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Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs gov/form990 .

OMB No 1545-0047

2014

Name of the organization THE BAKER FAMILY FOUNDATION		Employer identification number	
	47-2592778		
Organization type (check	C/O MARTIN R. ABROMS	47 2054.10	
Filers of:	Syction:		
	~		
Form 990 or 990-EZ	L 501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 990 PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		
Note. Only a section 501	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule, See instructions.	
General Rule			
	ion filing Form 990, 990-EZ, or 990 PF that received, during the year, contributions totalin my one contributor. Complete Parts I and II. See instructions for determining a contributo		
Special Rules			
sections 509(a)(any one contrib	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppor 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a utor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount EZ, line 1 Complete Parts I and II	, or 16b, and that received from	
year, total contr	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ibutions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or edulated to children or animals. Complete Parts I, II, and III.		
year, contribution is checked, ento purpose. Do no	tion described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from the exclusively for religious, charitable, etc., purposes, but no such contributions totaled rear here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because able, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box is, charitable, etc , it received <i>nonexclusively</i>	
but it must answer "No"	n that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its leet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).		
LHA For Paperwork Re	duction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule	B (Form 990, 990-EZ, or 990-PF) (2014)	

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Schedule B	(Earm GQA	000.E7	Ar 000 DE	12014	١
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Page 2

Name of organization

THE BAKER FAMILY FOUNDATION

Employer identification number

Contributors (see instructions). Use duplicate copies of Part I i (b) Name, address, and ZIP + 4 RYAN BAKER 109 DALTON LANE	(c) Total contributions	(d) Type of contribution Person X
Name, address, and ZIP + 4 RYAN BAKER	Total contributions	Type of contribution
		Person X
TUSCUMBIA, AL 35674	\$ 200,000.	Payroll Noncash (Complete Part It for noncash contributions)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	s	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	s	Person Payroll Noncash Complete Part II for noncash contributions)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Schedula B (Form	Person Payroll Noncash (Complete Part II for noncash contributions)
	(b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (c) Total contributions \$ (b) Name, address, and ZIP + 4 (c) Total contributions \$ (c) Total contributions \$ (d) Total contributions \$ (e) Total contributions \$ (f) Name, address, and ZIP + 4 (g) Total contributions \$ (h) Name, address, and ZIP + 4 (h) Name, address, and ZIP + 4

Name of organization

423453 11-05-14

THE BAKER FAMILY FOUNDATION

Employer identification number

C/O MARTIN R. ABROMS 47-2592778 Part II Noncash Property (see instructions), Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) (c) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (see Instructions) Part I (a) No. (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part 1 (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Schedüle (3 (Form 990, 990-EZ, or 990-PF) (2014)		Page 4				
Name of pro	panization		Employer identification number				
	AKER FAMILY FOUNDATION						
C/O Mi	ARTIN R. ABROMS		47-2592778				
Part III	the year from any one contributor. Complete	o columns (a) through (e) and the following	section 50 f(c)(7), (8), or (10) that total more than \$1,000 for				
	completing Part III, enter the total of exclusively religion	ous, charitable, etc., contributions of \$1,000 or les	es for the year. (Ealer Usinio once)				
(a) No.	Use duplicate copies of Part III if addition	nal space is needed.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
<u> </u>		<u> </u>					
Ì	(e) Transfor of gift						
1	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
<u> </u>	Tunsieree's name, address, i	5110 Z11 T4	Helationship of parisieror to transferee				
(a) No.							
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
[_							
		(e) Transfer of gift					
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
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(5) 3) 5							
(a) No from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
_							
	(e) Transfer of gift						
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-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
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(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(4)	(-,					
Γ	(e) Transfer of gift						
	•						
1	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
							

423454 17-05-14