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50m 990-PF

Department of the Treasury Internal Revenue Service **Return of Private Foundation**

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2009

For calendar year 2009, or tax year beginning										, a	nd ending											
G	Che	ck all t	hat apply:		Init	tial re	eturn	T	Initial	return of	a fo	rmer public cl	har	ity	•••		$\overline{\Box}$	Final re	eturn			
					Am	nend	ed return		<u>'</u>	dress cha		•		•	hange	е						
	se ti	ne IRS	Name of foundation										П				lentific	cation n	umber			
_		el.	The Baker Found	datio	on.										,			3-0843				
C	the	wise,				x num	ber if mail is	s not d	delivered to street address) Room/suite				R T	elepho	ne n	_		ge 10 of t	ne inst	niction	15)	
	pri		P.O. Box 846	•	-	X 11011				• • • • • • • • • • • • • • • • • • • •	,	1 100200	Ĭ	-	o.opc			i6) 350	-			,
	or type. See Specific City or town, state, and ZIP code									_ 1	┪	C If	evemn	tion :			ending, ch	nock h	oro.	一		
			Decatur						AL			35602-0846					• •	itions, ch	•	ICCK II	C10 P	
			e of organization:	ſΥ	l Se	ction	501(c)(3) exe		vate four	ndati		┪						eting the	85% tı	et -	`Ш
Ë	Se	ction 49	947(a)(1) nonexer	npt	cha	ritab	le trust		Other ta	xable pri	vate	foundation	ł		check	here	and a	attach co	mputation	ì	.u., ▶	• 🔲
$\overline{}$	Fair	marko	t value of all asse	ate a	t on	<u></u>	J Accour	ntina	method	· 🔯	Casl	n	\Box	_	•				vas termir check her		_	
•			om Part II. col. (c).				☐ Oth	er (šr	ecify)				"				-		onth tem		n	ال
	line	16) >	\$	1,6	80.8	192 ((Part I, col	um'n (d) must i	be on cas	h bas	is.)							check her		•	- 🔲
Pa	rt I	Anal	ysis of Revenue							Revenue ar									(d) C)ısbur	sement	ts
			nts ın columns (b), (c), a			-				penses per		(b) Net inves		ent	(0	-	djuste		1	r chan		
		the am	nounts in column (a) (se	ee pa	ge 11	1 of th	e instruction	is))		books		income	•			и	ncome			purpos sh basi	ses Is only))
	1	Contri	butions, gifts, grants, et	tc , re	ceive	ed (att	ach schedu	le)		85	,000								Ī			
	2	Check	▶ if the foundatio	n is n	ot re	quirec	d to attach S	ich B	, 20%					de	r		D	FUE	VE	<u> </u>	\perp	
	3	Intere	st on savings and to	emp	orary	/ casl	h investme	ents			23			23								
	4	Divide	ends and interest fro	om s	ecur	ities				23	<u>,348</u>		23	,348		لم				الم	Ö	
	5	a Gross	s rents											0		8	M	<u>AY 1</u>	8 20		ώ.	
<u>a</u>			ental income or (loss					0								0			ļ		K	
Revenue	6		ain or (loss) from sa							-125	,222	~			ļ	<u> </u>	_	GDI	IN. L	工	_	
Š	_		sales price for all asse			_										<u> </u>						
ď			al gaın net income (0					 			
	8		hort-term capital gai									* * 5	*	18					*			
	9		ne modifications . sales less returns and			- 1						* * * * * * * * * * * * * * * * * * * *		···	*	~			-			
	10		Cost of goods sold			* -		0	:				-		 				 			
			profit or (loss) (atta			ــا Aule)					0								 			
	11		income (attach sch			-				1	,396		1	396				0				一
	12		. Add lines 1 throug								,455			767			•		1			
	13		pensation of officers								0						• • •		<u> </u>			
enses	14		employee salaries																<u> </u>			
F	15	Pensi	on plans, employee		_																	
בֻּכ	16	a Legal	fees (attach schedu	ule)						1	,846			500				C				500
e W		b Accou	unting fees (attach s	che	dule)) .					0			0				C	<u> </u>			0
ĭŠ		c Other	professional fees (a	attac	ch sc	:hedu	ıle)			41	<u>,561</u>		16	,882							24,0	<u>679</u>
≨Ē	17	Intere	st																 			
۲۰۶	18		(attach schedule) (see								446			446								0
ᄗᇀ	19	-	eciation (attach sche		•		•				0			0					 			
Z 🖁	20		pancy									<u> </u>			<u> </u>				 			—
70	21		l, conferences, and		-								_									—
3 6	22 23		ng and publications								89			0	-			C	 			47
Operating and Administrative E	24		expenses (attach s operating and adr						 -		_09				├─				 			-1
ati			ines 13 through 23							12	,942		17	828				C	,		25.1	226
)er	25		ibutions, gifts, grant								, 942 ,100		- / /	<u> </u>	ļ <u> </u>				+		143,	_
ŏ	26		expenses and disburs								,042		17	828					1		168,	
	27		act line 26 from line							107	, u+ 2		17	<u>020</u>	 				1		100,	520
	•		s of revenue over exp		es an	d die!	bursement			-202	497											Į
			nvestment income										6	939	<u> </u>				†			
			sted net income (if		-													0				

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. (HTA)

Form 990-PF (2009)

Da	et II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End (of year
لگاما —		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	-33,435	-930	-930
	2	Savings and temporary cash investments	4,570	34,833	34,833
	3 Accounts receivable ▶ 0				
		Less: allowance for doubtful accounts	0	0	0
	4	Pledges receivable 0			
		Less: allowance for doubtful accounts	0	0	0
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 15 of the			•
	_	instructions)	0	0	0
	7	Other notes and loans receivable (attach schedule)			
Assets		Less allowance for doubtful accounts	0	0	0
SS	8	Inventories for sale or use			
4	9	Prepaid expenses and deferred charges			
		a Investments—U S and state government obligations (attach schedule)	0	4 205 425	0
		b Investments—corporate stock (attach schedule)	1,560,700	1,295,435	
		c Investments—corporate bonds (attach schedule)	0	0	0
	11	Investments—land, buildings, and equipment basis			
	40	Less accumulated depreciation (attach schedule)	0	0	0
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	0	0	0
	14				
	4-	Less accumulated depreciation (attach schedule)	0	0	0
	15	Other assets (describe	0	0	0
	16	Total assets (to be completed by all filers—see the	4 504 005	4 000 000	4 000 000
	47	instructions. Also, see page 1, item I)	1,531,835	1,329,338	1,680,892
	17	Accounts payable and accrued expenses			
S	18	Grants payable			
Liabilities	19	Deferred revenue	0		
Ē	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	
Ë	21	Mortgages and other notes payable (attach schedule)	0	0	
	22 23	Other liabilities (describe Total liabilities (add lines 17 through 22)		0	
	23		0	0	
		Foundations that follow SFAS 117, check here			
ces		and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted			
Net Assets or Fund Bala	25	Temporarily restricted			
_	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here			
Ĩ.		and complete lines 27 through 31.			
9	27	Capital stock, trust principal, or current funds	1,531,835	1,329,338	
ž	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
ŠŠ	29	Retained earnings, accumulated income, endowment, or other funds			
Ä	30	Total net assets or fund balances (see page 17 of the			
<u>e</u>		instructions)	1,531,835	1,329,338	
Z	31	Total liabilities and net assets/fund balances (see page 17			
		of the instructions)	1,531,835	1,329,338	
	t III				
1		net assets or fund balances at beginning of year—Part II, column (a), line			4 50 4 00 -
_		of-year figure reported on prior year's return)			1,531,835
		r amount from Part I, line 27a			-202,497
		r increases not included in line 2 (itemize)			4 000 000
_		ines 1, 2, and 3			1,329,338
5		eases not included in line 2 (itemize)		5	0
6	Total	net assets or fund balances at end of year (line 4 minus line 5)-Part II, c	olumn (b), line 30	6	1,329,338

Form 990-PF (2009) The Baker	Foundation			_	63-0843636 Page 3					
Part IV Capital Gains and	Losses for Tax on Inves	stment Inco	me							
	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story bnck warehouse, or common stock, 200 shs MLC Co) (b) How acquired P—Purchase D—Donation									
1a See Attached Statement			D-Donadon							
b										
С										
d		·								
θ			l							
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale	((h) Gain or (loss) e) plus (f) minus (g)					
a 140,044	0		265,266		0					
b 0	0		0		0					
<u>c</u> 0	0		0		0					
d 0	0		0 0		0					
		by the foundati			0					
(i) F M V as of 12/31/69	Complete only for assets showing gain in column (h) and owned by the form (i) F M V as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k)				ains (Col (h) gain minus), but not less than -0-) or osses (from col (h))					
a 0	0		0		0					
b 0	0		0		0					
c 0	0		0		0					
d 0	0		0		0					
e 0	0		. 0		0					
2 Capital gain net income or (so enter in Pa enter -0- in Pa		2	-125,222					
3 Net short-term capital gain of If gain, also enter in Part I, li	or (loss) as defined in sections ne 8, column (c) (see pages									
-	-0- in Part I, line 8		f I	3	0					
Part V Qualification Unde	er Section 4940(e) for Red	duced Tax o	n Net Investme	ent Income)					
(For optional use by domestic p	rivate foundations subject to t	the section 49	40(a) tax on net ir	nvestment in	icome.)					
If section 4940(d)(2) applies, lea	•		` '		,					
Was the foundation liable for the	·	ributable ama	unt of any year in	the base no	riod2 🗀 Vas 🔽 No					
If "Yes," the foundation does no			• •	tile base pe	illogi [] Tes [X] No					
		·	·							
	unt in each column for each y	ear; see page	18 of the instruct	ions before						
(a) Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distribution	s Net value	(c) of nonchantable-use as	sets	(d) Distribution ratio (col (b) divided by col (c))					
2008		,192	2,041		0.067685					
2007		957	2,674		0.072893					
2006		,873	2,504		0.062646					
2005	325	,720	2,440	,121	0.133485					
2004	144	,382	2,381	,616	0.060624					
2 Total of line 1, column (d)					0.397333					
3 Average distribution ratio for the number of years the four	the 5-year base period—divindation has been in existence		•		0.079467					
4 Enter the net value of nonch	paritable-use assets for 2009	from Part X, li	ne 5	. 4	1,425,391					
5 Multiply line 4 by line 3				5	113,272					
6 Enter 1% of net investment	income (1% of Part I, line 27b	o)		6	69					
7 Add lines 5 and 6				7	7 113,34					
8 Enter qualifying distributions	from Part XII, line 4 r than line 7, check the box in			that part usi	168,326					
the Part VI instructions on p										

For	m,990-PF (2009) The Baker Foundation 63-084	3636	Р	age 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the	e ins	truct	ions)
	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.)			
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			
	b Domestic foundations that meet the section 4940(e) requirements in Part V, check		69	
	here ▶ 🔀 and enter 1% of Part 1, line 27b			
	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%			ļ
_	of Part I, line 12, col. (b)		_	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0	+
3	Add lines 1 and 2		69	├
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		69	
5 6	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		09	-
	a 2009 estimated tax payments and 2008 overpayment credited to 2009 6a 3,974			
	b Exempt foreign organizations—tax withheld at source			
	c Tax paid with application for extension of time to file (Form 8868) 6c 0			
	d Backup withholding erroneously withheld			į
7	Total credits and payments. Add lines 6a through 6d		3,974	ļ
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		0	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		3,905	
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶ 3,905 Refunded ▶ 11		0	
Pa	rt VII-A Statements Regarding Activities			
1	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the			
	instructions for definition)?	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities	ļ		
	c Did the foundation file Form 1120-POL for this year?	1c		X
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ (2) On foundation managers. \$			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			ŀ
_	on foundation managers. \$			-
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	-	X
2	If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
3	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	Ñ/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
•	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions			
	that conflict with the state law remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	7	Х	
8	a Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) ► AL			
	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			ļ
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	ļ
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)		ļ	
	or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)?	_		
	If "Yes," complete Part XIV	9		X
10		,_		
	their names and addresses	10		X

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Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before	40		
42	August 17, 2008?	12	 	<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
4.4	Website address The best and in the column Condess Aliendal W. Co			
14	The books are in care of ► Michael W. Curl Telephone no. ► (256) 350-5	2130		
4 E	Located at ► P.O. Box 846 Decatur AL ZIP+4 ► 35602-084	<u> </u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here			
_	and enter the amount of tax-exempt interest received or accrued during the year		·	
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		1	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		1	
	a disqualified person?	<i>.</i> -		.5
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			. 4
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?		. 7	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	* *		
	If the foundation agreed to make a grant to or to employ the official for a period	, ,		%
	after termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		Χ
	Organizations relying on a current notice regarding disaster assistance check here	•		
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,		-	
	that were not corrected before the first day of the tax year beginning in 2009?	1c	, !	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		ŀ	
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	,		
	If "Yes," list the years 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			j
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see page 20 of the instructions.)	2b	N/A	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		1	
_	20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
4-	if the foundation had excess business holdings in 2009.)	3b	N/A	~
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	-+	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable	-		_
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		X
	F	om 99	0-PF (2009)

For	m 990-PF (2009) The Baker Foundation				63-084	3636	Page 6
Pa	art VII-B Statements Regarding Activitie	es for Which Forn	n 4720 May Be R	equired (continued)			
5a	During the year did the foundation pay or incur any	amount to:		_			
	(1) Carry on propaganda, or otherwise attempt to(2) Influence the outcome of any specific public of			· · · · Yes	X No		
	on, directly or indirectly, any voter registration	•	•	· · · · TYes	X No		
	(3) Provide a grant to an individual for travel, stu-	dv. or other similar pur	poses?	Yes	Π̈́ No │		
	(4) Provide a grant to an organization other than	-	-				
	in section 509(a)(1), (2), or (3), or section 494			Yes	X No		
	(5) Provide for any purpose other than religious, educational purposes, or for the prevention o	· · · · · · Yes	X No				
b	If any answer is "Yes" to 5a(1)-(5), did any of the to	-			ا ۱۰۰ ت		
	Regulations section 53.4945 or in a current notice i	· · · · · · · · · · · · · · · · · · ·	-			5b	X
	Organizations relying on a current notice regarding			-			
С	If the answer is "Yes" to question 5a(4), does the fo						
	tax because it maintained expenditure responsibility of "Yes," attach the statement required by Regulation	-		Yes	□ No	ĺ	
6a	Did the foundation, during the year, receive any fur	ds, directly or indirectl	y, to pay				
	premiums on a personal benefit contract?			· · · · Yes	X No		
b	Did the foundation, during the year, pay premiums,	directly or indirectly, o	n a personal benefit		. .	6b	X
	If "Yes" to 6b, file Form 8870.	•				*	
7a	At any time during the tax year, was the foundation	a party to a prohibited	tax shelter transaction	on? Yes	X No		
b	If yes, did the foundation receive any proceeds or h	nave any net income at	tributable to the trans	saction?		7b	
Р	art VIII Information About Officers,	Directors, Truste	es, Foundation	Managers, Highly F	Paid Em	ploye	es,
	and Contractors						
	1 !-4 -11 -66: dim-4 4 4	.4!	4 44		L . 1 4	-41	`
_1	List all officers, directors, trustees, founda						
	(a) Name and address	ation managers and (b) Title, and average hours per week devoted to position	d their compensation (c) Compensation (If not paid, enter -0-)	tion (see page 22 of the (d) Contributions to employee benefit plans and deferred compensation	(e)		account,
		(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e)	Expense	account,
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	n (e)	Expense	account, wances
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	n (e)	Expense	account, wances
	(a) Name and address	(b) Title, and average hours per week devoted to position .00	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	0 0	Expense	e account, wances
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	(e) (Expense	e account, wances
	(a) Name and address	(b) Title, and average hours per week devoted to position .00	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	0 0	Expense	e account, wances 0 0
Se	(a) Name and address e Attached Statement	(b) Title, and average hours per week devoted to position .00 .00 .00	(c) Compensation (If not paid, enter -0-) 0	(d) Contributions to employee benefit plans and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Expense	e account, wances 0 0 0
Se	(a) Name and address e Attached Statement Compensation of five highest-paid employ	(b) Title, and average hours per week devoted to position .00 .00 .00	(c) Compensation (If not paid, enter -0-) 0	(d) Contributions to employee benefit plans and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Expense	e account, wances 0 0 0
Se	(a) Name and address e Attached Statement	(b) Title, and average hours per week devoted to position .00 .00 .00 .00	(c) Compensation (If not paid, enter -0-) 0 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensatio	0 0 0 0 0 the instr	Expense	e account, wances 0 0 0
	(a) Name and address e Attached Statement Compensation of five highest-paid employ	(b) Title, and average hours per week devoted to position .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	(c) Compensation (If not paid, enter -0-) 0 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation ne 1—see page 23 of (d) Contributions to employee benefit plans and deferred	0 0 0 0 the instr	Expense ther allow	o account, wances 0 0 0 0 account, wances
	(a) Name and address e Attached Statement Compensation of five highest-paid employ If none, enter "NONE.") Name and address of each employee paid more than \$50,0	(b) Title, and average hours per week devoted to position .00 .00 .00 .00 .00 .00 .00	(c) Compensation (If not paid, enter -0-) 0 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation ne 1—see page 23 of (d) Contributions to employee benefit	0 0 0 0 the instr	Expense ther allov	o account, wances 0 0 0 0 account,
	(a) Name and address e Attached Statement Compensation of five highest-paid employ If none, enter "NONE.") Name and address of each employee paid more than \$50,0	(b) Title, and average hours per week devoted to position .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	(c) Compensation (If not paid, enter -0-) 0 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation ne 1—see page 23 of (d) Contributions to employee benefit plans and deferred	0 0 0 0 the instr	Expense ther allov	o account, wances 0 0 0 0 account,
	(a) Name and address e Attached Statement Compensation of five highest-paid employ If none, enter "NONE.") Name and address of each employee paid more than \$50,0	(b) Title, and average hours per week devoted to position .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	(c) Compensation (If not paid, enter -0-) 0 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation ne 1—see page 23 of (d) Contributions to employee benefit plans and deferred	0 0 0 0 the instr	Expense ther allov	o account, wances 0 0 0 0 account,
	(a) Name and address e Attached Statement Compensation of five highest-paid employ If none, enter "NONE.") Name and address of each employee paid more than \$50,0	(b) Title, and average hours per week devoted to position .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	(c) Compensation (If not paid, enter -0-) 0 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation ne 1—see page 23 of (d) Contributions to employee benefit plans and deferred	0 0 0 0 the instr	Expense ther allov	o account, wances 0 0 0 0 account,
	(a) Name and address e Attached Statement Compensation of five highest-paid employ If none, enter "NONE.") Name and address of each employee paid more than \$50,0	(b) Title, and average hours per week devoted to position .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	(c) Compensation (If not paid, enter -0-) 0 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation ne 1—see page 23 of (d) Contributions to employee benefit plans and deferred	0 0 0 0 the instr	Expense ther allov	o account, wances 0 0 0 0 account,
	(a) Name and address e Attached Statement Compensation of five highest-paid employ If none, enter "NONE.") Name and address of each employee paid more than \$50,0	(b) Title, and average hours per week devoted to position .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	(c) Compensation (If not paid, enter -0-) 0 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation ne 1—see page 23 of (d) Contributions to employee benefit plans and deferred	0 0 0 0 the instr	Expense ther allov	o account, wances 0 0 0 0 account,

-om 990-Pr (2009			03-0843636	Page 1
Part VIII	Information About Officers, Directors, Trustees, Found Contractors (continued)	oundation Managers, Highly Paid	Employee	es,
3 Five highe	st-paid independent contractors for professional services (see p	age 23 of the instructions). If none, enter	r "NONE."	
	Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compe	nsation
NONE				0
				0
				0
			- · · · · · · · · · · · · · · · · · · ·	0
				0
Total number of	of others receiving over \$50,000 for professional services .		▶	
Part IX-A	Summary of Direct Charitable Activities			
	n's four largest direct chantable activities during the tax year. Include relevant sta panizations and other beneficianes served, conferences convened, research pape		Expens	ses
1 N/A	•••••			
2				
3				
. —				
4				
	Summary of Program-Related Investments (see page 2			
Describe the two I	argest program-related investments made by the foundation during the tax year	on lines 1 and 2	Amou	ınt
1				
2				
All other program-	related investments See page 24 of the instructions		· ·	
				0

Total. Add lines 1 through 3

0

6

qualifies for the section 4940(e) reduction of tax in those years.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

168.257

Form 9	90-PF (2009) The Baker Foundation			63-0)843636 Page 9
Part	XIII Undistributed Income (see page 26 of t	he instructions)			
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years pnor to 2008	(c) 2008	(d) 2009
	line 7				71,201
2	Undistributed income, if any, as of the end of 2009:				
а	Enter amount for 2008 only			0	
b	Total for prior years: 20, 20, 20		0		
3	Excess distributions carryover, if any, to 2009:				
а	From 2004				
b	From 2005				
C	From 2006				
d	From 2007				
6	From 2008				
f	Total of lines 3a through e	366,664			
4	Qualifying distributions for 2009 from Part				
	XII, line 4: ► \$168,326]		
а	Applied to 2008, but not more than line 2a			0	
b	Applied to undistributed income of prior years				
	(Election required—see page 26 of the instructions) .		0		
С	Treated as distributions out of corpus (Election				
	required—see page 26 of the instructions)	0			*
d	Applied to 2009 distributable amount			······································	71,201
е	Remaining amount distributed out of corpus	97,125		· · · · · · · · · · · · · · · · · · ·	
5	Excess distributions carryover applied to 2009	0			0
	(If an amount appears in column (d), the same amount must be shown in column (a).)	&			***
6	Enter the net total of each column as indicated below:	, ,		A 4	*
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	463,789			
	Prior years' undistributed income. Subtract	* * .	,		
	line 4b from line 2b		0		
С	Enter the amount of prior years' undistributed		}	* . *	**
	income for which a notice of deficiency has	\$			
	been issued, or on which the section 4942(a)				
	tax has been previously assessed			*	
d	Subtract line 6c from line 6b. Taxable				
	amount—see page 27 of the instructions		0		
6	Undistributed income for 2008. Subtract line				
	4a from line 2a. Taxable amount—see page 27 of the				
	instructions			0	
f	Undistributed income for 2009. Subtract				
	lines 4d and 5 from line 1. This amount must				
	be distributed in 2010				0
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (see page 27 of				
	the instructions)				
8	Excess distributions carryover from 2004				
	not applied on line 5 or line 7 (see page 27 of the				
_	instructions)	30,299			
9	Excess distributions carryover to 2010.				
4-	Subtract lines 7 and 8 from line 6a	433,490			
10	Analysis of line 9:				
a	Excess from 2005				
b	Excess from 2006				
C	Excess from 2007	l l			-
đ	Excess from 2008	l l			
θ_	Excess from 2009				

	990-PF (2009) The Baker Foundation				63-084	
Par	t XIV Private Operating Foundations (s	ee page 27 of the	instructions a	nd Part VII-A, qu	estion 9)	N/A
1 [.] a	If the foundation has received a ruling or determination foundation, and the ruling is effective for 2009, enter			▶		
	Check box to indicate whether the foundation is a p	private operating foun	dation described in	n section	4942(j)(3) or	4942(j)(5)
2 a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum investment return from Part X for each	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	year listed	0				0
b	85% of line 2a	0	0	0	0	0
С	Qualifying distributions from Part XII, line 4 for each year listed	0				0
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	0	0	0	0	0
3 a	Complete 3a, b, or c for the alternative test relied upon: "Assets" alternative test—enter:			:		
	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		:			0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	0				0
c	"Support" alternative test—enter:					<u>_</u>
•	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)	!				0
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					0
Pai	XV Supplementary Information (Con	nplete this part	only if the fou	ndation had \$5,	000 or more in	
	assets at any time during the year					
1 a	Information Regarding Foundation Manag List any managers of the foundation who have con before the close of any tax year (but only if they ha	tributed more than 2%			the foundation	
b	List any managers of the foundation who own 10% ownership of a partnership or other entity) of which				ortion of the	
2	Information Regarding Contribution, Gran Check here ► X if the foundation only makes unsolicited requests for funds. If the foundation maunder other conditions, complete items 2a, b, c, and	contributions to presentes gifts, grants, etc.	elected charitable	organizations and do		tions
а	The name, address, and telephone number of the	person to whom appli	cations should be	addressed:		
b	The form in which applications should be submitted	d and information and	I materials they sh	ould include		
С	Any submission deadlines:					
d	Any restrictions or limitations on awards, such as b factors:	by geographical areas	, charitable fields,	kinds of institutions,	or other	

63-0843636

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

3 Grants and Contributions Paid During the	If recipient is an individual,	1		
Recipient	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year See attached schedule.		•		
oce attached scriedule.				143,100
				0
				0
				0
				0
				0
				0
				0
				O
				0
				O
				O
				C
				C
				C
				C
Total	<u></u>		▶ 3a	143,100
b Approved for future payment				0
				O
				O
		1		o
				0
				0
				0
				C
				0
Total			▶ <u>3</u> b	0

	Unrelated busi	ness income	Excluded by section	512 513 or 514	(e)
gross amounts unless otherwise indicated. ogram service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exem function income (See page 28 of the instructions
		0		0	
		0		0	
	<u> </u>	0	-	0	
		0		0	
		0		0	
		0		0	
Fees and contracts from government agencies				<u>~</u>	
embership dues and assessments				.	
erest on savings and temporary cash investments			14	23	
vidends and interest from securities			14	23,348	
et rental income or (loss) from real estate:				20,010	
Debt-financed property					
Not debt-financed property					
et rental income or (loss) from personal property	f T				
her investment income			14	1,396	
ain or (loss) from sales of assets other than inventory			1-7	-125,222	
et income or (loss) from special events				-120,222	
oss profit or (loss) from sales of inventory					
		0		0	
her revenue. a		0		0	
		0		0	
		0		0	
		0		0	
btotal. Add columns (b), (d), and (e)		0		-100,455	
tal. Add line 12, columns (b), (d), and (e)	•			13	-100,4
rorksheet in line 13 instructions on page 28 to verify calculations					100,1
XVI-B Relationship of Activities to the Ac		of Exempt Po	urposes		
No. Explain below how each activity for which incom the accomplishment of the foundation's exempt page 28 of the instructions.)					
			<u></u>		

Firm's name (or yours if

self-employed), address, and ZIP code

Par	t XVII	Information Regardanization	-	sfers To and Tr	ansactions a	and Re	lationships With I	Noncharit	able	-	
	in sect	e organization directly ion 501(c) of the Code zations?	or indirectly e							Yes	No
	•	zations? ers from the reporting	foundation to	a noncharitable e	vemnt organiz	ation of:					
									40/4)		
	(1) Ca	nsh				• • •			1a(1)	_	_X
L									1a(2)		X
		transactions:	abadtabla ava						4 15/43		
		lles of assets to a non-							1b(1)		_ <u>X</u>
		rchases of assets from							1b(2)		X
	(3) Re	ental of facilities, equip	ment, or othe	: assets					1b(3)		X
	(4) Re	eimbursement arrange	menis					• • •	1b(4)		X
		ans or loan guarantee							1b(5)		x
		erformance of services g of facilities, equipme							1b(6) 1c		X
		• • • •	_ ·							لــــا	^
đ	value o	answer to any of the ab of the goods, other ass n any transaction or sl	sets, or servic	es given by the re	porting founda	tion. If the	he foundation receive	ed less thar	ı fair m	narket	t d.
(a) l	Line no	(b) Amount involved	(c) Name	of nonchantable exempt	t organization	(d) Des	scription of transfers, transa	actions, and sh	аппд ап	angem	ents
		0									
		0									
		0									
		0				<u> </u>					
		0									
		0	<u></u>								
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		0				l	· · · · · · · · · · · · · · · · · · ·				
	describ	foundation directly or i bed in section 501(c) c ," complete the followi	of the Code (o						'es X	No	
		(a) Name of organization		(b) Type	of organization		(c) Description	on of relationsh	ıp		
			- .								
	·			<u> </u>			1				_
		er penalties of perjury, I decla f, it is true, correct, and comp					on all information of which	n preparer has			
ē	Sia	nature of officer or trustee			D;	ate	Title	U.IL			
Sign Here	aid arer's Only	Preparer's	lah Halo	7	Date		Check if self-employed ▶	Preparer's id number (see page 30 of th	Signati ne instru	ure on	-
	1 3 O A	i sionatiire 🔻 🐧	/	1	5/13/200	IU	i	322-48-58	×Δ		

Blackburn, Maloney and Schuppert, LLC

P.O. Box 1469, Decatur, AL 35602-1469

EIN ► 63-1190364

Phone no (256) 353-7826

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Name of the organization		Employer identification number
The Baker Foundation		63-0843636
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a priva	ate foundation
	527 political organization	
Form 990-PF	∑ 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private f	oundation
	501(c)(3) taxable private foundation	
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General	l Rule and a Special Rule. See
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, y one contributor. Complete Parts I and II.	\$5,000 or more (in money or
Special Rules		
sections 509(a)(1	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % s) and 170(b)(1)(A)(vi), and received from any one contributor, during 2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 99	the year, a contribution of the greater
the year, aggrega	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that receive the contributions of more than \$1,000 for use exclusively for religious oses, or the prevention of cruelty to children or animals. Complete Page 1	s, charitable, scientific, literary, or
the year, contributing aggregate to more year for an exclusion applies to this org	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that receive tions for use exclusively for religious, charitable, etc., purposes, but e than \$1,000. If this box is checked, enter here the total contribution sively religious, charitable, etc., purpose. Do not complete any of the ganization because it received nonexclusively religious, charitable, etc.	these contributions did not as that were received during the parts unless the General Rule c., contributions of \$5,000 or more
Caution. An organization 990-EZ, or 990-PF), but it	n that is not covered by the General Rule and/or the Special Rules do it must answer "No" on Part IV, line 2 of its Form 990, or check the b 90-PF, to certify that it does not meet the filing requirements of Scheo	pes not file Schedule B (Form 990, pox on line H of its Form 990-EZ,

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)	· · · · · · · · · · · · · · · · · · ·	Page 1 of _	of Part
Name of organization		Employer identifica	ion number

The Bake	er Foundation		63-0843636
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Raymon J. Baker Charitable Lead Annuity Trust P.O. Box 846 Decatur AL 35602-0846 Foreign State or Province: Foreign Country:	\$85,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Foreign State or Province: Foreign Country	\$	Person Payroll Oncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Foreign State or Province: Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	Foreign State or Province	\$0	Person Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>. 5</u>	Foreign State or Province: Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
. 6	Foreign State or Province: Foreign Country:	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

THE BAKER FOUNDATION
2009 FORM 990-PF
PART XV, LINE 3
GRANTS AND
CONTRIBUTIONS

INSTITUTION	RELATIONSHIP	STATUS	PURPOSE	AMOUNT
Line 3a - Paid Dunng the Year				
Philips Brooks House Association	None	Public	Charitable-Religious	1,000 00
St. Vincent's Foundation	None	Public	Chantable-Religious	12,500.00
Educational Research Fdn. For the A A.F.P.R.S.	None	Public	Chantable-Religious	1,500.00
Greenscape	None	Public	Charitable-Religious	300.00
St. Mark's Episcopal Church	None	Public	Charitable-Religious	1,000.00
Jacksonville Symphony	None	Public	Charitable-Religious	1,000.00
The Flonda Theatre	None	Public	Chantable-Religious	2,000 00
Boy Scouts	None	Public	Charitable-Religious	250.00
Princess Theatre	None	Public	Chantable-Religious	75,000.00
Gilman International	None	Public	Chantable-Religious	2,400 00
Bascom Museum	None	Public	Chantable-Religious	1,000.00
United Way of Central Alabama	None	Public	Charitable-Religious	5,000 00
The Cummer Museum of Art	None	Public	Chantable-Religious	1,500 00
Alabama Symphony	None	Public	Chantable-Religious	5,000.00
Community Free Clinic	None	Public	Chantable-Religious	250 00
PACT	None	Public	Charitable-Religious	5,000.00
Decatur City Schools Foundation	None	Public	Chantable-Religious	1,000.00
Brewersville United Methodist Church	None	Public	Charitable-Religious	100.00
Morgan County Mental Health	None	Public	Charitable-Religious	200.00
Decatur City Schools	None	Public	Charitable-Religious	1,000.00
Decatur Youth Symphony	None	Public	Chantable-Religious	1,000.00
Lauren Wilson	None		Scholarship	7,500.00
Calhoun Collage	None	Public	Scholarship FBO	
			Kim Proctor	4,800.00
University of North Alabama	None	Public	Scholarship FBO	
			Alan Boozer	5,000.00
Flagler College	None	Public	Scholarship FBO	
			Madelyn Tavaras	2,500.00
University of South Alabama	None	Public	Scholarship FBO	;
			Katie Stepp	2,000 00

143,100.00

Total Paid During Year

THE BAKER FOUNDATION EIN: 63-0843636 2009 FORM 990-PF

PART VIII INFORMATION ABOUT OFFICERS, DIRECTORS, TRUSTEES, FOUNDATION MANAGERS, HIGHLY PAID EMPLOYEES, AND CONTRACTORS

OFFICERS AND BOARD OF DIRECTORS

Name and Address	Title, and Average Hours Per Week <u>Devoted to Position</u>	Compensation	Contributions to Employee Benefit Plans	Expense Account Other Allowances
Michael W. Curl P.O. Box 846 Decatur, Alabama 35602	President Director 5 hours	\$15,000.00	-0-	-0-
Patty McAnnally P.O. Box 846 Decatur, Alabama 35602	Director 5 hours	\$15,000.00	-0-	-0-
Cindy Strickland P.O. Box 846 Decatur, Alabama 35602	Secretary Director -0- hours	-0-	-0-	-0-
Marjorie R. Baker 2205 Country Club Road, S.E. Decatur, Alabama 35601	Director -0- hours	-0-	-0-	-0-
Becky Wachholz 5051 Yacht Club Road Jacksonville, Florida 32210	Director -0- hours	-0-	0-	-0-
Charles R. Paler P.O. Box 846 Decatur, Alabama 35602	Director -0- hours	-0-	-0-	-0-
Calvin J. Brown P.O. Box 846 Decatur, Alabama 35602	Director -0- hours	0 -	-0-	-0-

THE BAKER FOUNDATION EIN: 63-0843636 2009 FORM 990-PF PART IV, LINE 1

DESCRIPTION OF ASSET	DATE SOLD	SALES PRICE	COST/BASIS	GAIN (LOSS)
25 SHRS PROASSURANCE CORP	01/22/09	1,219.00	310.00	908.00
1,100 SHRS PROASSURANCE CORP	01/22/09	53,847.00	13,622.00	40,225.00
8,200 SHRS COLONIAL BANCGROUP	03/31/09	7,075.00	69,752.00	-62,677.00
1,100 SHRS CISCO SYSTEMS, INC.	06/22/09	20,284.00	6,524.00	13,760.00
1,600 SHRS MEMC ELECTRONIC MATERIALS	60/20/80	28,355.00	85,791.00	-57,436.00
13,690 SHRS LEVEL 3 COMMUNICATIONS	12/22/09	19,302.00	81,456.00	-62,154.00
90 SHRS SPDR TRUST UNIT SER 1	12/22/09	9,962.00	7,811.00	2,151.00
		•		
TOTAL		140,044.00	265,266.00	-125,222.00

ACCOUNT STATEMENT

ACCOUNT NUMBER: 1013000128

STATEMENT PERIOD: DECEMBER 01, 2009 THROUGH DECEMBER 31, 2009

DETAIL LISTING OF INCOME ASSETS

			8000000		EST ANNUAL	
DESCRIPTION			MARKET VALUE	TAX COST	INCOME/ ACCRUED INC	CURRENT YIELD
CASH AND EQUIVALENTS 999990148						
REGIONS TRUST MONEY MARKET DEPOSIT ACCOUNT	*		5,482.55	5,482.55	1.64 0.14	0.03
TOTAL CASH AND EQUIVALENTS			5,482,56	5,482.55	1.64 0.14	0.03
TOTAL INCOME ASSETS			5,482.65	6,482.56	1.64 0.14	. 0.03
DETAIL LISTING OF PRINC	IPAL ASSE	TS				
DESCRIPTION			MARKET VALUE	TAX	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
CASH AND EQUIVALENTS						
999990146 REGIONS TRUST MONEY MARKET DEPOSIT ACCOUNT			29,350.45	29,350.45	8.81 0.73	0 03
TOTAL CASH AND EQUIVALENTS			29,350.45	29,350.45	8.61	0.08
	\$				0.73 EST ANNUAL	
DESCRIPTION	TICKER	SHARES	MARKET VALUE	TAX COST	INCOME/ ACCRUED INC	CURRENT YIELD
EQUITIES						
COMMON STOCK						
037833100 APPLE INC	* AAPL	650 000	136,975.80	82,076.07		
060505104 BANK OF AMERICA CORP	BAC	1,660.000	24,999.60	83,348.60	68 40	0.27
084670207 BERKSHIRE HATHAWAY INC CL B	BRK/B	20 000	85,720.00	63,601.20		
15670R107 CEPHEID INC CEPHEID INC	CPHD	3,770.000	47,049.60	45, 190.23		
17275R102 CISCO SYSTEMS INC	csco	5,770.000	138,133.80	34,218.73		
172967101 CITIGROUP INC	c	3,756.000	12,432.38	43,552.93	150.24	1.21
219350105 CORNING INC	GrM	3,440.000	68,426.40	83,230 11	688.00	1.04
254687106 WALT DISNEY CO	DIS	1,900.000	61,275 ∞	38,134.63	665.00 685.00	1.09
25490A101 DIRECTY CLASS A		1,330.000	44,355.50	24,206.00)	

ACCOUNT STATEMENT

ACCOUNT NUMBER: 1018000128

STATEMENT PERIOD: DECEMBER 01, 2009 THROUGH DECEMBER 31, 2009

DETAIL LISTING OF PRINCIPAL ASSETS (CONTINUED)

DESCRIPTION	TICKER	SHARES	MARKET VALUE	TAX COST	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
COMMON STOCK						TIELD
369604103 GENERAL ELECTRIC CO	GE	4,800.000	72,624.00	69,780.00	1,920.00 480.00	2.64
437076102 HOME DEPOT INC	HD	4,300.000	124,399.00	53,487.22	3,870.00	3.11
450911102 ITT CORPORATION	ŧTT	1,930.000	95,998.20	58,173.58	1,840.50 410.13	1.71
458140100 INTEL CORP	INTC	6,305.000	128,622.00	62,871.46	3,530 80	2 75
46625H100 J P MORGAN CHASE & CO	JPM	1,825.000	78,047.75	72,667.30	365.00	0.48
478160104 JOHNSON & JOHNSON	JNJ	1,200.000	77,292.00	72,505.44	2,352.00	· 3.04
502424104 L-3 COMMUNICATIONS HILDGS INC	, ш *	715.000	62,169.25	29,987 24	1,001.00	1.81
61166W101 MONSANTO CO NEW	MON	575.000	47,003.25	64,370.56	609 50	1 30
74287C108 PROASSURANCE CORP	PRA	1,400.000	75,194.00	17,337.17		
92220P105 VARIAN MED SYS INC	VAR	1,245.000	58,328.25	45,935.89		
TOTAL COMMON STOCK		SUB- TOTAL	1,415,048.76	1,042,674.94	16,858.44 1,555.13	1.19
INTERNATIONAL					enir asse	
500472303 KONINKLIJKE PHILIPS ELECTAS SP ADR NEW2000		2,850.000	83,904.00	74,903.99	2,271.45	2.71
73755L107 POTASH CORP OF SASKATCHEWA	IN POT	755.000	81,917.50	95,844.41	302.00	0.37
TOTAL INTERNATIONAL		SUB- TOTAL	185,821.60	170,748.40	2,573.45 0.00	1.55
TOTAL EQUITIES			1,580,870.28	1,213,422.74	19,431.89 1,655.13	1.23



ACCOUNT STATEMENT

ACCOUNT NUMBER: 1013000128 STATEMENT PERIOD: DECEMBER 01, 2009 THROUGH DECEMBER 31, 2009

DETAIL LISTING OF PRINCIPAL ASSETS (CONTINUED)

DESCRIPTION	TICKER	SHARES	MARKET VALUE	TAX COST	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
MISCELLANEOUS						
G47791101 INGERSOLL -RAND PLC PLC	IRZZZZ	1,850.000	68,119.00	82,011.79	518.00	0.78
TOTAL MISCELLANEOUS			68,119.00	82,011.79	818.00 0.00	0.78
TOTAL PRINCIPAL ASSETS			1,676,339.71	1,324,784.98	19,968.70 1,555.66	1.19

THE BAKER FOUNDATION EIN: 63-0843636

2009 FORM 990-PF PART II, BALANCE SHEETS LINE 16(C) TOTAL ASSETS

Regions Bank Account Number 1013000128-Schedule Attached:

Income Assets:

Regions Trust Money Market Account:	\$	5,483.00
Principal Assets:		
Regions Bank Master Money Market Account:	\$	29,350.00
Equities:	\$	1,580,870.00
Miscellaneous:	\$	66,119.00
Total	\$	1,681,822.00
Regions Bank Checking Account Number 05825393.	<u>\$</u>	-930.00
Total	\$	1,680,892.00

THE BAKER FOUNDATION

EIN: 63-0843636

2009 FORM 990-PF

PART I, LINE 16c OTHER PROFESSIONAL FEES

(d) <u>Charitable</u>	\$ 0.00	\$ 80.00	\$ 500.00	\$24,000.00	30.00	\$24,679.00
(b) Net Investment	\$ 2,115.00	\$ 3,906.00	00.00	00.000,9 \$	\$ 4,861.00	\$16,882.00
(a) <u>Total</u>	\$ 2,115.00	\$ 3,986.00	\$ 500.00	\$ 30,000.00	\$ 4,960.00	\$ 41,561.00
	Regions Bank:	Bluecreek Investment Partners, Inc	Ken Creekmore:	Management Group, LLC:	West-Ellis Investment Management, Inc.:	Total

5-40500 BOD 09