

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2020

For calendar year 2020 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

A Check box if address changed.

B Exempt under section 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a) 529S

Print or Type

Name of organization ( ) Check box if name changed and see instructions.) BILL & MELINDA GATES FOUNDATION TRUST Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 23350 City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA 98102

D Employer identification number 91-1663695

E Group exemption number (see instructions)

F Check box if an amended return.

C Book value of all assets at end of year 50,996,163,488.

G Check organization type 501(c) corporation (X) 501(c) trust 401(a) trust Other trust Applicable reinsurance entity

H Check if filing only to Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes (X) No If "Yes," enter the name and identifying number of the parent corporation.

L The books are in care of JENNIFER DEGER Telephone number 206-709-3100

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I: Total Unrelated Business Taxable Income. Columns include line number, description, and amount. Line 1: 28,041. Line 3: 28,041. Line 5: 28,041. Line 6: 28,041. Line 8: 1,000. Line 10: 1,000. Line 11: 0.

Part II Tax Computation

Table with 7 rows for Part II: Tax Computation. Columns include line number, description, and amount. Line 1: Organizations taxable as corporations. Line 2: Trusts taxable at trust rates. Line 3: Proxy tax. Line 7: Total. Amount: 0.

LHA For Paperwork Reduction Act Notice, see instructions.

**Part III Tax and Payments**

<b>1a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>	
<b>b</b> Other credits (see instructions)	<b>1b</b>	
<b>c</b> General business credit. Attach Form 3800 (see instructions)	<b>1c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>	
<b>e Total credits.</b> Add lines 1a through 1d	<b>1e</b>	
<b>2</b> Subtract line 1e from Part II, line 7	<b>2</b>	0.
<b>3</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>3</b>	
<b>4 Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>	0.
<b>5</b> 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	<b>5</b>	0.
<b>6a</b> Payments: A 2019 overpayment credited to 2020	<b>6a</b>	100,000.
<b>b</b> 2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>	
<b>c</b> Tax deposited with Form 8868	<b>6c</b>	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>	
<b>e</b> Backup withholding (see instructions)	<b>6e</b>	
<b>f</b> Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>	
<b>g</b> Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>6g</b>	
<b>7 Total payments.</b> Add lines 6a through 6g	<b>7</b>	100,000.
<b>8</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>	
<b>9 Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>	
<b>10 Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>	100,000.
<b>11</b> Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> 100,000. <b>Refunded</b>	<b>11</b>	0.

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

	Yes	No
<b>1</b> At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <b>SEE STATEMENT 20</b>	X	
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		
<b>4a</b> Did the organization change its method of accounting? (see instructions)		X
<b>b</b> If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here** *Carolyn Ainslie* | 11/4/2021 | CHIEF FINANCIAL OFFICER  
 Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name: ANNE FULTON  
 Preparer's signature: *Anne Fulton*  
 Date: 11/1/21  
 Check  if self-employed  
 PTIN: P00941863

Firm's name: DELOITTE TAX LLP  
 Firm's EIN: 86-1065772  
 Firm's address: 50 SOUTH SIXTH STREET, MINNEAPOLIS, MN 55402  
 Phone no.: 612-397-4000

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY

1

OMB No. 1545-0047

**2020**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization BILL & MELINDA GATES FOUNDATION TRUST	<b>B</b> Employer identification number 91-1663695
<b>C</b> Unrelated business activity code (see instructions) ▶ 523000	<b>D</b> Sequence: 1 of 1

**E** Describe the unrelated trade or business ▶ INTERESTS IN PASSIVE INVESTMENT PARTNERSHIPS

<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 21	<b>5</b> 22,837.		22,837.
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement) STMT 22	<b>12</b> 6,438.		6,438.
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 29,275.		29,275.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>		
<b>2</b> Salaries and wages	<b>2</b>		
<b>3</b> Repairs and maintenance	<b>3</b>		
<b>4</b> Bad debts	<b>4</b>		
<b>5</b> Interest (attach statement) (see instructions)	<b>5</b>		
<b>6</b> Taxes and licenses	<b>6</b>		1,234.
<b>7</b> Depreciation (attach Form 4562) (see instructions)	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>		
<b>9</b> Depletion	<b>9</b>		
<b>10</b> Contributions to deferred compensation plans	<b>10</b>		
<b>11</b> Employee benefit programs	<b>11</b>		
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>		
<b>13</b> Excess readership costs (Part IX)	<b>13</b>		
<b>14</b> Other deductions (attach statement)	<b>14</b>		
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>		1,234.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>		28,041.
<b>17</b> Deduction for net operating loss (see instructions)	<b>17</b>		0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>		28,041.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

**Part III Cost of Goods Sold** Enter method of inventory valuation

1	Inventory at beginning of year .....	1	
2	Purchases .....	2	
3	Cost of labor .....	3	
4	Additional section 263A costs (attach statement) .....	4	
5	Other costs (attach statement) .....	5	
6	<b>Total.</b> Add lines 1 through 5 .....	6	
7	Inventory at end of year .....	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.			

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) .....				
b Other deductions (attach statement) .....				
c Total deductions (add lines 3a and 3b, columns A through D) .....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6 Divide line 4 by line 5 .....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 .....				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 <b>Total dividends-received deductions</b> included in line 10	0.			

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
<b>Totals</b>			0.	0.	

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	



Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

BILL & MELINDA GATES FOUNDATION TRUST

91-1663695

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations - Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section Yes No

Table with 6 columns: (a) Name, (b) Enter P for partnership, S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if basis computation is required, (f) Check if any amount is not at risk. Rows include SMB PRIVATE EDUCATION LOAN TRUST and TOWER SQUARE CAPITAL PARTNERS III.

Table with 5 columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss allowed, (j) Section 179 expense deduction, (k) Nonpassive income from Schedule K-1. Includes Totals and summary rows 29a, 29b, 30, 31, 32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A and B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Includes Totals and summary rows 34a, 34b, 35, 36, 37.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Includes summary row 39.

Part V Summary

Summary table with 2 columns: Description, Amount. Rows 40 (Net farm rental income), 41 (Total income or loss), 42 (Reconciliation of farming and fishing income), 43 (Reconciliation for real estate professionals).

**SCHEDULE I  
(Form 1041)**

**Alternative Minimum Tax - Estates and Trusts**

OMB No. 1545-0092

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1041.

▶ Go to [www.irs.gov/Form1041](http://www.irs.gov/Form1041) for instructions and the latest information.

**2020**

Name of estate or trust

BILL & MELINDA GATES FOUNDATION TRUST

Employer identification number

91-1663695

**Part I Estate's or Trust's Share of Alternative Minimum Taxable Income**

1	Adjusted total income or (loss) (from Form 1041, line 17). <b>ESBTs</b> , see instructions	1	
2	Interest	2	
3	Taxes	3	1,234.
4	Refund of taxes	4	(6,438.)
5	Depletion (difference between regular tax and AMT)	5	
6	Net operating loss deduction. Enter as a positive amount	6	28,041.
7	Interest from specified private activity bonds exempt from the regular tax	7	
8	Qualified small business stock (see instructions)	8	
9	Exercise of incentive stock options (excess of AMT income over regular tax income)	9	
10	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	10	
11	Disposition of property (difference between AMT and regular tax gain or loss)	11	
12	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	12	
13	Passive activities (difference between AMT and regular tax income or loss)	13	
14	Loss limitations (difference between AMT and regular tax income or loss)	14	
15	Circulation costs (difference between regular tax and AMT)	15	
16	Long-term contracts (difference between AMT and regular tax income)	16	
17	Mining costs (difference between regular tax and AMT)	17	
18	Research and experimental costs (difference between regular tax and AMT)	18	
19	Income from certain installment sales before January 1, 1987	19	( )
20	Intangible drilling costs preference	20	
21	Other adjustments, including income-based related adjustments	21	
22	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)	22	(20,553.)
23	Adjusted alternative minimum taxable income. Combine lines 1 through 22	23	2,284.
<b>Note:</b> Complete Part II below before going to line 24.			
24	Income distribution deduction from Part II, line 42	24	N/A STATEMENT 26
25	Estate tax deduction (from Form 1041, line 19)	25	N/A
26	Add lines 24 and 25	26	
27	Estate's or trust's share of alternative minimum taxable income. Subtract line 26 from line 23	27	2,284.

If line 27 is:

- \$25,400 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't liable for the alternative minimum tax.
- Over \$25,400, but less than \$186,400, go to line 43.
- \$186,400 or more, enter the amount from line 27 on line 49 and go to line 50.
- **ESBTs**, see instructions.

**Part II Income Distribution Deduction on a Minimum Tax Basis**

N/A

28	Adjusted alternative minimum taxable income (see instructions)	28	
29	Adjusted tax-exempt interest (other than amounts included on line 7)	29	
30	Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-	30	
31	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes (from Form 1041, Schedule A, line 4)	31	
32	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	32	
33	Capital gains computed on a minimum tax basis included on line 23	33	( )
34	Capital losses computed on a minimum tax basis included on line 23. Enter as a positive amount	34	
35	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 28 through 34. If zero or less, enter -0-	35	
36	Income required to be distributed currently (from Form 1041, Schedule B, line 9)	36	
37	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)	37	
38	Total distributions. Add lines 36 and 37	38	
39	Tax-exempt income included on line 38 (other than amounts included on line 7)	39	
40	Tentative income distribution deduction on a minimum tax basis. Subtract line 39 from line 38	40	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule I (Form 1041) 2020



<b>Part II Income Distribution Deduction on a Minimum Tax Basis</b> <i>(continued)</i>		N/A
<b>41</b> Tentative income distribution deduction on a minimum tax basis. Subtract line 29 from line 35. If zero or less, enter -0- .....		<b>41</b>
<b>42</b> <b>Income distribution deduction on a minimum tax basis.</b> Enter the smaller of line 40 or line 41. Enter here and on line 24 .....		<b>42</b>

<b>Part III Alternative Minimum Tax</b>		
<b>43</b> Exemption amount .....		<b>43</b> \$25,400
<b>44</b> Enter the amount from line 27 .....	<b>44</b>	
<b>45</b> Phase-out of exemption amount .....	<b>45</b> \$84,800	
<b>46</b> Subtract line 45 from line 44. If zero or less, enter -0- .....	<b>46</b>	
<b>47</b> Multiply line 46 by 25% (0.25) .....		<b>47</b>
<b>48</b> Subtract line 47 from line 43. If zero or less, enter -0- .....		<b>48</b>
<b>49</b> Subtract line 48 from line 44 .....		<b>49</b>
<b>50</b> Go to Part IV of Schedule I to figure line 50 if the estate or trust has qualified dividends or has a gain on lines 18a and 19 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise, if line 49 is: • \$197,900 or less, multiply line 49 by 26% (0.26). • Over \$197,900, multiply line 49 by 28% (0.28) and subtract \$3,958 from the result .....		<b>50</b>
<b>51</b> Alternative minimum foreign tax credit (see instructions) .....		<b>51</b>
<b>52</b> Tentative minimum tax. Subtract line 51 from line 50 .....		<b>52</b>
<b>53</b> Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G, line 2a) .....		<b>53</b>
<b>54</b> <b>Alternative minimum tax.</b> Subtract line 53 from line 52. If zero or less, enter -0-. Enter here and on Form 1041, Schedule G, line 1c .....		<b>54</b>

<b>Part IV Line 50 Computation Using Maximum Capital Gains Rates</b>		
<b>Caution:</b> If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tax Worksheet, or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the instructions before completing this part.		
<b>55</b> Enter the amount from line 49 .....		<b>55</b>
<b>56</b> Enter the amount from line 26 of Schedule D (Form 1041), line 13 of the Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as refigured for the AMT, if necessary) .....	<b>56</b>	
<b>57</b> Enter the amount from Schedule D (Form 1041), line 18b, column (2) (as refigured for the AMT, if necessary). If you didn't complete Schedule D for the regular tax or the AMT, enter -0- .....	<b>57</b>	
<b>58</b> If you didn't complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 56. Otherwise, add lines 56 and 57 and enter the <b>smaller</b> of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary) .....	<b>58</b>	
<b>59</b> Enter the <b>smaller</b> of line 55 or line 58 .....		<b>59</b>
<b>60</b> Subtract line 59 from line 55 .....		<b>60</b>
<b>61</b> If line 60 is \$197,900 or less, multiply line 60 by 26% (0.26). Otherwise, multiply line 60 by 28% (0.28) and subtract \$3,958 from the result .....		<b>61</b>
<b>62</b> Maximum amount subject to the 0% rate .....	<b>62</b> \$2,650	
<b>63</b> Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 23; if zero or less, enter -0- .....	<b>63</b>	
<b>64</b> Subtract line 63 from line 62. If zero or less, enter -0- .....	<b>64</b>	
<b>65</b> Enter the <b>smaller</b> of line 55 or line 56 .....	<b>65</b>	
<b>66</b> Enter the <b>smaller</b> of line 64 or line 65. This amount is taxed at 0% .....	<b>66</b>	
<b>67</b> Subtract line 66 from line 65 .....	<b>67</b>	

**Part IV Line 50 Computation Using Maximum Capital Gains Rates** *(continued)*

<b>68</b> Maximum amount subject to rates below 20% .....	<b>68</b>	\$13,150	
<b>69</b> Enter the amount from line 64 .....	<b>69</b>		
<b>70</b> Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 23; if zero or less, enter -0- .....	<b>70</b>		
<b>71</b> Add line 69 and line 70 .....	<b>71</b>		
<b>72</b> Subtract line 71 from line 68. If zero or less, enter -0- .....	<b>72</b>		
<b>73</b> Enter the <b>smaller</b> of line 67 or 72 .....	<b>73</b>		
<b>74</b> Multiply line 73 by 15% (0.15) .....			<b>74</b>
<b>75</b> Add lines 66 and 73 .....	<b>75</b>		
<b>If lines 75 and 55 are the same, skip lines 76 through 80 and go to line 81. Otherwise, go to line 76.</b>			
<b>76</b> Subtract line 75 from line 65 .....	<b>76</b>		
<b>77</b> Multiply line 76 by 20% (0.20) .....			<b>77</b>
<b>If line 57 is zero or blank, skip lines 78 through 80 and go to line 81. Otherwise, go to line 78.</b>			
<b>78</b> Add lines 60, 75, and 76 .....	<b>78</b>		
<b>79</b> Subtract line 78 from line 55 .....	<b>79</b>		
<b>80</b> Multiply line 79 by 25% (0.25) .....			<b>80</b>
<b>81</b> Add lines 61, 74, 77, and 80 .....			<b>81</b>
<b>82</b> If line 55 is \$197,900 or less, multiply line 55 by 26% (0.26). Otherwise, multiply line 55 by 28% (0.28) and subtract \$3,958 from the result .....			<b>82</b>
<b>83</b> Enter the <b>smaller</b> of line 81 or line 82 here and on line 50 .....			<b>83</b>

Schedule I (Form 1041) 2020

# General Business Credit

▶ Go to [www.irs.gov/Form3800](http://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.

BILL & MELINDA GATES FOUNDATION TRUST

Identifying number

91-1663695

**Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)**  
 (See instructions and complete Part(s) III before Parts I and II.)

1	General business credit from line 2 of all Parts III with box A checked .....	1	
2	Passive activity credits from line 2 of all Parts III with box B checked .....	2	105.
3	Enter the applicable passive activity credits allowed for 2020. See instructions .....	3	0.
4	Carryforward of general business credit to 2020. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach .....	4	
Check this box if the carryforward was changed or revised from the original reported amount .....			
5	Carryback of general business credit from 2021. Enter the amount from line 2 of Part III with box D checked .....	5	
6	Add lines 1, 3, 4, and 5 .....	6	

**Part II Allowable Credit**

Regular tax before credits:

- Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2 .....
- Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return .....
- Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return .....

8 Alternative minimum tax:

- Individuals. Enter the amount from Form 6251, line 11 .....
- Corporations. Enter -0- .....
- Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 .....

9 Add lines 7 and 8 .....

10a Foreign tax credit .....

b Certain allowable credits (see instructions) .....

c Add lines 10a and 10b .....

11 **Net income tax.** Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16 .....

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 .....

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 .....

16 Subtract line 15 from line 11. If zero or less, enter -0- .....

17 Enter the **smaller** of line 6 or line 16 .....

**C corporations:** See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 3800 (2020)

**Part II Allowable Credit** *(continued)*

**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 line 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 2020. 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	0.
27	Subtract line 13 from line 11. If zero or less, enter -0- .....	27	0.
28	Add lines 17 and 26 .....	28	
29	Subtract line 28 from line 27. If zero or less, enter -0- .....	29	0.
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	
33	Enter the applicable passive activity credits allowed for 2020. See instructions .....	33	
34	Carryforward of business credit to 2020. 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	
	Check this box if the carryforward was changed or revised from the original reported amount .....		▶
35	Carryback of business credit from 2021. 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	
37	Enter the <b>smaller</b> of line 29 or line 36 .....	37	
38	<b>Credit allowed for the current year.</b> 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. <ul style="list-style-type: none"> <li>• Individuals. Schedule 3 (Form 1040), line 6 .....</li> <li>• Corporations. Form 1120, Schedule J, Part I, line 5c .....</li> <li>• Estates and trusts. Form 1041, Schedule G, line 2b .....</li> </ul>	38	0.

Name(s) shown on return

Identifying number

BILL & MELINDA GATES FOUNDATION TRUST

91-1663695

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A  General Business Credit From a Non-Passive Activity
- B  General Business Credit From a Passive Activity
- C  General Business Credit Carryforwards
- D  General Business Credit Carrybacks
- E  Reserved
- F  Reserved
- G  Eligible Small Business Credit Carryforwards
- H  Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit	(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
<b>1a</b> Investment (Form 3468, Part II only) (attach Form 3468)	<b>1a</b>	
<b>b</b> Reserved	<b>1b</b>	
<b>c</b> Increasing research activities (Form 6765)	<b>1c</b> 41-2280127	105.
<b>d</b> Low-income housing (Form 8586, Part I only)	<b>1d</b>	
<b>e</b> Disabled access (Form 8826)*	<b>1e</b>	
<b>f</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>1f</b>	
<b>g</b> Indian employment (Form 8845)	<b>1g</b>	
<b>h</b> Orphan drug (Form 8820)	<b>1h</b>	
<b>i</b> New markets (Form 8874)	<b>1i</b>	
<b>j</b> Small employer pension plan startup costs and auto-enrollment (Form 8881)	<b>1j</b>	
<b>k</b> Employer-provided child care facilities and services (Form 8882)*	<b>1k</b>	
<b>l</b> Biodiesel and renewable diesel fuels (attach Form 8864)	<b>1l</b>	
<b>m</b> Low sulfur diesel fuel production (Form 8896)	<b>1m</b>	
<b>n</b> Distilled spirits (Form 8906)	<b>1n</b>	
<b>o</b> Nonconventional source fuel (carryforward only)	<b>1o</b>	
<b>p</b> Energy efficient home (Form 8908)	<b>1p</b>	
<b>q</b> Energy efficient appliance (carryforward only)	<b>1q</b>	
<b>r</b> Alternative motor vehicle (Form 8910)	<b>1r</b>	
<b>s</b> Alternative fuel vehicle refueling property (Form 8911)	<b>1s</b>	
<b>t</b> Enhanced oil recovery credit (carryforward only)	<b>1t</b>	
<b>u</b> Mine rescue team training (Form 8923)	<b>1u</b>	
<b>v</b> Agricultural chemicals security (carryforward only)	<b>1v</b>	
<b>w</b> Employer differential wage payments (Form 8932)	<b>1w</b>	
<b>x</b> Carbon oxide sequestration (Form 8933)	<b>1x</b>	
<b>y</b> Qualified plug-in electric drive motor vehicle (Form 8936)	<b>1y</b>	
<b>z</b> Qualified plug-in electric vehicle (carryforward only)	<b>1z</b>	
<b>aa</b> Employee retention (Form 5884-A)	<b>1aa</b>	
<b>bb</b> General credits from an electing large partnership (carryforward only)	<b>1bb</b>	
<b>zz</b> Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	<b>1zz</b>	
<b>2</b> Add lines 1a through 1zz and enter here and on the applicable line of Part I	<b>2</b>	105.
<b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II	<b>3</b>	
<b>4a</b> Investment (Form 3468, Part III) (attach Form 3468)	<b>4a</b>	
<b>b</b> Work opportunity (Form 5884)	<b>4b</b>	
<b>c</b> Biofuel producer (Form 6478)	<b>4c</b>	
<b>d</b> Low-income housing (Form 8586, Part II)	<b>4d</b>	
<b>e</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>4e</b>	
<b>f</b> Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	<b>4f</b>	
<b>g</b> Qualified railroad track maintenance (Form 8900)	<b>4g</b>	
<b>h</b> Small employer health insurance premiums (Form 8941)	<b>4h</b>	
<b>i</b> Increasing research activities (Form 6765)	<b>4i</b>	
<b>j</b> Employer credit for paid family and medical leave (Form 8994)	<b>4j</b>	
<b>z</b> Other	<b>4z</b>	
<b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II	<b>5</b>	
<b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	<b>6</b>	105.

\* See instructions for limitation on this credit.

FORM 990-T

PRE 2018 NOL SCHEDULE

STATEMENT 19

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR	238,868.
PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6	28,041.

SCHEDULE A PORTION OF PRE-2018 NOL	
SCHEDULE A ENTITY	SCHEDULE A SHARE

1

0.

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL	0.
NET OPERATING DEDUCTION	28,041.
BALANCE AFTER PRE-2018 NOL DEDUCTION	0.
EXPIRING NET OPERATING LOSSES	0.
CARRY FORWARD OF NET OPERATING LOSS	210,827.

FORM 990-T

NAME OF FOREIGN COUNTRY IN WHICH  
ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 20

NAME OF COUNTRY

- ARGENTINA
- BRAZIL
- CHILE
- CHINA
- COLOMBIA
- CZECH REPUBLIC
- DENMARK
- EGYPT
- GHANA
- GREECE
- HONG KONG
- HUNGARY
- INDIA
- INDONESIA
- ISRAEL
- JAPAN
- KOREA (SOUTH)
- MALAYSIA
- PHILIPPINES
- POLAND
- QATAR
- TAIWAN
- THAILAND
- TURKEY
- UNITED KINGDOM
- URUGUAY
- VIETNAM

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 21

DESCRIPTION	NET INCOME OR (LOSS)
SCHEDULE E, PAGE 2 - ORDINARY BUSINESS INCOME (LOSS)	22,837.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	22,837.

FORM 990-T (A) OTHER INCOME STATEMENT 22

DESCRIPTION	AMOUNT
STATE TAX REFUNDS	6,438.
TOTAL TO SCHEDULE A, PART I, LINE 12	6,438.

FORM 990-T (A) PART X - COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 23

NAME	TITLE	PERCENT	COMPENSATION
WILLIAM H. GATES, III	TRUSTEE AND CEO	.00%	0.
MELINDA FRENCH GATES	TRUSTEE	.00%	0.
CAROLYN AINSLIE	CHIEF FINANCIAL OFFICER	.00%	0.
KEITH TRAVERSE	SECRETARY	.00%	0.
MICHAEL LARSON	LLC MANAGER	.00%	0.
TOTAL TO FORM 990-T, SCHEDULE A, PART X			0.

SCHEDULE I

NET OPERATING LOSS CARRYOVER

STATEMENT 24

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	AMOUNT
12/31/08	353.	353.	0.
12/31/09	15,323.	15,323.	0.
12/31/10	57,959.	57,959.	0.
12/31/11	333.	333.	0.
12/31/12	5,930.	5,930.	0.
12/31/13	4,153.	4,153.	0.
12/31/14	7,773.	7,773.	0.
12/31/15	245,765.	24,572.	221,193.
12/31/16	9,384.	0.	9,384.
12/31/17	8,291.	0.	8,291.
TOTAL TO SCHEDULE I, LINE 6			238,868.



SCHEDULE I

ALTERNATIVE MINIMUM TAX NOL CARRYOVER

STATEMENT 25

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	AMOUNT
12/31/08	353.	353.	0.
12/31/09	15,323.	15,323.	0.
12/31/10	57,959.	57,959.	0.
12/31/11	333.	333.	0.
12/31/12	5,930.	5,930.	0.
12/31/13	4,153.	4,153.	0.
12/31/14	7,773.	7,773.	0.
12/31/15	245,765.	19,885.	225,880.
12/31/16	9,384.	0.	9,384.
12/31/17	8,291.	0.	8,291.
TOTAL TO SCHEDULE I, LINE 23			243,555.
* SUBJECT TO LIMITATION			

SCHEDULE I                      ALTERNATIVE TAX NET OPERATING LOSS DEDUCTION                      STATEMENT 26  
 LIMITATION AND COMPUTATION OF CARRYFORWARD

DESCRIPTION	TOTAL AMT NOL CARRYFORWARD	AMT NOL USED THIS YEAR	UNUSED AMT NOL CARRYFORWARD
AMT NOL CARRYFORWARD	243,555.	20,553.	223,002.
TOTAL TO SCHEDULE I, LINE 24		20,553.	223,002.

**BILL & MELINDA GATES FOUNDATION TRUST**  
**EIN # 91-1663695**  
**FORM 990-T**

**CHARITABLE CONTRIBUTION CARRYFORWARD SCHEDULE**  
**FOR THE YEAR ENDED DECEMBER 31, 2020**

<u>YEAR END</u>	<u>CONTRIBUTIONS SUBJECT TO 60% LIMITATION</u>	<u>CONTRIBUTIONS SUBJECT TO 50% LIMITATION</u>	<u>CONTRIBUTIONS SUBJECT TO 30% LIMITATION</u>	<u>CURRENT YEAR AMOUNT UTILIZED</u>	<u>50% LIMITATION CARRYFORWARD</u>	<u>30% LIMITATION CARRYFORWARD</u>	<u>60% LIMITATION CARRYFORWARD</u>	<u>TAX YEAR OF EXPIRATION</u>
12/31/16		205	2,185,000,000	-	205	2,185,000,000	-	2021
12/31/17		135	2,502,000,000	-	135	2,502,000,000	-	2022
12/31/18	32		2,835,000,000		-	2,835,000,000	32	2023
12/31/19	57		5,237,250,000		-	5,237,250,000	57	2024
12/31/20	118		5,849,455,600		-	5,849,455,600	118	2025
<b>TOTAL</b>					<b>\$ -</b>	<b>\$ 18,608,705,600</b>	<b>\$ 207</b>	

**TOTAL CARRYFORWARD TO 12/31/2021:**

**\$ 18,608,706,147**

**BILL & MELINDA GATES FOUNDATION TRUST**  
**EIN # 91-1663695**  
**FORM 990-T**

**FORM 3800**  
**PART III: BOX C - GENERAL BUSINESS CREDIT CARRYFORWARD**  
**FROM PASSIVE ACTIVITIES**

**LINE 1C: INCREASING RESEARCH ACTIVITIES**

Investment	EIN	TAX YEAR														Total
		2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	
Tower Square II	30-0336246	73	-	133	263	-	-	-	-	-	-	-	-	-	-	469
Tower Square III	41-2280127	-	153	385	656	1,176	772	835	496	552	812	358	464	-	105	6,764
<b>Totals</b>		<b>73</b>	<b>153</b>	<b>518</b>	<b>919</b>	<b>1,176</b>	<b>772</b>	<b>835</b>	<b>496</b>	<b>552</b>	<b>812</b>	<b>358</b>	<b>464</b>	<b>-</b>	<b>105</b>	<b>7,233</b>

**LINE 4B: WORK OPPORTUNITY CREDIT**

Investment	EIN	TAX YEAR														Total
		2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	
Tower Square II	30-0336246	-	-	-	-	-	1	12	16	-	-	-	-	-	-	29
Tower Square III	41-2280127	-	-	156	-	-	-	-	-	-	-	67	-	-	-	223
<b>Totals</b>		<b>-</b>	<b>-</b>	<b>156</b>	<b>-</b>	<b>-</b>	<b>1</b>	<b>12</b>	<b>16</b>	<b>-</b>	<b>-</b>	<b>67</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>252</b>

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  BILL & MELINDA GATES FOUNDATION TRUST	Taxpayer identification number (TIN)  91-1663695
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 23350	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SEATTLE, WA 98102	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 6

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ JENNIFER DEGER  
Telephone No. ▶ 206-709-3100 Fax No. ▶ 206-494-7021
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

- 1** I request an automatic 6-month extension of time until NOVEMBER 15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year 2020 or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.