organization have a contract with a third party from whom the organization receives gaming revenue?  If "Yes," enter the amount of gaming revenue received by the organization   If "Yes," enter the amount of gaming revenue received by the organization   If "Yes," enter name and address of the third party   Name   Address   Description of services provided   Director/officer	а	The organization's facility			13a	0,
Address   Address   Does the organization have a contract with a third party from whom the organization receives gaming revenue?	b	An outside facility			13b	9,
Address ►  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? .	14	Enter the name and address of the	person who prepares the	organization's gaming/special events books a	and rec	ords:
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$  c If "Yes," enter name and address of the third party:  Name ▶  Address ▶  16 Gaming manager information:  Name ▶  Gaming manager compensation ▶ \$  Description of services provided ▶  □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions:  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes □ No  b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See Institutions Services In 2023, THE FOUNDATION ALSO PAID AB DATA LTD.		Name •				
revenue?		Address •				
amount of gaming revenue retained by the third party \$ \$	15a	_				Yes No
C If "Yes," enter name and address of the third party:  Name   Address   Address   Gaming manager information:  Name   Gaming manager compensation   \$  Description of services provided   Director/officer	b				1 the	
Address  Address  Gaming manager information:  Name  Gaming manager compensation  \$  Description of services provided  Director/officer  Employee  Independent contractor  The Mandatory distributions:  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  The Mandatory distributions:  b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See Instructions.  Return Reference  Explanation  IN ADDITION TO THE \$352,000 PAID TO AB DATA LTD. FOR THEIR PROFESSIONAL FUNDRAISING SERVICES IN 2023, THE FOUNDATION ALSO PAID AB DATA LTD.	С			<del></del>		
Gaming manager information:  Name   Gaming manager compensation   \$  Description of services provided  Director/officer						
Gaming manager information:  Name   Gaming manager compensation   \$  Description of services provided  Director/officer						
Gaming manager compensation   \$  Description of services provided   Independent contractor    Mandatory distributions:  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Address				
Gaming manager compensation   \$  Description of services provided   Independent contractor    Mandatory distributions:  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?						
Gaming manager compensation \$  Description of services provided  Director/officer  Employee  Independent contractor  Mandatory distributions:  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$  Part IV  Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See  Instructions.  Return Reference  Explanation  PART I, LINE 2B, COLUMN (III):  IN ADDITION TO THE \$352,000 PAID TO AB DATA LTD. FOR THEIR PROFESSIONAL FUNDRAISING SERVICES IN 2023, THE FOUNDATION ALSO PAID AB DATA LTD.	16	•				
Director/officer						
Director/officer		Coming manager companyation	ф.			
Director/officer		daining manager compensation	₽			
Director/officer		Description of services provided				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?						
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Director/officer	Employee	☐ Independent contractor		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?						
retain the state gaming license?	17	Mandatory distributions:				
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See Instructions.  Return Reference Explanation  IN ADDITION TO THE \$352,000 PAID TO AB DATA LTD. FOR THEIR PROFESSIONAL FUNDRAISING SERVICES IN 2023, THE FOUNDATION ALSO PAID AB DATA LTD.	а					E. E.
in the organization's own exempt activities during the tax year \$  Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.  Return Reference Explanation  IN ADDITION TO THE \$352,000 PAID TO AB DATA LTD. FOR THEIR PROFESSIONAL FUNDRAISING SERVICES IN 2023, THE FOUNDATION ALSO PAID AB DATA LTD.	<b>L</b>					Yes   No
Part IV  Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See Instructions.  Return Reference  Explanation  IN ADDITION TO THE \$352,000 PAID TO AB DATA LTD. FOR THEIR PROFESSIONAL FUNDRAISING SERVICES IN 2023, THE FOUNDATION ALSO PAID AB DATA LTD.	ь		•		ent	
PART I, LINE 2B, COLUMN (III): IN ADDITION TO THE \$352,000 PAID TO AB DATA LTD. FOR THEIR PROFESSIONAL FUNDRAISING SERVICES IN 2023, THE FOUNDATION ALSO PAID AB DATA LTD.	Par	t IV Supplemental Informa	ation. Provide the exp	lanations required by Part I, line 2b, co		
FUNDRAISING SERVICES IN 2023, THE FOUNDATION ALSO PAID AB DATA LTD.		instructions. Return Reference		Explanation		
	PART	I, LINE 2B, COLUMN (III):				
				·		
\$3,727,273.85 IN COSTS RELATED TO PRINTING, ENVELOPES, POSTAGE AND MAILING LIST RENTAL. THE AGREEMENT WITH AB DATA LTD. DISTINGUISHES DELIVERABLES AND						
PAYMENTS BASED ON CONSULTATION MANAGEMENT, REPORTING AND ANALYTIC			PAYMENTS BASED ON	CONSULTATION MANAGEMENT, REPORT	TING A	ND ANALYTIC
SERVICES VERSUS PACKAGE DEVELOPMENT AND PRODUCTION MANAGEMENT, INCLUDING REIMBURSEMENTS FOR POSTAGE EXPENSES AND MAIL PRODUCTION.						
Schedule G (Form 990) 2023			THE THE PERSON OF THE PERSON O			
Additional Data  Return to Form	Ad	ditional Data				
						Keturn to Form

Note: To capture the full content of this document, please select landscape mode (11"  $\times$  8.5") when printing.

### Schedule I (Form 990)

## **Grants and Other Assistance to Organizations, Governments and Individuals in the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization
THE BARACK OBAMA FOUNDATION

Part I General Information on Grants and Assistance

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II 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 (h) Purpose of grant (b) EIN (c) IRC section (e) Amount of non-(f) Method of valuation (g) Description of grant organization (if applicable) (book, FMV, appraisal, noncash assistance or assistance assistance or government other) (1) GOFUNDMEORG 81-2279757 501(C)(3) 2,376,045 0 SUPPORT 500 ARGUELLO ST STE 200 GRASSROOTS REDWOOD CITY, CA LEADERS TO 94063 EMPOWER GIRLS THROUGH EDUCATION (2) CHICAGO PARK 36-6005822 GOVERNMENT SUPPORT FOR NEW 1,000,000 0 DÍSTRICT ENTIT MIDWAY 4830 S WESTERN AVE PLAYGROUND. CHICAGO, IL 60609 (3) TIDES CENTER 94-3213100 501(C)(3) 1,000,000 SUPPORT LOCAL 1012 TORNEY AVE ORGANIZATIONS SAN FRANCISCO, CA THAT ARE WORKING TO REDUCE VIOLENCE IN COMMUNITIES (4) AFRICAN-AMERICAN 26-4296811 501(C)(3) 800,000 0 SUPPORT MBK MODEL COMMUNITY. EMPOWERMENT NETWORK 2401 LAKE STREET SUITE 110 **OMAHA, NE 68111** (5) IMPACTTULSA INC 88-4361936 SUPPORT MBK 501(C)(3) 800,000 907 S DETROIT AVE SUITE MODEL COMMUNITY. 1100B TULSA, OK 74120 (6) YONKERS CITY SUPPORT MBK 13-6007340 GOVERNMENT 800,000 0 MODEL COMMUNITY. SCHOOL DISTRICT ENTITY YONKERS PUBLIC SCHOOLS 1 LARKIN CENTER 3RD FLOOR YONKERS, NY 10701 (7) YOUTHBUILD NEWARK 75-3187358 501(C)(3) 800,000 SUPPORT MBK MODEL COMMUNITY. 571 CENTRAL AVE 2ND FLOOR NEWARK, NJ 07107 (8) THRIVE CHICAGO 501(C)(3) 0 SUPPORT THE 47-2478889 391,949 211 W WACKER DRIVE EXPANSION AND **SUITE 1000** ENHANCEMENT OF CHICAGO,IL 60606 MBK IN CHICAGO SUPPORT YOUTH (9) URBAN ALLIANCE 52-1938443 501(C)(3) 266,667 FOUNDATION INC WITH PROFESSIONAL 2030 O STREET NW WASHINGTON, DC 20009 TRAINING AND **EMPLOYMENT** OPPORTUNITIES (10) JOHN JAY COLLEGE 13-3683676 501(C)(3) 250,000 0 SUPPORT FOR MBK FOUNDATION INC CONNECT 524 W 59TH ST INITIATIVE AT JOHN NEW YORK, NY 10019 JAY COLLEGE OF CRIMINAL JUSTICE (11) YMCA OF 36-2179782 501(C)(3) 57,662 SUPPORT FOR LOCAL METROPOLITAN CHICAGO LUNCHBOX 1030 W VAN BUREN ST PROGRAM. CHICAGO,IL 606072916 (12) CHAMPS MALE 81-2992600 501(C)(3) 25,000 SUPPORT FOR MBK MENTORING PROGRAM -LONDON PROGRAM. CHIRISE 7131 S CHICAGO AVE CHICAGO,IL 60619 (13) FUND FOR PUBLIC 11-2656137 18,750 0 SUPPORT MBK NETWORK SCHOOLS INC 52 CHAMBERS ST ROOM ORGANIZATIONS TO 305 MAINTAIN THEIR NEW YORK, NY 10007 LEVEL OF SERVICE. (14) LIBERTY HILL 51-0181191 501(C)(3) 12,500 0 SUPPORT MBK FOUNDATION NFTWORK ORGANIZATIONS TO 6420 WILSHIRE BOULEVARD STE 700 MAINTAIN THEIR LOS ANGELES, CA 90048 LEVEL OF SERVICE (15) NATIONAL ARCHIVES GOVERNMENT DIGITIZATION OF 750,000 RECORDS TRUST FUND ENTITY 8601 ADELPHI ROAD COLLEGE PARK, MD 20740 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 14

Enter total number of other organizations listed in the line 1 table .

(a) Type of grant or assistance

Part III can be duplicated if additional space is needed.

(b) Number of

-----

Page 2

	recipients	cash gra	int n	ioncash assista	ance	(book,	)
	<del></del>		<del></del>	<del></del>		FMV, appraisal, oth	er)
(1) THE VOYAGER SCHOLARSHIP: THE OBAMA-CHESKY SCHOLARSHIP FOR PUBLIC SERVICE	200	4,019,389					
(2) SCHOLARSHIPS FOR MY BROTHER' KEEPER ALLIANCE CULINARY CAREER ACCELERATOR		28,000					
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
Part TV Sunnlemental Inform	ation Provide the	a information require	d in Part 7	line 2. Part	· III · c	olumn (h): and any	other additional information

(d) Amount of

(e) Method of valuation

(haale

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

PART I, LINE 2: GRANTEES ARE AWARDED BASED ON THE MERITS OF THE APPLICATIONS. ONCE SELECTED, THE ORGANIZATION GRANTEES ARE REQUIRED TO

(c) Amount of

PERIODIC TOUCH POINTS WITH INDIVIDUAL RECIPIENTS THROUGHOUT THE AWARD PERIOD, AND THE FOUNDATION MAY REQUEST

ADDITIONAL REPORTING FROM INDIVIDUALS AS APPROPRIATE.

Schedule I (Form 990) 2023

**Compensation Information** OMB No. 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Department of the Treasury Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection Name of the organization **Employer identification number** THE BARACK OBAMA FOUNDATION 46-4950751 **Questions Regarding Compensation** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef)

If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study

Approval by the board or compensation committee Form 990 of other organizations

During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

compensation contingent on the revenues of:

Any related organization? . . . .

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

compensation contingent on the net earnings of: The organization? . . . . .

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

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

subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

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

Any related organization? . . . . . . . . . If "Yes," on line 6a or 6b, describe in Part III.

8

Cat. No. 50053T

4a

4c

5a

6a

7

8

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

No

Yes

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not li <b>Note.</b> The sum of columns (B)(i)-	ist an	ny individuals that are	not listed on Form 990	, Part VII.				
(A) Name and Title			-2, 1099-MISC compen		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	NEC (ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 VALERIE JARRETT DIRECTOR/CEO	(i)	740,000	0	0	13,200	1,748	754,948	0
DINECTORY CEO	(ii)	0	0	0	0	-	-	0
2 ROBBIN COHEN	(i)	613,100	0	0	13,200	0 22,802	0 649,102	0
EVP, OPC		0	0	0	0			0
	(ii)					0	0	
<b>3</b> ALFREDA BRADLEY-COAR EVP, CHIEF LEGAL & PEOPLE OFFICER	(i)	424,769 	0	0	13,200	1,365	439,334	0
	(ii)	0	0	0	0	- 0	_ 0	0
4 CHRISTINA TCHEN EVP, STRATEGY & IMPACT	(i)	400,000	0	0	13,200	10,530	423,730	0
,	(ii)	0	0	0	0	-	-	0
5 LORI T HEALEY	(i)	369,886	0	0	13,200	0 10,530	0 393,616	0
SVP, EXECUTIVE PROJECT OFFICER	(ii)	0	0	0	0			0
6 MICHAEL STRAUTMANIS		353,477			40.000	0	0	
EVP, EXTERNAL AFFAIRS	(i)	0	0	0	13,200	22,802	389,479	0
	(ii)	Ü	0	0	0	0	0	0
<b>7</b> AMMAR RIZKI CFO	(i)	364,246	0	0	13,200	10,530	387,976	0
	(ii)	0	0	0	0	<u>-</u> 0	<u>-</u> 0	0
8 LAURA LUCAS MAGNUSON	(i)	362,801	0	0	13,200	10,938	386,939	0
EVP, GLOBAL PROGRAMS	(ii)	0	0	0	0	-	-	0
9 DANIEL MCGREGOR		320,240	0	0	13,000	0 10,940	0 344,180	0
SVP, DEVELOPMENT	(i)	0	0	0	0			0
	(ii)		Ŭ			0	0	U
10 JAMIE-CLARE PICKENS VP, DEPUTY GENERAL COUNSEL	(i)	304,991	0	0	12,200	10,530	327,721	0
	(ii)	0	0	0	0	- 0	0	0
11 CHARMAINE WILLIAMS SVP, CHIEF HUMAN RESOURCES	(i)	305,169	0	0	12,207	1,497	318,873	0
OFFICER	(ii)	0	0	0	0	- -	-	0
12 LOUISE BERNARD	(i)	289,424	0	0	11,577	0 10,530	0 311,531	0
SVP, MUSEUM DIRECTOR	(ii)	0	0	0	0		-	0
13 ELISABETH SICILIANO		284,376	0	0	11.705	0	0	0
SVP, STRATEGY, GOVERNANCE & RISK	(i)	0		0	11,795	15,083	311,254	
	(ii)		0	0	0	0	0	0
<b>14</b> RACHEL RAUSCHER VP, DEVELOPMENT OPERATIONS	(i)	264,837	0	0	10,594	10,530	285,961	0
	(ii)	0	0	0	0	<b>-</b> 0	<u>-</u> 0	0
15 ROARK FRANKEL DIRECTOR OF PLANNING & DELIVERY	(i)	256,488	0	0	10,398	16,729	283,615	0
DIRECTOR OF PLANNING & DELIVERY	(ii)	0	0	0	0	-	-	0
16 CAITLIN GILMORE	(i)	264,837	0	0	10,594	0 1,365	0 276,796	0
VP, FUNDRAISING & DEVELOPMENT		0	0	0	0			0
	(ii)					0	0	
17 KORI SCHULMAN SVP, CREATIVE & COMMUNICATIONS	(i)	234,856	0	0	9,965	22,592	267,413	0
	(ii)	0	0	0	0	<b>-</b> 0	- 0	0
18 DAVID SIMAS PRESIDENT (END 4/23)	(i)	193,968	0	0	7,844	6,992	208,804	0
- ()	(ii)	0	0	0	0	-		0
19 GABRIELA FRAGA	(i)	150,562	0	0	6,160	0 11,618	0 168,340	0
FORMER SVP, PRODUCT & TECHNOLOGY		0	0	0	0			0
	(ii)		-	-	-	0	0	- 1 (Farra 000) 2022

Schedule J (Form 990) 2023 Page 3 Part Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2023

Return Reference Explanation



(Form 990)

**SCHEDULE M** 

Department of the Treasury

**Noncash Contributions** 

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

▶ Attach to Form 990.

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

**2023** 

OMB No. 1545-0047

Open to Public

	e of the organization BARACK OBAMA FOUNDATION	Employer identifica	ition nur	nber				
111L E	MARKE OBAMA FOUNDATION				46-4950751			
Pa	rt I Types of Property			<u>,                                    </u>				
		(a) Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, lin	Method of noncash contr		_	ıts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
_	goods				_			
	Cars and other vehicles				+			
	Boats and planes  Intellectual property				_			
	Securities—Publicly traded .	X	154	64,643,45	2 F M V			
	Securities—Publicly traded : Securities—Closely held stock	^	134	04,043,43	Z   F   W   V			
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other ► ( <u>SOFTWARE</u> )	Х	3	309,08				
26	Other ► ( LAPTOPS)	Х	100	·	0 FM V			
27	Other (EVENT ► SUPPLIES)	X	1	1,00	0 FM V			
	► <u>SUPPLIES</u> ) Other ► ()							
				f.,	1			
29	Number of Forms 8283 received by for which the organization complet				29		<u>.                                    </u>	
30a	During the year, did the organizat it must hold for at least three year exempt purposes for the entire ho	rs from the	date of the initial contribut				Yes	No
b	If "Yes," describe the arrangemen					30a		N c
31	Does the organization have a gift	acceptance	policy that requires the re	view of any nonstandard	contributions?	31	Yes	

**b** If "Yes," describe in Part II.

describe in Part II.

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

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

32a

Νo

Schedule M (Form 990) (2023)	Page 2						
<b>Part II Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.							
Return Reference	Explanation						
, , ,	LAPTOPS ARE REPORTED USING THE NUMBER OF ITEMS CONTRIBUTED. ALL OTHER TYPES OF PROPERTY ARE REPORTED USING THE NUMBER OF CONTRIBUTIONS.						
	Schedule M (Form 990) (2023						

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

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

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

Open to Public Inspection

Schedule O (Form 990) 2023

OMB No. 1545-0047

Name of the organization THE BARACK OBAMA FOUNDATION

**SCHEDULE 0** 

Department of the Treasury

Internal Revenue Service

(Form 990)

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

**Employer identification number** 

	46-4950751
Return Reference	Explanation
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	THE FOUNDATION'S MISSION IS TO INSPIRE, EMPOWER, AND CONNECT PEOPLE TO CHANGE THEIR WORLD AND TO HONOR THE LEGACY OF PRESIDENT AND MRS. OBAMA. A CORE PURPOSE OF THE FOUNDATION IS TO BUILD THE OBAMA PRESIDENTIAL CENTER (THE "CENTER"), HOUSING THE PRESIDENTIAL MUSEUM (THE "MUSEUM"), IN JACKSON PARK ON THE SOUTH SIDE OF CHICAGO. CONSTRUCTION OF THE CENTER STARTED IN SEPTEMBER 2021. THE MUSEUM WILL TELL THE STORY OF OUR NATION'S FIRST AFRICAN-AMERICAN PRESIDENT AND FIRST LADY; THEIR PATH TO THE WHITE HOUSE; AND THE COUNTLESS INDIVIDUALS, COMMUNITIES, AND SOCIAL CURRENTS THAT SHAPED THEIR JOURNEY. THE MUSEUM WILL FOCUS ON THE HISTORIC OBAMA PRESIDENCY, ITS SUCCESSES AND CHALLENGES, AND ITS LEGACY OF INSPIRING INDIVIDUAL PEOPLE TO COME TOGETHER TO SOLVE PROBLEMS IN THEIR COMMUNITY. THE CENTER WILL USE THE OBAMAS' PERSONAL STORY OF COMMUNITY ENGAGEMENT AND PUBLIC SERVICE TO INSPIRE VISITORS TO FIND THEIR OWN PATHS TO CIVIC ENGAGEMENT AND LEADERSHIP. BUILDING ON THE OBAMAS' EXAMPLE OF ENGAGED CITIZENSHIP, FOUNDATION PROGRAMMING FOCUSES ON GIVING THE NEXT GENERATION OF LEADERS THE TOOLS THEY NEED TO CREATE POSITIVE CHANGE IN THEIR COMMUNITIES. THROUGH OUR SCHOLARS, GLOBAL LEADERS, MY BROTHER'S KEEPER ALLIANCE, GIRLS OPPORTUNITY ALLIANCE, AND VOYAGER SCHOLARSHIP, WE INVEST IN HUMAN POTENTIAL TO HELP EMERGING COMMUNITY LEADERS BUILD THE WORLD THEY WANT TO SEE.
FORM 990, PART VI, SECTION A, LINE 2	PENNY PRITZKER AND JOHN KEVIN POORMAN HAVE A BUSINESS RELATIONSHIP.
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 IS PROVIDED TO AND REVIEWED BY THE FOUNDATION'S BOARD MEMBERS BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C	THE FOUNDATION REQUIRES ALL DIRECTORS, OFFICERS AND KEY EMPLOYEES TO REVIEW AND COMPLETE A CONFLICT OF INTEREST DISCLOSURE ON AN ANNUAL BASIS. THE FOUNDATION'S CHIEF LEGAL OFFICER REVIEWS ALL DISCLOSURES AND WORKS WITH THE DISINTERESTED MEMBERS OF THE AUDIT AND RISK COMMITTEE, THE BOARD OF DIRECTORS AND FOUNDATION STAFF TO EVALUATE POTENTIAL CONFLICTS OF INTEREST IN ACCORDANCE WITH THE FOUNDATION'S CONFLICTS OF INTEREST POLICY. DIRECTORS WITH POTENTIAL CONFLICTS OF INTEREST RECUSE THEMSELVES FROM BOARD DISCUSSIONS AND DECISION MAKING.
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS USES COMPARABILITY DATA AND A COMPENSATION CONSULTANT TO REVIEW AND APPROVE THE COMPENSATION OF THE CEO, OFFICERS AND KEY EMPLOYEES ON AN ANNUAL BASIS.
FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON WRITTEN REQUEST. THE FOUNDATION'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE FOUNDATION'S WEBSITE.
FORM 990, PART XI, LINE 9:	UNCOLLECTIBLE PLEDGES -18,342,766.

Cat. No. 51056K

### SCHEDULE R (Form 990)

Department of the Treasury

Name of the organization THE BARACK OBAMA FOUNDATION

Internal Revenue Service

### **Related Organizations and Unrelated Partnerships**

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

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Attach to Form 990.

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

2023

**Employer identification number** 

46-4950751

OMB No. 1545-0047

Open to Public Inspection

(a) Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary activ			(c) Legal domicile (state or foreign country)		me	<b>(e)</b> End-of-year asset	s Direct cont		
Part II Identification of Related Tax-Exempt Organization	ons. Co	omplete if th	e organ	ization ans	wered "Y	es" on Fo	rm 99	0, Part IV, line	e 34 because it ha	ad one	9
or more related tax-exempt organizations during the ta  (a)  Name, address, and EIN of related organization	(b) Primary activity		(c) Legal domicile (state or foreign country)		(d) Exempt Code section		(e) Public charity status (if section 501(c)(3))		(f) Direct controlling entity	512 con	(g) ection (b)(13 atrolled
										Yes	No
											_
For Paperwork Reduction Act Notice, see the Instructions for Form 990.			Ca	nt. No. 5013	15Y				Schedule R (Form	990) 20	023

Schedule R (Form 990) 2023													Page	2
Part III Identification of Related Org because it had one or more related.	anizations ed organizat	Taxable tions trea	e as a Pa ated as a p	<b>rtnership</b> partnership	Complete if during the t	the orgar ax year.	nization a	nswered	"Yes" or	n Form 990,	, Part I	V, line 3	34,	
<b>(a)</b> Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from ta under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	Gene mar	(j) eral or naging tner?	(k Percer owner	itage
					,			Yes	No	( ) ( )	Yes	No		
												<u> </u>		
Part IV Identification of Related Org 34 because it had one or more re	<b>anizations</b> elated organi	<b>Taxable</b> izations t	e as a Co reated as	r <b>poration</b> a corpora	<b>or Trust.</b> Co tion or trust o	mplete if Juring the	the orga tax year	nization	answere	ed "Yes" on	Form 9	90, Par	t IV, lir	ne
(a) Name, address, and EIN of related organization		<b>(b)</b> ry activity		(c) Legal domicile state or foreig	Direct e		(e) Type of entity C corp, S cor or trust)		of total Sh	(g) nare of end-of- year assets	Perce	( <b>h)</b> entage ership	(i Section (13) cor entit	512(b) trolled
				country)									Yes	No
(1)CHARITABLE LEAD ANNUITY TRUST	ANNUITY TI	RUST		CA	THE BAF OBAMA FOUNDA								Yes	

Schedule R (Form 990) 2023					Pag	e <b>3</b>
Part V Transactions With Related Organizations. Complete if the organization answ	ered "Yes" on Form 9	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
${f 1}$ During the tax year, did the organization engage in any of the following transactions with one or more	related organizations l	sted in Parts II-IV	?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
${f b}$ Gift, grant, or capital contribution to related organization(s)				1b		No
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c		No
$f d$ Loans or loan guarantees to or for related organization(s) $\ \cdot \ $				1d		No
f e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1g		No
<b>h</b> 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) $\cdot$ · · · · · · · ·				1j		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k		No
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		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
• Sharing of paid employees with related organization(s) - · · · · · · · · · · · · · · · · · ·				10		No
P Reimbursement paid to related organization(s) for expenses · · · · · · · · · · · · · · · · · ·				1p		No
<b>q</b> Reimbursement paid by related organization(s) for expenses $\cdots$				1q		No
r Other transfer of cash or property to related organization(s)				1r		No
<b>s</b> Other transfer of cash or property from related organization(s) · · · · · · · · · · · · · · · · · · ·				1s	Yes	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complet	ce this line, including co	vered relationships	and transaction thresholds.			
(a) Name of related organization	( <b>b</b> ) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount ii	nvolved	
1)CHARITABLE LEAD ANNUITY TRUST	S	1,022,547	FMV			
		i	1			

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.							
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved				
(1)CHARITABLE LEAD ANNUITY TRUST	S	1,022,547	FMV				

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.

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.													
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from	me section ted, 501(c)(3) ated, organizations? d from		Share of total income assets	(g) Share of end-of-year assets	(h) Disproprtionate ar allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1	managing partner?		(k) Percentage ownership
			tax under sections 512- 514)	Yes	No			Yes	No	(Form 1065)	Yes	No	
										S	rhedule F	(Form 9	990) 2023

Schedule R (Form 990) 2023	Page <b>5</b>	
Part VII Supplemental In		
Provide additional inf	ormation for responses to questions on Schedule R. See instructions.	
Return Reference	Exp	planation
		Schedule R (Form 990) 2023
Additional Data		Return to Form
	Software ID:	
	Software Version:	