\sim
2021
\sim
_
_
3
• •
\sim
$\overline{}$
SEP
10
\mathbf{U}
A ED
A ED
A ED
A ED

						. ,	. 293	93	Z.84720		
1	990-T	Ì	-	nd proxy tax und			Tax Retui	rn	OMB No 1545-0047		
		Forca	lendar year 2019 or other tax yea	er beginning ITS.gov/Form990T for i	nstructions	, and ending s and the latest info	mation	L	ZU 19		
23	Department of the Treasury Internal Revenue Service	•	Do not enter SSN number					3) .	open to Public Inspection for 01(c)(3) Organizations Only		
2020	Check box if		Name of organization (Check box if name	changed a	nd see instructions)		(Emplo	yer identification number yees' trust, see		
<u>ෆ</u> _	address changed								instructions)		
	Exempt under section	Print						7-1036008 ted business activity code			
	X 501(c)(3) 408(e) 220(e)	Type	1 '	Number, street, and room or suite no. If a P.O. box, see instructions. 6889 ROWLAND ROAD							
POSTMARK DATE	408A 530(a) 529(a)		City or town, state or prov		or foreign į	postal code	,	52300	i 0		
S -	Book value of all assets		F Group exemption numb					1			
E	at end of year 4 , 468 , 703 ,	325.			rporation	501(c) trus	t 40	1(a) trust	Other trust		
			ation's unrelated trades or b		1		be the only (or first)	unrelated			
8			OME FROM PASSIVE I				ne, complete Parts I				
(max)	describe the first in the b	lank spa	ace at the end of the previou	us sentence, complete F	arts I and	II, complete a Sched	ule M for each addit	nonal trade o	or		
-	business, then complete			-i							
ı			poration a subsidiary in an a		ent-subsidi	ary controlled group	' •	Yes	x No		
-	If "Yes," enter the name a		tifying number of the paren	it corporation		Tele	phone number	952-540	0-4053		
Ì			de or Business Inc	ome ,		(A) Income	(B) Expen		(C) Net		
L	1a Gross receipts or sale		• • •	·			 	1			
	b Less returns and allow			c Balance	1c			` .]			
	2 Cost of goods sold (S										
	3 Gross profit Subtract	line 2 f	rom line 1c 🚤		3						
	4a Capital gain net incon	ne (attao	ch Schedule D)		1,078,738						
	b Net gain (loss) (Form	4797, F	Part II, line 17) (attach Form	n 4797)	4b		+				
	c Capital loss deduction				C 003 C77						
			ship or an S corporation (at	ttach statement)	5	<6,893,677.	*		<6,893,677.		
	Rent income (ScheduUnrelated debt-finance	,	ma (Schadula E)		7		/				
			and rents from a controlled o	organization (Schedule F							
I	· ·		on 501(c)(7), (9), or (17) o	-							
	10 Exploited exempt acti		* * * * * * * * * * * * * * * * * * * *	,	10						
	11 Advertising income (S	Schedul	e J)		11						
	12 Other income (See in:	structio	ns, attach schedule)		12	<u></u>					
	13 Total. Combine lines				13	<5,814,939.			<5,814,939.		
: L			ot Taken Elsewher be directly connected wi				S)				
			rectors, and trustees (Sche					14	6,001		
	14 Compensation of off15 Salaries and wages	10613, U	ilectors, and trustees (oche	cutic (t)				15	23,822		
	16 Repairs and mainter	ance						16			
	17 Bad debts				,	320		17			
	18 Interest (attach sche	dule) (s	see instructions)		111	ムレ		18			
	19 Taxes and licenses				111		4	19	<158,537.		
:	20 Depreciation (attach		· /								
	·	aimed o	n Schedule A and elsewher	re on return \sim		21a		21b			
	22 Depletion							22	····		
	23 Contributions to def							23			
	Employee benefit priExcess exempt expe	•	*					25			
	26 Excess readership g		•					26			
	27 Other deductions (at					SEE STATEM	ENT 1	27	2,745,352		
	28 Total deductions A							28	2,616,638		
			income before net operating	g loss deduction. Subtra	ict line 28 f	rom line 13		29	<8,431,577.		
		erating	loss arising in tax years be	ginning on or after Janu	iary 1, 2018						
	(see instructions)					SEE STATEM	ENT 2	30	0		
	3.7 Unrelated business t	axable	income Subtract line 30 fro	om line 29				31	<8,431,577.		

		ANNE RAY FOUNDATION	47-1036	800	Page 2
Part	<u> </u>	Total Unrelated Business Taxable Income			
32	fotal of	unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		B,431,	577 <u>.></u>
33	Amount	s paid for disallowed fringes	33		
34	Charitab	ole contributions (see instructions for limitation rules) STMT 5 STMT 6	3/4		0.
35	Total un	related business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33		8,431,	577 <u>.></u>
36	Deduction	on for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36		0.
37	Total of	unrelated business taxable income before specific deduction. Subtract line 36 from line 35		8,431,	577.>
38	Specific	deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	- 1	,000.
39	Unrelate	ed business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,			
	enter th	e smaller of zero or line 37	39 <8	8,431,	577.>
Part	IV 1	Fax Computation			
40	Organiz	ations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40		0.
41	Trusts T	faxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from.	ı		
	Та	ix rate schedule or Schedule D (Form 1041)	41		
42	Proxy ta	x See instructions	42		
	-	ive minimum tax (trusts only)	43		
44	Tax on I	Noncompliant Facility Income. See instructions	44		
45	Total. A	odd lines 42, 43, and 44 to line 40 or 41, whichever applies	45		0.
Part	V 1	Tax and Payments			
46 a	Foreign	tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a			
ь	Other cr	redits (see instructions) 46b	ı		
c	General	business credit. Attach Form 3800 46c			
d	Credit fo	or prior year minimum tax (attach Form 8801 or 8827)			
е	Total cr	edits. Add lines 46a through 46d	46e		
47	Subtrac	rt line 46e from line 45	47		0.
48	Other ta	ixes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48		
		x. Add lines 47 and 48 (see instructions)	49		0.
50	2019 ne	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		0.
51 a	Paymer	nts: A 2018 overpayment credited to 2019			
ь	2019 es	stimated tax payments 51b			
C	Tax dep	oosited with Form 8868			
d	Foreign	organizations: Tax paid or withheld at source (see instructions) 51d			
е	Backup	withholding (see instructions) 51e		-	
f	Credit fo	or small employer health insurance premiums (attach Form 8941) 51f			
g	Other co	redits, adjustments, and payments Form 2439			
	Fo	orm 4136 Other Total ▶ 51g	<u> </u>		
52	Total pa	ayments. Add lines 51a through 51g	52		
53	Estimat	ed tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲	53		
54	Tax due	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		
55	Overpa	yment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		
		ne amount of line 55 you want. Credited to 2020 estimated tax	56		
Part	VI S	Statements Regarding Certain Activities and Other Information (see instructions)			
57	At any t	time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a f	inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		- 1	1 '
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			ļ
	here	SEE STATEMENT 3		_ <u> </u>	↓
58	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		<u> </u>	X
	If "Yes,"	see instructions for other forms the organization may have to file.			
59		ne amount of tax-exempt interest received or accrued during the tax year 🕨 💲			
0:-		nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled prect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	ge and belief, it is	true,	
Sign			y the IRS discuss	this return	with
Here			preparer shown b	elow (see	_
		Signature of officer 9 Date Title ins		Yes	No
		Print/Type preparer's name Preparer's signature Date Check if	PTIN		
Paid	l	11/5/2020 self- employed			
	arer	ANNE FULTON anne fulton 11/5/2020	P009418	_	
•	Only	Firm's name ▶ DELOITTE TAX, LLP Firm's EIN ▶	86-106	55772	
_	•	50 SOUTH SIXTH STREET, SUITE 2800			
		Firm's address MINNEAPOLIS, MN 55402 Phone no. 61	12-397-4000		
923711	01-27-20		Form	990-T	(2019)

Page 3

Schedule A - Cost of Goods Sold.	Enter	nethod of invent	ory v	aluation > N/A						
1 Inventory at beginning of year 1			6 Inventory at end of year				6			
2 Purchases 2			7	Cost of goods sold S	ubtract l	ine 6		ļ		
3 Cost of labor 3			from line 5 Enter here and in Part I,			Part I,		1		
4a Additional section 263A costs			line 2				7	<u> </u>		
(attach schedule) 4a	1		8	Do the rules of section	263A (v	with respect to		<u> </u>	es	No
b Other costs (attach schedule) 4b				property produced or a	acquired	for resale) apply to		L	_	
5 Total Add lines 1 through 4b 5			<u> </u>	the organization?		<u></u>				
Schedule C - Rent Income (From (see instructions)	Real P	Property and	Per	sonal Property L	.ease	d With Real Prop	erty)		
1 Description of property		·-								
		· · ·								
(1)										
(3)				<u> </u>			_		_	
(4)					· · · · · ·					
	ent receive	d or accrued								
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)		of rent for pe	ersonai	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) a	y conne nd 2(b)	cted with the incor (attach schedule)	ne in	
(1)	İ			****						
(2)	Ì									
(3)										
(4)										
Total	0.	Total		·	0.					
(c) Total income Add totals of columns 2(a) and here and on page 1, Part I, line 6, column (A)		. •			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<u> </u>			0.
Schedule E - Unrelated Debt-Fina	nced	Income (see I	nstru	ictions)	,					
			2	2 Gross income from	<u>.</u>	3 Deductions directly cor to debt-finan				
Description of debt-financed pro	perty			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other dedu (attach sched	ctions fule)	3
(1)										
(2)										
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or all debt-finan	adjusted basis locable to ced property schedule)	•	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable de (column 6 x total d 3(a) and 3	of colu	
(1)	_			%						
(2)				%						
(3)				%						
(4)				%_						
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on Part I, line 7, colu		
Totals				•			٥.			0.
Total dividends-received deductions included in	<u>colum</u> n	8					>			0.

Schedule F - Interest, A	Innuities,	Royaltie	s, and	Rents	From Co	ntrolle	d Organiza	tions	(see ins	tructio	ns)			
			E	xempt (Controlled O	rganızatı	ons							
1 Name of controlled organization	on	2. Emplo identificat number	ion		elated income instructions)		ments made inclu		Part of column 4 that is cluded in the controlling anization's gross income		ed in the controlling		6 Deductions direct connected with incor in column 5	tly me
(1)			<u> </u>							$\neg \neg$	•			
(2)		-												
(3)										\Box				
(4)	Î.		Î											
Nonexempt Controlled Organiz	zations													
7 Taxable Income		lated income (instructions)	loss)	9 Total	of specified payi made	nents	10 Part of colur in the controlli gross		ization s		Deductions directly conne th income in column 10	ected		
(1)														
(2)														
(3)														
(4)														
			•				Add colum Enter here and line 8, c		1, Part I,		Add columns 6 and 11 here and on page 1, Par line 8 column (B)	rt I,		
Totals						>			0.			0.		
Schedule G - Investme		of a Se	ction 5	01(c)(7	'), (9), or (17) Org	janization							
(see instr	uctions)	-												
1. Descr	ription of income				2. Amount of	ıncome	3 Deduction directly connected (attach school)	cted	4 Set- (attach s	asides schedule)	5. Total deduct and set-asid (col 3 plus co	ies		
(1)														
(2)														
(3)														
(4)														
		٠			Enter here and Part I, line 9, co						Enter here and on p Part I, line 9, colum	ວage 1, າກ (B)		
Totals				<u> </u>		0.						0.		
Schedule I - Exploited (see instru		ctivity Ir	ncome,	Other	Than Adv	ertisin/	g Income							
			3. Exper	2000	4 Net incor		_				7 Excess exer	mnt		
1. Description of exploited activity	2 Gros unrelated bu income fr trade or bus	siness	directly con with produ of unrela business in	nected iction ited	from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7		business (column 2 minus column 3) If a gain, compute cols 5		from activity that attributa		able to	expenses (colu 6 minus columr but not more th column 4)	ımn n 5,	
(1)														
(2)														
(3)														
(4)														
	Enter here a page 1, Pa line 10, col	art I,	Enter here a page 1, P line 10, co	art I,							Enter here an on page 1, Part II, line 25			
Totals		٥.		0.							İ	٥.		
Schedule J - Advertisir	ng Income	e (see ins	structions)	1	•									
Part I Income From I					solidated	Basis								
1 Name of periodical		2 Gross dvertising income		Direct sing costs	or (loss) (c col 3) If a g	tising gain ol 2 minus ain, comput hrough 7	5. Circula income		6 Read		7 Excess readers costs (column 6 micolumn 5, but not n than column 4)	inus nore		
(1)			 		1			-						
(2)											7			
(3)			1		7				<u> </u>		7			
(4)					7				<u> </u>					
<u>···</u>														
Totals (carry to Part II, line (5))	>	0		(o.						Farm 990-T	0.		

Form 990-T (2019) ANNE RAY FOU	UNDATION				47-1036008	Page
Part II Income From Per columns 2 through 7 o			ate Basis (For ea	ch periodical liste	d in Part II, fill in	
Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7 'Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	▶ 0.	0.				0.
	Enter here and on page 1, Pert I,	Enter here and on page 1, Part I, line 11, cot (B)	1			Enter here and on page 1, Part II, line 26

Totals, Part II (lines 1-5)

■ 0. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) NAOMI HORSAGER	CHIEF FINANCIAL OFFICER	1.00%	6,001.
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			6,001.

Form **990-T** (2019)

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. ► Go to www irs gov/Form1120 for instructions and the latest information

OMB No 1545-0123

Employer identification number Name ANNE RAY FOUNDATION 47-1036008 Yes X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Short-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts to enter on the lines below (h) Gain or (loss) Subtract olumn (e) from column (d) and mbine the result with column (g) (0) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) (d) Procee This form may be easier to complete if you round off cents to whole dollars (sales price) (or other basis) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on <217,248.> Form(s) 8949 with Box C checked 4 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 6 Unused capital loss carryover (attach computation) <217,248.> Net short-term capital gain or (loss) Combine lines 1a through 6 in column h Part II Long-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts (0) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (9) (d) (e) (h) Gain or (loss) Subtract to enter on the lines below column (e) from column (d) and ombine the result with column (g) This form may be easier to complete if you round off cents to whole dollars ales price) (or other basis) 8a Totals for all long-term transactions reported on Form 1099-8 for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on <58,570.> Form(s) 8949 with Box F checked 1 354 556. 11 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824

Part III Summary of Parts I and II

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h

17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)

18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns

Note: If losses exceed gains, see Capital Losses in the instructions

1,295,986.

1,078,738.

1,078,738.

14

15

16

17

18

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)

LHA

14 Capital gain distributions

Form **8949**

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D

OMB No 1545-0074

2019

Attachment Sequence No. 12A

Name(s) shown on return

Social security number or taxpayer identification no.

47-1036008 ANNE RAY FOUNDATION Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your proker and may even tell you which box to check Part | Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long term transactions, see page 2 Note. You may aggregate all short-term transactions reported on Form(s) 1099 B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (h) (b) loss If you enter an amount Proceeds Cost or other Gain or (loss). Date sold or Date acquired Description of property in column (g), enter a code in column (f) See instructions (sales price) Subtract column (e) basis See the (Example 100 sh XYZ Co) (Mo, day, yr) disposed of from column (d) & Note below and (Mo, day, yr) (g) Amount of combine the result see *Column (e)* In Code(s) the instructions with column (g) adjustment 2,032. INVESTMENT FUND ARF - 43350 INVESTMENT FUND ARF 4521 14.780. 5617 <5 433.> INVESTMENT FUND ARF INVESTMENT 7006 784 FUND ARF INVESTMENT FUND ARF 7850 <50.898.> 7900 <67 242 > INVESTMENT FUND ARF <111,271.> INVESTMENT FUND ARF -2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

<217,248.>

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked)

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

ANNE RAY FOUNDATION

47-1036008

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long term (see instructions). For short term transactions,

see page 1

Note. You may aggregate all long term transactions reported on Form(s) 1099 B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box.

If you have more long-term transactions than will lift on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in	loss If you	nt, if any, to gain or ou enter an amount (g), enter a code in See instructions (g) Amount of	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result
	ļ			the instructions	Oue(s)	adjustment	with column (g)
INVESTMENT FUND ARF - 12095	+			 			2.
INVESTMENT FUND ARF - 12980				ļ			<10,260.>
INVESTMENT FUND ARF - 19474					 -	<u> </u>	310.
INVESTMENT FUND ARF - 37441	ļ						20,747.
INVESTMENT FUND ARF - 51394				ļ			290.
INVESTMENT FUND ARF - 61515							<3,897.>
INVESTMENT FUND ARF - 70066							440.
INVESTMENT FUND ARF - 70122							<38.>
INVESTMENT FUND ARF - 78502					ļ		<14,506.>
INVESTMENT FUND ARF - 79002	2						<52,750.>
INVESTMENT FUND ARF - 96572	2				<u> </u>		<7.>
INVESTMENT FUND ARF - 85258	3						1,099.
				<u> </u>			
					[
				1			
·						T - "	
			- 4				
							ļ
			•				
	 			 			
	-			·			
	 	· -					
				_			
	 			 		<u> </u>	
-	 	 		 	 	 	
				 	 		
0 T-1-1- Add the		nd (h) (n: interest		+	 	 	
2 Totals. Add the amounts in column							1
negative amounts) Enter each to		-					1
Schedule D, line 8b (if Box D ab	•						<58,570.>
above is checked), or line 10 (if I				<u> </u>	<u> </u>		

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

50m 3800

Department of the Treasury Internal Revenue Service (99)

General Business Credit

▶ Go to www.irs.gov/Form3800 for instructions and the latest information.
 ▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No 1545-0895

2019 Attachment Sequence No 22

Name(s) shown on return

ANNE RAY FOUNDATION

47-1036008

Part			
	(See instructions and complete Part(s) III before Parts I and II.)	1	
1	General business credit from line 2 of all Parts III with box A checked		 ·
2		3	
3	Enter the applicable passive activity credits allowed for 2019. See instructions	-	
4	Carryforward of general business credit to 2019. Enter the amount from line 2 of Part III with box C checked See instructions for statement to attach	4	281
5	Carryback of general business credit from 2020 Enter the amount from line 2 of Part III with box D checked. See instructions	5	
6	Add lines 1, 3, 4, and 5	6	
Part			
7	Regular tax before credits:		
8	 Individuals. Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form 1040-NR, lines 42 and 44	7	
9	Add lines 7 and 8 \ \	9	
10a	Foreign tax credit		
b	Certain allowable credits (see instructions)	1	-
c	Add lines 10a and 10b	10c	
•	Add lines for and for the first service of the firs		
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	
12	Net regular tax. Subtract line 10c from line 7. if zero or less, enter -0		
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See		
	instructions	4	
14	Tentative minimum tax:		
	• Individuals Enter the amount from Form 6251, line 9		
	• Corporations Enter -0	_	
	Estates and trusts Enter the amount from Schedule I (Form 1041), line 52		
15	Enter the greater of line 13 or line 14	15	
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	
17	Enter the smaller of line 6 or line 16	17	
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization		

Part			
Note:	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -	0- on I	ne 26
18	Multiply line 14 by 75% (0 75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11 If zero or less, enter -0-	20	
21	Subtract line 17 from line 20 If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked 23		
24	Enter the applicable passive activity credit allowed for 2019. See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	
27	Subtract line 13 from line 11 If zero or less, enter -0	27	
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32 11,995		
33	Enter the applicable passive activity credits allowed for 2019 See instructions	33	
34	Carryforward of business credit to 2019 Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked See instructions for statement to attach	34	24,840
35	Carryback of business credit from 2020 Enter the amount from line 5 of Part III with box D checked. See instructions	35	
36	Add lines 30, 33, 34, and 35	36	24,840
37	Enter the smaller of line 29 or line 36	37	
38	Credit allowed for the current year. Add lines 28 and 37 Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return Individuals Schedule 3 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 51 Corporations Form 1120, Schedule J, Part I, line 5c Estates and trusts Form 1041, Schedule G, line 2b	38	- 3900 mass

Form 380	0 (2019)			Page 3
Name(s) s	hown on return		Identifying nur	nber
ANNE R	AY FOUNDATION		47-	1036008
Part II	General Business Credits or Eligible Small Business Credits (see inst	ructio	ns)	
Comple	te a separate Part III for each box checked below. See instructions			
A 🗆	General Business Credit From a Non-Passive Activity E 🔲 Reserved			
B	General Business Credit From a Passive Activity F 🔲 Reserved			
C 🗆	General Business Credit Carryforwards G 🗌 Eligible Small Busin	ess Cr	edit Carryforward	S
	General Business Credit Carrybacks H 🔲 Reserved			
	u are filing more than one Part III with box A or B checked, complete and attach first an a arts III with box A or B checked. Check here if this is the consolidated Part III	addition	nal Part III combinii	▶□
	(a) Description of credit		(b)	(c) Enter the
	n any line where the credit is from more than one source, a separate Part III is needed for each ough entity	l l	If claiming the credit from a pass-through entity, enter the EIN	appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835) .	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
V	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
X	Carbon oxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z 1aa		
aa bb	Employee retention (Form 5884-A)	1bb		
	Other. Oil and gas production from marginal wells (Form 8904) and certain other	- 30		
ZZ	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		

Renewable electricity, refined coal, and Indian coal production (Form 8835)

Add lines 4a through 4z and enter here and on the applicable line of Part II

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

Low-income housing (Form 8586, Part II)

Employer social security and Medicare taxes paid on certain employee tips (Form 8846)

Work opportunity (Form 5884)

Qualified railroad track maintenance (Form 8900) . .

Small employer health insurance premiums (Form 8941)

Increasing research activities (Form 6765)

Employer credit for paid family and medical leave (Form 8994)

Biofuel producer (Form 6478)

3

4a

þ

C

d

е

f

g

h

i

j

Z

5 6 933

4,851

4,048

2,163

11,995

4a

4b

4c

4e

4f

4g

4h

4i

4j

4z

5

27-2996434

SEE STMT

SEE STMT

SEE STMT

_		(00.0)			Page 3
	m 3800	(2019) lown on return		Identifying num	
		AY FOUNDATION General Business Credits or Eligible Small Business Credits (see Insti	uctio		036008
	art III	e a separate Part III for each box checked below. See instructions.	uctic)	
		Reneral Business Credit From a Non-Passive Activity E Reserved			
		General Business Credit From a Passive Activity F Reserved F Reserved			
	_	General Business Credit Carryforwards General Business Credit Carryforwards General Business Credit Carryforwards	ess C	redit Carryforward	S
		Reneral Business Credit Carrybacks H Reserved			
	If you	u are filing more than one Part III with box A or B checked, complete and attach first an a airts III with box A or B checked. Check here if this is the consolidated Part III	dditio	nal Part III combinir	ng amounts from ►
	<u> </u>	(a) Description of credit		(b)	(c)
		any line where the credit is from more than one source, a separate Part III is needed for each		If claiming the credit from a pass-through	Enter the appropriate amount
_		ugh entity	1a	entity, enter the EIN	amount
	1a	Investment (Form 3468, Part II only) (attach Form 3468)	1b		
	b	Reserved	1c		<u>-</u>
	c d	Low-income housing (Form 8586, Part I only)	1d	-	·-
	e	Disabled access (Form 8826) (see instructions for limitation)	1e		
	f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
	, g	Indian employment (Form 8845)	1g		
	h	Orphan drug (Form 8820)	1h		
	i	New markets (Form 8874)	1i		
	j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
	k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		_
	1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		_
	m	Low sulfur diesel fuel production (Form 8896)	1m		
	n	Distilled spirits (Form 8906)	1n		
	0	Nonconventional source fuel (carryforward only)	10		
	р	Energy efficient home (Form 8908)	1p		281
	q	Energy efficient appliance (carryforward only)	1q		
	r	Alternative motor vehicle (Form 8910)	1r		·
	s	Alternative fuel vehicle refueling property (Form 8911)	1s		
	t	Enhanced oil recovery credit (Form 8830)	1t		
	u	Mine rescue team training (Form 8923)	1u		
	V	Agricultural chemicals security (carryforward only)	1v		
	w	Employer differential wage payments (Form 8932)	1w		
	X	Carbon oxide sequestration (Form 8933)	1x		
	У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
	Z	Qualified plug-in electric vehicle (carryforward only)	1z		
	aa	Employee retention (Form 5884-A)	1aa 1bb		
	bb	Other. Oil and gas production from marginal wells (Form 8904) and certain other	100		<u> </u>
	ZZ	credits (see instructions)	1zz		
	2	Add lines 1a through 1zz and enter here and on the applicable line of Part I .	2		
	3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
	4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		7,220
	b	Work opportunity (Form 5884)	4b	 	7,577
	C	Biofuel producer (Form 6478)	4c 4d		
	d	Renewable electricity, refined coal, and Indian coal production (Form 8835)	40 4e		1,579
	e f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	 	1,379
		Qualified railroad track maintenance (Form 8900)	4g		· - ·
	g h	Small employer health insurance premiums (Form 8941)	4h		
	i	Increasing research activities (Form 6765)	4i		1,030
	i	Employer credit for paid family and medical leave (Form 8994) .	4j		
	-				

Add lines 4a through 4z and enter here and on the applicable line of Part II

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

5

6

7,434

24,840

25,121

4z

5

ANNE RAY FOUNDATION 47-1036008

STATEMENT ATTACHED TO AND MADE PART OF

FORM 3800, GENERAL BUSINESS CREDIT FOR THE YEAR ENDED DECEMBER 31, 2019

PAGE 1, LINE 4 & PAGE 2, LINE 34 CARRYFORWARD OF GENERAL AND OTHER BUSINESS TAX CREDITS

			Amount	Amount changed	Amount carried
	Tax year	Amount	Utilized in	from prior	forward to
Credit Claimed in Prior Year	Originated	Reported	Prior Year(s)	year?	2020
General Business Credit	2017	281	-	NO	281
Investment	2017	6,511	-	NO	6,511
Work Opportunity	2017	3,388	-	NO	3,388
Renewable elec , etc	2017	59		NO	59
Investment	2018	709		NO	709
Work Opportunity	2018	4,189	-	NO	4,189
Renewable elec , etc	2018	1,520	-	NO	1,520
Increasing Research Activities	2018	1,030	•	NO	1,030
Other	2018	7,434	-	NO	7,434
	Total	25,121			25,121

1

ANNE RAY FOUNDATION 47-1036008 STATEMENT ATTACHED TO AND MADE PART OF FORM 3800, GENERAL BUSINESS CREDIT FOR THE YEAR ENDED DECEMBER 31, 2019

PAGE 2, LINE 4b: Work Opportunity

PASSTHROUGH EIN	AMOUNT
82-4081414	3,223,
32-0384657	1,225
81-1206454	18
90-1007877	385_
Total	4,851

ANNE RAY FOUNDATION 47-1036008

STATEMENT ATTACHED TO AND MADE PART OF FORM 3800, GENERAL BUSINESS CREDIT FOR THE YEAR ENDED DECEMBER 31, 2019

PAGE 2, LINE 4i: Increasing Research Activities

PASSTHROUGH EIN	AMOUNT
27-1773905	27
98-1095673	1,334
47-3260122	21
81-1206454	2,658
61-1758706	8
Total	4,048

ANNE RAY FOUNDATION 47-1036008 STATEMENT ATTACHED TO AND MADE PART OF FORM 3800, GENERAL BUSINESS CREDIT FOR THE YEAR ENDED DECEMBER 31, 2019

PAGE 2, LINE 4z. Other Credits

PASSTHROUGH EIN		AMOUNT
80-0842733		893
90-1007877	,	1,270
Total		2,163

ANNE RAY FOUNDATION 47-1036008

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		41,107.
ALLOCABLE OFFICE COSTS		27,559.
EXPENSES FROM FLOW-THROU	JGH INVESTMENTS	1,449,412.
SECTION 59(E)(2)EXPENDIT	URES	1,227,274.
TOTAL TO FORM 990-T, PAG	GE 1, LINE 27	2,745,352.

FORM 990-T	NET	OPERATING	LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUS APPLIE		LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	2,634,175.		0.	2,634,175.	2,634,175.
NOL CARRYOV	ER AVAILABLE THIS	YEAR		2,634,175. ^ 😓	2,634,175.

FORM 990-T

NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 3

NAME OF COUNTRY

CANADA DENMARK FRANCE ISRAEL UNITED KINGDOM ANNE RAY FOUNDATION 47-1036008

FORM 990-T	0-T NET OPERATING LOSS DEDUCT		DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/17	2,665,123.	0.	2,665,123.	2,665,123.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	2,665,123.	2,665,123.

ANNE RAY FOUNDATION

FORM 990-T	CONTRIBUTIONS	STATEMENT 5
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CASH ONLY	N/A	125,652,802.
TOTAL TO FORM 990-T, PAGE 2,	LINE 34	125,652,802.

ANNE RAY FOUNDATION

FORM 990-T	CONTR	IBUTIONS SUMMARY		STATEMENT	6
	CONTRIBUTIONS SUBJECT CONTRIBUTIONS SUBJECT				
FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017 YEAR 2018	125,546,427 138,723,534			
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS		264,269,961 125,652,802			
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED		389,922,763 0			
EXCESS 10	NTRIBUTIONS O' CONTRIBUTIONS ESS CONTRIBUTIONS		389,922,763 0 389,922,763	_	
ALLOWABLE	CONTRIBUTIONS DEDUCTION	ON		_	0
TOTAL CON'	TRIBUTION DEDUCTION				0