Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service

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► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

. !	or cal	endar year 2019 or tax year beginning	, 2019,	and ending		
1	ምክ <u></u>	Baker Foundation		A	Employer Identification nur 13-3405090	nder
		West Red Oak Lane		В	Telephone number (see inst	ructions)
		e Plains, NY 10604			9144619320	
				c	If exemption application is	pending, check here. ► \
-	n Chr	eck all that apply. Initial return	Initial return of a form	nor oublin abarity		
•	عادات عج	Final return	Amended return	D D	1 Foreign organizations, chec	ck here . • 📗
		Address change	Name change	, ,	2 Foreign organizations meet	
ī	H Che		(c)(3) exempt private f	oundation/	here and attach computation	on . ► [
		Section 4947(a)(1) nonexempt charitable t		private foundation E	If private foundation status	
-			counting method. X Ca	ash Accrual	under section 507(b)(1)(A)	, check here.
	•	m Part II, column (c), line 16)	Other (specify)	F	If the foundation is in a 60	
-	► \$	0,020,20	column (d), must be on o	cash basis.)	under section 507(b)(1)(B)	, check here.
L	Part I	Analysis of Revenue and	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		Expenses (The total of amounts in columns (b), (c), and (d) may not	expenses per books	income	income	for charitable purposes
		necessarily equal the amounts in				(cash basis only)
-		column (a) (see instructions).) 1 Contributions, gifts, grants, etc., received (attach schedule)				
1		2 Check ► X if the foundation is not required to attach Sch B				
X		_			1 035	
Υ		3 Interest on savings and temporary cash investments. 4 Dividends and interest from securities.	1,076.	1,076	1,076. 82,812.	
V		4 Dividends and interest from securities	82,812.	82,812	82,812.	
		b Net rental income				
		or (loss) 6 a Net gain or (loss) from sale of assets not on line 10				
	힏	b Gross sales price for all assets on line 6a				
	Revenue	7 Capital gain net income (from Part IV, line 2)				
	Š	8 Net short-term capital gain				
	ď	10 Gross sales less				
		returns and allowances				
		b Less Cost of goods sold.				
		C Gross profit or (loss) (attach schedule)				
		11 Other income (attach schedule)				
-			02.000	02.000	02 000	
; -		12 Total. Add lines 1 through 11	83,888.	83,888	83,888.	
•	X	14 Other employee salaries and wages .				
•	ve Expenses	15 Pension plans, employee benefits				
>	<u>v</u>	16a Legal fees (attach schedule)				
2	X	b Accounting fees (attach sch)				
_	ē	c Other professional fees (attach sch)				
)		17 Interest 18 Taxes (attach schedule)(see instrs) See Stm 1	1 076	REC	ENVE	
	Ě	19 Depreciation (attach	1,076.		FIVED	
Ž	Ë	schedule) and depletion		S JUL	70	
	<u>Έ</u>	20 Occupancy		18 JUL :	2 3 2020	
ה מ	Ad	21 Travel, conferences, and meetings	160.		+ 	
	7	23 Other expenses (attach schedule)	100.	OGDE	N, UT	
	ਰ	See Statement 2	128.		, UI	
	Operating and Administrati	24 Total operating and administrative	1.051			- · · <u>- · · · · · · · · · · · · · · · ·</u>
	<u>te</u>	expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid Stmt. 3	1,364.		 	149,000.
	8	26 Total expenses and disbursements.	149,000.		<u> </u>	143,000.
	0	Add lines 24 and 25 .	150,364.		0.	149,000.
-		27 Subtract line 26 from line 12:				
		a Excess of revenue over expenses and disbursements	-66,476.			
		b Net investment income (if negative, enter -0-).	00, 1, 0.	83,888		<u> </u>
		C Adjusted net income (if negative, enter -0-)			83,888.	
_						

BAA For Paperwork Reduction Act Notice, see instructions.

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Par	FII	Balance Sheets	column should be for end-of-year amounts only.	Beginning of year		,
- 41			(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interes	9	84,988.	22,473.	22,473.
	2		rary cash investments			
	3	Accounts receivable				
		Less. allowance for				
	4	Pledges receivable				
	_	Less allowance for	doubtful accounts			
	5	Grants receivable.	• •••			
	6	disqualified persons (atta	icers, directors, trustees, and other ich schedule) (see instructions)			
	7	Other notes and loans re				
	_	Less: allowance for				
	-	Inventories for sale				
	1	Prepaid expenses a	-			
Assets		obligations (attach				
As		Investments — corporate		1,717,159.	1,717,159.	3,223,684.
	1	: Investments — corporate	` '	81,632.	77,671.	77,687.
	11	Investments — land equipment: basis	• • • • • • • • • • • • • • • • • • •			
		Less: accumulated depre (attach schedule)	. -			
	12	Investments – more				
	13		r (attach schedule)	2,406.	2,406.	2,406.
	14	Land, buildings, and				
		,	-		 .	
	15 16	Other assets (descr Total assets (to be see the instructions	ıbe ► completed by all filers —) . Also, see page 1, item I)	1,886,185.	1,819,709.	3,326,250.
	17	Accounts payable a	nd accrued expenses			
	18	Grants payable				
8	19	Deferred revenue				
Liabilities	20	Loans from officers, dire	ctors, trustees, & other disqualified persons .			
졅	21	Mortgages and other note	es payable (attach schedule) .			
Ë	22	Other liabilities (des	scribe)	1.	1.	
	23	Total liabilities (add	d lines 17 through 22)	1.	1.	
ances		Foundations that for and complete lines	ollow FASB ASC 958, check here > 24, 25, 29, and 30.			
	24	Net assets without				
Ö	25	Net assets with don	or restrictions			
2	25		not follow FASB ASC 958, check here			
Ţ		and complete lines				
þ	26	•	principal, or current funds	1,307,810.	1,307,810.	
ħ	26	•	or land, bldg., and equipment fund.	1,301,610.	1,301,010.	
šše	27	•	nulated income, endowment, or other funds	578,374.	511,898.	
A	29	• .	fund balances (see instructions)	1,886,184.	1,819,708.	
Net Assets or Fund Ba	30	Total liabilities and (see instructions)	net assets/fund balances	1,886,185.	1,819,709.	
Par	t III	·	nges in Net Assets or Fund Balanc			
1	Tota	I net assets or fund b	palances at beginning of year — Part II, colu and on prior year's return) .		gree with	1,886,184.
2		r amount from Part I		••	2	-66,476.
3		increases not included in I		•• ••	3	00,310.
4		lines 1, 2, and 3			4	1,819,708.
5		ases not included in line 2	(Itemize)		5	2,015,700.
6			palances at end of year (line 4 minus line 5)	- Part II, column (b). I		1,819,708.
•					· · · · ·	, _,, <u></u> ,

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

Part VI instructions.

13-3405090 Form 990-PF (2019) The Baker Foundation Page 4 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 see instructions) 1 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. 839 check here. ► X and enter 1% of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-). 0 3 Add lines 1 and 2 839. 3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-). 4 0 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-839. 6 Credits/Payments a 2019 estimated tax pymts and 2018 overpayment credited to 2019 **b** Exempt foreign organizations — tax withheld at source . 6ь c Tax paid with application for extension of time to file (Form 8868). 6 c d Backup withholding erroneously withheld . . . Total credits and payments. Add lines 6a through 6d 7 0. 8 25. Enter any penalty for underpayment of estimated tax. Check here 9 864. Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Refunded Enter the amount of line 10 to be Credited to 2020 estimated tax Part VII-A Statements Regarding Activities Yes No 1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it 1 a participate or intervene in any political campaign?. b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 1 b 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. 1 c X c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0. (2) On foundation managers ►\$ (1) On the foundation ►\$ 0 e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on ▶\$ foundation managers 0. 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? . 2 X 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 of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes 3 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4 a X b If 'Yes,' has it filed a tax return on Form 990-T for this year? 4 b N 'A 5 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 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 X 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 X 8a Enter the states to which the foundation reports or with which it is registered. See instructions b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General 8ь X (or designate) of each state as required by General Instruction G? If 'No,' attach explanation is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If 'Yes,' complete Part XIV 9

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Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names

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Pai	t VII-A	Statements Regarding Activities (continued)					
11	At any ti	me during the year, did the foundation, directly or indirectly, own a controlled entity meaning of section 512(b)(13)? If 'Yes,' attach schedule. See instructions			11	Yes	No X
12	Did the fo	undation make a distribution to a donor advised fund over which the foundation or a disqualified perso privileges? If 'Yes,' attach statement. See instructions	n had		12		х
13		bundation comply with the public inspection requirements for its annual returns and exemption	applica	tion?	13	X	
		address					
14		s are in care of Marcus Baker Telephone at One West Red Oak Lane White Plains NY ZIP + 4 Marcus Baker	no. - 106	914-46 04	71-3	<u>320</u>	
15		947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here			N/A		
	and ente	r the amount of tax-exempt interest received or accrued during the year.	•	15		1	N/A
16	At any tin bank, se	ne during calendar year 2019, did the foundation have an interest in or a signature or other authority ocurities, or other financial account in a foreign country?	ver a	.	16	Yes	No X
	See the enter the	nstructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' name of the foreign country					
Pai	rt VII-B	Statements Regarding Activities for Which Form 4720 May Be Required					
	File Form	1 4720 if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
1 a	•	e year, did the foundation (either directly or indirectly).					
		ge in the sale or exchange, or leasing of property with a disqualified person?.	Yes	X No			
	(2) Borre	www.money.from, lend money to, or otherwise extend credit to (or accept it from) a	Yes	ΧNο			
		sh goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
		compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			
	(5) Tran for th	sfer any income or assets to a disqualified person (or make any of either available le benefit or use of a disqualified person)?	_ Yes	XNo			
	(6) Agre found of go	e to pay money or property to a government official? (Exception. Check 'No' if the ation agreed to make a grant to or to employ the official for a period after termination vernment service, if terminating within 90 days.)	Yes	ΧNο			
ŀ	If any an	swer is 'Yes' to 1a(1)—(6), did any of the acts fail to qualify under the exceptions described in ins section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions			1 b	NI	/A
		tions relying on a current notice regarding disaster assistance, check here .		\Box			Â
ď	Did the f	oundation engage in a prior year in any of the acts described in 1a, other than excepted acts, not corrected before the first day of the tax year beginning in 2019?			1 c		X
2	Taxes or private o	failure to distribute income (section 4942) (does not apply for years the foundation was a perating foundation defined in section 4942(j)(3) or 4942(j)(5)).					
á		d of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and x year(s) beginning before 2019?	Yes	XNo			
		st the years > 20 , 20 , 20 , 20	_] '03	Д.			
ŀ	Are there	any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)				
	(relating all vears	to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a listed, answer 'No' and attach statement — see instructions.)	1)(2) to 		2 b	N	/A
		visions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years h	ere.				7
	▶ 20	, 20 , 20 , 20					
3 a	Did the f enterpris	oundation hold more than a 2% direct or indirect interest in any business e at any time during the year?	Yes	X No			
i	or disqua	lid it have excess business holdings in 2019 as a result of (1) any purchase by the foundation lified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved formissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or one of the 10-, 15-, or 20-year first bhase holding period? (Use Form 4720, Schedule C, to	İ				
	determin	pse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to e if the foundation had excess business holdings in 2019.)			3 Ь	N.	/A
4 2	Did the f charitabl	oundation invest during the year any amount in a manner that would jeopardize its e purposes?			4 a		Х
ı	jeopardiz	oundation make any investment in a prior year (but after December 31, 1969) that could be its charitable purpose that had not been removed from jeopardy before the first day of					
	the tax y	ear beginning in 2019?			4 b		Χ

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Part VII-B Statements Regarding Activit		1 4720 May Be Req	uired (continued)		T
5a During the year, did the foundation pay or incur a		- (b 4045(a))2	□v 5	7 N	Yes No
(1) Carry on propaganda, or otherwise attemp			∐ Yes [X	No	1 +
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section ation drive?	1 4955), or to carry	∏ Yes 🔀	No	1 1
(3) Provide a grant to an individual for travel,			Yes	⊣ ∥	
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? See instructions	a charitable, etc., organi	ization described .	Yes X	No	
(5) Provide for any purpose other than religio educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	. Yes X	No	
b If any answer is 'Yes' to 5a(1)—(5), did any of described in Regulations section 53.4945 or in a described in Regulations.	the transactions fail to turrent notice regarding of	qualify under the exce disaster assistance?	ptions	51	N/3
See instructions	rding disaster assistance	ce, check here .	· · · ► Γ	7	N/A
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	the foundation claim ex sibility for the grant?	emption from the	N/A Yes] No	
If 'Yes,' attach the statement required by Regi					
6a Did the foundation, during the year, receive an on a personal benefit contract?		•	. ∐Yes ∑	No C	
b Did the foundation, during the year, pay prem If 'Yes' to 6b, file Form 8870.	iums, airectly or inairec	rily, on a personal bene	ent contract?	6 t	X
7a At any time during the tax year, was the found	dation a party to a proh	ibited tax shelter transa	action? Yes X	ON	
b If 'Yes,' did the foundation receive any procee				N/A 7t	,
8 Is the foundation subject to the section 4960 tax of	on payment(s) of more th	an \$1,000,000 in remune		71	
or excess parachute payment(s) during the ye	ar?		∐Yes ⊉	No [
Part VIII Information About Officers, D	irectors, Trustees,	Foundation Mana	gers, Highly Paid	Employee	es,
and Contractors 1 List all officers, directors, trustees, and found	dation managers and th	neir compensation. See	e instructions.		
(a) Name and address	(b) Title, and average hours per week devoted to position		(d) Contributions to employee benefit plans and deferred compensation	a share	ise account, allowances
See Statement 4			Compensation	 	
		0.	0.		0.
2 Compensation of five highest-paid employees (o	ther than those included	ρη line 1 — see instructio	ns). If none, enter 'NON	=	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	1 1 1 10	se account, allowances
None					
		-			
]		
				<u> </u>	<u>. </u>
				 	
Total number of other employees paid over \$50,000	l			-	
Total number of other employees paid over \$50,000	<u> </u>	·	••	1	

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Partivill Information About Officers, Directors, Trustees, Foundation Managers, Highland Contractors (continued)	ly Paid Employees,	
3 Five highest-paid independent contractors for professional services. See instructions. If none, enter 'No	IONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compen	sation
None		
Total number of others receiving over \$50,000 for professional services	<u> </u>	0
PartiX:AT Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	f Expens	es
1 <u>N/A</u>		
2		
3		
4		
PartiX:BI Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amour	nt
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	. •	0.
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Partix Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes. a Average monthly fair market value of securities . . 1 a 3,009,183. **b** Average of monthly cash balances . . 1 b 115,932. c Fair market value of all other assets (see instructions) 1 c 2,126. d Total (add lines 1a, b, and c) . 1 d 3,127,241. e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). 1 e 0. _ . . . 2 2 Acquisition indebtedness applicable to line 1 assets. n Subtract line 2 from line 1d 3 3.127.241. Cash deemed held for charitable activities, Enter 1-1/2% of line 3 4 46,909. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 3,080,332. 6 Minimum investment return. Enter 5% of line 5. 154,017. [RartXXIII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here \ \ \ \ and do not complete this part.) Minimum investment return from Part X, line 6 154,017. 2a Tax on investment income for 2019 from Part VI, line 5 839 2a b Income tax for 2019. (This does not include the tax from Part VI.). 2 b c Add lines 2a and 2b . 2 c 839. 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 153,178. Recoveries of amounts treated as qualifying distributions 4 5 Add lines 3 and 4. . . 153,178 6 Deduction from distributable amount (see instructions) . 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 153,178. PartXIII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26. 1 a 149,000. **b** Program-related investments — total from Part IX-B. 1 b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) ... 3 a **b** Cash distribution test (attach the required schedule). 3 b 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 149,000. Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions 5 839 Adjusted qualifying distributions. Subtract line 5 from line 4 148,161 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				153,178.
2 Undistributed income, if any, as of the end of 2019.		-		155,176.
a Enter amount for 2018 only			148,945.	
b Total for prior years. 20 , 20 , 20		0.	230703	
3 Excess distributions carryover, if any, to 2019			·	
a From 2014 .				
b From 2015	1			
c From 2016	1			
d From 2017	1			
e From 2018	1			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2019 from Part	<u> </u>			
XII, line 4· ► \$ 149,000.				
a Applied to 2018, but not more than line 2a			148,945.	
• •			140, 545.	
b Applied to undistributed income of prior years (Election required — see instructions)		0.		
c Treated as distributions out of corpus (Election required — see instructions) .	0.			
d Applied to 2019 distributable amount .	0.			55.
e Remaining amount distributed out of corpus	0.			35.
5 Excess distributions carryover applied to 2019	<u> </u>			
(If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.	'	
c 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		0.		į
•		0.		
d Subtract line 6c from line 6b. Taxable amount — see instructions.		0.		
				-
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount — see instructions.			0.	
f Undistributed income for 2019. Subtract lines				
distributed in 2020				153,123.
7 Amounts treated as distributions out of				100,120.
corpus to satisfy requirements imposed by				l
section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)	0.		İ	
	· · · · · · · · · · · · · · · · · · ·		÷.*-	
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)	0.			
	· · · · · · · · · · · · · · · · · · ·			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a.	0.			
10 Analysis of line 9				
a Excess from 2015]			
b Excess from 2016.				
c Excess from 2017				
d Excess from 2018.]			
e Excess from 2019			···	5 000 BE (0010)

Form 990-PF (2019) The Baker Founda		iotione and De-	Ι \/ Λ συσσέισσ	13-340509	
Part:XIV Private Operating Foundation 1 a If the foundation has received a ruling or determined in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec					N/A
is effective for 2019, enter the date of the	ruling	it is a private operat	ing louridation, and th	>	
b Check box to indicate whether the foundar		erating foundation of	lescribed in section	4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
income from Part I or the minimum investment return from Part X for	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(0) 10
each year listed					
b 85% of line 2a		 -	ļ		
c Qualifying distributions from Part XII, line 4, for each year listed.					
d Amounts included in line 2c not used directly for active conduct of exempt activities.					
 Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c. 		.			
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		`			
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
c 'Support' alternative test - enter:					
(1) Total support other than gross investment income (interest,			\		
dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income .					
Part XVI Supplementary Information assets at any time during the	(Complete this	part only if the structions.)	foundation had	\$5,000 or more	in
Information Regarding Foundation Mana List any managers of the foundation who have close of any tax year (but only if they have None	gers: e contributed more the	nan 2% of the total c	ontributions received section 507(d)(2).)	by the foundation be	fore the
b List any managers of the foundation who own a partnership or other entity) of which the None				e portion of the owner	rship of
2 Information Regarding Contribution, Grant, Check here	akes contributions to	preselected charitab	le organizations and o	does not accept unso other conditions, co	olicited mplete items
a The name, address, and telephone number o	r email address of th	e person to whom ap	oplications should be	addressed [,]	
b The form in which applications should be	submitted and infor	mation and materia	als they should inclu	de·	
c Any submission deadlines					
d Any restrictions or limitations on awards,	such as by geograp	hical areas, charita	ible fields, kinds of i	nstitutions, or other	factors.

3 Grants and Contributions Paid During the Te	ar or Approved for Fut	ure Paymen	<u> </u>	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
Name and address (home or business) a Paid during the year	or substantial contributor	recipient	CONTIDUCION	
Total			► 3a	
b Approved for future payment Total			▶ 3b	

	VI-A Analysis of Income-Producing		h	Fueluded by		1
-	oss amounts unless otherwise indicated.	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (See instructions.)
	ogram service revenue.			code		
a		 				<u> </u>
b						
°.—		+		+-+		
₫		├ ──				
e		<u> </u>				
f	<u> </u>	<u> </u>				
	es and contracts from government agencies					
	mbership dues and assessments					
3 Inte	rest on savings and temporary cash investments					1,076.
-	idends and interest from securities .					82,812.
5 Net	t rental income or (loss) from real estate:					
a Del	bt-financed property					
b Not	t debt-financed property .					
6 Net	rental income or (loss) from personal property .					
7 Oth	ner investment income					
8 Gair	or (loss) from sales of assets other than inventory .					
9 Net	t income or (loss) from special events					
10 Gro	oss profit or (loss) from sales of inventory.					
11 Oth	ner revenue:					
а						
ь				1		
		1 1				
d		 	· - · · · - · · · · · · · · · · · · · ·			
e						
	ototal. Add columns (b), (d), and (e)					83.888
12 Sul	ototal. Add columns (b), (d), and (e)				13	
12 Sul 13 Tot	al. Add line 12, columns (b), (d), and (e).				13	
12 Sul 13 Tot (See wor	al. Add line 12, columns (b), (d), and (e) . eksheet in line 13 instructions to verify calculation	ons.)	• •	pt Purpos		
12 Sul 13 Tot (See wor Part X	 kal. Add line 12, columns (b), (d), and (e). ksheet in line 13 instructions to verify calculated Relationship of Activities to the 	ons.) Accomplis	hment of Exem	·	es	83,888.
12 Sul 13 Tot (See wor Part X	al. Add line 12, columns (b), (d), and (e) . eksheet in line 13 instructions to verify calculation	ons.) Accomplis	hment of Exem	·	es	83,888.
12 Sul 13 Tot (See wor Part X' Line No	 kal. Add line 12, columns (b), (d), and (e). ksheet in line 13 instructions to verify calculated Relationship of Activities to the 	ons.) Accomplis	hment of Exem	·	es	83,888.
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12 Sul 13 Tot (See wor Part X' Line No	 kal. Add line 12, columns (b), (d), and (e). ksheet in line 13 instructions to verify calculated Relationship of Activities to the 	ons.) Accomplis	hment of Exem	·	es	83,888.
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12 Sul 13 Tot (See wor Part X' Line No	 kal. Add line 12, columns (b), (d), and (e). ksheet in line 13 instructions to verify calculated Relationship of Activities to the 	ons.) Accomplis	hment of Exem	·	es	83,888. 83,888. attly to the instructions.)

OHIL	JJU-1 1	(2013)	THE	Dayer	roundacion	15 5405	7070
Part		Informa Exempt				nd Transactions and Relationships With Noncha	ritable
1	Did the	organizati	on dire	ectly or in	directly engage in any	of the following with any other organization	

							ŀ		Yes	No
describ	organization directly led in section 501(c) (a to political organizat	(other than sec	ngage in any of the follo tion 501(c)(3) organizat	owing with any o tions) or in secti	other organization on 527,	on				
-	, , -		a noncharitable exempt	organization of			İ			1
(1) Cas	. •						h	1 a (1)		<u> </u>
	ner assets						· . I	1 a (2)		<u>x</u>
	ransactions.					·	· · ·	(-/		
	les of assets to a non	charitable exe	mot organization.		_		. I	1 b (1)		<u> </u>
• •			ble exempt organization	1		•		1 b (2)		$\frac{x}{x}$
• •	ntal of facilities, equip		· •		_			1 b (3)		$\frac{x}{x}$
` '	imbursement arrange				•	•	·	1 b (4)		$\frac{x}{x}$
` '	ans or loan guarantee					•	· · · · · · · · · · · · · · · · · · ·	1 b (5)		$\frac{x}{x}$
• •	_		p or fundraising solicita	tions		•	· }	1 b (6)		X
• •			ts, other assets, or paid				ŀ	1 c		$\frac{x}{x}$
C Ontaining	3 or lacinities, equipme	citt, mailing no	is, other assets, or pare	· employees	•		L	·····		
the good	ds, other assets, or ser	vices aiven by f	complete the following s the reporting foundation. I now in column (d) the va	If the foundation r	eceived less tha	n fair market	value in		ue of	
(a) Line no.	(b) Amount involved	(c) Name o	f noncharitable exempt organiz	zation (d) Description of trai	nsfers, transactı	ons, and s	haring arran	gement	s
N/A										
		<u> </u>								
describ	oundation directly or included in section 501(c) ((other than sec	with, or related to, one of tion 501(c)(3)) or in sec	r more tax-exemption 527?	ot organizations			Yes	X	No
	a) Name of organizati		(b) Type of orga	nızatıon	(0	c) Description	of rela	tionship		
N/A	<u>, , , , , , , , , , , , , , , , , , , </u>		., ., .		<u> </u>					
				•						
Under	penalties of perjury, I declar	e that I have exami	ned this return, including accomplished taxpayer) is based on all in	panying schedules ai	nd statements, and to	o the best of my	knowledge	and belief, it	ıs true,	
Sign Here	Type	or preparer (other t	Ee 7/	1/20	Trustee	vieuge		May the li this return preparer s See instri	n with th shown b	e
Sign	nature of officer or trustee		Date	T	itle				Yes	No
	Print/Type preparer's nar	me	Preparer's signature		Date	Check	lf l	PTIN		
Paid			Non-Paid P	reparer	_ <u></u>	self-emplo	yed			
Preparer	Firm's name					Firm's EIN	<u> </u>			
Use Only	Firm's address									
	<u> </u>					Phone no				
BAA								Form 99 0)-PF (2019)
	_									

D19	Federal Statements	Page
	The Baker Foundation	13-34050
Statement 1 Form 990-PF, Part I, Line 18 Taxes		
Federal Taxes	(a) (b) Net (c) Expenses Investment Adjuste per Books Income Net Income \$ 826. 250. Total \$ 1,076. \$ 0.	
Statement 2 Form 990-PF, Part I, Line 23 Other Expenses		
Bank Fees	(a) (b) Net (c) Expenses Investment Adjuste per Books Income Net Income \$ 21 107.	ed Charitable
	Total \$ 128. \$ 0. \$	0. \$ 0
Statement 3 Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants Cash Grants and Allocation	Total <u>\$ 128.</u> <u>\$ 0.</u> <u>\$</u>	<u>\$</u>
Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants	Total <u>\$ 128.</u> <u>\$ 0.</u> <u>\$</u>	\$ 1,000
Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants Cash Grants and Allocation Donee's Name: Donee's Address:	Total \$ 128. \$ 0. \$ Stanford University 326 Galvez St.	\$ 1,000
Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants Cash Grants and Allocation Donee's Name: Donee's Address: Donee's Name: Donee's Address:	Stanford University 326 Galvez St. Stanford CA 94305 Hope's Door P.O. Box 203	\$ 1,000 5,000
Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants Cash Grants and Allocation Donee's Name: Donee's Address: Amount Given: Donee's Name: Donee's Address: Amount Given: Donee's Name: Donee's Address: Amount Given: Donee's Address: Amount Given: Donee's Address:	Stanford University 326 Galvez St. Stanford CA 94305 Hope's Door P.O. Box 203 Pleasantville NY 10570 Marian Woods 152 Ridge Rd	\$ 1,000 5,000
Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants Cash Grants and Allocation Donee's Name: Donee's Address: Amount Given: Donee's Name: Donee's Address: Amount Given: Donee's Name: Donee's Name: Donee's Name: Donee's Name: Donee's Name: Donee's Name:	Stanford University 326 Galvez St. Stanford CA 94305 Hope's Door P.O. Box 203 Pleasantville NY 10570 Marian Woods 152 Ridge Rd Hartsdale NY 10530 Randolph Macon University 403 Center St.	\$ 1,000 5,000

2019	Federal Statements	Page 2
	The Baker Foundation	13-3405090
Statement 3 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants		
Amount Given:	Delaware OH 43015	5,000.
Donee's Name: Donee's Address:	Horizons at New Canaan Country School 635 Frogtown Rd. New Canaan CT 06840	
Amount Given:	New Samual ST 555.15	10,000.
Donee's Name: Donee's Address:	Congregational Church of New Canaan 23 Park St. New Canaan CT 06840	
Amount Given:		10,000.
Donee's Name: Donee's Address:	Stanford University 326 Galvez St. Stanford CA 94305	1 000
Amount Given:		1,000.
Donee's Name: Donee's Address:	Wesleyan University 318 High St. Middletown CT 06459	
Amount Given:		1,000.
Donee's Name: Donee's Address:	Kripalu P.O. Box 309 Stockbridge MA 01262	
Amount Given:	-	2,000.
Donee's Name: Donee's Address:	VCU Founation Rams in Recovery P.O. Box 842019 Richmond VA 23284	
Amount Given:		3,000.
Donee's Name: Donee's Address:	Project Yoga Richmond 6517 Dickens Place Richmond VA 23230	
Amount Given:	3.0 3	2,000.
Donee's Name: Donee's Address:	Lombardi Comprehensive Cancer Center 3970 Reservoir Rd. N.W. Washington DC 20057	
Amount Given:		6,000.
Donee's Name: Donee's Address:	Notre Dame of Easton Church 640 Morehouse Rd Easton CT 06612	
Amount Given:		15,000.
Donee's Name: Donee's Address:	W.M. Burke Medical Research Institute 785 Mamaroneck Ave. White Plains NY 10605	
Amount Given:		3,000.
Donee's Name: Donee's Address:	Malta House of Good Counsel 5 Prowitt St Norwalk CT 06855	

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	The Baker Foundation	13-3405090
Statement 3 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants		
Amount Given:	\$	6,000.
Donee's Name: Donee's Address:	St. Catherine Center for Special Needs 760 Tahmore Drive Fairfield CT 06825	3 000
Amount Given:	77. 13. 0 No. 1	3,000.
Donee's Name: Donee's Address: Amount Given:	Waterside School 770 Pacific St. Stamford CT 06902	5,000.
	Ch. Marry Danish	3,000.
Donee's Name: Donee's Address: Amount Given:	St. Mary Parish 669 West Ave. Norwalk CT 06850	8,000.
	Charleston Calleriate Cabarl	0,000.
Donee's Name: Donee's Address:	Charleston Collegiate School 2024 Academy Dr. Johns Island SC 29455	
Amount Given:		10,000.
Donee's Name: Donee's Address:	Stephen Siller Tunnel to To 2361 Hylan Blvd Staten Island NY 10306	
Amount Given:		2,000.
Donee's Name: Donee's Address:	Caritas P.O. Box 25790 Richmond va	
Amount Given:		5,000.
Donee's Name: Donee's Address:	Renew and Rebuild 15 St. John's Place Chappaqua NY 10514	
Amount Given:	Chappaqua NI 10014	7,000.
Donee's Name: Donee's Address:	Low Country Food Bank 2864 Azalea Drive Charleston SC 29405	
Amount Given:	Charleston Be 25400	1,000.
Donee's Name: Donee's Address:	Shepherd's Inc P.O. Box 1756 Darien CT 06820	
Amount Given:	Dallen Ci 00020	5,000.
Class of Activity: Donee's Name: Donee's Address:	Arts & Education VCUarts 325 North Harrison St.	
Organizational Status of Done Amount Given:	Richmond VA ee: Foundation	2,000.
Class of Activity: Donee's Name: Donee's Address:	addiction recovery Real Life 406 E. Main St.	

2019 F	ederal Statements		Page 4
	The Baker Foundation		13-3405090
Statement 3 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants			
Organizational Status of Donee: Amount Given:	Richmond VA 23219 501(c)3	\$	5,000.
Class of Activity: Donee's Name: Donee's Address:	Pediatric Hospital ALSAC/St. Judes 501 St. Jude Place Memphis TN 38105		
Organizational Status of Donee: Amount Given:	501(c)3		3,000.
Class of Activity: Donee's Name: Donee's Address:	Hospital MCV Foundation PO Box 843042 Richmond VA		
Organizational Status of Donee: Amount Given:	501 (c) 3		6,000.
Class of Activity: Donee's Name: Donee's Address:	Vocational Rehabilitation Access Equestrial 427 Birdsall Drive Yorktown Heights NY 10598		
Organizational Status of Donee: Amount Given:	501 (c) 3		2,000.
Donee's Name: Donee's Address:	First Baptist Church 2709 Monument Ave.		
Amount Given:	Richmond VA 23220		4,000.
		Total 🕏	149,000.

Statement 4 Form 990-PF, Part VIII, Line 1 List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	but	ontri- tion to P & DC	Expense Account/ Other
Marcus D. Baker One West Red Oak Lane White Plains, NY 10604	Treasurer 1.00	\$ (). \$	0.	\$ 0.
Christopher T. Baker One West Red Oak Lane ,	Trustee 0	().	0.	0.
William A. Baker II One West Red Oak Lane	Trustee 0	C).	0.	0.

2	n	1	Q
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Federal Statements

Page 5

The Baker Foundation

13-3405090

Statement 4 (continued)
Form 990-PF, Part VIII, Line 1
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Patricia B. King One West Red Oak Lane ,	Trustee 0	\$ 0.	\$ 0.	\$ 0.
Catherine Shaw One West Red Oak Lane ,	Trustee 0	0.	0.	0.
Michael Baker One West Red Oak Lane	Trustee 0	0.	0.	0.
	Total	\$ 0.	<u>\$ 0.</u>	\$ 0.

Form **4720**

Department of the Treasury Internal Revenue Service

Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4959, 4960, 4965, 4966, 4967, and 4968)

► Go to www.irs.gov/Form4720 for instructions and the latest information.

2019

OMB No 1545-0052

, 2019, and ending 20 For calendar year 2019 or other tax year beginning Employer identification number Name of organization or entity 13-3405090 The Baker Foundation Number, street, and room or suite no (or P.O box if mail is not delivered to street address) Check box for type of annual return Form 990 lForm 990-EZ One West Red Oak Lane City or town, state or province, country, and ZIP or foreign postal code Form 990-PF Other Form 5227 White Plains, NY 10604 Yes No Is the organization a foreign private foundation within the meaning of section 4948(b)? Х Has corrective action been taken on any taxable event that resulted in Chapter 42 taxes being reported on this form? (Enter 'N/A' if not applicable). If 'Yes,' attach a detailed description and documentation of the corrective action taken and, if applicable, enter the fair market value of any N/A. If 'No,' (that is, any uncorrected acts or transactions), attach property recovered as a result of the correction > \$ an explanation (see instructions). Taxes on Organization (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4960(a), 4965(a)(1), 4966(a)(1), and 4968 (a)) 0. Tax on undistributed income - Schedule B, line 4. Tax on excess business holdings - Schedule C, line 7 2 0. 2 0. Tax on investments that jeopardize charitable purpose - Schedule D, Part I, column (e) 3 0. Tax on taxable expenditures - Schedule E, Part I, column (g) 4 Ō. Tax on political expenditures - Schedule F, Part I, column (e) 5 Tax on excess lobbying expenditures - Schedule G, line 4 6 0. 6 Tax on disqualifying lobbying expenditures - Schedule H, Part I, column (e) 0. 7 7 Tax on premiums paid on personal benefit contracts 8 Ō._ 8 Tax on being a party to prohibited tax shelter transactions - Schedule J, Part I, column (h) Ō. 9 9 0. Tax on taxable distributions - Schedule K, Part I, column (f) 10 10 Ō. Tax on a charitable remainder trust's unrelated business taxable income. Attach statement 11 Tax on failure to meet the requirements of section 501(r)(3)-Schedule M, Part II, line 2 12 Tax on excess executive compensation - Schedule N 13 Ō. Tax on net investment income of private colleges and universities - Schedule Q 14 **Total** (add lines 1-14).. . . 15 0. Part II-A Taxes on Managers, Self-Dealers, Disqualified Persons, Donors, Donor Advisors, and Related Persons (Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a)) (b) Taxpayer identification number (a) Name and address of person subject to tax, City or town, state or province, country, ZIP or foreign postal code а b C (f) Tax on political expenditures — Schedule F, (c) Tax on self-dealing (d) Tax on investments that (e) Tax on taxable expenditures Schedule A, Part II, col. (d), and Part III, col. (d) jeopardize charitable purpose Schedule D, Part II, col. (d) Schedule E, Part II, col. (d) Part II, col. (d) а ь C Total 0 n (h) Tax on excess benefit (g) Tax on disqualifying (i) Tax on being a party to (j) Tax on taxable distributions lobbying expenditures — Schedule H, Part II, col. (d) transactions - Schedule I, Part II prohibited tax shelter transactions Schedule K, Part II, col. (d) col. (d), and Part III, col. (d) Schedule J, Part II, col. (d) Ь 0 0. 0. Total (k) Tax on prohibited benefits -(I) Total - Add columns (c) Schedule L, Part II, col. (d), and through (k) Part III, col. (d) a b c Ō. n

	20 (2019) The Baker				13-340	5090 Page 2
Part II-B	Summary of Taxes	(See Tax Paym	ents in the instru	ctions.)		
	er the taxes listed in Part II ors, donor advisors, and relat , column (l)	-A, column (I), that ed persons who sign	apply to managers, this form. If all sign, e	self-dealers, disqualified persons inter the total amount from Part		
•	al tax. Add Part I, line 15, a	and Part II-B line 1		• •	1 2	0.
	payments including amount paid	·			. 3	1
	due. If line 2 is larger than				- 4	
5 Ove	rpayment. If line 2 is small				▶ 5	
Part I	S Acts of Self-Dealing			Self-Dealing (Section 4941))	
(a) Act	(b) Date of act			c) Description of act		
1 - 2 - 3 - 4						
990-PF, I	stion number from Form Part VII-B, or Form 5227, -B, applicable to the act	(e) Amount II	nvolved in act	(f) Initial tax on self-dealer (10% of col. (e))	(g ma (les	n) Tax on foundation nagers (if applicable) sser of \$20,000 or 5% of col. (e))
						
Part II	Summary of Tax Lia	ability of Self-D	ealers and Prora	tion of Payments		
((a) Names of self-dealers li	able for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	liál	Self-dealer's total tax bility (add amounts in (c)) (see instructions)
Part III∎	Summary of Tax Lia	ability of Found	 ation Managers	and Proration of Payment	 S	
	ames of foundation manag		(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d lial) Manager's total tax bility (add amounts in (c)) (see instructions)
				ributed Income (Section 4		
	istributed income for years				1	
3 Tota	istributed income for 2018 if undistributed income at e ion 4942 (add lines 1 and 2	end of current tax ye		•	. 2	
	- Enter 30% of line 3 here		:1 .		4	0.
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The Baker Foundation 13-34 SCHEDULE C - Initial Tax on Excess Business Holdings (Section 4943)

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions for each line item before making any entries.

Name and address of business enterprise

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							•	
		fication number	partnership, trust, joint venture, sol	e prop	rietorshin e	· · ·	<u>.</u> ►	
10111	or enterpr	ise (corporation,	partiership, trust, joint venture, son	C Prop	Voting (profits in	a) y stock nterest or I interest)	(b) Value	(c) Nonvoting stock (capital interest)
1	Foundatio	n holdings in bus	iness enterprise .	. 1		8	8	
2	Permitted	holdings in busir	ness enterprise	. 2		olo .	8	
3	Value of e	xcess holdings ii	n business enterprise .	. 3				
4	other valu	excess holdings d e of excess holdi n statement)	isposed of within 90 days; or, ngs not subject to section 4943	. 4				
5	Taxable es minus line		business enterprise — line 3	5				
6	Tax — Ent	ter 10% of line 5		6				
	and (c), e	nter total here ar	n line 6, columns (a), (b), nd on Part I, line 2	7		0.		
			kes on Investments That Jed	pard	ize Charit	able Purp	ose (Section 4944))
Par	t i inv	estments and	Tax Computation		·	1		
	nvestment umber	(b) Date of investment	(c) Description of investment			ount of tment	(e) Initial tax on foundation (10% of col. (d))	(f) Initial tax on foundation managers (if applicable) — (lesser of \$10,000 or 10% of col. (d))
	1 2 3 4 5			 				
			and on Part I, line 3			<u> </u>	0.	
			or prorated amount) here and in Pa					0.
Par	t II Su	mmary of Tax	Liability of Foundation Man	ager	s and Pro	ration of F	'ayments	
	(a)	Names of founda	ation managers liable for tax		Investment from Part I, col. (a)	(c) Tax 1 or p	from Part I, col. (f), rorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
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Part I	Expenditures ar		ion of Tax	Tuxubic Expe	Haitares	(OCOLIC	11 1340)		
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Name	e and address of r	ecipient	•	(e) Description of expenditure and purposes for which made		
1_									
2		 							
$-\frac{3}{4}$									
$\frac{4}{5}$									
	estion number from Fo	rm 990-PF					(h) Initial tax ii	mposed on foundation	
Part	VII-B, or Form 5227, 1 applicable to the exper	Part VI-B	(g) Initial	tax imposed on fo (20% of col. (b))	undation		managers (if a	pplicable) — (lesser of or 5% of col. (b))	
Part I, line				-		0.			
	olumn (h). Enter total							0.	
Part II	Summary of Tax	Liability of	Foundation Man	agers and Pro	ration of	Payme	nts	(d) Manager's total tax	
	(a) Names of foundati	on managers lia	ble for tax	(b) Item no. from Part I, col. (a)	(c) Tax or p	from Pa prorated	rt I, col. (h), amount	liability (add amounts in col. (c)) (see instrs)	
					 -	- -			
		UEDIUE E	Initial Taxes on	Political France		(C a at a	- 4055		
Part I	Expenditures ar			Political Expe	naitures	(Secuc	n 4900)		
(a) Item number	(b) Amount	(c) Date paid or incurred		of political expend	diture	on o	al tax imposed rganization foundation of col. (b))	(f) initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2-1/2% of col. (b))	
1									
$-\frac{2}{3}$									
=-									
Total - C	olumn (e). Enter here						0.		
	olumn (f). Enter total (<u> </u>		0.	
Part II	Summary of Tax	Liability of	Organization Ma	nagers or Fou	ndation I	Vlanage	ers and Pror	ation of Payments (d) Manager's total tax	
	(a) Names of orga foundation mar	anization manag nagers liable for	ers or tax	(b) Item no. from Part I, col. (a)	(c) Tax or p	from Pa prorated	rt I, col. (f), amount	liability (add amounts in col. (c)) (see instrs)	
					L				
									
					L				
					 				
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•			Tax on Excess Lobbyin	<u> </u>	`i	- I	
1 Exce	ss of grass roots expe EZ), Part II-A, colum	nditures over grass in (b), line 1h). (Se	roots nontaxable amount (from se the instructions before mai	king an entry.)	·	1	
2 Exce Part	ss of lobbying exper II-A, column (b), line	nditures over lobby e 1i). (See the inst	ing nontaxable amount (from ructions before making an en	Schedule C (Form try.)	990 or 990-EZ),	2	
3 Exce	ss lobbying expendit	tures - enter the l	arger of line 1 or line 2			3	
4 Tax	- Enter 25% of line					4	0.
B-411			s on Disqualifying Lob	bying Expendit	ures (Section 49	912)	
Part I	Expenditures a	ing Computation	on of Tax				(f) Toy imposed on
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying	g expenditures	(e) Tax imposed organization (5% col. (b))	on of	(f) Tax imposed on organization managers (if applicable) — (5% of col. (b))
$\frac{1}{2}-$		l l					
$\frac{2}{3}$		+					
4		. []				1	
5							
Total — Co	olumn (e). Enter here	and on Part I, lin	е7			0.	
7 0-			and been and a Double solve	(a) halaw			•
			unt) here and in Part II, colum Organization Managers		of Pavments	•	0.
(a) Names of organization managers liable for tax			(b) Item no. from Part I, col. (a)	Part I, col. (f), or amount amount		(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)	
					<u> </u>		
						 	
	SCH	EDULE I — Initi	al Taxes on Excess Be	nefit Transactio	ns (Section 495	8)	
Part I	Excess Benefit	Transactions	and Tax Computation				
(a) Transaction	on (b) Date of transaction		(c) De	scription of transac	tion		
$\frac{1}{2}$	_					 	
5					/A 		
(d) Amount of excess benefit (e) Initial tax on disquared (25% of col.			fied persons (I))	(if applicable or 10	ganiza e) (les % of	ation managers sser of \$20,000 col. (d))	
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	SCHEDULE I – I	nitial Taxes on Excess	Benefit Trans	sactions (Section 495	8) Continued	
Part II	Summary of Tax Liab	ility of Disqualified Pe	rsons and Pro	pration of Payments		
(a	a) Names of disqualified pe	rsons liable for tax	(b) Trans no. from Part I, col. (a)	(c) Tax from Part I, c or prorated amou	ol. (e), total unt amoun	squalified person's tax liability (add ts in col. (c)) (see instructions)
						· · · · · · · · · · · · · · · · · · ·
Part III	Summary of Tax Liab	oility of 501(c)(3), (c)(4)	│ & (c)(29) Orga	│ anization Managers a	nd Proration o	of Payments
	(a) Names of 501(c)(3), organization managers	(c)(4) & (c)(29)	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, c or prorated amou	ol. (f), tax amo	Manager's total (liability (add unts in col. (c)) e instructions)
	SCHEDULE J — Taxo	es on Being a Party to	Prohibited Ta	x Shelter Transaction	 1s (Section 496	<u></u> 55)
Part I		er Transactions (PTST)				-
(a) Transaction number	(h) Transaction	(c) Type of transaction 1 — Listed 2 — Subsequently listed 3 — Confidential 4 — Contractual protection		(d) Description of t	ransaction	
1						
2					-	
3						
4						
5						
have reas was a PTS	e tax-exempt entity know or con to know this transaction T when it became a party t action? Answer Yes or No	(f) Net income attribut	able (g) 75%	of proceeds attributable to the PTST	(h) Tax impo tax-exempt of instruct	entity (see
Total - Col	umn (h). Enter here and or	Part line 9				0.
BAA	anni (ii). Enter here and or		A9956L 08/23/19	· · · · · · · · · · · · · · · · · · ·	Fo	orm 4720 (2019)

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Part II 1	Tax Impos	ed on Entity Managers (Sec	ction 4965) Cont	ınued			
	(a) Name of entity manager			(b) Transaction number from Part I, col. (a)	transaction listed in	(d) Manager's total tax liability (add amounts in col. (c))	
				 			
				 	- 		
							
				 			
				 			
SCHEDU	LE K – Ta	axes on Taxable Distribution (Section	ns of Sponsorin n 4966). See the	g Organizations.	ons Maintaining Don	or Advised Funds	
<u> </u>	axable D	istributions and Tax Compu					
(a) Item number		(b) Name of sponsoring organiz and donor advised fund	ation	(c) Description of distribution			
1							
2							
3							
4							
(d) Date of o	distribution	(e) Amount of distribution	(f) Tax imporganization (20	osed on % of col. (e))	(g) Tax on fund (lesser of 5% o \$10,00	Tax on fund managers sser of 5% of col. (e) or \$10,000)	
Total - Colu	mn (f) Ente	r here and on Part I, line 10 .		0.			
Total - Colu	mn (g). Ente	er total (or prorated amount) here a		n (c), below	·* · · · · · · · · · · · · · · · · · ·	0.	
Part II	Summary	of Tax Liability of Fund Mar	nagers and Pror	ation of Payn	nents		
(a) Name of fund managers liable for tax			ıx	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (g) or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)	
					-		
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SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967).

See the instructions.

	Prohibited Benefits and	Tax Computation					
(a) Item number	(b) Date of prohibited benefit	(c) Description of benefit					
1							
2			· · · · · · · · · · · · · · · · · · ·				
2							
3							
4							
7							
5				-			
	<u> </u>						
(d) Amo	unt of prohibited benefit	(e) lax on donors, do persons (125% of co	onor advisors, or related il. (d)) (see instructions)	(f) Tax on fund managers (if applicable) (lesse of 10% of col. (d) or \$10,000) (see instructions			
Partill S	Summary of Tax Liabili	ty of Donors, Donor	Advisors, Related Pe	rsons, and Proration of Payments			
(a) Names	of donors, donor advisors,	(b) Item no. from	(c) Tax from Part I, col.	(d) Donor's, donor advisor's, or related person's total tax liability (add amounts in			
or relate	ed persons liable for tax	Part I, col. (a)	(e) or prorated amount	person's total tax liability (add amounts in col. (c)) (see instructions)			
		<u> </u>					
		<u> </u>					
Rart III	Summary of Tax Liabili	ty of Fund Managers	s and Proration of Pay	ments			
(a) Nar	mes of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f) or prorated amount	(d) Fund manager's total tax liability (add amounts in col (c)) (see instructions)			
-							
	-						
		 					
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Schedule M — Tax on Hospital Organization for Failure to Meet the Community Health Needs Assessment Requirements (Sections 4959 and 501(r)(3)). (See instructions.)

Part I	Fai	lures to Meet Section	on 501(r)(3)		<u> </u>	(/(*//* (***			
	(a) Item number (b) Name of hospital facility		(c) Description of the failure		(d) Tax year hospital facility last conducted a CHNA		(e) Tax year hospital facility last adopted an implementation strategy		
1									
2									
3									
5									
Part il	Co	mputation of Tax				l			
1 N	lumber of lealth Nee	hospital facilities operateds Assessment requirem	ents of section	501(r)(3)				1	
2 1	ax — Ente	er \$50,000 multiplied by I	ine 1 here and	on Part I,	line 12.			2	
		Schedule N — Ta	x on Excess	Execu	tive Compensat	tion (Section 49	60). (Se	e ınstru	ctions.)
(a) Item number	(b) Name of covered employee		(c) Excess remuneration		(d) Excess parachute payment		(e) Total. Add column (c) and (d)		
1									
2									
3									
4 5			· · · · ·					-	
	Attach	ment, if necessary. See	instructions						
		% of the amount above h	nere and on Par	t I. line 1	3			•	
		Schedule O — Ex	cise Tax on	Net Inv	(Section 4968)	e of Private Co	lleges an		
		(a) Name	(b) ^E	EIN	(c) Gross Investment Income (See Instructions,)	(d) Capital gain net income	(e) Admin expenses to income in cols. (c	ıncluded	income (See
1 Filir Org	ng anızatıon								
	anization								
3 Rel	ated anization								
4 Rela	ated anization	_							
5 Tota	al from att	achment, if necessary		•					
6 Tot	al.		<u> </u>						
7 Exc	ise Tax or	n Net Investment Income	Enter 1.4% of	the amou	unt in 6(f) here and	on Part I, line 14		<u>.</u>	
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•	Under penalties of perjury, I declare the true, correct, and complete Declaration	hat I have examined this return, including on of preparer (other than taxpayer) is ba	accompanying schedules and statem sed on all information of which prepar	ents, and to the best of my knowledger has any knowledge.	ge and belief it is	
	Signature of officer or trustee		Trustee	Title	Date	
Sign Here	Signature (and organization or entil	ty name if applicable) of manager, self-de	ealer, disqualified person, donor, dono	r advisor, or related person	Date	
	Signature (and organization or entit	ty name if applicable) of manager, self-de	ealer, disqualified person, donor, dono	r advisor, or related person	Date	
	Signature (and organization or entil	ty name if applicable) of manager, self-de	ealer, disqualified person, donor, dono	r advisor, or related person	Date	
	Signature (and organization or entit	ty name if applicable) of manager, self-de	ealer, disqualified person, donor, dono	r advisor, or related person	Date	
	May the IRS discuss this return with the	preparer shown below? (see instructions)		Yes No	
	Print/Type preparer's name	Preparer's signature	Date	Check I if PTIN		
Paid		Non-Paid Pre	parer	self-employed	1	
Preparer	Firm's name			Firm's EIN		
Use Only	Firm's address	Firm's address				
_						
RΔΔ	<u> </u>			Phone no.	orm 4720 (2019)	