<u>E</u> 104	U	U.S. Individual Income Tax Re	turn <b>200</b>	<b>9</b> (99) IRS Use	Only - Do not writ	te or staple in this space.
Label	For t	he year Jan. 1-Dec. 31, 2009, or other tax year beginn	ing ,2	009, anding	,20	OMB No. 1545-0074
	L I	our first name and initial	Last name			Your social security number
	n —	ARACK H.	ОВАМА			
on page 14.7	El"	a joint return, spouse's first name and initial	Last name			Spouse's social security numb
Use the IRS label.		ICHELLE L.	OBAMA		T - 1 - 2	
Otherwice		ome address (number and street). If you have			Apt. no.	You must enter
minana autik		600 PENNSYLVANIA AVE			<u> </u>	▲ your SSN(s) above. ▲
or type.	E i '''	ty, town or post office, state, and ZIP code. If you have $ASHINGTON$ , $DC = 20500$				Checking a box below will not
Presidential Election Camp	aion I					change your tax or refund.
<del></del>	4	Check here if you, or your spouse Single	if filling jointly, want \$3 to			You X Spou
Filing Statu	s į	Married filing jointly (even if only one I	ead income)			dependent, enter this child's
Chagle only	3	Married filing separately. Enter spouse	's SSN above	name here.	a dut not your t	soponacing enter this cities s
Check only one box.		and full name here.	0 00.1 45010		w(er) with dene	endent child (see page 16)
F	Вa	X Yourself. If someone can claim you as	a dependent, do not check			Noves checked 2
Exemptions		X Spouse			· · · · · · · · · · · · · · · · · · ·	No. of children
	C	Dependents:	(2) Dependent's social	(3) Dependent's relationship to	(4) V if	quality. on 6c who:
		(1) First name Last name	security number	you	I child ta	ex credit edid not live with you due to divorce
		MALIA A OBAMA	; -	DAUGHTER		or separation (see page 18)
If more than four dependents, see		NATASHA M OBAMA		DAUGHTER	3	X
page 17 and						Dependents on 6c not entered above
check here						Add numbers on lines
		Total number of exemptions claimed				
Income	7	Wages, salaries, tips, etc. Attach Form(s) V	/-2			7 374,460
Attach Form(s)	8a	The state of the s	red	1 05 1	8	13,473
W-2 here. Also attach Forms	6 9a	The state of the s	1 88	80		12,018
W-2G and	b	Ordinary dividends. Attach Schedule B if re Qualified dividends (see page 22)	dn# 60	labl 2	,251.	
1099-R if tax	10	Taxable refunds, credits, or offsets of state	and local income taxes		_	4,230
was withheld.	11	Alimony received				11
	12	Business income or (loss). Attach Schedule	C or C-F7	***************************************	1	5,173,777
If you did not get a W-2,	13	Capital gain or (loss). Attach Schedule D if	equired. If not required, che	ck here	<b>▶</b> □ 1	$\frac{3}{3}$ $-3,000$
see page 22.	14	Other gains or (losses). Attach Form 4797			1	4
	15a	IRA distributions 15a				5b 48,732
Enclose, but do not attach, any	16a			b Taxable amount	16	6b
payment. Also,	17	Rental real estate, royalties, partnerships, S				7 0
please use Form 1040-V.	18	Farm income or (loss). Attach Schedule F Unemployment compensation in excess of \$2,400	Nor hand plant		1	8
FOIM 1040-V.	19	(acc halle 51)	*************************		······	9
	20a			b Taxable amount (see p		Ob
	21	Other income. List type and amount (see pa	ge 29)			
	22	Add the amounts in the for sight column for	lines 7 through 04. This is	aus AsAs I Income	2	
	23	Add the amounts in the far right column for			> 2:	2 3,023,030
Adjusted	24	Educator expenses (see page 29) Certain business expenses of reservists, performing officials. Attach Form 2106 or 2106-EZ	artists, and fee-basis governmen	ii 24		4
Gross	25	Health savings account deduction. Attach Fo		25	No.	<b>能</b>
Income	26				100	
	27	One-half of self-employment tax. Attach Sch	edule SE	**	281	
	28	Self-employed SEP, SIMPLE, and qualified	olans	28 49	000	5
	29	Self-employed health insurance deduction (	see page 30)	29	信義	77
	30	Penalty on early withdrawal of savings	******************************	30	716	
	31a	Alimony paid b Recipient's SSN ▶		31a		
	32	IRA deduction (see page 31)	••••	. 32	i j	
	33	Student loan interest deduction (see page 3	4)	33	177	
	34	Tuition and fees deduction. Attach Form 89				
	35	Domestic production activities deduction. A	•		7654	110 001
910001	36	Add lines 23 through 31a and 32 through 31			36	
10-20-09	37	Subtract line 36 from line 22. This is your a	Justed gross income		🕨   37	5,505,409

Form 1040 (2009)	<u> </u>	ARACK H. & MICHELLE L. OBAMA		Page 2
Tax and	38	Amount from line 37 (adjusted gross income)	38	5,505,409.
Credits	39a	Check You were born before January 2, 1945, Blind. Total boxes	1	
Standard	• • • •	it: Spouse was born before January 2, 1945, Blind. checked > 392	1	
Deduction for -		Carried Spaces was a surround and to tool and a surround by a surround and a surround a surround and a surround	4	
People who			4.5	E14 010
check any box on line	- 401	Itemized deductions (from Schedule A) or your standard deduction (see left margin)  If you are increasing your standard deduction by certain real estate taxes, new motor vehicle taxes, or a net disaster loss, attach Schedule L and check here (see page 35)	40a	514,819.
39a, 39b, or 40b Of who	b	disaster loss, attach Schedule L and check here (see page 35)	1	
can be	41	Subtract line 40a from line 38	41	4,990,590.
claimed as a dependent,	42	Exemptions. If line 38 is \$125,100 or less and you did not provide housing to a Midwestern displaced individual,	1	
		multiply \$3,650 by the number on line 6d. Otherwise, see page 37	42	9,732.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	4,980,858.
All others:	44	Tax. Check if any tax is from: a Form(s) 8814 b Form 4972	44	1,713,212.
Single or	45	Alternative minimum tax. Attach Form 6251	45	
Married filing	48	Add lines 44 and 45	48	1,713,212.
separately, \$5,700	47	Foreign tax credit. Attach Form 1116 if required 47 59,372		27/23/2201
Married filing		Credit for child and dependent care expenses. Attach Form 2441	<b>식</b>	
jointly or Qualifying	48	Transfer and the form Form 2000 II and 200	-	
widow(er),	49	Education credits from Form 8863, line 29	-	
\$11,400	50	Retirement savings contributions credit. Attach Form 8880	_	
Head of household,	51	Child tax credit (see page 42)		
\$8,350	52	Credits from Form: a 8396 b 8839 c 5695 552		
	53	Other credits from Form: a 3800 b 8801 c 53		
	54	Add lines 47 through 53. These are your total credits	54	59,372.
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	1,653,840.
Other	56		58	138,562.
Taxes	57	Self-employment tax. Attach Schedule SE Unreported social security and Medicare tax from Form: a 4137 b 8919	57	2007000
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59	Additional taxes: a AEIC payments b X Household employment taxes. Attach Schedule H	59	12.
				1,792,414.
0	60	Add lines 55 through 59. This is your total tax	60	1,/36,414.
Payments				
	62	2009 estimated tax payments and amount applied from 2008 return 62 1,696,390	닉	
	63	Making work pay and government retiree credits. Attach Schedule M 63	4 !	
If you have	_64#	Earned Income credit (EIC)	_	11
ohild, attach	b	Nontaxable combat pay election 64b		
Schedule EIC.	65	Additional child tax credit. Attach Form 8812 65		
	66	Refundable education credit from Form 8863, line 16	] !	
	67	First-time homebuyer credit. Attach Form 5405	7 !	
	68	Amount paid with request for extension to file (see page 72) 68	1 !	
	69	Excess social security and tier 1 RRTA tax withheld (see page 72)	1 !	
	70	Credits from Form: a 2439 b 4136 c 8801 d 8885 70	-	
			┥╻╻╵	1,800,701.
Defined	71	Add lines 61, 62, 63, 64a, and 65 through 70. These are your total payments	71	
Refund Direct deposit?		If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid	72	8,287.
See page 73	_	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here	73a	
and fill in 73b, 3 73c, and 73d,	► b	###Der ► C Type: Chacking Savings ► d number	4	
or Form 6888.	74	Amount of line 72 you want applied to your 2010 estimated tax 74 8, 287	4 /	
Amount	75	Amount you owe. Subtract line 71 from line 60. For details on how to pay, see page 74	75	
You Owe		Estimated tax penalty (see page 74)		
Third Part		o you want to allow another person to discuss this return with the IRS (see page 75)? X Yes. Complete the		
Designee	0	Phone Tree 40.	number	identification  (PIN)
Sign	Under	generaties of perjury, I declare that I have examined this return and accompanying achedules and statements, and to the best of my kno emplote. Destaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	wiedge ar	nd belief, they are true, correct,
Here	-7	Cour signature   Date   Your occupation	Day	time phone number
Joint return? See page 15.	1	4/7/10 US PRESIDENT		
Keep a copy	<b>7</b> '	Spouse's signature. If a joint return, b0th must sign. Date Spouse's occupation		
for your records.	¥	Michelle Obarra 4-7-10 US FIRST LADY		
Paid	Dr	Date	Prenare	r's SSN or PTIN
Preparer's	Prepa Signal		1 <del></del>	. w water part 1974
Use Only		3/34/0		
,		name (or WINEBERG SULHEIM HUWELL & SHAIN, PC	100	
910002		n address.		
10-20-09		Emile CHTCAGO II. 60601		

#### SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99) Name(a) shown on Form 1040

# **Itemized Deductions**

 2009 Attachment Sectuence No. 07

BARACK I	Η.	& MICHELLE L. OBAMA				
Medical		Caution. Do not include expenses reimbursed or paid by others.	級		118975	
and	1	Medical and dental expenses (See page A-1.)	PESPICE		4	
Dental	2	Enter amount from Form 1040, line 382	490			
Expenses	3	Multiply line 2 by 7.5% (.075)	3			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	
Taxes You	5	State and local (check only one box):	T		1 7	
Paid	_	a X Income taxes, or SEE STATEMENT 8	5	164	,454.	
(See		b General sales taxes			,	
page A-2.)	6	Real estate taxes (See page A-5.)	6	22	,456.	
	7	New motor vehicle taxes from line 11 of the worksheet on page 2.			, ====	
	•	Old-Add to the Chine of the Chine	7		- 1	
	8	Other taxes. List type and amount	(96)			
	Ū		8		-	
	9	Add lines 5 through 8			9	186,910.
Interest	10	Home mortgage interest and points reported to you on Form 1098	10	52	195	100/5101
You Paid	11	Home mortgage interest not reported to you on Form 1098, If paid to the person	254		123	
(See		from whom you bought the home, see page A-7 and show that person's name, identifying no., and address	植物			
page A-6.)	1		ᇓ		1	
Note.	•		11		1	
Personal	12	Points not reported to you on Form 1098				
interest is not	13	Qualified mortgage insurance premiums (See page A-7.)	13			
deductible.	14	Investment interest. Attach Form 4952 if required. (See page A-8.)	14			
		Add lines 10 through 14	141		15	52,195.
Gifts to	16	Gifts by cash or check SEE STATEMENT 9	16	329	,100.	02/2301
Charity		Other than by cash or check. If any gift of \$250 or more, see page A-8.	10	323	, 200.	
If you made a	••	You must attach Form 8283 if over \$500	17			
gift and got a benefit for it.	18	Carryover from prior year				
see page A-8.	19	Add lines 16 through 18	101		19	329,100.
Casualty and				*************		
Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See page A-10.)			20	
Job Expenses	21		11			
and Certain		Attach Form 2106 or 2106-EZ if required. (See page A-10.)				
Miscellaneous Deductions	1		200			
200000000			21			
	22	Tax preparation fees	22			
	23		141			
(See	)					
page A-10.)			A		1	
			23			
	24	Add lines 21 through 23	24			
	25	Enter amount from Form 1040, line 38	423	-53992-011-		
	26	Multiply line 25 by 2% (.02)	26			
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			27	
Other	28	Other from list on page A-11. List type and amount			138	
Miscellaneous Deductions	•	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	. <b></b>		段學	
T					28	
Total	29	Is Form 1040, line 38, over \$166,800 (over \$83,400 if married filing separately)?			-	
Itemized Deductions		No. Your deduction is not limited. Add the amounts in the far right column			1270	F44 040
_ 044040113		for lines 4 through 28. Also, enter this amount on Form 1040, line 40a.		MT 10	29	514,819.
	02-	X Yes. Your deduction may be limited. See page A-11 for the amount to enter.	,	. 1		333
	30	If you elect to itemize deductions even though they are less than your standard deduction, chec	k here			I DEALERS THE TOTAL

#### **SCHEDULE B**

(Form 1040A or 1040)

Department of the Treasury Internal Revenue Service

#### Interest and Ordinary Dividends

Attach to Form 1040A or 1040.

See instructions.

OMB No. 1545-0074

Sequence No. 08 Name(a) shown on return BARACK H. & MICHELLE L. OBAMA Part I List name of payer, If any interest is from a seller-financed mortgage and the buyer used the Amount Interest property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address JP MORGAN 317. NORTHERN TRUST SECURITIES US GOVT INTEREST <u>17,</u>763. -5,436. NORTHERN TRUST SECURITIES US GOVT INTEREST PAID Note. If you received a Form NEW YORK LIFE ANNUITY 808. FROM K-1 - FREEMAN HENRY G. JR. DECD TW 21. 1099-INT. Form 1099-OID, 1 or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form. 13,473. 2 Add the amounts on line 1 2 Excludable interest on series EE and I U.S. savings bonds issued after 1989. 13,473. Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a 4 Note. If line 4 is over \$1,500, you must complete Part III. **Amount** Part II List name of payer Ordinary NORTHERN TRUST SECURITIES 39. Dividends FROM K-1 - FREEMAN HENRY G. JR. DECD TW 11,979. Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's 5 name as the payer and enter the ordinary dividends shown on that form. 6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a 12,018. Note. If line 6 is over \$1,500, you must complete Part III. Part III You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign No Yes Foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. Accounts 7a At any time during 2009, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1 and X **Trusts** ь If "Yes," enter the name of the foreign country ▶ During 2009, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

If "Yes," you may have to file Form 3520. See page B-2

X

#### **SCHEDULE C** (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.

Attach to Form 1040, 1040NR, or 1041.

See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074

i valetile	or proprietor					Social se	ecurity number (SSN)
-	RACK H. OBAMA						
A AU	Principal business or profession, include THOR	ding produ	uct or service (see page	C-2)		B Enter co	ode from pages C-9, 10, & 11  711510
C BA	Business name. If no separate busines: RACK H. OBAMA	s name, le	ave blank.			D Emplo	oyer ID number (EIN), if any
E	Business address (Including suite or ro	om no.) I	<b>&gt;</b>				
	City, town or post office, state, and ZIP						
F	Accounting method: (1) X Ca		Accrual (3)	Oth	er (specify) 🕨		
G	Did you "materially participate" in the or	eration of	this business during 20	0097 H "N	lo," see page C-3 for limit on losses		X Yes No
Н	If you started or acquired this business						
Pa	rt I Income						
1	Gross receipts or sales. Caution. See p	age C-4 a	nd check the box if:				
	<ul> <li>This income was reported to you on lon that form was checked, or</li> </ul>	Form W-2	and the "Statutory emp	loyee" bo	× )	_   1	
	● You are a member of a qualified joint	venture re	eporting only rental real	estate			
	income not subject to self-employment	tax. Also	see page C-3 for limit or	n losses.	J		
2	Returns and allowances					2	
3	Subtract line 2 from line 1					3	
4	Cost of goods sold (from line 42 on page	je 2)				4	
5	Gross profit. Subtract line 4 from line 3					5	
6	Other income, including federal and sta	te gasolin	e or fuel tax credit or ref	lund (see	page C-4) SEE STATEMENT 1	1 6	5,661,666.
. 7	Gross income. Add lines 5 and 6		•••••			<b>7</b>	5,661,666
Pa	rt II Expenses. Enter expens	es for bu	siness use of your ho	ome onl	y on line 30.		
8	Advertising			18	Office expense	18	866.
8	Car and truck expenses			19	Pension and profit-sharing plans		
	(see page C-4)	9		20	Rent or lease (see page C-6):	int.	
10	Commissions and fees	10	471,022.		Vehicles, machinery, and equipment		
11	Contract labor			b	Other business property	20b	
	(see page C-4)			21	Repairs and maintenance	21	
12	Depletion	12		22	Supplies (not included in Part III)	22	
13	Depreciation and section 179			23	Taxes and licenses	23	
	expense deduction (not included in			24	Travel, meals, and entertainment	15 F 2	
	Part III) (see page C-5)	13		a	Travel	24a	
14	Employee benefit programs (other			b	Deductible meals and		3500000000000
	than on line 19)			1	entertainment (see page C-6)	_	
15	Insurance (other than health)	-		25	Utilities		
16	interest:	建是		26	Wages (less employment credits)	26	
	Mortgage (paid to banks, etc.)			27	Other expenses (from line 48 on		270
. b	Other	16b		ļ	page 2)	27	279.
17	Legal and professional		15,722.				20 100
28	Total expenses before expenses for but	17		h	<del>,</del>	0.0	197 999
29				_		28	5.173.777
30	Tentative profit or (loss). Subtract line 2 Expenses for business use of your hom					30	3,113,111
31	Net profit or (loss). Subtract line 30 fro					30	
٠.	· · · · · · · · · · · · · · · · · · ·			or on Ea	orm 1040NR, line 13 (if you checked the	<b>1</b>	
i.	box on line 1, see page C-7). Estates an				or to to the to the you checked the	31	5,173,777.
	• If a loss, you must go to line 32.		on i villi 1041, IIII	· ·.		) ===	10,2.0,
32	If you have a loss, check the box that de	scribes ve	our investment in this ac	tivitv (se	e nage C-7).	`	
	• If you checked 32a, enter the loss on						
	line 13 (if you checked the box on line 1					32a	All investment is at risk.
	on Form 1041, line 3.	,				32b	Complement
	• If you checked 32b, you must attach I	Form 619	B. Your loss may be limi	ited.		)	

Schedu	le C (Form 1040) 2009 BARACK H. OBAMA			Page 2
Part	Cost of Goods Sold (see page C-8)			
33	Method(s) used to value closing inventory:  • Cost  b Lower of cost or market  c	Other (a	ıttach explanatio	n)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? if "Yes," attach explanation		Yes	□No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	1		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself			
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4			
Part	Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses or to file Form 4562 for this business. See the instructions for line 13 on page C·5 to find out if you must file it	n line 9 Form 4	and are not re 562.	quired
43 44 8	When did you place your vehicle in service for business purposes? (month, day, year)  Of the total number of miles you drove your vehicle during 2009, enter the number of miles you used your vehicle for:  Business b Commuting c Other			
45	Was your vehicle available for personal use during off-duty hours?		Yes	No
46	Do you (or your spouse) have another vehicle available for personal use?		Yes	No
47 a	Do you have evidence to support your deduction?  If "Yes," is the evidence written?		Yes	No No
Part	Other Expenses. List below business expenses not included on lines 8-26 or line 30.			
OVE	R PAID ROYALTY REIMBURSEMENT			279.
				<b></b>
				<u> </u>
1				
				<u> </u>
48	Total other expenses. Enter here and on page 1, line 27	48		279.
920002 1	0-22-09	Sc	hedule C (Form	1040) 2009

#### SCHEDULE D (Form 1040)

**Capital Gains and Losses** 

Attach to Form 1040 or Form 1040NR.See instructions for Schedule D (Form 1040). ▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074 Sequence No. 12

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

BARACK H. & MICHELLE L. OBAMA Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less (b) Date (8) Description of property (Example: 100 sh. XYZ Co.) (f) Gain or (loss) Subtract (e) from (d) (e) Cost or (C) Date sold acquired (Mo., day, yr.) (d) Sales price (Mo., day, yr.) 50000 US TREASURY BILL 12/11/08 01/20/09 49,947. 49,947. 0. Enter your short-term totals, if any, from Schedule D-1, line 2 2 3 Total short-term sales price amounts. Add lines 1 and 2 in column (d) 49.947 3 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts 5 from Schedule(s) K-1 6 Short-term capital loss carryover. Enter the amount, if any, from line 10 of your Capital Loss Carryover Worksheet in the instructions Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f) Part | Long-Term Capital Gains and Losses - Assets Held More Than One Year (a) Description of property (Example: 100 sh. XYZ Co.) (b) Date (C) Date sold (8) Cost or (f) Gain or (loss) acquired (Mo., day, yr.) (d) Sales price (Mo., day, yr.) Subtract (e) from (d) 81858 SHS HAWAIIAN T-F INHERIT TRUST 01/05/09 20,348. 19,996. 352. 355,029. 9472 SHS BANK OF HAWAII 01/29/09 480,908. -125,879. INHERIT 9 Enter your long-term totals, if any, from Schedule D-1, line 9 9 10 Total long-term sales price amounts. Add lines 8 and 9 in column (d) 375,377 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 13 Capital gain distributions 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet in the instructions 15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to <u>-125,527</u>. Part III on page 2

Pa	rt III Summary		
16	Combine lines 7 and 15 and enter the result	16	-125,527.
	If line 16 is:	10	
	A gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then	1000	
	go to line 17 below.		
	A loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.	1000	
	Zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR,	11343	
	line 14. Then go to line 22.	i de-	
17	Are lines 15 and 16 both gains?	Berg	
	Yes. Go to line 18.	3.50	
	No. Skip lines 18 through 21, and go to line 22.	4.75	
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-8 of the	700 - 640 - 700 - 640 - 700 - 640 - 700 - 640	
	instructions	18	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on	\$ 20 miles	
	page D-9 of the instructions	19	
20	Are lines 18 and 19 both zero or blank?	2.43	
	Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the	2	
	Qualified Dividends and Capital Gain Tax Worksheet on page 39 of the Instructions for Form	200	
	1040 (or in the Instructions for Form 1040NR). <b>Do not</b> complete lines 21 and 22 below.	2000	
	No. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the	4-4-1	
	Schedule D Tax Worksheet on page D-10 of the instructions. Do not complete lines 21 and	Park.	
	22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:		
	The loss on line 16 or     SEE STATEMENT 12	21 (	3,000.
	• (\$3,000), or if married filing separately, (\$1,500)		
	Note. When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
	Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete	<b>超速</b>	
	the Qualified Dividends and Capital Gain Tax Worksheet on page 39 of the Instructions	12/2	Service College
	for Form 1040 (or in the Instructions for Form 1040NR).	576	
	No. Complete the rest of Form 1040 or Form 1040NR.	•	

Schedule E (Form 1040) 2009 Attachment Sequence No. 13 Name(s) shown on return. Do not enter name and social security number if shown on page 1. Your social security number BARACK H. & MICHELLE L. OBAMA Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1. Part III Income or Loss From Partnerships and S Corporations Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check column (e) on line 28 and attach Form 6198. See page E-1. Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? 🗌 Yes 🛣 No If you answered "Yes," see page E-7 before completing this section. (e) Check if any amount is not at risk (b) Enter Ploy (C) Check partnership: S if foreign partnership (d) Employer 28 (a) Name identification number A В C D Passive Income and Loss Nonpassive Income and Loss (f) Passive loss allowed (I) Section 179 expense (j) Nonpassive income (g) Passive income (h) Nonpassive loss (attach Form 8582 if required) from Schedule K-1 from Schedule K-1 deduction from Form 4562 from Schedule K-1 A В C D Totals ..... 29a

result	nere and include in the total on line 41 below	32	
Part III	Income or Loss From Estates and Trusts		
33	(a) Name		(b) Employer identification number
A FRE	EMAN HENRY C. JR DECD TW		

В					,
	Passive Income and Los	8	Nonpassive I	ncome	and Loss
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive Income from Schedule K-1	(e) Deduction or loss from Schedule K-1		(f) Other income from Schedule K-1
Α			0.		
В					
34a	Totals				
b	Totals		10 <del>Val</del> 10 mm	<b>三</b> 30	Minimal 18 miles
35	Add columns (d) and (f) of line 34a			35	
36	Add columns (c) and (e) of line 34b		**************	36	(
37	Total estate and trust Income or (loss). Combine lines 35 ar	nd 36. Enter the result here and incl	ude in the total on line 41 below	37	
Pa	HIV Income or Loss From Real Estate M	ortgage Investment Co	nduits (REMICs) - Resi	dual	Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the	esult here and include in the t	total on line 41 below		39
Pa	rt V Summary				

		<b>1</b>		已是於	Leave to the second sec
39	Combine columns (d) and (e) only. Enter the result	here and include in the total on line 41 below	v	39	
Pa	rt V Summary				
40	Net farm rental income or (loss) from Form 4835.	Also, complete line 42 below		40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, ar	nd 40. Enter the result here and on Form 1040, line 1	7, or Form 1040NR, line 18	41 .	0.
42	Reconciliation of farming and fishing income. Ent		description of the second of t		
	reported on Form 4835, line 7; Schedule K-1 (Form	1065), box 14, code B; Schedule K-1		1	
	(Form 1120S), box 17, code U; and Schedule K-1 (I	Form 1041), line 14, code F (şee page E-8)	42	William.	
43	Reconciliation for real estate professionals. If you	were a real estate professional (see page E-2),	A September 2 and the 2 and	适图	450.4
	enter the net income or (loss) you reported anywhere on Form		Constitution and the second	C. 1	
	activities in which you materially participated under the pass	ive activity loss rules	43		

30

Totals .....

Add columns (g) and (j) of line 29a

Add columns (f), (h), and (i) of line 29b

Total partnership and 8 corporation income or (loss). Combine lines 30 and 31. Enter the

Þ 30

31 32

Sche	Schedule E			d.	ASSTHROU	PASSTHROUGH RECAP - BASIC INFORMATION	- BASIC IN	FORMATIO	Z						2008
BARA	CK H.	E E	BARACK H. & MICHELLE L. OBAMA												
;	Sche	eduke	Schedule K-1 Line Reference: (1065/1120S/1041)	1/1/6	2/2/7	3/3/8	*	•	5/4/1	*	6a/5a/2a	7/6/*	8/7/3	9a/8a/4a	4/*/4
	Entity Ac	Act		Ordinary	Rental Real Fetate	Rental Real Other Rental		AMT Passive	Interest	US Treasury	Dividends	Royalties	Short-Term	Short-Term Net Long- Guaranteed	Guaranteed
г П		ا و	Name	(Loss)	Inc. (Loss)	(Loss)	Loss C/O	C/O		Interest			Gain (Loss) Gain (Loss)	Gain (Loss) to Partner	to Partner
N N	н	1	FREEMAN HENRY G. JR. DECD TW						21.		11,979.				
	$\dashv$								,						
	-														
Totals									21.		11,979.				
Compa	Component of:			Schedule E, Page 2, Various	Schedule E, Page 2, Various	Schedule E, Page 2, Various	Form 8582 Line 3c	Form 8582 AMT, Line 3c	Schedule B, Line 1	Schedule B, Line 1	Schedule B, Schedule B, Schedule B, Schedule D, Schedule D, Line 1 Line 1 Line 5 Line 4 Line 5 Line 12	Schedule E, Line 4	Schedule D, Line S		Schedule E. Page 2. Various

(1000/112US/1041)	10/9/*	*	11/10/*	13/12/*	12/11/*	13/12/*	13/12/*	13/12/*	*	20/17/14	13/*/*	٠	14/*/*	17/15/12	*/*/12	*/*/12
Entity Act Secti No. No. Gain	tion 1231 n (Loss)	Section 1231 Gain (Loss) Gain (Loss) Form 4797	Other c	Charitable Section Soft Expen	Section 179 Expense	Deductions Related to Portfolio Income (2%)	Other Deductions	Other Int. Expense Int. Expense Deductions (Schedule A) (Schedule E)	Investment Investment Int Expense Int Expense Schedule A) (Schedule E)	Investment	SE Health Insurance Premium	Wages for More Then 2% Shareholders	Net SE Earnings	AMT Depr Minimum Adj on Post Tax '86 Property Adjustment		Exclusion
				,												ľ
					ľ											
																l
Totals																
Component of: Form 4797, Form 4797, Line 10	rm 4797, Line 2		Schedule E, Page 2, Various	Schedule A, Lines 16 & 17	Form 4562, Schedule A, Line 6 Line 23	Schedule A, Line 23	Schedule E; Page 2, Various	Schedule A, Line 14	Schedule E, Page 2, Various	Form 4952, Line 4a	Form 1040, Line 29	Form 4952, Form 1040, Form 1040, Schedule SE Form 6251, Form 6251, Line 4a Line 29 Line 7 Line 2 Line 19 Line 16	Schedule SE, Line 2	Form 6251, Line 19	Form 6251, Une 16	2009 Form 8801

\* · No specific Schedule K-1 line reference for these amounts.

928071 11-07-09

SARACK H. & MICHELLE 1. OBNAN   SARACK H. & MICHELLE 1. OBNA	Schedule E	e E			PA	PASSTHROUGH		ADDITION	RECAP - ADDITIONAL INFORMATION AND PRIOR YEAR BASIS CARRYOVERS	IATION AND	PRIOR YE	AR BASIS C	ARRYOVE	38		8	2009
1377"   13/12/14   13/12"   15/13/13   15/	BARACK	н. к	МІСНВЬЬВ	L. OBAMA													
Dependent Production Care Benefits, Activities W-2 Wages Capital Cains Conditions Care Benefits Activities Capital Cains Capital Capit	Schedule K-1 Line Referenc (1065/1120S/	 104 ± 5	6b/5b/2b	11/10/*	13/*/*	13/12/14	13/12/*	15/13/*	15/13/13	15/13/13	15/13/*	15/13/*	20/17/13	2/2/*			
Form 2441 Form 8903, Form 1040, Form 8844, Form 6765, Form 8874, Form 88611, Line 14 Line 7 Line 15 Line 3 Line 3 Line 5 Line 8 Line 8				Sec. 1256 Contracts & Straddles	Dependent Care Benefits		Employer's W-2 Wages	Undistributed Capital Gains	Empowerment Zone Credit		New Markets Credit	Credit for SS & Medicare Taxes	Recapture of Low-income Housing Credit	Royalty/ Depletion Expenses			
Form 2441 Form 8903, Form 1040, Form 8844, Form 6765, Form 8874, Form 8861, Line 37 Line 5 Line 8	1	1	2,251.														
Form 2441 Form 8903, Form 1040, Form 8844, Form 6765, Form 8874, Form 8814, Form 8611, Line 14 Line 7 Line 15 Line 3 Line 3 Line 5 Line 8																	
Form 2441 Form 8903, Form 1040, Form 8844, Form 6765, Form 8874, Form 8874, Form 8814, F		1															
Form 2441 Form 8903, Form 1040, Form 8844, Form 6765, Form 8874, Form 8846, Form 8811, Line 14 Line 7 Line 15 Line 3 Line 3 Line 5 Line 8																	
Form 2441 Form 8903, Form 1040, Form 8844, Form 6765, Form 8874, Form 8846, Form 8811, Line 14 Line 7 Line 15 Line 3 Line 3 Line 5 Line 8 Line 8		1															
Form 2441 Form 8903, Form 1040, Form 8844, Form 6765, Form 8874, Form 8846, Form 8811, Line 14 Line 7 Line 15 Line 3 Line 3 Line 5 Line 8																	
Form 2441 Form 8903, Form 1040, Form 8844, Form 6765, Form 8874, Form 8814, F																	
Form 2441 Form 8903, Form 1040, Form 8844, Form 6765, Form 8874, Form 8846, Form 8611, Line 14 Line 7 Line 15 Line 3 Line 3 Line 5 Line 8																-	
Form 2441 Form 8903, Form 1040, Form 8844, Form 6765, Form 8874, Form 8846, Form 8611, Line 14 Line 7 Line 15 Line 3 Line 3 Line 5 Line 8																	
Form 2441 Form 8903, Form 1040, Form 8844, Form 6765, Form 8874, Form 8846, Form 8611, Line 14 Line 7 Line 15 Line 3 Line 3 Line 5 Line 8																	
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Form 2441 Form 8903, Form 1040, Form 8844, Form 6765, Form 8874, Form 8846, Form 8611, Line 14 Line 15 Line 37 Line 2 Line 5 Line 8																_	
Form 2441 Form 8903, Form 8903, Form 1040, Form 8844, Form 6765, Form 8874, Form 8846, Form 8611, Line 14 Line 7 Line 15 Line 37 Line 2 Line 8		<u></u>	2,251.													-	
	Componen	at of.	orm 1040, Line 9b				ırm 8903, Line 15	Form 1040, Line 70	Form 8844, Line 3	Form 6765, Line 37	Form 8874, Line 2	Form 8846, Line 5		Schedule E, Page 1 or 2			

Schedule K-1 Line Reference: (1065/1120S/1041)		•	*	*	*	*	•	*	•	•	*	•			
Entity Act. No. No.	Schedule E Basis Carryover	AMT Schedule E Basis Carryover	ST Basis Carryover	AMT Basis Carryover	LT Basis Carryover	AMT LT Basis Carryover	Sec. 1231 Basis Carryover	AMT Sec. 1231 Basis Cerryover	4797-0rd. Basis Carryover	AMT 4797-Ord. Besis Carryover	Other Basis Carryovers	AMT Other Basis Cerryovers			
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Totak															
Component of:	Basis Limitation Worksheet	Basie Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Besis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Besis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet			

928076 11-07-09 \* - No specific Schedule K-1 line reference for these amounts.

Schedule SE (Form 1040) 2009 Attachment Sequence No. 17 Page 2 Name of person with self-employment income (as shown on Form 1040) Social security number of person with self-employment BARACK H. OBAMA Section B - Long Schedule SE Part I Self-Employment Tax Note. If your only income subject to self-employment tax is church employee income, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order is not church employee income. See page SE-1. If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see page SE-4) 18 b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 6b, or listed on Schedule K-1 (Form 1065), box 20, code Y 1b Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see pg SE-1 for types of income to report on this line. See pg SE-3 for other income to report. Note. Skip this line if you use the nonfarm optional method (see page SE-4) SEE STATEMENT 13 5,173,777 173.777 Combine lines 1a, 1b, and 2 3 4,777,983. 4a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3 48 b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here 4b c Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. Exception. 4,777,983. If less than \$400 and you had church employee income, enter -0- and continue 4c 5 a Enter your church employee Income from Form W-2. See page SE-1 for definition of church employee income 58 b Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-5b 4,777,983 Net earnings from self-employment. Add lines 4c and 5b 6 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2009 106,800.00 7 8 a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$106,800 or more, skip 106,800. lines 8b through 10, and go to line 11 b Unreported tips subject to social security tax (from Form 4137, line 10) c Wages subject to social security tax (from Form 8919, line 10) d Add lines 8a, 8b, and 8c 8d Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 9 Multiply the smaller of line 6 or line 9 by 12.4% (.124) 10 138,562 11 Multiply line 6 by 2.9% (.029) 12 12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 56 Deduction for one-half of self-employment tax. Multiply line 12 by 69,281. 50% (.50). Enter the result here and on Form 1040, line 27 Part Doptional Methods To Figure Net Earnings (see page SE-4) Farm Optional Method. You may use this method only if (a) your gross farm income<sup>1</sup> was not more than \$6,540, or (b) your net farm profits were less than \$4,721. Maximum income for optional methods 4,360.00 14 Enter the smaller of: two-thirds (2/3) of gross farm income<sup>1</sup> (not less than zero) or \$4,360. Also include this amount on line 4b above 15 Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits 3 were less than \$4,721 and 214 also less than 72.189% of your gross nonfarm income, and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution. You may use this method no more than five times.

line 16. Also include this amount on line 4b above .....

Sch. K-1 (Form 1065-B), box 9, code J2.

Subtract line 15 from line 14

Enter the smaller of: two-thirds (2/3) of gross nonfarm income 4 (not less than zero) or the amount on

16

From Sch. F, line 11, and Sch. K-1 (Form 1065), box 14, code B. From Sch. F, line 36, and Sch. K-1 (Form 1065), box 14, code

From Sch. F, line 36, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

From Sch. C , line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.
 From Sch. C , line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and

# 1116

Name

#### Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040NR, 1041, or 990-T.

OMB No. 1545-0121

Form 1116 (2009)

identifying number as shown on page 1 of your tax return BARACK H. & MICHELLE L. OBAMA Use a separate Form 1116 for each category of income listed below. See Categories of Income beginning on page 3 of the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below. Passive category income Section 901(j) income e Lump-sum distributions b X General category income Certain income re-sourced by treaty f Resident of (name of country) ▶ UNITED STATES Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession. Part 1 Taxable Income or Loss From Sources Outside the United States (for Category Checked Above) Foreign Country or U.S. Possession Total В C (Add cols. A, B, and C.) Enter the name of the foreign country or U.S. VARIOUS possession ..... Gross income from sources within country shown above and of the type checked above: 1,617,268 1,617,268. b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) Deductions and losses (Caution: See pages 13 and 14 of the instructions: Expenses definitely related to the income on line 1a (attach statement) SEE STATEMENT 14 472,168 169,349. Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction Other deductions (attach statement) Add lines 3a and 3b 169,349. 1,617,268. Gross foreign source income 6,114,931. Gross income from all sources Divide line 3d by line 3e 264479 Multiply line 3c by line 3f 44 789 Pro rata share of interest expense: Home mortgage interest (use worksheet on page 14 of the Instructions) 12,507. **b** Other interest expense 5 Losses from foreign sources 529,464 Add lines 2, 3g, 4a, 4b, and 5 529,464. 087,804. Subtract line 6 from line 1a. Enter the result here and on line 14, page 2 Part II Foreign Taxes Paid or Accrued Credit is claimed Foreign taxes paid or accrued for taxes In foreign currency In U.S. dollars (you must check one) (r) Other (s) Total foreign (n) Other (h) X Paid Taxes withheld at source on: Taxes withheld at source on: foreign taxes paid or foreign taxes paid or accrued (add cols. Accrued taxes paid or accrued (j) Date paid or accrued accrued (o) through (r)) (k) Dividends (I) Rents and royalties (m) interest (0) Dividenda (D) Rents and royalties (q) Interest 59236. 59,236. В 8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ 8 59,236.

LHA For Paperwork Reduction Act Notice, see separate Instructions.

P	art III Figuring the Credit				
9	Enter the amount from line 8. These are your total foreign taxes paid or accrued	1		1	
	for the category of income checked above Part I	9	59,23	5.	
		П			
10	Carryback or carryover (attach detailed computation)	10			
				-10	
11	Add lines 9 and 10	11	59,23	· 3	
				NO.	
12	Reduction in foreign taxes	12		瘤	
	• • • • • • • • • • • • • • • • • • •				E0 226
	Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit	·······		. 13	59,236.
14	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the		1 007 00		
	United States (before adjustments) for the category of income checked above Part I	14	1,087,804	- 3	
	Authorities Annie Andrew de			40	
	Adjustments to line 14  Combine the amounts on lines 14 and 15. This is your net foreign source taxable income.	15		-	
10	(If the result is zero or less, you have no foreign tax credit for the category of income	1 1		100	
	vou checked above Part I. Skin lines 17 through 21. However, if you are filing more than		1 007 00	118	
	one Form 1116, you must complete line 19.)	16	1,087,804	- 3	
17	Individuals: Enter the amount from Form 1040, line 41 (minus any amount on Form	1 1		在这	
	8914, line 6). If you are a nonresident alien, enter the amount from Form 1040NR,				
	line 38 (minus any amount on Form 8914, line 6). Estates and trusts: Enter your taxable	_	4 000 304	1	
	income without the deduction for your exemption SEE STATEMENT 15			188	
40	Caution: If you figured your tax using the lower rates on qualified dividends or capital ga			40	.218027
	Divide line 16 by line 17. If line 16 is more than line 17, enter "1"			18	.210027
19	Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the ar from Form 1040NR, line 41.	nount			
	Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 99	0-T.		1 1	
	lines 36 and 37			19	1,713,212.
	Caution: If you are completing line 19 for separate category a (lump-sum distributions), s				
20	Multiply line 19 by line 18 (maximum amount of credit)				373,526.
	Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 thro				
	amount on line 27. Otherwise, complete the appropriate line in Part IV			21	59,236.
P	art IV Summary of Credits From Separate Parts III				
22	Credit for taxes on passive category income	22	136		
23	Credit for taxes on general category income	23	59,236	5 -   188	
	Credit for taxes on certain income re-sourced by treaty			180	
25	Credit for taxes on lump-sum distributions	25		95	
26	Add lines 22 through 25			26	59,372.
27	Enter the smaller of line 19 or line 26			. 27	59,372
28	Reduction of credit for international boycott operations			. 28	y
29	Subtract line 28 from line 27. This is your foreign tax credit. Enter here and on Form 1040, line 47		*		ro 200
	Form 1040NR, line 44; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a		<b>_</b>	29	59,372.

# Form 1116

Foreign Tax Credit
(Individual, Estate, or Trust)
Attach to Form 1040, 1040NR, 1041, or 990-T.

OMB No. 1545-0121

Form 1116 (2009)

Na	ime						11	identitying num	Del as spown on bag	1 of your tax return
В	ARACK H.	& MIC	HELLE I	. OBAMA	A		]			
					ow. See Categories	of Income beg	inning on page 3	of the instruction	ons. Check only on	e box on each
Fo				ept where spec	ified in Part II belov	N.				
ı	X Passive ca	ategory incom	e c	Section 90	1(j) income		e Lumi	p-sum distributi	ons	
þ	General ca	ategory incom	e d		ome re-sourced by	treaty				
1 1	Resident of (name	of country)	INTTE	יים ביים	रद					
_					possession, use	column A in F	Part I and line A	in Part II. If vo	ou paid taxes to t	nore than one
					n and line for eac					
ı,	Part Taxat	ble income	or Loss From	Sources Out	side the United	States (for C	ategory Chec	ked Above)		
						Foreign Cou	ntry or U.S. Po	ssession		Total
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18	<ul> <li>a Gross income and of the type</li> </ul>			snown above				STATE STATES	45	
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ŧ	b Check if line 1a	a is compensa	tion for persona	l services as	3 9 5	· · · · · · · · · · · · · · · · · · ·		name 711	17 24 Page	
			pensation from		海州西		1000		1	
			used an alternat			, 学 , 创新		- 4		
5			structions)		<b>高温</b>	京 派 一流		20	Service Control	
of	eductions and l the instructions	losses (Cauti ):	on: See pages	: 13 and 14		1 编码 编			AND INC.	
2	Expenses defi	nitely related	to the income o	n line 1a	1.500.0	2 45.77	ALL STREET, ST		Sept.	
3			ctions not defin			Contract of the Contract of th	lini seki.	二十级 27	Section 1	
_			or standard ded		169,3	49.	the sake I			
			tement)						86	
	c Add lines 3a aı		, ,,,,,,,		169,3	49.				
	d Gross foreign :				2,0	40.			(1)	
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	g Multiply line 3d				0.17 Jan 2019 2019	56.	- 104 · 104	Telegran Land	- PSO - PSO	
4		•		1/	AC AND SEP .	東流 江海		ar ar		
	<ul> <li>Home mortgag</li> <li>of the instruction</li> </ul>	•	e worksneet on	-		16.			を	
ł	b Other interest				<del>                                     </del>	<del></del>			28	
5									看	
6						72			6	72.
7	Subtract line 6 f	rom line 1a. E	nter the result h	ere and on line	14, page 2				7	1,968
-	art II Fore		Paid or A	ccrued						
1	Credit is claimed for taxes	ļ	In Acres		Foreig	n taxes paid	or accrued	In II C doll		
	(you must check one)	ļ <del></del>	in torei	gn currency	<del></del>	<b></b>		in U.S. doll	T	I
Ē	(h) X Paid	Taxes w	ithheld at sourc	e on:	(n) Other	Taxe	s withheld at sou	irce on:	(r) Other foreign	(s) Total foreign taxes paid or
Country	(i) Accrued				foreign taxes paid or				taxes paid or	accrued (add cols.
	(J) Date paid or accrued	(k) Dividends	(I) Hents and royalties	(m) interest	accrued	(0) Dividends	(D) Rents and royalties	(Q) Interest	accrued	(o) through (r))
AB						136.				136.
<u>ं</u>	Add lines & the	augh C astron	m /a\ E-4+L	total bass as	on line 9 nage 2		<u></u>	L	<u> </u>	136.
		marter to CO: HIT	is: PRIDE IND							

LHA For Paperwork Reduction Act Notice, see separate instructions.

P	art III Figuring the Credit				
9	Enter the amount from line 8. These are your total foreign taxes paid or accrued	TT		2.50	
	for the category of income checked above Part I	9	136	<b>1</b>	•
10	Carryback or carryover (attach detailed computation)	10			
11	Add lines 9 and 10	11	136	1	
12	Reduction in foreign taxes	12			
13	Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit			13	136.
14	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the	1 1		112	
	United States (before adjustments) for the category of income checked above Part I	14	1,968.		
15	Adjustments to line 14	15		100	
	Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.)		1,968.		
17	Individuals: Enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6). If you are a nonresident alien, enter the amount from Form 1040NR, line 38 (minus any amount on Form 8914, line 6). Estates and trusts: Enter your taxable income without the deduction for your exemption	17	4,989,304.	10000000000000000000000000000000000000	
	Caution: If you figured your tax using the lower rates on qualified dividends or capital	gains, see	e Instructions.		
18	Divide line 16 by line 17. If line 16 is more than line 17, enter "1"			18	.000394
19	Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the from Form 1040NR, line 41.	e amount			
	Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form lines 36 and 37			19	1,713,212.
	Caution: If you are completing line 19 for separate category e (lump-sum distributions,	), see pg.	19 of the instructions.		
20	Multiply line 19 by line 18 (maximum amount of credit)			20	675.
21	Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22	through 26	and enter this		
_	amount on line 27. Otherwise, complete the appropriate line in Part IV		<b>&gt;</b>	21	136.
-	art IV Summary of Credits From Separate Parts III				
	Credit for taxes on passive category income				
	Credit for taxes on general category income				
24	Credit for taxes on certain income re-sourced by treaty	. 24		3	
25	Credit for taxes on lump-sum distributions	. 25			
26	Add lines 22 through 25			26	
27	Enter the smaller of line 19 or line 26			27	
28	Reduction of credit for international boycott operations			28	
29	Subtract line 28 from line 27. This is your foreign tax credit. Enter here and on Form 1040, line	47;			
	Form 1040NR, line 44: Form 1041, Schedule G. line 2a: or Form 990-T. line 40a		•	29	

# Form 1116

Department of the Treasury Internal Revenue Service (99)

# ALTERNATIVE MINIMUM TAX Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040NR, 1041, or 990-T.

2009

Attachment Sequence No. 19

Form 1116 (2009)

Name identifying number as shown on page 1 of your tax return BARACK H. & MICHELLE L. OBAMA Use a separate Form 1116 for each category of income listed below. See Categories of Income beginning on page 3 of the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below. Passive category income Section 901(j) income e Lump-sum distributions Certain income re-sourced by treaty f Resident of (name of country) VINITED STATES Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession. Part II Taxable Income or Loss From Sources Outside the United States (for Category Checked Above) Foreign Country or U.S. Possession **Total** (Add cols. A, B, and C.) A В Enter the name of the foreign country or U.S. possession ..... VARIOUS 1a Gross income from sources within country shown above and of the type checked above: 1,617,268 1,617,268. b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) .. ▶ [ Deductions and losses (Caution: See pages 13 and 14 of the instructions: Expenses definitely related to the income on line 1a 472,168 (attach statement) Pro rata share of other deductions not definitely related: a Certain itemized deductions or standard deduction Other deductions (attach statement) c Add lines 3a and 3b Gross foreign source income 1,617,268. 6,110,701. Gross income from all sources .264662 Divide line 3d by line 3e g Multiply line 3c by line 3f Pro rata share of interest expense: a Home mortgage interest (use worksheet on page 14 13,814. of the instructions) **b** Other Interest expense 5 Losses from foreign sources Add lines 2, 3g, 4a, 4b, and 5 \_\_\_\_\_\_ 485,982. 6 485,982. Subtract line 6 from line 1a. Enter the result here and on line 14, page 2 1,131,286 ...... Part II Foreign Taxes Paid or Accrued Credit is claimed Foreign taxes paid or accrued for taxes In foreign currency In U.S. dollars (you must check one) (r) Other (s) Total foreign (n) Other (h) X Paid Taxes withheld at source on: Taxes withheld at source on: foreign taxes paid or foreign accrued (add cols. (I) \_\_\_\_ Accrued taxes paid or taxes paid or accrued (o) through (r)) accrued (j) Date paid or accrued (k) Dividends (P) Rents and royalties (m) interest (0) Dividends (q) interest 59 236 59236. В c Add lines A through C, column (s). Enter the total here and on line 9, page 2 59 236

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 1116 (2009) BARACK H. & MICHELLE L. OBAMA

P	art III Figuring the Credit				
9	Enter the amount from line 8. These are your total foreign taxes paid or accrued	П		100	
	for the category of income checked above Part I	9	59,236.	疆	
10	Carryback or carryover (attach detailed computation)	10			
11	Add lines 9 and 10	11	59,236.		
12	Reduction in foreign taxes	12			2
13	Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit			13	59,236.
	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the			3.7	
	United States (before adjustments) for the category of income checked above Part I	14	1,131,286.		
	Adjustments to line 14	15		雙	
16	Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.)	16	1,131,286.		
17	Individuals: Enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6). If you are a nonresident alien, enter the amount from Form 1040NR, line 38 (minus any amount on Form 8914, line 6). Estates and trusts: Enter your taxable income without the deduction for your exemption SEE STATEMENT 16	17	5,118,839.		
	Caution: If you figured your tax using the lower rates on qualified dividends or capital gal		e instructions.		
18	Divide line 16 by line 17. If line 16 is more than line 17, enter "1"			18	.221004
	Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the an from Form 1040NR, line 41.				
	Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 99 lines 36 and 37			19	1,429,775.
	Caution: If you are completing line 19 for separate category & (lump-sum distributions), s Multiply line 19 by line 18 (maximum amount of credit)			20	315,986.
21	Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filling, skip lines 22 thro				
_	amount on line 27. Otherwise, complete the appropriate line in Part IV		<b>&gt;</b>	21	59,236.
_	art IV Summary of Credits From Separate Parts III			Name of the last	
	Credit for taxes on passive category income		136.		
23	Credit for taxes on general category income	23	59,236.		
	Credit for taxes on certain income re-sourced by treaty			1000	
25	Credit for taxes on lump-sum distributions	25		126	E0 270
26	Add lines 22 through 25			26	59,372.
	Enter the smaller of line 19 or line 26			27	59,372.
28	Reduction of credit for International boycott operations			28	
29	Subtract line 28 from line 27. This is your foreign tax credit. Enter here and on Form 1040, line 47				FA 250
	Form 1040NR, line 44; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a			29	59,372.

# 1116

ALTERNATIVE MINIMUM TAX **Foreign Tax Credit** 

(Individual, Estate, or Trust)
Attach to Form 1040, 1040NR, 1041, or 990-T.

OMB No. 1545-0121

Identifying number as shown on page 1 of your tax return

Department of the Treasury Internal Revenue Service (99)

Name

BARACK H. & MICHELLE L. OBAMA Use a separate Form 1116 for each category of income listed below. See Categories of income beginning on page 3 of the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below. X Passive category income Section 901(i) Income e Lump-sum distributions cl General category income Certain Income re-sourced by treaty f Resident of (name of country) > UNITED STATES Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession. Part 1 Taxable Income or Loss From Sources Outside the United States (for Category Checked Above) Foreign Country or U.S. Possession Total A R C (Add cols. A, B, and C.) Enter the name of the foreign country or U.S. VARIOUS possession ..... Gross income from sources within country shown above and of the type checked above: 2,040 2,040. b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . 🕨 [ Deductions and losses (Caution: See pages 13 and 14 of the instructions): Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction Other deductions (attach statement) c Add lines 3a and 3b 2,040. Gross foreign source Income Gross income from all sources 6,110,701 .000334 Divide line 3d by line 3e Multiply line 3c by line 3f Pro rata share of interest expense: THE LAND SOLVE STATES a Home mortgage interest (use worksheet on page 14 of the instructions) 17. **b** Other interest expense 5 Losses from foreign sources 17. 6 Add lines 2, 3g, 4a, 4b, and 5 17. 2,023 7 Subtract line 6 from line 1a. Enter the result here and on line 14, page 2 Part II | Foreign Taxes Paid or Accrued Credit is claimed Foreign taxes paid or accrued for taxes In U.S. dollars In foreign currency (you must check one) (r) Other (s) Total foreign (n) Other Taxes withheld at source on: (h) X Paid Taxes withheld at source on: foreign taxes paid or foreign taxes paid or accrued (add cols. taxes paid or (I) [ Accrue accrued accrued (o) through (r)) (j) Date paid or accrued (k) Dividends (I) Rents and royalties (m) Interest (0) Dividends (D) Rents and royalties (q) Interest 136. A 136. B C 8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ 8 136.

LHA For Paperwork Reduction Act Notice, see separate Instructions.

#### ALTERNATIVE MINIMUM TAX

For	m 1116 (2009) BARACK H. & MICHELLE L. OBAMA				Page 2
	art IIII Figuring the Credit				
9	Enter the amount from line 8. These are your total foreign taxes paid or accrued				
	for the category of income checked above Part I	. 9	136	N.	
				4	
10	Carryback or carryover (attach detailed computation)	. 10		坐.	
				<b>M</b>	
11	Add lines 9 and 10	. 11	136	1004	
				100	
12	Reduction in foreign taxes	. 12			
				1	
13	Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit			13	136.
14	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the			T.	
	United States (before adjustments) for the category of income checked above Part I	. 14	2,023	100	
				400	
	Adjustments to line 14	15			
16	Combine the amounts on lines 14 and 15. This is your net foreign source taxable income.  (If the result is zero or less, you have no foreign tax credit for the category of income			3147	
	VOU Checked above Part I Skin lines 17 through 21. However, if you are filling more than	l			
	one Form 1116, you must complete line 19.)	16	2,023.	4	
17	Individuals: Enter the amount from Form 1040, line 41 (minus any amount on Form			36	
	8914, line 6). If you are a nonresident alien, enter the amount from Form 1040NR,			-88	
	line 38 (minus any amount on Form 8914, line 6). Estates and trusts: Enter your taxable				
	income without the deduction for your exemption	17	5,118,839	400	
	Caution: If you figured your tax using the lower rates on qualified dividends or capital of	gains, see	e instructions.	11	
18	Divide line 16 by line 17. If line 16 is more than line 17, enter "1"			18	.000395
19	Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the from Form 1040NR, line 41.	amount			
	Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 9	990-T,		11	
	lines 36 and 37			19	1,429,775.
	Caution: If you are completing line 19 for separate category e (lump-sum distributions),	see pg.	19 of the instructions.		
20	Multiply line 19 by line 18 (maximum amount of credit)			20	565.
21	Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 th	rough 26	and enter this	П	
	amount on line 27. Otherwise, complete the appropriate line in Part IV		<b>)</b>	21	136.
_	art IV Summary of Credits From Separate Parts III				
22	Credit for taxes on passive category income	22			
23	Credit for taxes on general category income	23		***	
24	Credit for taxes on certain income re-sourced by treaty	24		V26.	
25	Credit for taxes on lump-sum distributions	25		60	
26	Add lines 22 through 25			26	
27	Enter the smaller of line 19 or line 26			27	
28	Reduction of credit for international boycott operations			28	
29	Subtract line 28 from line 27. This is your foreign tax credit. Enter here and on Form 1040, line	47;			
	COLOR THATING BUG 44: FORM THAT SCHOOLING IS BOD 70° OF FORM DOOLT BOD 400			וממיו	

#### SCHEDULE H (Form 1040)

#### **Household Employment Taxes**

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

axes) 2009

OMB No. 1545-1971

► Attach to Form 1040, 1040NR, 1040-SS, or 1041.
 See separate instructions.

Department of the Treasury Internal Revenue Service (99) Name of employer

separate instructions. Sequence No Social security number

Employer Identification number BARACK H. OBAMA Did you pay any one household employee cash wages of \$1,700 or more in 2009? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page H-4 before you answer this question.) Yes. Skip lines B and C and go to line 1. X No. Go to line B. Did you withhold federal income tax during 2009 for any household employee? Yes. Skip line C and go to line 5. Go to line C. Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2008 or 2009 to all household employees? (Do not count cash wages paid in 2008 or 2009 to your spouse, your child under age 21, or your parent.) No. Stop. Do not file this schedule. X Yes. Skip lines 1.9 and go to line 10 on page 2. (Calendar year taxpayers having no household employees in 2009 do not have to complete this form for 2009.) Social Security, Medicare, and Federal Income Taxes Part I 1 Total cash wages subject to social security taxes (see page H-4) Social security taxes. Multiply line 1 by 12.4% (.124) Total cash wages subject to Medicare taxes (see page H-4) Medicare taxes. Multiply line 3 by 2.9% (.029) Federal income tax withheld, if any 5 Total social security, Medicare, and federal income taxes. Add lines 2, 4, and 5 Advance earned income credit (EIC) payments, if any Net taxes (subtract line 7 from line 6) Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2008 or 2009 to all household employees? (Do not count cash wages paid in 2008 or 2009 to your spouse, your child under age 21, or your parent.) No. Stop. Include the amount from line 8 above on Form 1040, line 59, and check box b on that line. If you are not required to file Form 1040, see the line 9 instructions on page H-4. Yes. Go to line 10 on page 2.

For Privacy Act and Paperwork Reduction Act Notice, see page H-7 of the Instructions.

Schedule H (Form 1040) 2009

	le H (Form 1040) 2009 BARACK I							Page
Par	t III Federal Unemployn	ent (FUTA) 1	ах					
								Yes No
<b>10</b> Di	id you pay unemployment contrib	utions to only on	e state? (If you pai	d contribution	ns to Michigan, c	heck "No.")	10	
11 Di	id you pay all state unemploymen	t contributions fo	or 2009 by April 15,	2010? Fiscal	l year filers, see j	page H-5	1	
12 W	ere all wages that are taxable for	FUTA tax also ta	xable for your state	e's unemployr	ment tax?		1:	2 X
Next:	If you checked the "Yes" box on	all the lines above	ve, complete Secti	on A.				
	If you checked the "No" box on a	any of the lines a			ete Section B.			
			Section					
13 N	ame of the state where you paid (	inemployment co	ontributions		IL		£	
14 St	tate reporting number as shown o	n state unemplo	yment tax return	>			-	
_					1 :		<b>新华</b>	
15 C	ontributions paid to your state un	employment fund	d (see page H-5)	L	15	9.	42	
16 To	otal cash wages subject to FUTA	tax (see page H-5	5)		,		16	1,440
						1		
17 Ft	UTA tax. Multiply line 16 by .008.	Enter the result h			ne 26		17	12
			Section					
	omplete all columns below that ap			age H-5):				
(a) Name	(b) State reporting number	(C) Taxable wages (as	(d) State experience rate	(e) State	(f) Multiply col. (c)	(g) Multiply col. (c)	(h)	(i) Contributions
of state	as shown on state unemployment tax	defined in state act)	period	experience	by .054	by col. (e)	Subtract col. (g) from col. (f). If zero or less,	paid to state unemployment
	return		From To	rate			enter -0	fund
						ļ		
								ļ
				1	'			
	otals							
	dd columns (h) and (i) of line 19				20			
	otal cash wages subject to FUTA t						21	
22 M	ultiply line 21 by 6.2% (.062)		••••••••••				22	
23 M	ultiply line 21 by 5.4% (.054)			L	23	3		
	nter the <b>smaller</b> of line 20 or line 2						1	
	flichigan employers must use the						24	
25 FL	UTA tax. Subtract line 24 from line	22. Enter the re	sult here and go to	line 26			25	
Pari	III Total Household Em	iployment Ta	xes					
26 Er	nter the amount from line 8. If you	checked the "Ye	s" box on line C of	page 1, ente	r-0-		26	0
27 Ac	dd line 17 (or line 25) and line 26 (:	see page H-5)					27	12
28 Ar	e you required to file Form 1040?							
	Yes. Stop. Include the amount		ve on Form 1040,	line 59, and c	heck box <b>b</b> on th	nat line. Do not d	complete	
	Part IV below.		ŕ	•				
	No. You may have to complet	e Part IV. See pa	ge H-5 for details.					
Part	IV Address and Signati	ure - Complete	this part only if rec	uired. See the	e line 28 instruct	ions on page H-5	5.	
Address	(number and street) or P.O. box if mail is not	delivered to street add	ress				pt., room, or suite no.	

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Employer's alg	gnature	Date		
Paid	Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN
	Firm's name (or		EII	N
Use Only	yours if self-employed), address, and ZIP code		Ph	ione no.

Schedule H (Form 1040) 2009

City, town or post office, state, and ZIP code

F	n	r¥	n	1	1	1	ß

# U.S. and Foreign Source Income Summary

NASAC

# BARACK H. & MICHELLE L. OBAMA

			FORE	GN
INCOME TYPE	TOTAL	U.S.	GENERAL	PASSIVE
Compensation	374,460.	374,460.		
Dividends/Distributions	12,018.	12,018.		
Interest	13,473.	13,473.		
Capital Gains	352.	352.		
Business/Profession	5,661,666.	5,661,666.		
Rent/Royalty				
State/Local Refunds	4,230.	4,230.		
Partnership/S Corporation				
Trust/Estate		**		
Other Income	48,732.	-1,570,576.	1,617,268.	2,040
Gross Income	6,114,931.	4,495,623.	1,617,268.	2,040.
Less:	•			
Section 911 Exclusion				
Capital Losses	3,352.	3,352.		
Capital Gains Tax Adjustment		7,752.		
Total Income - Form 1116	6,111,579.	4,492,271.	1,617,268.	2,040
Deductions:				
Business/Profession Expenses	487,889.	487,889.		
•	407,003.	407,003.		
Rent/Royalty Expenses Partnership/S Corporation Losses				
Trust/Estate Losses				
Capital Losses				
•				
Non-capital Losses				
Individual Retirement Account				•
Moving Expenses	60 201	60 001		
Self-employment Tax Deduction	69,281.	69,281.		
Self-employment Health Insurance	40 000	40.000		
Keogh Contributions	49,000.	49,000.		
Alimony				
Forfelted Interest				
Foreign Housing Deduction		472 160	470 160	
Other Adjustments		-472,168.	472,168.	
Capital Gains Tax Adjustment	- CAC 18A		170 170	
Total Deductions	606,170.	134,002.	472,168.	
Adjusted Gross Income	5,505,409.	4,358,269.	1,145,100.	2,040.
Less Itemized Deductions:				
Specifically Allocated	298,179.	298,179.		
Home Mortgage Interest	47,291.	34,768.	12,507.	16.
Other Interest	·	•	· · ·	
Ratably Allocated	169,349.	124,504.	44,789.	56.
Total Adhievance As As A R at 15 A A	514,819.	457,451.	57,296.	72.
Total Adjustments to Adjusted Gross Income  Taxable Income Before Exemptions	4,990,590.	3,900,818.	1,087,804.	1,968.

Form 1116

#### **Allocation of Itemized Deductions**

NAME

BARACK H. & MICHELLE L. OBAMA

	Total Itemized	Itemized Deductions After Sec. 68		Form 1116	
	Deductions	Reduction	Specifically U.S.	Specifically Foreign	Ratable
Taxes	186,910.	169,349.	·		169,349
Interest - Not Including Investment Interest	52,195.	47,291.	34,768.	12,523.	
Contributions	329,100.	298,179.	298,179.		
Miscellaneous Deductions Subject to 2%					
Other Miscellaneous Deductions - Not Including Gambling Losses					
Foreign Adjustment			300		A Company of the Comp
Total Itemized Deductions Subject to Sec. 68	568,205.	514,819.			
Add Itemized Deductions Not Subject to Sec. 68:					
Medical/Dental					
Investment Interest					-
Post Aug. 27 Contributions					
Casualty Losses		·			
Gambling Losses					
Foreign Adjustment					TOTAL TOTAL
Total Itemized Deductions	568,205.	1. 为主体的	in sk		
Total Allowed on Schedule A		514,819.	332,947.	12,523.	169,349.

NAME

# BARACK H. & MICHELLE L. OBAMA

#### Foreign income Category

# GENERAL LIMITATION INCOME

Regu	<u>ar</u>	2004	2005	2006	2007	2008	2009
1.	Foreign tax paid/accrued	The second second	STATE OF THE PARTY	<b>电话</b>	Parent de la	<b>分下上的图题</b> TT 26	59 236
2.	FTC carryback to 2009	<b>上海水海岸</b> 海南	<b>经验</b>	Stone Park		等。一名可以	
	for amended returns	4.55	200 M	100	Sales of E	2	
3.	Reduction allocated to	120-120-120-120-120-120-120-120-120-120-	- Part House	Company Company	一下三世界的 · 女女	The same of the same of	
	excluded income	Here's Toron		(各种的性質)	1 1000		
4.	Foreign tax available	ries and	The second	COMPANY AND	M. Darker		59,236.
5.	Maximum credit allowable	<b>人</b>	A 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A CONTRACTOR	Act the supplier of the	profession 1 2 228	373,526.
6.	Unused foreign tax (+)						
	or excess of limit ( - )					-41,769.	-314290.
7.	Foreign tax carryback	Shipping Control	of the special	Section Company	MATERIAL STATES		
8.	Foreign tax carryforward				4 15 1, 17 1 1 1 1 1 1 1		
9.	Less treaty adjustment	型"言言 胡				1000	
10.	Foreign tax or excess						
	limit remaining					-41,769.	-314290.
	Total foreign taxes from all	available years to be ca	rried to next year				

		1999	2000	2001	2002	2003
1.	Foreign tax paid/accrued	of Mak	<b>在是一个一个一个</b>	<b>を開発性が多い。</b>	Commission and	The state of
2.	FTC carryback to 2009	1 學 課 2	AA HARMA	44.	Tanker L.	and the second
	for amended returns	The state of the s	Service Control	S. C. S.		
3.	Reduction allocated to	<b>强力是</b>	The second	- W. M. N. V. S. S. S. S.		
	excluded income	图14. 第二次。		1016 77 78 7	A THE PROPERTY OF THE PARTY.	ALGERT .
4.	Foreign tax available	THE PARTY OF	The transfer	1937	A COURT OF STREET	TOWNS OF THE PERSON
5.	Maximum credit allowable	公益的政治的政治等	Pare -	<b>(大學)</b> [2] [2] [3]	77、《世神学》	P. Comp
	Unused foreign tax ( + )					
	or excess of limit ( - )	0)				
7.	Foreign tax carryback	The second second	time and the second	20 小海绵 电线	CA7201724	25. 社会的
8.	Foreign tax carryforward					
9.	Less treaty adjustment	And The King	10 7 11 12 12 12 12	MANY MARKET OF	ONLY .	A STATE PROPERTY
10.	Foreign tax or excess					
	limit remaining					

114145

# BARACK H. & MICHELLE L. OBAMA

#### Foreign income Category

# GENERAL LIMITATION INCOME

MT		2004	2005	2006	2007	2008	2009
1.	Foreign tax paid/accrued		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	心影,佛色公	The same of the sa	(Auto Inc.)	59,236.
2.	FTC carryback to 2009	and last probability	was a service	The second	Mary and and	and the same	
	for amended returns	<b>一个大型</b>		A ser constant	CONTRACT AND		
3.	Reduction allocated to	And False	A PART MAY	<b>建</b> 取从一个人	San Mark 1991	公下 性不足動	
	excluded income			C. Marie Marie	Constitution has	San Assessed	
4.	Foreign tax available	ALT SUR	The state of the s		The State of	Menority of the	59,236.
5.	Maximum credit allowable	The same of the sa	<b>公司</b>	The state of the s	123	#84Y	315,986.
6.	Unused foreign tax (+)						
	or excess of limit ( - )					-34,856.	-256750.
7.	Foreign tax carryback	在 法地理 排放器		THE WAR	A STATE OF BUILDING		
8.	Foreign tax carryforward						
9.	Less treaty adjustment	<b>新加州公司</b>	本土。 <b>公司</b>	A STATE OF THE STA	Season Till	THE SAME THE	
10.	Foreign tax or excess			7			
	limit remaining		£	K		-34,856.	-256750.
	Total foreign taxes from all	available years to be ca	rried to next year				

		1999	2000	2001	2002	2003
1.	Foreign tax paid/accrued	actor districts	110	1000 X 1000 1000	09	(1) (2) (2) (2) (2) (2) (2)
2.	FTC carryback to 2009	The same	San Control	120	A The Land	网络 1000
	for amended returns	A Justine	4			AL THE REAL PROPERTY.
3.	Reduction allocated to		R. T. Wales	Designation of	100	Action in the last of the last
	excluded income	17707	3. 400 mm	<b>"是一个大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大</b>		(F.)
4.	***************************************	I LONG CO			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	<b>建筑设置,就是是工作</b>
5.	Maximum credit allowable		f Life house	Photos and the second	在严重的。本篇,	<b>建建建工</b>
6.						
	or excess of limit ( - )					
7.	Foreign tax carryback	· 1000 1000 1000 1000 1000 1000 1000 10	THE PERSON NAMED IN		は大きない。	<b>国际</b> 1000000000000000000000000000000000000
8.	Foreign tax carryforward					
9.	Less treaty adjustment	A STATE OF THE STA	het williams	Lineste - Ale	THE REAL PROPERTY.	100年1年日でお記され
10.	Foreign tax or excess					
	limit remaining					

Form 1116

# Foreign Tax Credit Carryover Statement (Page 1 of 2)

NAME

# BARACK H. & MICHELLE L. OBAMA

#### Foreign Income Category

# PASSIVE INCOME

Regular	20	004	2005	2006	2007	2008	2009
1. Foreign tax paid/	accrued	No. of the last	176	The state of the s	And the same	<b>建设设施</b>	136
2. FTC carryback to	2009	Pin - In the		THE PERSON NAMED IN	10.15 (14.00 PM) - 10.00 (1	ASSOCIATION DESIGNATION	
for amended reti	ırns		<b>三种一个</b>	14.74	Late Contract	G 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
3. Reduction alloca	ted to	H	100000	<b>建</b> 等。1. 6. 24 25 5	and the state of the	2000年1942年 文章	
excluded income			THE RESERVE TO SERVE	Service Spanners	Car and an analysis of the control of the		
4. Foreign tax availa	ible	A Section	Designation in	A STATE OF THE REAL PROPERTY.	move of the second	Burney St. British	136.
5. Maximum credit	allowable	激制領導	200	14.915 (14.4	Department of the	*** **********************************	675
6. Unused foreign t	3X (+)			The state of the s	J. Company and John	THE PERSON NAMED OF THE PE	
or excess of limit	(·)						-539.
7. Foreign tax carry		26 T	All Annual	<b>富</b> 斯·尼亚亚基基	MR COLOR STATE		
8. Foreign tax carry	forward		787.5				
9. Less treaty adjus	tment	7 1400	TO DESCRIPTION OF THE	<b>不是不是一</b>	The state of the	Committee and the second	
10. Foreign tax or ex	cess		The second second		Supremonation of 1	THE RESIDENCE OF THE PARTY OF	
limit remaining							-539.
Total foreign taxe	s from all available ye	ars to be carrie	id to nevt year				

		1999	2000	2001	2002	2003
1.	Foreign tax pald/accrued	No. of the last of	<b>产于 10</b> 00000000000000000000000000000000000	The state of the s	7 7 7 A. 15	ALA Midden 1984
2.	FTC carryback to 2009	<b>发生和种类</b>	Marine State of the Land	Province Constitution in	地間地ですりずり	Service Control
	for amended returns	A STATE OF THE PARTY OF THE PAR	11年2月18日	The state of the s	ac ac	7.
3.	Reduction allocated to	TOTAL STREET	MATERIAL PROPERTY.	Anthony of the Park	HOT OF THE PARTY	9413-3
	excluded income				1	Parada San
4.	Foreign tax available	1 1 1000		X15 175 47 2	THE PERSON NAMED IN COLUMN	THE PARTY OF THE P
5.	Maximum credit allowable	178	(1) AN HOLL HAVE	1.00多种的现在分类。	经营业的 计	<b>1000000000000000000000000000000000000</b>
6.	Unused foreign tax ( + )			ALL STATISTICS & COURSE STATISTICS		
	or excess of limit ( - )					
7.	Foreign tax carryback	(22)	年 のと 大き 支護屋	<b>2000年</b> 春季600	Lyan	<b>一大大</b>
8.	Foreign tax carryforward					
9.	Less treaty adjustment	PART OF THE PARTY	(A)	THE REAL PROPERTY.	16-40-5	<b>特别是等</b>
10.	Foreign tax or excess					
	limit remaining		· · · · · · · · · · · · · · · · · · ·			

NAME

# BARACK H. & MICHELLE L. OBAMA

#### Foreign Income Category

# PASSIVE INCOME

AMT		2004	2005	2006	2007	2008	2009
1.	Foreign tax paid/accrued	1731 3		of all of a miner	<b>国的协调等的</b>	a distant	136
2.	FTC carryback to 2009	State of Land	C. W. Charles and	Mar 1 197 20	DESIGNATION OF	The State of the S	
	for amended returns	<b>一年,产业</b>			The second of the second	AND THE PROPERTY OF	
3.	Reduction allocated to	1 12 1		b - Saleman	THE COURT OF	The Mark and Taken	
	excluded income	Mark But					
4.	Foreign tax available	<b>"种"。"</b>	30	G Sold Sold Sold Sold Sold Sold Sold Sold	Providence Timbs beas	A	136.
5.	Maximum credit allowable	T 1 ME 1	1.000	Company of		A PARTICIPATION OF THE PARTICI	565
6.	Unused foreign tax (+)			THE REAL PROPERTY.			
	or excess of limit ( - )						-429.
7.	Foreign tax carryback	A STATE OF	<b>建一种</b>	w shipper of a second	1. 金元の機関を		
8.	Foreign tax carryforward			SALE CONTRACTOR OF STREET	And the second s		
9.	Less treaty adjustment	Control of the second	The state of the s	A. Longer of	The Market Street	- 25 FRS 200-5	
10.	Foreign tax or excess	The second second	A STATE OF THE STA	A STATE OF THE PARTY OF THE PAR	A GRADING DESCRIPTION OF THE PARTY OF THE PA	ASE NOTHER DIVINE GENERALISM	
	limit remaining						-429.
	Total foreign taxes from all	available vears to be ca	rried to next year				

		1999	2000	2001	2002	2003
1.	Foreign tax paid/accrued	All James Marie		12.7	100	The same of the same
2.	FTC carryback to 2009	W. W. C. To	100000000000000000000000000000000000000	Sp. 300 - 7-8-2	14.50 St. 14.60	位性 300
	for amended returns	1	2.E. (1988)	Treasure of	A MARKET	into a
3.	Reduction allocated to		<b>满</b> 着: " · · · · · · · · · · · · · · · · · ·		****	
	excluded income	TANK THE PARTY		All Indiana	Service Control	
4.	Foreign tax available	2999200	· Committee	A CHARGO	CONTRACT IN	COTTON POR
5.	Maximum credit allowable	La Alma L	<b>一</b>		可把性能够测 医针	11 No. 1 自然为100
6.	Unused foreign tax ( + )					
	or excess of limit ( - )					
7.	Foreign tax carryback	The same of the same of	武力	and the second	ではない。	The Party and th
8.	Foreign tax carryforward					
8.	Less treaty adjustment	The state of the s		figure 10 miles	Santa Lange V. Hotel	present in the
10.	Foreign tax or excess					
	limit remaining					

BARACK H. & MICHELLE L. OBAMA

FORM 1040 STATE AND	LOCAL INCOME TA	X REFUNDS	STATEMENT	1
	2008	2007	2006	
GROSS STATE/LOCAL INC TAX REFUNDS LESS: TAX PAID IN FOLLOWING YEAR	ILLINOIS 730.			
NET TAX REFUNDS ILLINOIS	730.		***************************************	
GROSS STATE/LOCAL INC TAX REFUNDS LESS: TAX PAID IN FOLLOWING YEAR		ILLINOIS 3,500.		
NET TAX REFUNDS ILLINOIS		3,500.		
TOTAL NET TAX REFUNDS	730.	3,500.		

FOR	M 1040 PERSONAL EXEMPTION WORKSHEET STATEMENT	2
1.	IS THE AMOUNT ON FORM 1040, LINE 38, MORE THAN THE AMOUNT SHOWN ON LINE BELOW FOR YOUR FILING STATUS? NO. STOP. MULTIPLY \$3,650 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED	4
	ON FORM 1040, LINE 6D, AND ENTER THE RESULT ON LINE 42.	
n .	YES. CONTINUE	
<ol> <li>3.</li> <li>4.</li> </ol>	MULTIPLY \$3,650 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D	0.
	SINGLE \$166,800  MARRIED FILING JOINTLY OR WIDOW(ER) \$250,200  MARRIED FILING SEPARATELY \$125,100  HEAD OF HOUSEHOLD \$208,500	
5.	SUBTRACT LINE 4 FROM LINE 3 5,255,209.	
6.	IS LINE 5 MORE THAN \$122,500 (\$61,250 IF  MARRIED FILING SEPARATELY)?  [X] YES. MULTIPLY \$2,433 BY THE TOTAL NUMBER  OF EXEMPTIONS CLAIMED ON FORM 1040,  LINE 6D. ENTER THE RESULT HERE AND  ON FORM 1040, LINE 42. DO NOT  COMPLETE THE REST OF THIS WORKSHEET.	
	[ ] NO. DIVIDE LINE 5 BY \$2,500 (\$1,250  IF MARRIED FILING SEPARATELY). IF  THE RESULT IS NOT A WHOLE NUMBER,  INCREASE IT TO THE NEXT WHOLE  NUMBER (FOR EXAMPLE, INCREASE	
7.	0.0004 TO 1)	
•	AS A DECIMAL	
8. 9.	MULTIPLY LINE 2 BY LINE 7	
10.	SUBTRACT LINE 9 FROM LINE 2. TOTAL TO FORM 1040, LINE 42.	

	4 1040	TAXABLE STATE	AND LOCAL INCOME	E TAX REFUNDS	STATEMENT	3
			2008	2007	2006	
		FROM STATE AND AX REFUNDS STMT.	730.	3,500	•	
LESS		BENEFIT DUE TO AM X BENEFIT REDUCTION				
1	NET REFUNDS	FOR RECALCULATION	730.	3,500	•	
2 3	BEFORE PHA DEDUCTION N	OT SUBJ TO PHASEOU	326,489. TT	•		
4	NET REFUNDS	FROM LINE 1	730.			
5 6 7 8	MULT LN 5 B PRIOR YEAR	S LINES 3 AND 4 Y APPL SEC. 68 PCT AGI PHASEOUT THRESHOLD	2,656,902.			
	(IF ZERO OR 10 THROUGH AMOUNT FROM	NE 8 FROM LINE 7 LESS, SKIP LINES 15, AND ENTER LINE 1 ON LINE 16	•			
	ALLOWABLE I (LINE 5 LES LINE 6 OR	Y APPL SEC. 68 PCT TEMIZED DEDUCTIONS S THE LESSER OF LINE 10) OT SUBJ TO PHASEOU	300,789.			
13B	PRIOR YR. S	ITEMIZED DEDUCTION TD. DED. AVAILABLE LLOWABLE ITEM. DED	11,900.			
15 16		E GREATER OF LINE E 13B FROM LINE 14	730. 730.			Beautier 1
17	(LESSER OF ALLOWABLE P	LINE 15 OR LINE 1) RIOR YR. ITEM. DED STD. DED. AVAILABL	. 301,519.			
20	LESSER OF L	NE 18 FROM LINE 17 INE 16 OR LINE 19 TAXABLE INCOME	730.			
	* IF LINE 2	NCLUDE ON FORM 104 1 IS -0- OR MORE, 1 IS A NEGATIVE AM	USE AMOUNT FROM		4,23	0.
	STATE AND L	OCAL INCOME TAX RE	FUNDS PRIOR TO 2	006		
	TOTAL TO FO	RM 1040, LINE 10			4,23	0.

BARACK H. & MICHELLE L. OBAMA

FORM 1040	IRA	A DISTRIBUT	IONS		STATE	MENT	4
NAME OF PAYER			· ·	ROSS RIBUTION	TAXABLI	E AMOU	ЛY
NEW YORK LIFE				48,732.		48,73	2.
TOTAL TO FORM 1040, LIN	E 15			48,732.		48,73	2.
FORM 1040	WAGES RECE	IVED AND TAX	KES WITHHE	LD	STATE	ŒNT	5
T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA N	ŒDICAI TAX	
T DFAS-CIVPAY DIRECTORATE S UNIVERSITY OF CHICAGO	374,054.	99,336.	10,982.		6,622.	5,42	4.
HOSPITALS	406.	102.	12.		25.		6.
TOTALS	374,460.	99,438.	10,994.		6,647.	5,43	0.
FORM 1040	QUA	LIFIED DIV	DENDS		STATEM	IENT	6
NAME OF PAYER				DINARY VIDENDS	QUALIFIED DIVIDENDS		
FROM K-1 - FREEMAN HENRY	G. JR. DE	CD TW	<del>*************************************</del>	11,979.		2,25	1.
TOTAL INCLUDED IN FORM	1040, LINE	9в				2,25	1.
FORM 1040	FEDERAL	INCOME TAX	WITHHELD		STATEM	ENT	7
T S DESCRIPTION					AMC	UNT	
T DFAS-CIVPAY DIRECTORAT S UNIVERSITY OF CHICAGO T NEW YORK LIFE						99,336 102 4,873	2.
I MEM TOKK DIFE						4,01.	

SCHEDULE A STATE AND LOCAL INCOME T	TAXES	STATEMENT	8
DESCRIPTION		AMOUNT	-
DFAS-CIVPAY DIRECTORATE		10,98	82.
JNIVERSITY OF CHICAGO HOSPITALS			12.
ILLINOIS 1ST QTR ESTIMATE PAYMENTS		17,09	
ILLINOIS 2ND QTR ESTIMATE PAYMENTS		17,82	
ILLINOIS 3RD QTR ESTIMATE PAYMENTS		17,8	20.
ILLINOIS 4TH QTR ESTIMATE PAYMENTS		100,00	
ILLINOIS PRIOR YEAR OVERPAYMENT APPLIED		73	30.
FOTAL TO SCHEDULE A, LINE 5		164,45	54.
SCHEDULE A CASH CONTRIBUTIONS		STATEMENT	9
CASH CONTRIBUTIONS		OTATIMENT	
DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	
AMERICAN RED CROSS	10,000.		.,
BOOK WORM ANGELS	2,500.	•	
BOYS AND GIRLS CLUB	20,000.		
BREAD FOR THE CITY	5,000.		
CALVARY WOMEN'S SHELTER	5,000.		
CARE CENTRAL ILLINOIS FOOD BANK	50,000. 5,000.		
CITIZENS UNITED FOR RESEARCH IN EPILEPSY	5,000.		
CRUSADE OF MERCY	150.		
OC BOYS AND GIRLS CLUB	5,000.		
DIRECT RELIEF INTERNATIONAL	5,000.		
GIRL SCOUTS USA	5,000.		
GREATER CHICAGO FOOD DEPOSITORY	5,000.		
FREATER NEW ORLEANS FOUNDATION	10,000.		
HABITAT FOR HUMANITY	10,000.		
HAITI FOUNDATION OF HOPE	2,000.		
LLINOIS HEAD START ASSOCIATION	5,000.	•	
FLLINOIS READING COUNCIL	5,000.		
JUVENILE DIABETES RESEARCH FOUNDATION	5,000.		
LIFE PIECES TO MASTERPIECES	10,000.		
MARTIN LUTHER KING NATIONAL MEMORIAL PROJECT	5,000.		
MIDTOWN EDUCATIONAL FOUNDATION	5,000.		
MIRIAM'S KITCHEN	10,000.		
MOSAIC YOUTH THEATRE OF DETROIT	10,000.		
MUJERES LATINAS EN ACCION	5,000.		
NATIONAL AIDS FUND NATIONAL COALITION FOR HOMELESS VETERANS	5,000. 10,000.		

# BARACK H. & MICHELLE L. OBAMA

NATIONAL CONGRESS OF BLACK WOMEN NATIONAL MS SOCIETY  19TH STREET BAPTIST CHURCH OVARIAN CANCER NATIONAL ALLIANCE ROCHELLE LEE / BOUNDLESS READERS SIDWELL FRIENDS SCHOOL ST. JOHN'S CHURCH ST. LEO'S RESIDENCE FOR VETERANS THE CHRISTOPHER HOUSE THE HARMONY PROJECT UNITED NEGRO COLLEGE FUND WASHINGTON HUMANE SOCIETY AVON WALK FOR BREAST CANCER	2,000. 15,000. 200. 15,000. 5,000. 5,000. 5,000. 5,000. 5,000. 5,000. 5,000. 5,000.	
SUBTOTALS TOTAL TO SCHEDULE A, LINE 16	329,100.	329,100.

2. ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 14, AND 20, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28	SCHE	DULE A	ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT	10
14, AND 20, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28		9, 15, 19, 20, 27	, AND 28	568,20	)5.
LOSSES INCLUDED ON LINE 28	2.	14, AND 20, PLUS	THE AMOUNTS FROM SCHEDULE A, LINES 4, ANY GAMBLING AND CASUALTY OR THEFT		
IF YES, SUBTRACT LINE 2 FROM LINE 1	3.	LOSSES INCLUDED OF IS THE AMOUNT ON THE IS NO, YOUR DEDUCTION.	N LINE 28		0.
SEPARATELY)	5.	IF YES, SUBTRACT : MULTIPLY LINE 3 B' ENTER THE AMOUNT !	LINE 2 FROM LINE 1	568,20	15.
IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 6 FROM LINE 5		SEPARATELY) IS THE AMOUNT ON I	166,800.		
8. MULTIPLY LINE 7 BY 3% (.03)		IF NO, YOUR DEDUCTION AMOUNT FROM LINE 29.	INE 1 ABOVE ON SCHEDULE A,		
10. DIVIDE LINE 9 BY 1.5		MULTIPLY LINE 7 B	7 3% (.03) 160,158.		
ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29 514,8  SCHEDULE C OTHER INCOME STATEMENT  DESCRIPTION AMOUNT  DYSTEL & GODERICH 3,304,8	10.	DIVIDE LINE 9 BY	l.5	160,15 106,77 53,38	72.
DESCRIPTION  DYSTEL & GODERICH  3,304,8	12.			514,81	9.
DYSTEL & GODERICH 3,304,8	SCHE	DULE C	OTHER INCOME	STATEMENT	11
	DESC	RIPTION		AMOUNT	
RANDOM HOUSE 2,356,7			• • • • • • • • • • • • • • • • • • •	3,304,88 2,356,78	
TOTAL TO SCHEDULE C, LINE 6 5,661,6	тота	L TO SCHEDULE C, L	INE 6	5,661,66	66.

	DULE D	CAPITAL	LOSS CARRYOVER	STATEMENT	12
2. 1	ENTER THE DID YOU F X NO. ENT	ILE FORM 8914?	LINE 41	4,990,5	90
4. I	SUBTRACT ENTER THE COMBINE L	LINE 2 FROM LINE 1 LOSS FROM SCHEDULE D, L INES 3 AND 4. IF ZERO OR	FORM 8914, LINE 6 INE 21, AS A POSITIVE AMOUNT LESS, ENTER -0	4,990,5 UNT. 3,0 4,993,5	00. 90.
9. 2 10. 3	ENTER THE LINE 15 ADD LINES SHORT-TER	GAIN, IF ANY, FROM SCHE  6 AND 8		• •	
12. I 13. S	ENTER THE LINE 7 . SUBTRACT	GAIN, IF ANY, FROM SCHE		UNT. 125,5	27.
14. <i>I</i> 15. I	LONG-TERM	CAPITAL LOSS CARRYOVER	3,0	3,0	
14. <i>1</i>	ADD LINES LONG-TERM	12 AND 13		3,0	27.
14. 2 15. I	ADD LINES LONG-TERM SUBTRACT	12 AND 13	TO 2010. ZERO OR LESS, ENTER -0-	122,5	27.
14. 2 15. I	ADD LINES LONG-TERM SUBTRACT  DULE SE	12 AND 13	TO 2010. ZERO OR LESS, ENTER -0-	3,0 122,5	13
14. A 15. I SCHEI	ADD LINES LONG-TERM SUBTRACT  DULE SE  RIPTION OR	12 AND 13	TO 2010. ZERO OR LESS, ENTER -0-	. 3,0 . 122,5 STATEMENT AMOUNT	13 77.
14. A 15. I SCHEI  DESCF AUTHO TOTAL	ADD LINES LONG-TERM SUBTRACT  DULE SE  RIPTION OR	12 AND 13	TO 2010. ZERO OR LESS, ENTER -0-	. 3,0 . 122,5 STATEMENT  AMOUNT 5,173,7	13 77.
14. A 15. I SCHEI DESCF AUTHO TOTAL	ADD LINES LONG-TERM SUBTRACT  DULE SE  RIPTION OR L TO SCHEI	12 AND 13	TO 2010. ZERO OR LESS, ENTER -0-  ARM INCOME	3,0 122,5  STATEMENT  AMOUNT  5,173,7  5,173,7	13 77. 77.
14. A 15. I SCHEI  DESCF AUTHO TOTAL  FORM	ADD LINES LONG-TERM SUBTRACT  DULE SE RIPTION OR L TO SCHEI	12 AND 13	TO 2010. ZERO OR LESS, ENTER -0-  ARM INCOME  OCABLE TO FOREIGN INCOME	3,0 122,5  STATEMENT  AMOUNT 5,173,7 5,173,7  STATEMENT	13 77. 77.

FORM	1116 WORLDWIDE CAP WORKSHEET FOR	<del>-</del>	STATEMENT	15
	ENTER THE AMOUNT FROM FORM 1040, LINI IF YOU ARE A NONRESIDENT ALIEN, ENTER AMOUNT FROM FORM 1040NR, LINE 38	E 41. R THE	4,990,5	590.
2	ENTER WORLDWIDE 28% GAINS			
3	MULTIPLY LINE 2 BY 0.2000	•		
4	ENTER WORLDWIDE 25% GAINS			
5	MULTIPLY LINE 4 BY 0.2857			
	ENTER WORLDWIDE 15% GAINS AND QUALIFIED DIVIDENDS	2,251.	•	
7	MULTIPLY LINE 6 BY 0.5714	1,286.		
	ENTER WORLDWIDE 0% GAINS AND QUALIFIED DIVIDENDS			
9	ADD LINES 3, 5, 7, AND 8		1,2	86.
	SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1116, LINE 17		4,989,3	04.

FORM	1116 ALTERNATIVE MINIMUM TAX FOREIGN TAX CREDIT WORLDWIDE CAPITAL GAINS WORKSHEET FOR LINE 17	STATEMENT	16
1	ENTER THE AMOUNT FROM FORM 6251, LINE 29	5,119,8	84.
2	ENTER WORLDWIDE 25% GAINS		
3	MULTIPLY LINE 2 BY 0.1071		
	ENTER WORLDWIDE 15% GAINS AND QUALIFIED DIVIDENDS 2,251.		
5	TULTIPLY LINE 4 BY 0.4643 1,045.		
-	ENTER WORLDWIDE 0% GAINS AND QUALIFIED DIVIDENDS		
7 .	ADD LINES 3, 5, AND 6	1,0	45.
	SUBTRACT LINE 7 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1116 AMT, LINE 17	5,118,8	39.

# THE WHITE HOUSE WASHINGTON

March 10, 2010

The Norwegian Nobel Committee Henrik Ibsens Gate 51 NO-0255 Oslo Norway

Dear Members of the Norwegian Nobel Committee:

I was honored and deeply humbled to receive the 2009 Nobel Peace Prize. For over a century, the Norwegian Nobel Committee has worked to highlight the cause of peace, and has given a voice to the voiceless and oppressed around the world. This prize is an affirmation of American leadership, as we call upon our fellow nations to join us in confronting our common challenges and investing in our common humanity.

I will donate the proceeds of this award to charity pursuant to section 74(b)(3) of the Internal Revenue Code of the United States and would like to ask the Nobel Committee to directly transfer the award to ten charitable organizations. Please find attached to this letter the names and relevant information for these charities.

### Privileged & Confidential

### Taxpayer Information

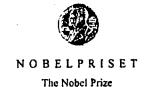
President Barack Obama Attn: Harvey Wineberg

Tax Payer ID #:

## Information on Designated Charities

Contact Information	Routing Information
Fisher House Foundation, Inc.	Recipient: Fisher House Foundation
111 Rockville Pike, Suite 420	Amount to transfer: \$250,000 (Note that
Rockville, MD 20850	donation should go to program expenses.)
Contact:	Citibank
	Routing Number:
	Account Number:
Clinton-Bush Haiti Fund of the Clinton	Recipient: Clinton-Bush Haiti Fund of the
Foundation	Clinton Foundation
William J. Clinton Foundation	Amount to transfer: \$200,000 + any remaining
610 President Clinton Avenue	funds. (Note that donation should go to program
Little Rock, AR 72201	expenses for Clinton-Bush Haiti Fund.)
Contact:	Bank of America
	200 W. Capitol Avenue
	Little Rock, AR 72201
·	Accounting Number:
	Routing Number:
	Swift Code:
	Please email
	with the contributor names and contact
American Yallan Callan E.	information after sending the funds.
American Indian College Fund 8333 Greenwood Blvd.	Recipient: American Indian College Fund Amount to transfer: \$125,000 (Note that
Denver, CO 80221	donation should go to scholarships.)
Contact:	UMB Bank NA
Conmot.	1010 Grand
	Kansas City, MO 64141
	Routing Number:
	Account Number:
Appaiachian Leadership and Education	Recipient: Appalachian Leadership and
Foundation	Education Foundation
P.O. Box 1638	Amount to transfer: \$125,000 (Note that
Williamson, WV 25661	donation should go to program expenses.)
Contact:	Wells Fargo
	Routing Number:
	Account Number:
Calling Survey	Recipient: College Summit
College Summit 1763 Columbia Road, NW	Amount to transfer: \$125,000 (Note that
Washington, DC 20009	donation should go to program expenses.)
Contact:	Citibank
~~	CINTERN TO THE PROPERTY OF THE
	Routing Number:

The Posse Foundation 14 Wall Street, Suite 8A New York, NY 10005 Contact:	Recipient: The Posse Foundation Amount to transfer: \$125,000 (Note that donation should go to program expenses.) Citibank, NA 120 Broadway New York, NY 10271 Routing Number: Account Number: Bank Contact:
Hispanic Scholarship Fund 55 Second Street, Suite 1500 San Francisco, CA 94105 Contact:	Recipient: Hispanic Scholarship Fund Amount to transfer: \$125,000 (Note that donation should go to scholarships.) Citibank Routing Number: Account Number:
United Negro College Fund 8260 Willow Oaks Corporate Drive Fairfax, VA 22031-8044	Recipient: United Negro College Fund Amount to transfer: \$125,000 (Note that donation should go to scholarships.) Bank of America Routing Number: Bank contact:
Africare 440 R Street, N.W. Washington, D.C. 20001 Contact:	Recipient: Africare Amount to transfer: \$100,000 (Note that donation should go to program expenses.) PNC Bank Dupont Circle Branch 1913 Massachusetts Avenue, NW Washington, DC 20036 Beneficiary account number: Bank SWIFT number: Uransfers from overseas banks Bank ABA number for wires Bank ABA number for ACH transfers —
Central Asia Institute Amount to transfer: \$100,000 1050 East Main Street; Suite 2 Bozeman, MT 59715 Contact:	Recipient: Central Asia Institute Amount to transfer: \$100,000 (Note that donation should go to program expenses.) They do not take direct transfers; must send check.



To whom it may concern

Stockholm April 12, 2010

#### CONFIRMATION

Please be informed that on March 18, 2010 The Nobel Foundation transferred the entire proceeds of President Obama's Nobel Peace Prize Award directly to the following charities, as designated in his letter dated March 10, 2010 to the Norwegian Nobel Committee.

#### Electronic transfers have been sent to:

Fisher House Foundation Inc Clinton-Bush Haiti Fund of the Clinton Foundation American Indian College Fund Appalachian Leadership and Education Foundation College Summit The Posse Foundation Hispanic Scholarship Fund United Negro College Fund Africare

Check has been sent to: Central Asia Institute

Stockholm April 12, 2010

On behalf of The Nobel Foundation

Chairman

Barbro Jonsson

Accountant

NOBELSTIFTELSEN The Nobel Foundation

P.O. Box 5232, 52-102 45 Stockholm, Sweden Visiting address: Sturegatan 14 Telephone: +46 8 663 по эп Fax; +46 8 660 38 47

# **7**00

here.

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check

Attach

Use Only

## United States Gift (and Generation-Skipping Transfer) Tax Return

(For gifts made during calendar year 2009)

OMB No. 1545-0020

Internal Revenue Service

Department of the Treasury See separate instructions. Donor's first name and middle initial 2 Donor's last name 3 Donor's social security number BARACK H. OBAMA 4 Address (number, street, and apartment number) 5 Legal residence (domicile) 1600 PENNSYLVANIA AVENUE, NW ILLINOIS 6 City, state, and ZIP code 7 Citizenship (see instructions) WASHINGTON, DC 20500 UNITED STATES If the donor died during the year, check here and enter date of death Yes No If you extended the time to file this Form 709, check here Enter the total number of donees listed on Schedule A. Count each person only once. 11a Have you (the donor) previously filed a Form 709 (or 709-A) for any other year? If "No," skip line 11b. b If the answer to line 11a is "Yes," has your address changed since you last filed Form 709 (or 709-A)? X Giffs by husband or wife to third parties. Do you consent to have the gifts (including generation-skipping transfers) made by you and by X your spouse to third parties during the calendar year considered as made one-half by each of you? (See instructions.) (If the answer is "Yes," the following information must be furnished and your spouse must sign the consent shown below. If the answer is "No," skip lines 13-18 and go to Schedule A.) X Name of consenting spouse MICHELLE L. OBAMA Were you married to one another during the entire calendar year? (see instructions) 15 X If 15 is 'No," check whether \_\_\_\_ married \_\_\_\_ divorced or widowed/deceased, and give date Will a gift tax return for this year be filed by your spouse? (If "Yes," mail both returns in the same envelope.) 17 X Consent of Spouse. I consent to have the gifts (and generation-skipping transfers) made by me and by my spouse to third parties during the calendar year considered as made one-half by each of us. We are both aware of the joint and several liability for tax created by the execution of this consent. Consenting spouse's signature Neama Date 1 Enter the amount from Schedule A, Part 4, line 11 0. Enter the amount from Schedule B, line 3 0. 3 Total taxable gifts. Add lines 1 and 2 3 Tax computed on amount on line 3 (see Table for Computing Gift Tax in separate instructions) 4 Tax computed on amount on line 2 (see Table for Computing Gift Tax in separate instructions) 5 8 Balance. Subtract line 5 from line 4 6 Ō. Maximum unified credit (nonresident aliens, see instructions) 345,800. Enter the unified credit against tax allowable for all prior periods\_(from Sch. B, line 1, col. C) 8 Balance, Subtract line 8 from line 7 345,800. Enter 20% (.20) of the amount allowed as a specific exemption for gifts made after September 8, 1976, and before January 1, 1977 (see instructions) Balance. Subtract line 10 from line 9 11 345,800. Unified credit. Enter the smaller of line 6 or line 11 12 Credit for foreign gift taxes (see instructions) 13 14 Total credits. Add lines 12 and 13 14 Balance. Subtract line 14 from line 6. Do not enter less than zero 15 15 Generation-skipping transfer taxes (from Schedule C, Part 3, col. H, Total) 16 17 Total tax. Add lines 15 and 16 Ō. 17 Gift and generation-skipping transfer taxes prepaid with extension of time to file 18 If line 18 is less than line 17, enter balance due (see instructions) 19 0. If line 18 is greater that is 17 onter amount to be refunded 20 Under penaltin ged this return, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is Sign Here 4/7/10 Signature of donor Preparer's signature Date Preparer's SSN or PTIN Paid 3(30/1. Preparer's WINEBERG SOLHEIM HOWELL & SHAIN, Firm's name (or yours if self-em-

180 N LASALLE ST

TL 60601

CHICAGO,

EIN

Phone no.

STE 2200

	s the value of any item listed on Schedule	А гепест а	ny vanuation discount? I	1 165, allacii ex	pianation	<u></u>	es No
•	Check here if you elect under sect	on 529(c)(	2)(B) to treat any transf	ers made this ye	ar to a qualified tuition	program as made ratab	ly over a 5-year
	period beginning this year. See instruc	tions. Attac	ch explanation.			4.8	•
	Gifts Subject Only to Gift Tax. Gifts less p		anization, medical, and	ducational exclu	sions. (see instruction	s)	
A Item number	B  Donee's name and address Relationship to donor (if any) Description of gift If the gift was of securities, give CUSIP no. If closely held entity, give EIN	<b>C</b>	D Donor's adjusted basis of gift	E Date of gift	F Value at date of gift	G For split gifts, enter 1/2 of column F	H Net transfer (subtract col. from col. F)
•	SEE STATEMENT 1						
					1		i
ts mad	le by spouse - complete <b>only</b> if you are	splitting o	ifts with your spouse	and he/she als	so made aifts:		<u> </u>
,	SEE STATEMENT 2	· · · · · ·	,		o made girts.	1	
The state of the s	•						
tal,of P	art 1. Add amounts from Part 1, column	<del>'</del>					24,00
	irect Skips. Gifts that are direct skips and		t to both gift tax and ge	neration-skipping	transfer tax. You mus	st list the gifts in chronol	
A	1	C.	· D		<u></u>	· · · · · · · · · · · · · · · · · · ·	
Item umber i	Donee's name and address Relationship to donor (if any) Description of gift If the gift was of securities, give CUSIP no. If closely held entity, give EIN	2632(b) election out	Donor's adjusted basis of gift	E Date of gift	F Value at date of gift	For split gifts, enter 1/2 of column F	Net transfer (subtract col. from col. F)
					1	-	
			Į F				
- 1		1 1	i		1	- 1	
•							
is made	s by spouse - complete only if you are	splitting g	ifts with your spouse	and he/she also	o made gifts.		
is made	e by spouse - complete only if you are s	splitting g	ifts with your spouse	and he/she also	o made gifts.		
All many control of the second		•	ifts with your spouse	and he/she also	o made gifts.		
al of Pa	art 2. Add amounts from Part 2, column F direct Skips. Gifts to trusts that are curre	-				sfer tax. You must list t	nese gifts in
al of Part 3 - In	art 2. Add amounts from Part 2, column F direct Skips. Gifts to trusts that are curre ical order.	L ntty subject	to gift tax and may late	r be subject to ge	eneration-skipping tran		
al of Part 13 - Inconolog	art 2. Add amounts from Part 2, column F direct Skips. Gifts to trusts that are curre	-				For split gifts, enter 1/2 of column F	H Net transfer
al of Pa t 3 - In pholog A em	art 2. Add amounts from Part 2, column Figure 1. Add amounts from Part 2, column Figure 2. Add amounts from Part 2, column Figure 3. Add amounts from Part 2, column Figure 3. Add amounts from Part 2. Add amounts from Part 3. Add amounts from Part 4. Add amounts from Part 2, column Figure 3. Add amounts from Part 3. Add amounts from Part 4.	ntly subject	to gift tax and may late  D  Donor's adjusted	r be subject to ge E Date	eneration-skipping tran F , Value at	G ♥ For split gifts, enter 1/2 of	H Net transfer (subtract col. G
al of Pa t 3 - In pholog A em	art 2. Add amounts from Part 2, column Figure 1. Add amounts from Part 2, column Figure 2. Add amounts from Part 2, column Figure 3. Add amounts from Part 2, column Figure 3. Add amounts from Part 2. Add amounts from Part 3. Add amounts from Part 4. Add amounts from Part 2, column Figure 3. Add amounts from Part 3. Add amounts from Part 4.	ntly subject	to gift tax and may late  D  Donor's adjusted	r be subject to ge E Date	eneration-skipping tran F , Value at	G ♥ For split gifts, enter 1/2 of	H Net transfer (subtract col. G
3 - In on old grant and a second seco	art 2. Add amounts from Part 2, column Filter Skips. Gifts to trusts that are currel ical order.   Onnee's name and address Relationship to donor (if any) Description of gift If the gift was of securities, give CUSIP no.	c 2632(c) election	to gift tax and may late  D  Donor's adjusted basis of gift	r be subject to ge E Date of gift	eneration-skipping tran  F  Value at date of gift	G ♥ For split gifts, enter 1/2 of	H Net transfer (subtract col. G
al of Pa 13 - In nolog A	art 2. Add amounts from Part 2, column Figure 1. Add amounts from Part 2, column Figure 2. Add amounts from Part 2, column Figure 3. Add amounts from Part 2, column Figure 3. Add amounts from Part 2. Add amounts from Part 3. Add amounts from Part 4. Add amounts from Part 2, column Figure 3. Add amounts from Part 3. Add amounts from Part 4.	c 2632(c) election	to gift tax and may late  D  Donor's adjusted basis of gift	r be subject to ge E Date of gift	eneration-skipping tran  F  Value at date of gift	G ♥ For split gifts, enter 1/2 of	H Net transfer (subtract col. G
al of Pa 13 - In nolog A	art 2. Add amounts from Part 2, column Filter Skips. Gifts to trusts that are currel ical order.   Onnee's name and address Relationship to donor (if any) Description of gift If the gift was of securities, give CUSIP no.	c 2632(c) election	to gift tax and may late  D  Donor's adjusted basis of gift	r be subject to ge E Date of gift	eneration-skipping tran  F  Value at date of gift	G ♥ For split gifts, enter 1/2 of	H Net transfer (subtract col. G
al of Part 3 - In onolog A	art 2. Add amounts from Part 2, column Filter Skips. Gifts to trusts that are currel ical order.   Onnee's name and address Relationship to donor (if any) Description of gift If the gift was of securities, give CUSIP no.	c 2632(c) election	to gift tax and may late  D  Donor's adjusted basis of gift	r be subject to ge E Date of gift	eneration-skipping tran  F  Value at date of gift	G ♥ For split gifts, enter 1/2 of	H Net transfer (subtract col. G

Pa	rt 4 - Taxable Gift Reconciliation							<u> </u>
1	Total value of gifts of donor. Add totals from column H of Parts 1, 2, and 3						1	24,000.
2	Total annual exclusions for gifts listed on line 1 (see instructions)				*********		2	24,000.
3	Total included amount of gifts. Subtract line 2 from line 1			***	*********		3	0.
De	ductions (see instructions)							
4	Gifts of interests to spouse for which a marital deduction will be claimed,							
	based on item numbers of Schedule A		4					
5	Exclusions attributable to gifts on line 4		5				1	
6	Marital deduction. Subtract line 5 from line 4		6			***************************************	7	
7	Charitable deduction, based on item nos. less exclusion	s F	7				<b>-</b>	
8	Total deductions. Add lines 6 and 7	***	***				.   8	
9	Subtract line 8 from line 3		*******			************	9	0.
10	Generation-skipping transfer taxes payable with this Form 709 (from Schedule C. Part	3. col. H.	Total)				10	<u> </u>
11	Taxable gifts. Add lines 9 and 10. Enter here and on page 1, Part 2 - Tax Computation	, line 1					11	Ô.
-							<u> </u>	

Terminable Interest (QTIP) Marital Deduction. (See instructions for Schedule A, Part 4, line 4.)

If a trust (or other property) meets the requirements of qualified terminable interest property under section 2523(f), and:

- a. The trust (or other property) is listed on Schedule A, and
- b. The value of the trust (or other property) is entered in whole or in part as a deduction on Schedule A, Part 4, line 4, then the donor shall be deemed to have made an election to have such trust (or other property) treated as qualified terminable interest property under section 2523(f).

If less than the entire value of the trust (or other property) that the donor has included in Parts 1 and 3 of Schedule A is entered as a deduction on line 4, the donor shall be considered to have made an election only as to a fraction of the trust (or other property). The numerator of this fraction is equal to the amount of the trust (or other property) deducted on Schedule A, Part 4, line 6. The denominator is equal to the total value of the trust (or other property) listed in Parts 1 and 3 of Schedule A.

If you make the QTIP election, the terminable interest property involved will be included in your spouse's gross estate upon his or her death (section 2044). See instructions for line 4 of Schedule A. If your spouse disposes (by gift or otherwise) of all or part of the qualifying life income interest, he or she will be considered to have made a transfer of the entire property that is subject to the gift tax. See *Transfer of Certain Life Estates Received From Spouse*on page 4 of the instructions.

#### 12 Election Out of QTIP Treatment of Annuities

### SCHEDULE B | Gifts From Prior Periods

If you answered "Yes" on line 11a of page 1, Part 1, see the instructions for completing Schedule B. If you answered "No," skip to the Tax Computation on page 1 (or Schedule C, if applicable).

A Calendar year of calendar quarter (see instruction	er , where p (s)	rior retu	nue office rn was filed		C Amount of unified credit against gift tax for periods after December 31, 1976	Amount of specific exemption for prior periods ending before January 1, 1977		E Amount o taxable gif	of fts
2007 2008	CINCINNATI, CINCINNATI,		45999 45999						0.
•		ŧ				•			٠
Tor All	•								
•	•								
		·				, .			
1 Totals for price	or periods	and the second		1	,				0.
	y, by which total specific ex						2		···
Enter here an	of taxable gifts for prior per d on pag€ 1, Part 2 - Tax Co	ivas. Ad imputati	o amount on line 1, on, line 2	column E a	ind amount, if any, on line	i	3		0.

SCHED	2009) BARACK I	ation of Generation-S	kipping Tran	sfer Tax		-		Page
Note, Interv	vivos direct skips that are	completely excluded by the GST	exemption must s	till be fully reported	(including va	lue and exer	nption	s claimed) on Schedule C.
Part 1 - Ger	neration-Skipping Transf	ers					<u> </u>	
(from S	A m No. chedule A, 2, col. A)	<b>B</b> Value (from Schedule A, Part 2, col. H)		C Nontaxable portion of transfe	ır		Net co	<b>D</b> Transfer (subtract bl. C from col. B)
					÷			
`					- * -			
Gifts made	e by spouse (for gift splitt	ting only)						
				· · · · · · · · · · · · · · · · · · ·	•			
						<u> </u>		
Part 2 - GST	Exemption Reconciliation	on (Section 2631) and Section 2	652(a)(3) Election					
Check here		ng a section 2652(a)(3) (special						
Enter the iter  1 Maximum	m numbers from Schedul 1 allowable exemption (se	e A of the gifts for which you are e instructions)	making this electio	n <b>&gt;</b>		· · · · · · · · · · · · · · · · · · ·	1	3,500,000
								3,300,000
2 Total exer	mption used for periods b	pefore filing this return	******************************				2	Ì
		Subtract line 2 from line 1					3	3,500,000
4 Exemption	n claimed on this return f	rom Part 3, column C total, below	v		·		4	
5 Automatic	allocation of exemption	to transfers reported on Schedul	e A, Part 3 (see inst	ructions)	***************************************		5	
8 Exemption	n allocated to transfers no	ot shown on line 4 or 5, above. Y	ou must attach a "!	Notice of Allocation	<b>n."</b> (see instru	ctions)	6	
7 Add lines	4, 5, and 6		•		•		7 -	•
8 Exemption	n available for future trans	sfers. Subtract line 7 from line 3	***************************************				8	3,500,000.
Part 3 - Tax (	Computation							
Item No. (from Schedule C, Part 1)	Net transfer (from Schedule C, Part 1, col. D)	GST Exemption Allocated	D Divide col. C by col. B	Inclusion Ratio (subtract col. D from 1.000)	F Maximum Estate Tax Rate	Applicable (multiply by col.		H Generation-Skipping Transfer Tax (multiply col. B by col. G)
····			1	1	45% (.45)	•		
					45% (.45) 45% (.45)	<u> </u>		
					45% (.45)			
_					45% (.45)			
Gifts made h	y spouse (for gift splitting	1 only)		L	45% (.45)			
unts made b	y spouse (for gift splitting	j only)	İ	T	459/ / 45)	<u> </u>		
			<u> </u>	<del> </del>	45% (.45) 45% (.45)			
					45% (.45)			
					45% (.45)			
			ļ		45% (.45)			
					45% (.45)		- 1	

Total exemption claimed. Enter here and on Part 2, line 4, above. May not exceed Part 2, line 3, above

Computation, line 16

Total generation-skipping transfer tax. Enter here; on page 3,

Schedule A, Part 4, line 10; and on page 1, Part 2 - Tax

FORM	709	SCHEDULE A	, PART 1		STAT	TEMENT 1
ITEM NO	DESCRIPTION	ADJUSTED BASIS	D <b>ATE</b>	VALUE	SPLIT 1/2	NET TRANSFER
1	MALIA A. OBAMA					
	DAUGHTER DONOR ELECTED UNDER SECTION 529(C)(2)(B) OF THE CODE TO TREAT A 2007 GIFT AS HAVING BEEN MADE RATABLY OVER A 5-YEAR PERIOD BEGINNING IN 2007.  SEE ELECTION MADE WITH TAXPAYER'S 2007 GIFT TAX RETURN.	12.000	01/01/00	12.000	6.000	
2	NATASHA M. OBAMA	12,000.	01/01/09	12,000.	6,000.	6,000.
	DAUGHTER DONOR ELECTED UNDER SECTION 529(C)(2)(B) OF THE CODE TO TREAT A 2007 GIFT AS HAVING BEEN MADE RATABLY OVER A 5-YEAR PERIOD BEGINNING IN 2007.	·				
	SEE ELECTION MADE WITH TAXPAYER'S 2007 GIFT TAX		•			
	RETURN.	12,000.	01/01/09	12,000.	6,000.	6,000.
TOTAL						12,000.

FORM	709	SCHEDULE	A, PART	1, GIFTS	MADE BY SPOU	SE STA	TEMENT 2
ITEM NO	DESCRIPTION		ADJUSTEI BASIS	DATE	VALUE	SPLIT 1/2	NET TRANSFER
1	MALIA A. OBA	AMA					
	DAUGHTER DONOR ELECTE SECTION 529(C)(2)(B) CODE TO TREA 2007 GIFT AS BEEN MADE RA OVER A 5-YEA PERIOD BEGIN 2007.	OF THE T A HAVING TABLY R					
- -	SEE ELECTION WITH TAXPAYE 2007 GIFT TARETURN.	R'S	12,000	. 01/01/0	12,000.	6,000.	6,000.
2	NATASHA M. O	BAMA					
	DAUGHTER DONOR ELECTE SECTION 529(C)(2)(B) CODE TO TREA 2007 GIFT AS BEEN MADE RA OVER A 5-YEA PERIOD BEGIN 2007.	OF THE T A HAVING TABLY R					
	SEE ELECTION WITH TAXPAYE						
	2007 GIFT TA		12,000	. 01/01/0	9 12,000.	6,000.	6,000.
TOTAL	SCHEDULE A,	PART 1, G	IFTS MAD	E BY SPOU	SE		12,000.

# United States Gift (and Generation-Skipping Transfer) Tax Return

OMB No. 1545-0020

(For gifts made during calendar year 2009)

Department of the Treasury

2009

	_	T.	Denote S. A.		P dee separ		cuons.		1.	200	
		W	Donor's first name and middle initial		2 Donor's last na	ame		3 Don	Or's socie	security nu	
			ICHELLE L.	(	OBAMA				21 2 30CIE	secontry ne	iiinėt
		141	Address (number, street, and apartment num	iber)		<del></del>		5 1000	Legaidone	- (d1-11-)	
		1	600 PENNSYLVANIA AVE	NUE, N	N			TT.T.	INOIS	e (domicile)	
			City, state, and ZIP code								
			ASHINGTON, DC 20500					TTATT	Insnip (see	nstruction:	s)
	5	8 1	f the donor died during the year, check here	▶ and	enter date of dea	th	<del></del>	ONT.	LED S	TATES	•
	aţį	9 1	f you extended the time to file this Form 709.	check here	•	***************************************			,	Y	98 N
	. Ę	10 E	nter the total number of donees listed on Sci	nedule A. Count	each nerson only	once D					
	Į,	III II	lave you (me donor) previously filed a Form :	709 (or 709-A) (	for any other year	2 if "No "	alda lima data				
	ē	וויטן	the answer to line 11a is 'yes' has your add	race changed o	داراته مساريتها ومعارفه						X
	General Information	12 6	iifts by husband or wife to third parties. Do our spouse to third parties during the calend	you consent to	have the gifts (inc	luding ge	9 (OF /U9-A)/				X
	3	y y	our spouse to third parties during the calend (es," the following information must be furnis	ar year consider	red as made one-	half by ea	ch of you? (See instructi	rs) made by you	and by		
	-	li							ikip		- 1
	5		ame of consenting spouse BARACK				*************************		·····	2	ζ
	٦	15 W	ere you married to one another during the er	tire calendar vo	ord (assimute at		14	SSN		F	
		16 If	ere you married to one another during the er	narried	di (see instructi	ons)				X	
	Ī		ill a gift tax return for this year be filed by you					date 📂			
	- 1									Х	
	- 1	ye	onsent of Spouse. I consent to have the gifts ar considered as made one-half by each of us	(and generation	0-skipping transfe	ers) made	by me and by my spous	e to third parties	during the	calendar	
			nting spouse's signature		Mare of the joint	ano sevei	rai liability for tax created	by the execution	of this co	nsent	
•	十	1						Date	▶ 4	7-10	
		2				•••••		1			0.
		3				**** ******	**********	2			0.
	-	1 4	Tay computed on amount at the 2 c					3			0.
	-	5	Tax computed on amount on line 3 (see 7.	abie for Come	uitina Cill Tavir		a decrease and an artist and a second				Ö.
		8	tax computed on amount on line 2 (see Ta	able for Comp	outing Gift Tax In	separate	instructions)	5	<del>                                     </del>		0.
		7							<del>                                     </del>		Ö.
	_	1	Maximum unified credit (nonresident alien: Enter the unified credit against tax allowable	s, see instructio	ine)				<del>                                     </del>	345,8	
	١	9	O	a ion an hinni he	anous (from 5ch.	B, line 1,	col. C)	8	<del>                                     </del>	343,0	
	Ital	10	- manie of a conduct this a front this 1					9	<del>                                     </del>	345,8	200
	ĕ	10	Einer 20% (.20) of the amount allowed as a	i SDecific exeron	ation for nifte mad	la séan c.		· · · · · · · · · · · · · · · · · · ·	<del> </del>	343,0	
	්දී	۱.,	Polares Cubbs 18 1977 (See Instructions)		*******************	**********		10	1		
	Tax Computation	11								345,8	ΛΛ
		4	oursen cicoir cuter me smaller of live P of	ine 11						343,0	0.
	12	13	a - a ( - c - mos double)	s)				13			<del>.</del>
	F	14	Total credits. Add lines 12 and 13				**	14			
_	1	15	Caracter Constact into 14 ItOHI IIII D. DO ITO	nedt som Taton i	7070						
Į	1	16	A TOTAL MANAGE CALOUS C	hedule C, Part 3	B, col. H, Total)		******** ********** *********	18			0.
ø		17					THE PERSON OF THE PERSON OF	17			0.
-		18	Gift and generation-skipping transfer taxes p	repaid with exte	ension of time to i	ile		<del></del>		·	<u> </u>
5	П					****	**** * - ***** ***** *******				
order he	П	19	If line 18 is less than line 17, enter balance of	lue (see instruct	tions)		***************************************	1.01			_
\$						*******	***************************************	19	<del></del>		<u>0.</u>
money	Ш	20	if line 18 is greater than line 17, enter amoun	t to be refunde	d						
E			Under penalties of perjury, I declare that I have	examined this ret	um including any ac	companyin	Q schedules and statements	20			
Ä J	Sig	gn		(other than ok	onor) is based on all	Information	g schedules and statements, of which preparer has any kn	May the	IRS discus-	a this return w	t is
Attach check	He	не			Nuhil	Le.	Man A/a/	the prep	Parer shown	below (see	<b>"</b> [
2			Signature of donor		7			O instructi	X X	Yes	No
Se			Preparer's				Date				
A	Paid		signature VUUS LL		,		3/30/10	Check If self-	Preparer's	SSN of PTIN	
		Only Only	Firm's name (or WINDBERG SC	LHEIM F	HOWELL &	SHA		employed	<u> </u>		
П	-50	July	ployed), address. 180 N LASAT		STE 220	<u>Ona</u>	IN, PC	EIN			_
Ш			and ZIP code CHICAGO, II		44U	<del>-</del>		Phone no.			
70550	7		A Fee Disales and Disales								

- Ough nere it von elect hinder sech		ny valuation discount? If				Yes No
period heginning this year Cas inching	un 529(C)(	2)(B) to treat any transfer	ers made this yea	ir to a qualified tuition	program as made ratal	oly over a 5-year
period beginning this year. See instruct						
fts Subject Only to Gift Tax. Gifts less po			ducational exclu	sions. (see instruction	s)	
B Donas's name and address	C	D	E	F	G	Н
■ Relationship to donor (if any)			Date	Value at	For split gifts,	Net transfer
the gift was of securities, give CUSIP no.	1	basis of gift	ot gift	date of gift	enter 1/2 of	(subtract col.
If closely held entity, give EIN					column F	from col. F)
SEE STATEMENT 3	-					
	,					
				1		1
by spouse - complete only if you are	splitting g	ifts with your spouse	and he/she als	o made gifts.		
SEE STATEMENT 4						
				1		
				1		
•	*					
	-					1
	<u> </u>					Ĺ
rt 1. Add amounts from Part 1, column I	H	********************			<b>.</b>	24,00
rect Skips. Gifts that are direct skips and	are subjec	t to both gift tax and ger	neration-skipping	transfer tax. You mus	st list the aifts in chrono	logical order
•	•	,			or mor and girls in orn one	nogical order.
В	С	D	E	F	6	Н
Donee's name and address     Relationship to donor (if any)	2632(b)	Donor's adjusted		•	_	Net transfer
<ul> <li>Description of gift</li> </ul>	election	basis of gift	of gift	date of gift	, , ,	(subtract col. (
If closely held entity, give EIN	out	ì	_		column F	from col. F)
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by opedic complete unit il you are s	piliting gi	ins with your spouse i	and ne/sne also	made gitts.	7	
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^i <a href="https://www.news.com/">https://www.news.com/n</a>						Ï
						1
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AO Add	<u>'</u>	·····				
rt 2. Add amounts from Part 2, column H				*************		<u> </u>
	nthy cubiact	to gift tay and may later	r ha cubinat ta aa	paration aldenia - turn		4 274 1
irect Skips. Gifts to trusts that are currer	ntly subject	t to gift tax and may later	r be subject to ge	neration-skipping trar	isfer tax. You must list	these gifts in
irect Skips. Gifts to trusts that are currer al order.	·				·	
irect Skips. Gifts to trusts that are currer al order.  B • Donee's name and address	C	D	. E · .	<b>F</b>	. <b>G</b>	Н
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	Description of gift     Whe gift was of securities, give CUSIP no.     If closely held entity, give EIN  SEE STATEMENT 3  by spouse -complete only if you are  SEE STATEMENT 4  rt 1. Add amounts from Part 1, column I ect Skips. Gifts that are direct skips and  B     Donee's name and address     Relationship to donor (if any)     Description of gift     If the gift was of securities, give CUSIP no.     If closely held entity, give EIN	Relationship to donor (if any) Description of gift He the gift was of securities, give CUSIP no. He closely held entity, give EIN  SEE STATEMENT 3  by spouse - complete only if you are splitting give SEE STATEMENT 4  In 1. Add amounts from Part 1, column Held the second of the sec	Relationship to donor (if any)     Description of gift     1. Add amounts from Part 1, column H  Tect Skips. Gifts that are direct skips and are subject to both gift tax and ger  Donnee's name and address     Relationship to donor (if any)     Description of gift     If the gift was of securities, give CUSIP no.  If closely held entity, give EIN  DUITION S adjusted basis of gift  Donor's adjusted basis of gift  Donor's adjusted basis of gift  Donor's adjusted basis of gift  Donor's adjusted basis of gift  Donor's adjusted basis of gift  Donor's adjusted basis of gift  Donor's adjusted basis of gift  Donor's adjusted basis of gift  Donor's adjusted basis of gift  Donor's adjusted basis of gift  Donor's adjusted basis of gift	● Relationship to donor (if any)  Description of gift  ● the gift was of securities, give CUSIP no.  ● if closely held entity, give EIN   Donor's adjusted basis of gift  Date of gift	● Relationship to donor (if any) Description of gift  ■ It be gift was of securities, give CUSIP no. ■ It closely held entity, give EIN  Description of gift  ■ It be gift was of securities, give CUSIP no. ■ It closely held entity, give EIN  Date  Date  Date  Value at date of gift  date of gift  Date  Of gift date of gift  Date  Of gift date of gift  Date  Value at date of gift  Date  Value at date of gift  Date  Value at date of gift  Date  Value at date of gift  Date  Value at date of gift  Date  Value at date of gift  Date  Value at date of gift  Date  Value at date of gift  Date  Value at date of gift  Date  Value at date of gift  Date  Value at date of gift  Date  Value at date of gift  Date  Onor's adjusted  Date  Date  Value at date of gift	Donoe's name and address Relationship to donor (if any) Description of grift Donoe's name and address Relationship to donor (if any) Description of grift Donoe's name and address Relationship to donor (if any) Donoe's name and address Relationship to donor (if any) Donoe's name and address Relationship to donor (if any) Donoe's name and address Relationship to donor (if any) Donoe's name and address Relationship to donor (if any)

9	rt 4 - Taxable Gift Reconciliation				
1	Total value of gifts of donor. Add totals from column H of Parts 1, 2, and 3			1	24,000.
2	Total annual exclusions for gifts listed on line 1 (see instructions)			2	24,000.
3	Total included amount of gifts. Subtract line 2 from line 1				0.
)e	ductions (see instructions)				
4	Gifts of interests to spouse for which a marital deduction will be claimed,				
	based on item numbers of Schedule A		4		
5	Exclusions attributable to gifts on line 4		5		
6	Marital deduction. Subtract line 5 from line 4		6		
7	Charitable deduction, based on item nos. less exclusion	ons	7		
8	Total deductions. Add lines 6 and 7			8	
9	Subtract line 8 from line 3		•	9	0.
0	Generation-skipping transfer taxes payable with this Form 709 (from Schedule C, Pai	rt 3, col. H	i, Total)	10	
1	Taxable gifts. Add lines 9 and 10. Enter here and on page 1, Part 2 - Tax Computation	on, line 1		11	0.
				<del></del>	

Terminable Interest (QTIP) Marital Deduction. (See instructions for Schedule A, Part 4, line 4.)

If a trust (or other property) meets the requirements of qualified terminable interest property under section 2523(f), and:

- a. The trust (or other property) is listed on Schedule A, and
- b. The value of the trust (or other property) is entered in whole or in part as a deduction on Schedule A, Part 4, line 4, then the donor shall be deemed to have made an election to have such trust (or other property) treated as qualified terminable interest property under section 2523(f).

If less than the entire value of the trust (or other property) that the donor has included in Parts 1 and 3 of Schedule A is entered as a deduction on line 4, the donor shall be considered to have made an election only as to a fraction of the trust (or other property). The numerator of this fraction is equal to the amount of the trust (or other property) deducted on Schedule A, Part 4, line 6. The denominator is equal to the total value of the trust (or other property) listed in Parts 1 and 3 of Schedule A.

If you make the QTIP election, the terminable interest property involved will be included in your spouse's gross estate upon his or her death (section 2044). See instructions for line 4 of Schedule A. If your spouse disposes (by gift or otherwise) of all or part of the qualifying life income interest, he or she will be considered to have made a transfer of the entire property that is subject to the gift tax. See *Transfer of Certain Life Estates Received From Spouse*on page 4 of the instructions.

### 12 Election Out of QTIP Treatment of Annuities

#### SCHEDULE B | Gifts From Prior Periods

If you answered "Yes" on line 11a of page 1, Part 1, see the instructions for completing Schedule B. If you answered "No," skip to the Tax Computation on page 1 (or Schedule C, if applicable).

A Calendar year or calendar quarter (see instructions)		enue office urn was filed	C Amount of unified credit against gift tax for periods after December 31, 1976	D Amount of specific exemption for prior periods ending before January 1, 1977	E Amount of taxable gifts
	CINCINNATI, OH CINCINNATI, OH				0. 0.
	by which total specific exemptio	n, line 1, column D, is more		2	0.
Enter here and o	taxable gifts for prior periods. A page 1, Part 2 - Tax Computa	tion, line 2	n E and amount, if any, on line 2	3	0.

(If more space is needed, attach additional sheets of same size.)

Form **709** (2009)

SCHED	ULE C   Computat	ion of Generation-SI	kipping Tran	sfer Tax				
	vivos direct skips that are cor leration-Skipping Transfers	mpletely excluded by the GST	exemption must st	ill be fully reported	(including val	ue and exer	nptions	s claimed) on Schedule C.
	A I I I I I I I I I I I I I I I I I I I	В	•	C				
Iter (from So Part 2	m No. chedule A, ?, col. A)	alue (from Schedule A, Part 2, col. H)		Nontaxable portion of transfer	Г		Net cc	D Transfer (subtract ol. C from col. B)
						+		
					······································	<b>†</b>		
Gifts made	by spouse (for gift splitting	only)						
						-		
						<u> </u>		
Check here		Section 2631) and Section 26						
		a section 2652(a)(3) (special C of the gifts for which you are i						
	allowable exemption (see in		-				1	3,500,000
2 Total exen	nption used for periods befo	re filing this return	• • • • • • • • • • • • • • • • • • • •				2	
Total exemption used for periods before filing this return  Exemption available for this return. Subtract line 2 from line 1								3,500,000
		Part 3, column C total, below					4	
							-	
5 Automatic	allocation of exemption to to	ransfers reported on Schedule	A, Part 3 (see inst	ructions)	***************************************		5	
6 Exemption	n allocated to transfers not si	hown on line 4 or 5, above. Yo	u must attach a "N	intice of Alincation	• (see instru	ctions)	6	
							_	
7 Add lines	4, 5, and 6	, - r,			• • •		7	
8 Exemption	available for future transfer	s. Subtract line 7 from line 3					8	3,500,000
Part 3 - Tax C			<u></u>	***************************************	***************************************			3,300,000
Item No. (from Schedule C, Part 1)	B Net transfer (from Schedule C, Part 1, col. D)	C GST Exemption Allocated	<b>D</b> Divide col. C by col. B	E Inclusion Ratio (subtract col. D from 1.000)	F Maximum Estate Tax Rate	Applicable (multiply by col.	col. E	H Generation-Skipping Transfer Tax (multiply col. B by col. G)
					45% (.45)			
					45% (.45)	ļ		
				<del> </del>	45% (.45)			
					45% (.45) 45% (.45)			
					45% (.45)			
Gifts made b	y spouse (for gift splitting or	nly)			· · · · · · · · · · · · · · · · · · ·			
					45% (.45)			
					45% (.45)			
					45% (.45) 45% (.45)			
					45% (.45)			
					45% (.45)			
	on claimed. Enter here and			n-skipping transfer			3,	
π Part 2, line art 2, line 3 -	4, above. May not exceed above			4, line 10; and on				
w , illio U, i	450.0	.1	Tomputation, line	e 16				

MICHE	LLE L. OBAMA				STA	TEMENT 3
FORM '	709	SCHEDULE A	A, PART 1			
ITEM NO	DESCRIPTION	ADJUSTED BASIS	DATE	VALUE	SPLIT 1/2	NET TRANSFER
1	MALIA A. OBAMA					
	DAUGHTER DONOR ELECTED UNDER SECTION 529(C)(2)(B) OF THE CODE TO TREAT A 2007 GIFT AS HAVING BEEN MADE RATABLY OVER A 5-YEAR PERIOD BEGINNING IN 2007.  SEE ELECTION MADE WITH TAXPAYER'S 2007 GIFT TAX RETURN.  NATASHA M. OBAMA	12,000.	01/01/09	12,000.	6,000.	6,000.
	DAUGHTER DONOR ELECTED UNDER SECTION 529(C)(2)(B) OF THE CODE TO TREAT A 2007 GIFT AS HAVING BEEN MADE RATABLY OVER A 5-YEAR PERIOD BEGINNING IN 2007.				•	
	SEE ELECTION MADE WITH TAXPAYER'S 2007 GIFT TAX	10.000				
	RETURN.	12,000.	01/01/09	12,000.	6,000. —	6,000.
TAL					*****	12,000.

MICHE	LLE L. OBAMA							STA	TEMENT 4
FORM '	709	SCHEDULE	A, P	ART 1	, GIFTS	MADE	BY SPOUS	E	
ITEM NO	DESCRIPTION		ADJU:		DATE		VALUE	SPLIT 1/2	NET TRANSFER
1	MALIA A. OBA	MA							
	DAUGHTER DONOR ELECTE SECTION 529(C)(2)(B) CODE TO TREA' 2007 GIFT AS BEEN MADE RA' OVER A 5-YEAD PERIOD BEGIND 2007.  SEE ELECTION WITH TAXPAYED 2007 GIFT TAX RETURN.	OF THE I A HAVING FABLY R NING IN MADE R'S	12,	000.	01/01/0	9	12,000.	6,000.	6,000.
	DAUGHTER DONOR ELECTEI SECTION 529(C)(2)(B) CODE TO TREAT 2007 GIFT AS BEEN MADE RAT OVER A 5-YEAF PERIOD BEGINN 2007.	OF THE TA HAVING TABLY							•
•	SEE ELECTION WITH TAXPAYER 2007 GIFT TAX RETURN.	r's	12.	000-	01/01/0	9 ^	12,000.	6,000.	6,000.
	SCHEDULE A, P	ο <b>Δ R T</b> 1					,	- · · · · · · · · · · · · · · · · · · ·	
	JULIDUUL A, F	· · · · · · · · · · · · · · · · ·	TEID .	העוני	DI DEOU	OB		<u></u>	12,000.

# Illinois Department of Revenue 2009 Form IL-1040

tax.illinois.gov Individual Income Tax Return

or for fiscal year ending

Do not write above this line.

Step 1: Personal Info	rmation
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BARACK H. OBAMA MICHELLE L. OBAMA 1600 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20500

	C	Filing status (see instructions)  Single or head of household  Married filing jointly  Married filing separately  Wid	owed	
	Step 2: Incor			
¥	1	Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or		(Whole dollars only)
		U.S. 1040EZ, Line 4.	1	5,505,409.00
ě	2	Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b;	-	
ģ		or U.S. 1040EZ.	2	.00
Ę	3	Other additions to your income. Attach Schedule M.	3	.00.
œ R	4	Total income, Add Lines 1 through 3.	4	5,505,409.00
ğ	Step 3: Base	Income —		
Staple W-2 and 1099 forms here	5	Income received from Social Security benefits and certain retirement		
Ġ.		plans if included in Line 1. Attach federal Page 1.	.00	
₹	6	Illinois Income Tax overpayment included in U.S. 1040, Line 10. 6	00.0	
음	7	Other subtractions to your income. Attach Schedule M. 7 12,32	7 .00	
g		Check if Line 7 includes any amount from Schedule 1299-C.		
	8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	16,557.00
4	9	Illinois base income. Subtract Line 8 from Line 4.	9	5,488,852.00
ı	Step 4: Exem			
	10	a Number of exemptions from your federal return. 4 x \$2,000 a 8,000	0.00	
	See Instructions	b If someone else claimed or could have claimed you		
	before	or your spouse as a dependent on their return, see		•
	figuring exemptions.	instructions to figure the number to write here. X \$2,000 b	.00	
•		C Check if 65 or older: You + Spouse = X \$1,000 C	.00	
		d Check if legally blind: You + Spouse = x \$1,000 d	.00	
		Exemption allowance. Add Lines a through d.	10	8,000.00
	Step 5: Net Ir	ncome —		
	11	Residents Only: Net income. Subtract Line 10 from Line 9. Skip Line 12.	11	5,480,852.00
•	12	Nonresidents and part-year residents Only:		
Check		Check the box that applies to you during 2009 Nonresident Part-year resident, a	nd	
ક		write the Illinois base income from Sch. NR. Attach Sch. NR. 12	.00	
5	Step 6: Tax -			
<u>&gt;</u>	13	Residents: Multiply Line 11 by 3% (.03). Write the result here.		
Staple		Nonresidents and part-year residents: Write the tax before recapture of investment		
7			13	164,426.00
▼	14		14	.00
	15		15	164,426.00
-10	949001	This form is authorized as outlined by the Minois Income Tax Act. Disclosure of this information is REQUIRED. Fallure to	<del></del>	

Ston 7.	16	Total tax amount from Page 1, Line 15		16	164,426.00
oteh /:		undable Credits ————————————————————————————————————			<del></del>
	17	Income tax paid to another state while an Illinois resident.	17	.00	
		Attach Schedule CR.			
	18 م	Property tax and K-12 education expense credit amount from			
Complete Schedule II	re i	Schedule ICR, Attach Schedule ICR,	18	1,123 .00	•
	19	Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	19	.00	
	20	Add Lines 17, 18, and 19. This is the total of your credits. This arm	ount		
		may not exceed the tax amount on Line 16.		20	1,123.00
<b>.</b>	_ 21	Tax after nonrefundable credits. Subtract Line 20 from Line 16.		21	163,303.00
Step 8:	Payme	nts and Refundable Credit ——————			
	22	Illinois Income Tax withheld. Attach W-2 and 1099 forms.	22	10,994.00	
	23	Estimated payments from Forms IL-505-I and IL-1040-ES,			
		including overpayment applied from 2008 return.	23	153,460 <sub>.00</sub>	
See Instructi	24	Pass-through entity tax payments. Attach Schedule K-1-P or K-1-7	. 24	.00	
300 1130000	25	Earned Income Credit from Schedule ICR. Attach Schedule ICR.	25	.00	
Complete Schoolele li	CR 26	Total payments and refundable credit. Add Lines 22 through 25		26	164,454.00
Sten 0	 Oveme	yment or Underpayment —			
orah a.				27	1,151.00
		Overpayment. If Line 26 is greater than Line 21, subtract Line 21		***************************************	
Stop 40	20 Lindor	Underpayment, if Line 21 is greater than Line 26, subtract Line 26	3 from Line 21.	28	.00.
Step 10		payment of Estimated Tax Penalty and Donations -			
	28	Late payment penalty for underpayment of estimated tax.	29	.00	
		a Check if at least two-thirds of your federal gross income is from	tarming.		
		b Check if you or your spouse are 65 or older and permanently			
		living in a nursing home.	السا		
		c Check if your income was not received evenly during the year a			
		annualized your income on Form IL-2210, otherwise we will figu	re this		
	30	penalty for you. Attach Form IL-2210.	لــا		
MAKE "GIV	ING"	You can make voluntary charitable donations to many worthy cause			
EASY		using this form. It's easy - just complete Schedule G and enter the	30		
	21	donation amount here. Attach Schedule G. Total penalty and donations. Add Lines 29 and 30.		.00 31	00
Sten 11		d or Amount You Owe			.00
Otop 11			A3		
	02.	If you have an overpayment on Line 27 and this amount is greater		32	1,151.00
	33	Line 31, subtract Line 31 from Line 27. This is your remaining over Amount from Line 32 you want refunded to you.	раутепт.	33	0.00
				~	. 00.00
Direct		Complete to direct deposit your refund.  Routing number Check!			
Deposit		Account number	ng or Saving	8	
	35	Subtract Line 33 from Line 32. This amount will be applied to your	. 2010 settented	tax. 35	1,151.00
944		If you have an underpayment on Line 28, add Lines 28 and 31. Of			2,131.00
instruction	•				
for paymer options.	nt	If you have an overpayment on Line 27 and this amount is less that subtract Line 27 from Line 31. This is the amount you owe.	in Line 31,	36	00
Step 12:	Sian e				.00,
010p .z.		enakles of peruly; i state that I have examined this return, and, to t	ha hast of my kaa	windon it in this com	act and complete
		or dates of pedary, intake that I have examined this return, and, to t	THE DEST OF THE REPO	wiedye, it is true, cor	for, and complete.
,	$\infty$	4/4/10	w M	. L. O. XIK	1 4-7-10
Sign	Your signs	ture Date Daytime phone number	Your spoul	a a signatura	Date
here	W	al Sela abolin			
	Paid prepa	or's signature Date Proparer's phone number	Preparer s	EIN, SSM, or PTIN	
<u></u>		if no payment enclosed, mail to:	f payment enclosed	, mail to:	
-		ILLINOIS DEPARTMENT OF REVENUE	LLINOIS DEPARTME	NT OF REVENUE	
949	002 12-12-0	PO ROX 1040	PRINGFIELD IL 627		
ID:	: 28X	mirrorated in a table than			
	•	R-12/00) DR AP EV RR DC			

Illinois Department of Revenue 2009 Schedule ICR Attach to your Form IL-1040		Tax	/ 2009 year ending chment No. 23
Read this information first	You must complete IL-1		
Complete this schedule only if you are eligible for the	if applicable, before con		
Illinois Property Tax Credit     K-12 Education Expense Credit	The total amount of Illing		
Earned Income Credit (EIC)	Education Expense Cred		tax. Only the
Earned income Credit (EIC)	Earned Income Credit m	ау ехсөөс тах.	
Step 1: Provide the following information			
Your name as shown on your Form IL-1040		Your Social	Security number
Step 2: Figure your nonrefundable credit			
1. Write the appoint of the forevery H. 4040 Lt. 40		_	164 426 00
1 Write the amount of tax from your IL-1040, Line 16.	499	1	164,426.00
2 Write the amount of credit for tax paid to other states from your IL-1040, Line	9 17.	2	164,426.00
3 Subtract Line 2 from Line 1.		3	104,420.00
Section A - Illinois Property Tax Credit (See Instructions for directions on ho	w to obtain your PIN)		
4 a Write the total amount of Illinois Property Tax paid during the tax			
year for the real estate that includes your principal residence.	48 22,45	66 .00	
b Write the Property Index Number (PIN)			
for the property listed above.  4b			
c Write the PIN for an adjoining lot, If			
included in Line 4a. 4c			
d Write the PIN for any other adjoining			
lot, if included in Line 4a.			
<ul> <li>Write the portion of your tax bill that is deductible as a business</li> </ul>			
expense on U.S. income tax forms or schedules, even if you			
did not take the federal deduction.	4e	.00	
f Subtract Line 4e from Line 4a.	41 22,45	6 .00	
g Multiply Line 4f by 5% (.05).	4g 1,12	23 .00	
5 Compare Lines 3 and 4g, and write the lesser amount here.		5	1,123.00
6 Subtract Line 5 from Line 3.	6 163,30	00. 8	
Section B - K-12 Education Expense Credit			
Note You must attach the receipt you received from your students' school			
or complete the K-12 Education Expense Credit Worksheet on page 2 of			
this schedule.			
7 a Write the total amount of K-12 education expenses from the receipt			
you received from your students' school or Line 13 of the worksheet			
on page 2 of this schedule.	7a	.00	
b You may not take a credit for the first \$250 paid.	7b	250.00	
c Subtract Line 7b from Line 7a. If the result is negative, enter "zero."	7c	.00	
d Multiply Line 7c by 25% (.25). Compare the result and \$500, and			
write the lesser amount here.	7d	.00	
8 Compare Lines 6 and 7d, and write the lesser amount here.		8	0.00
Section C - Total Nonrefundable Credit			
9 Add Lines 5 and 8. This is your nonrefundable credit amount. Write this amount Form IL-1040, Line 18.	ınt on	9	1,123.00
IL-1040 Schedule ICR (R-12/09)			
ID: 2BX 949381 12-30-09		Continued	on Page 2 ->
			,
			Page 1

tep 3: Figure your refunda wned Income Credit	adie credit				
a Write the amount of federal	•				
U.S. 1040, Line 64a; U.S. 10	)40A, Line 41a; or				
U.S. 1040EZ, Line 9a.			10a	.00	
b Multiply the amount on Line			10b	.00	
c Illinois residents: Write 1.0.					
Nonresidents and part-yea	r residents: Write the	decimal from			
Schedule-NR, Line 48.			10c		
d Multiply Line 10b by the dec			10d	.00	
Write the amount from Line 10d					
Earned Income Credit. Write this	s amount on Form IL-10	40, Line 25.	-	→ 11 <u> </u>	
cction B Continued - K-12 (ote Complete only if you did not complete the following informating year, please list separately. If you A	not receive a receipt from for each of your qually need more space, att	om your students alifying students ach a separate	ent's school.  s. If a student attended more plece of paper following this  D	than one qualifying school format.	. <b>F</b>
ction B Continued - K-12 lote Complete only if you did not complete the following informati year, please list separately. If you	not receive a receipt from for each of your quadu need more space, att	om your students alifying students ach a separate	ent's school.  s. If a student attended more plece of paper following this	e than one qualifying school format.  E  School city (IL cities only)	F Total tuition
ction B Continued - K-12 lote Complete only if you did n Complete the following informati year, please list separately. If you A Student's name	iot receive a receipt from for each of your quality in need more space, attoo B Social Security number	om your students ach a separate  C Grade (K-12 only)	ent's school.  s. If a student attended more plece of paper following this  D  School name (IL K-12 schools only or writ "home school," if applicable	e than one qualifying school format.  E School city te (IL cities only)	F Total tuition
cction B Continued - K-12 lote Complete only if you did n Complete the following informati year, please list separately. If you A Student's name	iot receive a receipt from for each of your quality in need more space, attended to be social Security number	om your students ach a separate  C Grade (K-12 only)	ent's school.  s. If a student attended more piece of paper following this  D  School name (IL K-12 schools only or writ "home school," if applicable	than one qualifying school format.  E School city (IL cities only)	F Total tuitlon book/lab fee
cction B Continued - K-12 (ote) Complete only if you did not complete the following information year, please list separately. If you see the control of the	iot receive a receipt from for each of your qually uneed more space, attended to be social Security number	alifying students ach a separate C Grade (K-12 only)	ent's school.  s. If a student attended more plece of paper following this  D  School name (IL K-12 schools only or writ "home school," if applicable	e than one qualifying school format.  E School city te (IL cities only)	F Total tuition book/lab fee
cction B Continued - K-12 lote Complete only if you did n Complete the following informati year, please list separately. If you A Student's name	not receive a receipt from for each of your quality in need more space, attended to the social Security number	alifying students ach a separate C Grade (K-12 only)	ent's school.  s. If a student attended more plece of paper following this  D  School name (IL K-12 schools only or writ "home school," if applicable	e than one qualifying school format.  E School city te (IL cities only)	F Total tuition book/lab fee
Complete only if you did n  Complete the following informati year, please list separately. If you  A  Student's name	not receive a receipt from for each of your quality in need more space, attended to the space of	alifying students. ach a separate C Grade (K-12 only)	ent's school.  s. If a student attended more plece of paper following this  D  School name (IL K-12 schools only or writ  "home school," if applicable	than one qualifying school format.  E School city (IL cities only)	F Total tuitlon book/lab fee
cction B Continued - K-12 in the Complete only if you did not complete the following informating year, please list separately. If you see that the Complete the following informating year, please list separately. If you see that the Complete the following information is a second of the Complete the Compl	not receive a receipt from for each of your quality in need more space, attempted in the space of the space o	alifying students ach a separate C Grade (K-12 only)	ent's school.  s. If a student attended more plece of paper following this  D  School name (IL K-12 schools only or writ "home school," if applicable	than one qualifying school format.  E School city (IL cities only)	F Total tuitlon book/lab fee
cction B Continued - K-12 lote Complete only if you did n Complete the following informati year, please list separately. If you A Student's name	not receive a receipt from for each of your quality in need more space, attended to the social Security number	alifying students. ach a separate C Grade (K-12 only)	ent's school.  s. If a student attended more plece of paper following this  D  School name (IL K-12 schools only or writ "home school," if applicable	than one qualifying school format.  E School city (IL cities only)	F Total tuitlon book/lab fee
cction B Continued - K-12 in the Complete only if you did not complete the following informating year, please list separately. If you see that the continue of	not receive a receipt from for each of your quality in need more space, attempted in the space of the space o	alifying students ach a separate C Grade (K-12 only)	ent's school.  s. If a student attended more plece of paper following this  D  School name (IL K-12 schools only or writ "home school," if applicable	than one qualifying school format.  E School city (IL cities only)	F Total tuition book/lab fee
ction B Continued - K-12 in the Complete only if you did not complete the following informating year, please list separately. If you see that the Complete the following informating year, please list separately. If you see that the Complete the following information year, please list separately. If you see that the Complete the C	not receive a receipt from for each of your quality in need more space, attempted in the space of the space o	alifying students ach a separate C Grade (K-12 only)	ent's school.  s. If a student attended more plece of paper following this  D  School name (IL K-12 schools only or writ "home school," if applicable	than one qualifying school format.  E School city (IL cities only)	F Total tuitlon, book/lab fee

### Illinois Department of Revenue

### 2009 Schedule M

### Other Additions and Subtractions for Individuals

Attach to your Form IL-1040

IL. Attachment No. 15

### Read this information first

Complete this schedule if you are required to add certain income on Form IL-1040, Line 3, or if you are entitled to take subtractions on Form IL-1040, Line 7.

Note If you are required to complete Schedule 1299-C, Schedule F, or Form IL-4562, you must do so before you complete this schedule.

#### Step 1: Provide the following information

	RACK H. & MICHELLE L. OBAMA r name as shown on Form IL-1040.	Your Soc	cial Security number.
		100,000	na cocarty nambor.
Ste	p 2: Figure your additions for Form IL-1040, Line 3		(Whole dollars only)
Wrtt	e the amount of		(**************************************
1	Your child's federally tax-exempt interest and dividend income as reported on U.S. Form 8814	1	.00
2	Distributive share of additions you received from a partnership, S corporation, trust, or estate.	_	
	Attach Schedule K-1-P or Schedule K-1-T.	2	.00
3	Withdrawals you made from your Medical Care Savings Account, and the interest earned, if	•	,
	not included in your adjusted gross income	³ <u> </u>	.00
4	Lloyds plan of operations loss, if reported on your behalf on Form IL-1023-C and included in your adjusted gross income	4	.00
5	• •		
3	Earnings distributed in 2009 from IRC Section 529 college savings and tuition programs if not included in your adjusted gross income (Do not include distributions from "Bright Start," "Bright Directions," or		
	"College Illinois" programs or programs that meet certain disclosure requirements - see instructions.)	5	.00.
6	Illinois special depreciation addition amount from Form IL-4562, Step 2, Line 4. Attach		
	Form IL-4562.	6	.00
	Business expense recapture (nonresidents only)	7	.00.
	Recapture of deductions for contributions to Illinois college savings plans transferred to an out-of-state plan	8	.00.
9	Credit taken on Schedule 1299-C for student assistance contributions you made as an employer	9	.00.
10	Recapture of deductions for contributions to college savings plans withdrawn for nonqualified expenses or refunded	10	.00.
11	Other income - Identify each item	11	.00.
	Add Lines 1 through 11. Write the amount here and on Form IL-1040, Line 3.	- <u>12</u> —	.00.
	p 3: Figure your subtractions for Form IL-1040, Line 7	****	
	e the amount of		
13	Contributions made in 2009 to the following college savings plans:		
а	"Bright Start" College Savings Pool	13a	.00
	"College Illinois" Prepaid Tuition Program		.00.
	"Bright Directions" College Savings Pool	13c	.00
14	Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not		
	include any amounts contained in Line 25 of this schedule.) Attach Schedule K-1-P or Schedule K-1-T.	14	.00.
15	Restoration of amounts held under claim of right under Internal Revenue Code, Section 1341	15	<u>)0.</u> )0.
	Contributions to a job training project		.00
17	Expenses related to federal credits or federally tax-exempt income		.00
	Interest earned on investments through the Home Ownership Made Easy Program	18	.00.
19	Illinois special depreciation subtraction amount from Form IL-4562, Step 3, Line 10.		
	Attach Form IL-4562.	19	.00
	Add Lines 13a through 19 and write the amount here and on Page 2, Line 21.	20	.00.

•	Step 3: Continued		·
21	Write the amount from Page 1, Line 20.	21	.00
<b>V</b> rit	e the following only if included in Form IL-1040, Lines 1, 2, or 3:		
22	Military pay earned. Attach military W-2.	22	.00
23	U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040A or 1040,		
	Schedule B. Attach a copy of U.S. 1040A or 1040, Schedule B. SEE STATEMENT 2	23	12,327.00
4	August 1, 1969, valuation limitation amount from your Schedule F, Line 17. Attach Schedule F and		
•=	required federal forms.	24	.00.
5	Enterprise or river edge redevelopment zone and high impact business dividend subtraction amount	05	,
R	from your Schedule 1299-C, Step 2, Line 7. Attach Schedule 1299-C.	25	.00
.0	Recovery of items previously deducted on U.S. 1040, Schedule A (including refunds of any state and	26	00
:7	local income taxes, other than Illinois). Attach a copy of U.S. 1040, Page 1, and required federal forms. Ridesharing money and other benefits	27 —	.00.
28	Payment of life Insurance, endowment, or annuity benefits received	28	.00.
29	Your employer's contributions made on your behalf to an account	20	.00
	established under the Medical Care Savings Account Act and the interest earned	29	.00
30	Lloyds plan of operations income if reported on your behalf on Form IL-1023-C	30	.00.
31	Income earned by certain trust accounts established under the Illinois Pre-Need		
	Cemetery Sales Act	31	.00
32	Education loan repayments made for primary care physicians who agree to		
	practice in designated shortage areas under the Family Practice Residency Act	32	.00.
33	Reparations or other amounts received as a victim of persecution by Nazi Germany	33	.00.
4	interest on the following tax-exempt obligations of Illinois state and local government. Do not		
	include interest you received indirectly through owning shares in a mutual fund.		
8	Illinois Housing Development Authority bonds and notes (except housing-related commercial		
	facilities bonds and notes)	34a	.00
þ	Export Development Act of 1983 bonds	34b	.00.
C	Illinois Development Finance Authority bonds, notes, and other evidence of obligation		
	(venture fund and infrastructure bonds only)	34c	.00
q	Quad Cities Regional Economic Development Authority bonds and notes (if declared to be		
	exempt from taxation by the Authority)	34d	.00.
	College Savings bonds	34e	.00.
	Illinois Sports Facilities Authority bonds	34f	.00
_	Higher Education Student Assistance Act bonds	34g	.00
h	Illinois Development Finance Authority bonds issued under the Illinois Development	0.45	
	Finance Authority Act, Sections 7.80 through 7.87	34h	.00
!	Rural Bond Bank Act bonds and notes	34i	.00.
l L	Illinois Development Finance Authority bonds issued under the Asbestos Abatement Finance Act	34j 34k	00.
	Quad Cities Interstate Metropolitan Authority bonds	341	.00.
	Southwestern Illinois Development Authority bonds	<del></del>	.00
""	Illinois Finance Authority bonds issued under the Illinois Finance Authority Act, Sections 820.60 and 825.55 or the Asbestos Abatement Finance Act	34m	.00
15	Interest on the following non-U.S. government bonds.	J-1111	
	Bonds issued by the government of Guam	35a	.00.
	Bonds issued by the government of Puerto Rico	35b	.00.
	Bonds issued by the government of the Virgin Islands	35c	.00
	Bonds issued by the government of American Samoa	35d	.00.
	Bonds issued by the government of the Northern Mariana Islands	35e	.00.
1	Mutual mortgage insurance fund bonds	35f	.00.
6	Amount of your child's Interest from U.S. Treasury and U.S. agency obligations or	<del></del>	
	from sources in Line 34 or 35 as reported on U.S. Form 8814	36	.00
	Railroad unemployment income	37	.00.
	Add Lines 21 through 37. Write the amount here and on Form IL-1040, Line 7.	38	12,327 .00
ì	This form is authorized as outlined by the Illinois income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center.  L-492-4425	L-1040	Sohedule M page 2 (R-12/09)

### Illinois Department of Revenue

# 2009 IL-2210 Computation of Penalties for Individuals

Attach to your Form IL-1040

IL Attachment No. 19

Page 1 of 3

Read this information first- For original returns only. Do not use this form if you are filing Form IL-1040-X, Amended Individual Income Tax Return, after the extended due date of the return. We encourage you to let us figure your penalties and send you a bill instead of completing and filing this form yourself.

	tep 1: Provide the follow		1	3 700 0 0		y		
	ur name as shown on Form IL-1040	Y	Your Social Security number					
Not	te: If your prior year tax return was filed using	a different Social Security r	number					
	n the number above, write that number here.		-					
St	ep 2: Figure your require	ed installments			A This year	B Last year		
1	Write the amount of your total income tax fro	om each tax return. See ins	tructions.	1	164,426.	78,765.		
2	•			2	1,123.	1,612. 77,153.		
3	Subtract Line 2 from Line 1.							
4	Write the total amount of this year's Illinois v	orms and						
_	any pass-through entity payments made on	your behalf.		4	10,994.			
_	Subtract Line 4 from Line 3.			5	152,309.			
6	Multiply Column A, Line 3, by 90% (.9).			6	146,973.			
′	If Line 5 is \$500 or less or if you are exempt				77 152			
R	Step 3. Otherwise, write the lesser of Column A, Line 6, or Column B, Line 3. Divide the amount written on Line 7 by four. This is the amount of each required				77,153.			
٠	installment. (If you use the annualized incom		8	19,288.				
	motamicon. (n you doo the armoanted moon	Quarter 1	Quarter 2		Quarter 3	Quarter 4		
		April 15, 2009	June 15, 2009	<b>.</b>	September 15, 2009	January 15, 2010		
9	Write the required installment.	April 10; 2008	00116 10, 2000	•	Deptember 10, 2000	Julious y 10, 2010		
	See Instructions.	19,288.	19,28	8.	19,288.	19,289.		
10	Write any credit carried forward from the							
	prior year and the amount withheld.			_				
	See instructions.	3,479.	2,74	<u>9.</u>	2,749.	2,747.		
11	Subtract Line 10 from Line 9. If the	15 000	16 53	^	16 530	16 540		
40	amount is negative, use brackets.	<u>15,809.</u>	16,53	<del>9 .</del>	16,539.	16,542.		
12	If the amount on Line 13 of the							
	previous quarter is negative, write that amount as a positive here.							
	Otherwise, write "0."	Skip this line for Quarter 1.		0.	0.	0.		
13	Subtract Line 12 from Line 11. If the	Skip this sile for Quality 1.			**************************************			
	amount is negative, use brackets.	15,809.	16,53	9.	16,539.	16,542.		
St	ep 3: Figure your unpaid	tax						
14	Write the amount from Column A, Line 3.				14	163,303.		
15	Add your credit carried forward from the price	r year, your total estimated	payments made t	his year	, your			
	withholding as shown on your W-2 forms, an							
	Compare that total to either the amount writ	ten on Line 7, or, <mark>if you an</mark> i	nualized, the total	of Line				
	Quarters 1 though 4, and write the greater a				15	164,454.		
16	Write other payments made on or before Ap							
	a Write the amount and the date of your Fo			_ Date				
	b Write the amount and the date of any other Add Lines 16a and 16b. Write the amount he			_ Date	e: 16			
17	Add Lines 15a and 16b. Write the amount he Add Lines 15 and 16. Write the total amount				17	164,454.		
	Subtract Line 17 from Line 14. If the amount				•••			
-	• positive, write that amount here. Continue to Step 4, and write this amount in Penalty Worksheet 1, Line 20, Column C.							
	zero or negative, write that amount here.	nalty Worksheet 1.						
	and go to Penalty Worksheet 2. You may Worksheet 2. See instructions.	apply this amount to any u	nderpayment wher	n ngunn	g your Penalty 18	<1,151.		

# Step 4: Figure your late-payment penalty

Use Penalty Worksheet 1 to figure your late-payment penalty for unpaid tax.
Use Penalty Worksheet 2 to figure your late-payment penalty for underpayment of estimated tax. Note You must follow the instructions in order to properly complete the penalty worksheets.

Penalty rates	Number of days late	Penalty rate
enalty rates	1 - 30	02

9 Write the amoun Amour		y payment you made paid	on or after April 16,	2010. See Instruct	tions.		
a b							
D				·			
		e first line of Column (			_		_
A B Due	<b>C</b> Unpaid	<b>D</b> Payment	<b>E</b> Balance due	<b>F</b> Payment	<b>G</b> Number of	H Penalty rate	I
erlod date	amount	applied	(Col. C - Col. D)	date	days late	(See above)	Penalty
eturn April 15, 2010_		***************************************	<u> </u>				
• • •							
	his is your <b>late-pay:</b> nount here and on L	ment penalty for unpa	ald tax.			21	
		overpayment in Colum	nn E above to any un	derpayment when	figuring the		neet 2.
						-	
Penalty Wo	rksheet 2 -	Late-payment p	enalty for unde	rpayment of	estimated	tax	
Note If you paid	the required amour	nt from Line 13 by the	payment due date fo	r each quarter, do	not comple	te this workshee	et.
		ch estimated income t					
			ited Income Tax				
Amou	mt Dát		_	•	Α		Data nais
Amou		e paid	Amount	Date paid	Ar	mount	Date paid
а17	,090. 04/	e paid 15/09 c	Amount 17,820.	•	Ar e f	mount	Date paid
a 17 b 17	,090. ,820. 06/	e paid 15/09 c	Amount 17,820. 100,000.	Date paid 09/15/09 12/28/09	e		
a 17 b 17 3 Write the unpaid A B	, 090 . 04/ , 820 . 06/ amounts from Line	te paid 15/09 c 15/09 d 13, Quarters 1 through	Amount 17,820. 100,000.  14, on the first line o	Date paid 09/15/09 12/28/09 If the appropriate of	fquarters in C	olumn C below.	
a 17 b 17 3 Write the unpaid A B Due date	, 090. , 820. amounts from Line C Unpaid amount	te paid 15/09 c 15/09 d 13, Quarters 1 through	Amount  17,820.  100,000.  14, on the first line of E  Balance due (Col. C - Col. D)	Date paid 09/15/09 12/28/09  f the appropriate of F Payment date	fquarters in C	ołumn C below.	
a 17 b 17 3 Write the unpaid A B Due	, 090. , 820. amounts from Line C Unpaid amount 15,809.	te paid 15/09 c 15/09 d  13, Quarters 1 through Payment applied	Amount  17,820.  100,000.  14, on the first line of  E  Balance due (Col. C - Col. D)  15,809.	Date paid 09/15/09 12/28/09  If the appropriate of F Payment date 04/15/09	fquarters in C G Number of	olumn C below.  H Penalty rate	1
a 17 b 17 3 Write the unpaid A B Due date	, 090. , 820. amounts from Line C Unpaid amount	te paid 15/09	Amount  17,820.  100,000.  14, on the first line of E  Balance due (Col. C - Col. D)	Date paid 09/15/09 12/28/09  f the appropriate of F Payment date	fquarters in C G Number of	olumn C below.  H Penalty rate	1
a 17 b 17 3 Write the unpaid A B Due eriod date tr 1 April 15, 2009	, 090. 04/, 820. 06/ amounts from Line C Unpaid amount 15,809.	te paid 15/09 c 15/09 d  13, Quarters 1 through Payment applied	Amount  17,820.  100,000.  h 4, on the first line of E Balance due (Col. C - Col. D) 15,809.  -1,281.	Date paid 09/15/09 12/28/09  f the appropriate of F Payment date 04/15/09 04/15/09	fquarters in C G Number of	olumn C below.  H Penalty rate	1
a 17 b 17 3 Write the unpaid A B Due date	, 090. , 820. amounts from Line C Unpaid amount 15,809.	te paid 15/09 c 15/09 d  13, Quarters 1 through Payment applied	Amount  17,820.  100,000.  14, on the first line of  E  Balance due (Col. C - Col. D)  15,809.	Date paid 09/15/09 12/28/09  If the appropriate of F Payment date 04/15/09	fquarters in C G Number of	olumn C below.  H Penalty rate	1
a 17 b 17 3 Write the unpaid A B Due eriod date tr 1 April 15, 2009	,090. 04/,820. 06/ amounts from Line C Unpaid amount 15,809. 15,809.	te paid  15/09 c  15/09 d  13, Quarters 1 through  Payment applied  17,090.	Amount  17,820.  100,000.  14, on the first line of E  Balance due (Col. C - Col. D)  15,809.  -1,281.	Date paid 09/15/09 12/28/09  f the appropriate of F Payment date 04/15/09 04/15/09	fquarters in C G Number of	olumn C below.  H Penalty rate	1
a 17 b 17 3 Write the unpaid A B Due date to 1 April 15, 2009 Tr 2 June 15, 2009	,090. 04/ ,820. 06/ amounts from Line C Unpaid amount 15,809. 15,809. 16,539. 16,539. 15,258.	te paid 15/09	Amount  17,820.  100,000.  h 4, on the first line of E  Balance due (Col. C - Col. D)  15,809.  -1,281.  16,539.  15,258.  -2,562.	Date paid 09/15/09 12/28/09  If the appropriate of	fquarters in C G Number of	olumn C below.  H Penalty rate	1
a 17 b 17 3 Write the unpaid A B Due eriod date tr 1 April 15, 2009	,090. 04/ ,820. 06/ amounts from Line C Unpaid amount 15,809. 15,809. 16,539. 16,539. 16,539. 16,539. 16,539.	15/09 c 15/09 d 13, Quarters 1 through Payment applied 17,090.	Amount  17,820.  100,000.  14, on the first line of E  Balance due (Col. C - Col. D)  15,809.  -1,281.  16,539.  15,258.  -2,562.  16,539.  13,977.	Date paid 09/15/09 12/28/09  f the appropriate of F Payment date 04/15/09 04/15/09 06/15/09 06/15/09 09/15/09 09/15/09	fquarters in C G Number of	olumn C below.  H Penalty rate	1
a 17 b 17 3 Write the unpaid A B Due date to 1 April 15, 2009 Tr 2 June 15, 2009	,090. 04/ ,820. 06/ amounts from Line C Unpaid amount 15,809. 15,809. 16,539. 16,539. 15,258.	15/09 c 15/09 d 13, Quarters 1 through Payment applied 17,090.	Amount  17,820.  100,000.  h 4, on the first line of E  Balance due (Col. C - Col. D)  15,809.  -1,281.  16,539.  15,258.  -2,562.	Date paid 09/15/09 12/28/09  f the appropriate of F Payment date 04/15/09 04/15/09 06/15/09 06/15/09 09/15/09	fquarters in C G Number of	olumn C below.  H Penalty rate	1
a 17 b 17 3 Write the unpaid A B Due date to 1 April 15, 2009 Tr 2 June 15, 2009	,090. 04/,820. 06/ amounts from Line C Unpaid amount 15,809. 15,809. 16,539. 16,539. 16,539. 16,539. 13,977.	15/09 c 15/09 d	Amount  17,820.  100,000.  14, on the first line of E  Balance due (Col. C - Col. D)  15,809.  -1,281.  16,539.  15,258.  -2,562.  16,539.  13,977.	Date paid 09/15/09 12/28/09  f the appropriate of F Payment date 04/15/09 04/15/09 06/15/09 06/15/09 09/15/09 09/15/09	fquarters in C G Number of	olumn C below.  H Penalty rate	1
a 17 b 17 17 3 Write the unpaid A B Due eriod date er 1 April 15, 2009	04/ 820. 04/ 06/ amounts from Line C Unpaid amount 15,809. 15,809. 15,809. 15,258. 16,539. 16,539. 16,539. 16,539. 13,977. 16,542. 16,542.	15/09 c 15/09 d	Amount  17,820.  100,000.  14, on the first line of E  Balance due (Col. C - Col. D)  15,809.  -1,281.  16,539.  15,258.  -2,562.  16,539.  13,977.  -3,843.  16,542.  12,699.	Date paid 09/15/09 12/28/09 I the appropriate of F Payment date 04/15/09 04/15/09 06/15/09 06/15/09 09/15/09 09/15/09 01/15/10 01/15/10	fquarters in C G Number of	olumn C below.  H Penalty rate	1
a 17 b 17  3 Write the unpaid A B Due eriod date r 1 April 15, 2009 r 2 June 15, 2009	,090. 04/,820. 06/ amounts from Line C Unpaid amount 15,809. 15,809. 16,539. 16,539. 16,539. 16,539. 13,977.	15/09 c 15/09 d	Amount  17,820.  100,000.  14, on the first line of E  Balance due (Col. C - Col. D)  15,809.  -1,281.  16,539.  15,258.  -2,562.  16,539.  13,977.  -3,843.	Date paid 09/15/09 12/28/09 f the appropriate of F Payment date 04/15/09 04/15/09 06/15/09 06/15/09 09/15/09 09/15/09 09/15/09	fquarters in C G Number of	olumn C below.  H Penalty rate	1
a 17 b 17  3 Write the unpaid A B Due eriod date r 1 April 15, 2009 r 2 June 15, 2009 r 3 Sept. 15, 2009	,090. 04/,820. 06/ amounts from Line C Unpaid amount 15,809. 15,809. 16,539. 16,539. 16,539. 16,539. 16,539. 16,539. 16,539. 16,539. 16,542. 16,542. 12,699.	15/09 c 15/09 d	Amount  17,820.  100,000.  14, on the first line of E  Balance due (Col. C - Col. D)  15,809.  -1,281.  16,539.  13,977.  -3,843.  16,542.  12,699.  -87301.	Date paid 09/15/09 12/28/09 if the appropriate of Fayment date 04/15/09 04/15/09 06/15/09 06/15/09 09/15/09 09/15/09 01/15/10 01/15/10	quarters in C G Number of days late	olumn C below.  H Penalty rate	1

# Step 5: Figure your late-filing penalty and the amount you owe Note | Figure your late-filing penalty only if you are filing your tax return after October 15, 2010; and your tax was not paid by April 15, 2010. Figure your late-filing penalty. 25 Write the amount from Form IL-1040, Line 16, minus any timely payments and credits. 26 Multiply the amount on Line 25 by 2% (.02). 27 Write the lesser of Line 26 or \$250. This is your late-filing penalty. Figure the amount you owe. 28 Write any late-payment penalty for unpaid tax from Line 21. 29 Write any late-filing penalty from Line 27. 30 If you have an overpayment on Form IL-1040, Line 32, write that amount as a <negative number>. If you have an amount due on Form IL-1040, Line 36, write that amount as a positive number. 31 Add Lines 28 through 30. If the result is a negative number, this is the amount you are overpaid (before any amount applied to next year's estimated tax). If the result is a positive number, this is the amount you owe. See Form IL-1040 instructions for your payment options. Step 6: Complete the annualization worksheet for Step 2, Line 9 Complete this worksheet only if your income was not received evenly throughout the year and you choose to annualize your income. Complete Lines 32 through 48 of one column before going to the next, beginning with Column A. В January 1, 2009 January 1, 2009 January 1, 2009 January 1, 2009

32	Write your Illinois base income		to March 31, 2009	to May 31, 2009	to August 31, 2009	to December 31, 2009
	for each period. See instructions.	32				
33	Annualization factors.	33	4	2.4	1.5	1
34	Multiply Line 32 by Line 33. This is					
	your annualized income.	34				
35	Exemptions. See instructions.	35				
36	Subtract Line 35 from Line 34. This is					
	your Illinois net income.	36				
37	Multiply Line 36 by 3% (.03).	37				
38	For each period, write the					
	amount you wrote on					
	Line 2, Column A.	38				
39	Subtract Line 38 from Line 37.	39				
40	Applicable percentage.	40	22.5% (.225)	45% (.450)	67.5% (.675)	90% (.900)
	Multiply Line 39 by Line 40.			<del></del>		
	This is your annualized					
	installment.	41				
42	Add the amounts on Line 48 of each of					
	the preceding columns and write the					
	total here.	42	Skip this line for Column A.			
43	Subtract Line 42 from Line 41. If less					
	than zero, write "0."	43				
44	Write the amount from					<del></del>
	Line 8 in each column.	44				
45	Write the amount from Line 47 of the					
	preceding column.	45	Skip this line for Column A.			
46	Add Lines 44 and 45.	46	***************************************			
47	If Line 46 is greater than Line 43, subtract					
	Line 43 from Line 46. Otherwise, write "0."	47				Skip this line for Column D.
48	Write the lesser of Line 43 or Line 46 here and		***************************************			
	on Line 9. This is your required installment.	48				•
	<b>2BX</b> 949103 12-11-09 210 (R-12/09)					Page 3 of 3

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-003

### BARACK H. & MICHELLE L. OBAMA

IL-SCHEDULE M U.S. GOVERNMENT OBLIGATIONS	STATEMENT
DESCRIPTION	AMOUNT
NORTHERN TRUST SECURITIES US GOVT INTEREST NORTHERN TRUST SECURITIES US GOVT INTEREST PAID	17,763.0 -5,436.0
TOTAL TO FORM IL-SCHEDULE M, LINE 23	12,327.0

### **SCHEDULE B**

(Form 1040A or 1040)

**Interest and Ordinary Dividends** 

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Attach to Form 1040A or 1040.

➤ See instructions.

OMB No. 1545-0074

BARACK H	. {	MICHELLE L. OBAMA		
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the		Amount
Interest		property as a personal residence, see page B-1 and list this interest first. Also, show that		
		buyer's social security number and address		
		JP MORGAN		317.
		NORTHERN TRUST SECURITIES US GOVT INTEREST		17,763.
		NORTHERN TRUST SECURITIES US GOVT INTEREST PAID	l L	-5,436
Note. If you		NEW YORK LIFE ANNUITY		808
received a Form 1099-INT,		FROM K-1 - FREEMAN HENRY G. JR. DECD TW		21.
Form 1099-OID, or substitute			1 _	
statement from				
a brokerage firm, list the firm's			_	
name as the			_	
payer and enter			_	
the total interest shown on that				
form.				
			L	
	2	Add the amounts on line 1	2	13,473.
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989.		
		Attach Form 8815	3	
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a	4	13,473.
	No	te. If line 4 is over \$1,500, you must complete Part III.		Amount
Part II	5	List name of payer		
Ordinary		NORTHERN TRUST SECURITIES		39.
Dividends		FROM K-1 - FREEMAN HENRY G. JR. DECD TW		11,979.
		,		
Note: If you received a Form				
1099-DIV or			L	
substitute statement from			l L	
a brokerage firm,				
list the firm's name as the			5	·
payer and enter			l L	
the ordinary dividends shown				
on that form.			l L	
			l L	
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			▎ Ĺ	
	6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a	6	12,018.
	Not	e. If line 6 is over \$1,500, you must complete Part III.		
Part III	You	must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had	foreign	Yes No
Foreign		ount; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.		100 110
Accounts and	7a	country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and	ioreign filing	<b>题</b> 数
Trusts requirements for F		requirements for Form TD F 90-22.1		X
	b	If "Yes," enter the name of the foreign country		
927501	8	During 2009, did you receive a distribution from, or were you the grantor of, or transferor to, a foreig	n trust?	B. 181
10-20-09		If "Yes," you may have to file Form 3520. See page B-2		X