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

0	MR	Nο	154	5-00	147

Form •	JJU-1			(and proxy	tax unde	er sect	ion (6033(e))	120	00	C	2019
		For caler	ndar year 20)19 or other tax yea	beginning	09/01 ,	2019, a	and ending			4	<u> </u>
	ent of the Treasury Revenue Service	ĺ	➤ Go to	www.irs.gov/For SN numbers on this	m990T for in:	struction	s and	the latest info	ormation.		pen to 501(c)(3	Public Inspection for 3) Organizations Only
A 🗆	heck box if iddress changed		Name of or	ganization (Ch	eck box if name	changed a	and see	instructions)				entification number
	pt under section	D	HOWARD	HUGHES MEDIC	AL INSTITUT	E				(Emplo	yees' t	rust, see instructions)
✓ 50	1(C (V 3)	Print or	Number, st	reet, and room or su	ite no If a P O	box, see in	structio	ons			_59-0	0735717
<u> </u>)8(e) 220(e)	Туре	4000 JON	ES BRIDGE ROA	D		_					siness activity code
□ 40	98A 🔲 530(a)	,,-	City or tow	n, state or province,	country, and ZII	P or foreign	postal	code		(See in	structi	ons)
<u></u> 52	!9(a)		CHEVY C	HASE, MD 20815	-6789						_ 5	25990
C Book	value of all assets d of year	F Gro	oup exem	ption number (S	ee instructio	ons) 🕨						
u . o	23,840,455,852	G Ch	eck organ	nization type >	✓ 501(c) c	orporation	n	501(c) 1	trust	401(a) 1	trust	Other trust
H En	ter the number	of the o	rganizatio	n's unrelated tra	des or busin	nesses. I	<u> </u>	3	Desci	ribe the onl	y (or	first) unrelated
tra	de or business	here ▶	INVESTM	ENTS		If o	nly or	ne, complete	Parts I-\	✓ If more the state of the	nan o	ne, describe the
firs	t in the blank s	space a	t the end	of the previous	sentence, c	complete	Parts	I and II, co	mplete a	Schedule	M fo	r each additional.
tra	de or business,	then co	mplete P	arts III-V							_	
l Du	ring the tax year,	was the	corporate	on a subsidiary in	an affiliated of	group or a	pare	nt-subsidiary	controlled	group?	•	☐ Yes ☑ No
If "	Yes," enter the	name a	ınd identif	ying number of	the parent co	orporatio	n 🕨					
J Th	e books are in o	care of	► MONI	QUE L MARCUS				Teleph	one num	ber 🕨	(3	301) 215-8500
Part	Unrelated	d Trade	or Bus	iness Income				(A) Incom	ie	(B) Expenses	;	(C) Net
1a	Gross receipts	or sale	s		_			· <u> </u>	,		7	
b	Less returns a	nd allow	vances			ce	1c		0			
2	Cost of goods	sold (So	chedule A	, line 7) .	_		2		0			
3	Gross profit S	ubtract	line 2 from	m_line 1c			3		0			0
4a				SCA COUNCED! In				37,33	6,940			37,336,940
b	Net gain (loss)	(Form 4	1797, Part	II, IRS 7) (218)	jh [- gγm 4/9	7)	4b		0			0
С	Capital loss de	eduction	for trusts	3 .	- 00		4c		0 7			0
5	Income (loss)	from a	a partners	ship StFPan() \$2 9	apporation	(attach						
	statement)						5	(18,991	17(2)			(18,991,712)
6	Rent income (\$	Schedul	e C)	Qadan III			6		0		0	0
7	Unrelated deb	t-finance	ed incom	e (Schedule E)	a n .	•	7		0		0	0
8				rom a controlled org		edule F)	8		0		0	0
9	Investment incom	ne of a se	ction 501(c)(7), (9), or (17) orga	inization (Sche	dule G)	9/		0		0	0
10	Exploited exer	npt activ	vity incom	ne (Schedule I)			10		0		0	0
11	Advertising inc	ome (S	chedule J	. ``			11		0		0	0
12	Other income	(See ins	tructions,	attach schedule	e)		12		0			0
13	Total, Combin				. /		13		5,228		0	18,345,228
Part	I Deduction	ıs Not	Taken El	sewhere (See	nstructions	for limit	ations	s on deduct	ions.) (D	eductions	must	be directly
	connected	with th	ie unrelat	ted business inc	come.)							
14	Compensation	of offic	ers, dırec	tors, and trustee	s (Schedule	19	, , , , , , , , , , , , , , , , , , ,		-		14	0
15	Salaries and w	ages		. /		<i>!</i> {		(18h)	. [_	15	0
16	Repairs and m	aıntenaı	nce	/	1	KRE(إياز	VEQ.	1	_	16	0
17	Bad debts .	٠		. /.	l r	++	JV	1/8	31	_	17	0
18	Interest (attach	ı schedi	ıle) (see ıı	nstructions)	18	1 /2/1		2021 V	<u>الأ</u>	⊢	18	1,862,136
19	Taxes and lice				18	//ツ州			<u> </u>		19	169,359
20	Depreciation (a				· 1		7	20	7_			
21	Less depreciat	ion clair	med on S	chedule A and e	Isewhere on	re(M)C	₽Œ	N, 4 21a	<u></u>		21b	0
22	Depletion		. /		ہا .	<i></i>	1				22	0
23				ensation plans			•	,		<u> </u>	23	0
24	Employee ben				. /					-	24	0
25	Excess exemp	, .	•	•	/.						25	0
26	Excess readers				/ .					 	26	0
27	Other deduction				./				•	. [_:	27	573,458
28	Total dedyctic			-						<u> </u>	28	2,604,953
				ome before net c							29	15,740,275
30		net op	erating lo	iss arising in ta	x years beg	ginning o	on or	after Janua	ry 1, 20	18 (see		
	instructions)		•	•		•		•		·	30	0
31	Unfelated busi	ness tax	kable inco	me Subtract lin	e 30 from lin	ne 29				. "Г	31	15,740,275

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Cat No 11291J

Form **990-T** (2019)

Howard Hughes Medical Institute 59-0735717

7/8/2021 10:40:18 AM

Part		otal Unrelated Business Taxable Income		
32	Total o	f unrelated business taxable income computed from all unrelated trades or businesses (see		
	instruct	ions)	32	15,740,275
33	Amoun	ts paid for disallowed fringes	33	
34		ble contributions (see instructions for limitation rules)	34	0
35		nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract Jine	. 11	
-		the sum of lines 32 and 33	35	15,740,275
36		ion for net operating loss arising in tax years beginning before January 1, 2018 (see		10,740,275
30	instruct			45 740 275
			/ [36]	15,740,275
37		funrelated business taxable income before specific deduction. Subtract line 36 from line 35 .	137	0
38		deduction (Generally \$1,000, but see line 38 instructions for exceptions)		0
39		ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		
		ne smaller of zero or line 37	39	0
_		ax Computation		
40 /		zations Taxable as Corporations. Multiply line 39 by 21% (0.21)	1 7 1	0
41	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income tax on		
	the amo	ount on line 39 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	41	
42	Proxy t	ax. See instructions	42	
43	-	tive minimum tax (trusts only)		
•		Noncompliant Facility Income. See instructions		
		Add lines 42, 43, and 44 to line 40 or 41, whichever applies		0
		ax and Payments	1 10	
		tax credit (corporations attach Form 1118, trusts attach Form 1116) . 46a	أخلعه	
+оа <i>ј</i> b		redits (see instructions)		
		· · · · · · · · · · · · · · · · · · ·	0	
C		· · · · · · · · · · · · · · · · · · ·	⊣	
d		or prior year minimum tax (attach Form 8801 or 8827)		
e		redits. Add lines 46a through 46d		0
47		et line 46e from line 45		0
48		xes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	0
49		ax. Add lines 47 and 48 (see instructions)		0
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
51a	Paymer	nts: A 2018 overpayment credited to 2019	0	
b	2019 es	stimated tax payments	0	
С	Tax dep	posited with Form 8868	-	
d	Foreign	oosited with Form 8868		
е	Backup	withholding (see instructions)	3	
f		or small employer health insurance premiums (attach Form 8941) 51f		
g	Other c	redits, adjustments, and payments: Form 2439		
•	☐ Form		0	
52		ayments. Add lines 51a through 51g	52	6,273
53		ed tax penalty (see instructions). Check if Form 2220 is attached	58	
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	0
55		syment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid.	55	6,273
56	•	e amount of line 55 you want Credited to 2020 estimated tax 0 Refunded		6,273
Part		tatements Regarding Certain Activities and Other Information (see instructions)	1 30	0,273
				ority Yes No
57		time during the 2019 calendar year, did the organization have an interest in or a signature or ot		Ority
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma I Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the for		
		· · · · · · · · · · · · · · · · · · ·	eign cou	· · ·
		(SEE STATEMENT)		
58	-	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	gn trust?	?
	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 ▶ \$,027
Δ:		penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the besorrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	t of my kno	wledge and belief, it is
Sign	1 1	A complete declaration of preparer (order than tax payer) is based on all information of which preparer has any knowledge	May the If	RS discuss this return
Here	 	Trucu Q S 7 13/21 CONTROLLER		oreparer shown below ctions)? []Yes \[No
	Signatu	te of officer Date Title	,occ manu	21.01.0). F. Les [140
Paid		Print/Type preparer's name Preparer's signature Date Chi	eck 🔲 ıf	PŢĮN
Prepa	arer	MIQUELLE MIQUAL QUARTER TO THE TOTAL CONTROL OF THE	f-employed	
-		Firm's name PRICEWATERHOUSECOOPERS, LLP	n's EIN ▶	13-4008324
Use (July	CONTRACTOR AND OTE 4000 WASHINGTON DO 00005		(202) 414-1000

Form 990-T (2019) Page 3 Schedule A—Cost of Goods Sold. Enter method of inventory valuation ▶ Inventory at end of year 6 0 Inventory at beginning of year 0 Cost of goods sold. Subtract line **Purchases** 2 7 2 0 6 from line 5 Enter here and in Part Cost of labor 3 3 I, line 2 7 0 4a Additional section 263A costs No (attach schedule) 0 Do the rules of section 263A (with respect to 4a 0 property produced or acquired for resale) apply 4b **b** Other costs (attach schedule) to the organization? . . . 0 Total. Add lines 1 through 4b 5 Schedule C-Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2)(3) (4) 2. Rent received or accrued 3(a) Deductions directly connected with the income (a) From personal property (if the percentage of rent (b) From real and personal property (if the in columns 2(a) and 2(b) (attach schedule) for personal property is more than 10% but not percentage of rent for personal property exceeds more than 50%) 50% or if the rent is based on profit or income) (1) (2) (3) (4) 0 Total Total (b) Total deductions. (c) Total income. Add totals of columns 2(a) and 2(b) Enter Enter here and on page 1, n Part I, line 6, column (B) here and on page 1, Part I, line 6, column (A) Schedule E-Unrelated Debt-Financed Income (see instructions) 3 Deductions directly connected with or allocable to 2. Gross income from or debt-financed property 1 Description of debt-financed property allocable to debt-financed (a) Straight line depreciation (b) Other deductions property (attach schedule) (attach schedule) 786,065 837,252 (1) JANELIA BUILDING A 230,676 (2) (3) (4) 5. Average adjusted basis 4. Amount of average 6. Column 8. Allocable deductions of or allocable to 7. Gross income reportable acquisition debt on or (column 6 x total of columns) 4 divided debt-financed property (column 2 × column 6) allocable to debt-financed by column 5 3(a) and 3(b)) property (attach schedule) (attach schedule) 100 00 % 786,065 1,067,928 8,946,548 4,753,311 (1) (2) % % (3) % (4) Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (B) Part I, line 7, column (A)

Form **990-T** (2019)

1,067,928

0

786,065

Totals

Total dividends-received deductions included in column 8

Schedule F-	Interest, Ann	uities	, Royalties,	and F	Rent	s From (Controlled Org	j anizations (se	<u>e</u> instru	ctions)	
				Exer	npt C	Controlled	Organizations				
	of controlled nization		2. Employer fication number			ted income istructions)	4. Total of specified payments made	5. Part of column included in the corganization's grant included in the corganization in the corganization in the corganization in the column included in the co	controlling	conne	eductions directly ected with income in column 5
(1)	-										
(2)											
(3)		-									
(4)											
Nonexempt Co	ontrolled Organia	ations	S								
7 Taxat	ole Income		i, Net unrelated ind loss) (see instructi				tal of specified ments made	10. Part of column included in the corganization's gro	controlling	connec	eductions directly cted with income in column 10
(1)	·										
(2)							•				
(3)											
(4)			_								
T -1-1-							_	Add columns 5 Enter here and c Part I, line 8, co	on page 1, olumn (A)	Enter h Part I,	columns 6 and 11 here and on page 1, line 8, column (B)
Totals	Investment		an of a Sout	on E	01/0	1/7) (0)	or (17) Organi	Tation (see use		0	0
	ription of income	ncon	2 Amount of			3. direc	Deductions city connected	4. Set-aside (attach sched	es	5. To and s	otal deductions et-asides (col. 3
(4)						(atta	ach schedule)				plus col 4)
(1)											
(2)											
(4)						l ——					
(4)			Enter here and Part I, line 9, c								re and on page 1, ne 9, column (B)
Totals		▶			0						0
	Exploited Exe	mpt	Activity Inco	me.	Oth	er Than	Advertising In	come (see inst	tructions	s)	
	on of exploited activi		2. Gross unrelated business incor from trade o business	ne r	3. Ex dii conne produ unr	epenses rectly cted with uction of related ss income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Ex	penses Itable to Jumn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)				_							
(3)											
(4)											
		_	Enter here and page 1, Part line 10, col (A	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	page	ere and on 1, Part I, 1, col (B)					Enter here and on page 1, Part II, line 25
Totals Schodulo I	-Advertising I	200=	10 (000 15=1=1=	0		0	<u> </u>				0
	come From P					Concoli	dated Basis				
Fairt In	come riom P	enou	icais nepor	led 0	n a	CONSON			Υ		7 Funnan sandambun
1. Na	me of periodical		2. Gross advertising income	а		Direct sing costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	1	dership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)									<u> </u>		
(2)							-		ļ		
(3)				_							
(4)			•								
Totals (carry to	Part II, line (5))	•		0		0	0				0
										F	orm 990-T (2019)

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute 7. Excess readership costs (column 6 2. Gross 3. Direct 5. Circulation 6 Readership minus column 5, but 1 Name of periodical advertising advertising costs ıncome costs not more than ınçome cols 5 through 7 column 4) (1) (2) (3) (4) 0 \triangleright Totals from Part I Enter here and on Enter here and on Enter here and page 1, Part I, line 11, col (B) page 1, Part I, line 11, col (A) on page 1, Part II, line 26 0 Totals, Part II (lines 1-5) Schedule K-Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	3. Percent of me devoted to business	Compensation attributable to unrelated business
(1)	%	
(2)	%	
(3)	%	
(4)	%	
Total. Enter here and on page 1, Part II, line 14	 >	0

Form **990-T** (2019)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service Name of the organization

12

13

HOWARD HUGHES MEDICAL INSTITUTE

For calendar year 2019 or other tax year beginning 09/01 , 2019, and ending 08/31 , 20 20

▶ 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 fo 501(c)(3) Organizations Only

Employer identification number

59-0735717

Unrelated Business Activity Code (see instructions) ▶ Describe the unrelated trade or business ► JANELIA BUILDING A RENTAL (C) Net Part I Unrelated Trade or Business Income (A) Income (B) Expenses 1a Gross receipts or sales **b** Less returns and allowances Balance ▶ 1c 0 2 0 2 Cost of goods sold (Schedule A, line 7) . 3 0 0 Gross profit Subtract line 2 from line 1c 3 n 0 4a Capital gain net income (attach Schedule D) 4a 4b 0 0 **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 0 0 4c c Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement) 5 0 0 6 0 0 0 6 Rent income (Schedule C) 786,065 1,067,928 (281,863) 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 0 0 0 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 0 0 0 Exploited exempt activity income (Schedule I) 10 0 0 0 10 0 0 0 Advertising income (Schedule J) 11 11 n

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

12

13

14	Compensation of officers, directors, and trustees (Schedule K)	14	0	
15	Salaries and wages	15	0	
16	Repairs and maintenance	16	0	
17	Bad debts	17	0	
18	Interest (attach schedule) (see instructions)	18	0	
19	Taxes and licenses	19	0	
20	Depreciation (attach Form 4562)			
21	Less depreciation claimed on Schedule A and elsewhere on return . 21a 0	21b	0	
22	Depletion	22	0	
23	Contributions to deferred compensation plans	23	0	
24	Employee benefit programs	24	0	
25	Excess exempt expenses (Schedule I)	25	0	
26	Excess readership costs (Schedule J)	26	0	
27	Other deductions (attach schedule)	27	0	
28	Total deductions. Add lines 14 through 27	28	0	
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	(281,863)	
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	0	
31	Unrelated business taxable income Subtract line 30 from line 29	31	(281,863)	

For Paperwork Reduction Act Notice, see instructions.

Other income (See instructions, attach schedule)

Total. Combine lines 3 through 12

Cat No 71329Y

Schedule M (Form 990-T) 2019

0

1.067.928

786.065

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service Name of the organization

HOWARD HUGHES MEDICAL INSTITUTE

For calendar year 2019 or other tax year beginning 09/01 , 2019, and ending 08/31 , 20 20

► 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

Employer identification number

59-0735717

221000 Unrelated Business Activity Code (see instructions) ▶ Describe the unrelated trade or business ▶ UTILITIES (C) Net (A) Income (B) Expenses Part I Unrelated Trade or Business Income 1a Gross receipts or sales O b Less returns and allowances Balance ▶ 1c 2 0 2 Cost of goods sold (Schedule A, line 7) 3 0 0 3 Gross profit Subtract line 2 from line 1c 0 0 4a Capital gain net income (attach Schedule D) 4a **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 0 0 4b 4c 0 n Capital loss deduction for trusts С Income (loss) from a partnership or an S corporation (attach statement) 5 (967, 132)(967, 132)0 6 0 0 6 Rent income (Schedule C) 7 0 0 0 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled 0 0 organization (Schedule F) 8 0 Investment income of a section 501(c)(7), (9), or (17) 9 0 organization (Schedule G) 0 0 10 Exploited exempt activity income (Schedule I) 10 0 0 0 11 0 0 0 Advertising income (Schedule J) 11 0 n 12 Other income (See instructions, attach schedule) 12 Total. Combine lines 3 through 12 13 (967.132) 0 (967,132) 13 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly Part II connected with the unrelated business income.) 14 0 14 Compensation of officers, directors, and trustees (Schedule K) 15 0 15 Salaries and wages

16 0 16 Repairs and maintenance 17 0 17 Bad debts 18 0 18 Interest (attach schedule) (see instructions) 0 19 19 Taxes and licenses 0 20 20 Depreciation (attach Form 4562) . 0 21b 0 21a Less depreciation claimed on Schedule A and elsewhere on return 21 0 22 22 0 23 Contributions to deferred compensation plans 23 0 24 24 Employee benefit programs 0 25 25 Excess exempt expenses (Schedule I) 0 26 Excess readership costs (Schedule J) 26 27 0 27 Other deductions (attach schedule) 28 n Total deductions. Add lines 14 through 27 28 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 (967, 132)29 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see 30 0 30 Unrelated business taxable income Subtract line 30 from line 29 (967, 132)31

For Paperwork Reduction Act Notice, see instructions.

Cat No 71329Y

Schedule M (Form 990-T) 2019

Form 990T Part I, Line 5

Income (loss) from Partnership and S Corporations

Name of Partnership	EIN	UBI
INVESTMENTS		
(1) INCOME (LOSS) FROM PARTNERSHIPS		-18,991,712
	Total	-18,991,712
UTILITIES		
(1) INCOME (LOSS) FROM PARTNERSHIPS		-967,132
	Total	-967,132

Form 990T Part II, Line 18	Interest	 	

Description		Amount
INVESTMENTS		
(1) BUSINESS INTEREST EXPENSE DEDUCTION (SEE FORM 8990)		1,862,136
	Total for Part II, Line 18	1,862,136

Form 990T Part II, Line 19	Taxes and Licenses			
	Description	 	Amount	
INVESTMENTS		 		
(1) STATE INCOME TAX EXPENSE				169,359

Form 990T Part II, Line 27	Other Deductions		
	Description	Amount	
INVESTMENTS			
(1) ALLOCATION OF INVESTMENT EXPE	NSES	573	158

Form 990T Part II, Line 30

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining
INVESTMENTS			· <u>-</u>		
2018	48,861,661		0	0	48,861,661
Totals	48,861,661		0	0	48,861,661
JANELIA BUILDING A					
2018	299,304		0	0	299,304
2019	281,863		0	0	281,863
Totals	581,167	0	0	0	581,167
UTILITIES					
2019	967,132		0	0	967,132
Totals	967,132	0	,0	0	967,132

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2014	112,969			112,969	0	2019
2015	140,481			140,481	0	2020
2016	108,358			108,358	0	2021
2017	305,265			305,265	0	2022
2018	131,962			131,962	0	2023
2019	161,792			161,792	0	2024
Totals	960.827	0	0	960.827	0	

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2007	5,861,203			5,861,203	0	2027
2008	21,419,087	960,827		9,879,072	12,500,842	2028
2009	108,214,067		11,361,386		96,852,681	2029
2010	11,178,147				11,178,147	2030
2011	60,540,693				60,540,693	2031
2012	25,816,126				25,816,126	2032
2013	34,972,914				34,972,914	2033
2014	32,852,525				32,852,525	2034
2015	46,516,992				46,516,992	2035
2016	42,770,072				42,770,072	2036
2017	22,333,331				22,333,331	2037
Totals	412,475,157	960.827	11.361.386	15.740.275	386.334.323	

Form 990T Part VI, Line 57

Foreign Countries where Organization had an interest in Financial Accounts

Countries

AE, AS, BD, BE, BR, CA, CJ, DA, EI, FI, FR, GK, GM, HK, ID, IN, IT, JA, JE, JO, KS, KV, LU, MJ, MP, MT, MX, MY, NL, NZ, RP, RS, SF, SN, SP, SW, SZ, TU, TW, UK, VI

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Straight Line Depreciation

JANELIA BUILDING A		
(1) JANELIA BUILDING A	Description	Amount
	BUILDINGS	196,732
	LAND IMPROVEMENTS	33,944
	Total	230,676
Total for Schedule C, Line 3(a), Deductions directly connected with the income in columns		230,676

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Other Deductions

JANELIA BUILDING A		
	Description	Amount
	SUPPLIES	9,194
	UTILITIES	169,766
,	TELEPHONE	442
	SECURITY	26,806
(1) JANELIA BUILDING A	PROFESSIONAL FEES	51,197
	EQUIPMENT MAINTENANCE	19,445
	FACILITIES MAINTENANCE	162,847
	INTEREST EXPENSE	252,968
	PROPERTY TAX & REPORTING FEES	144,587
	Total	837,252
Total for Schedule E, Line 3(b), Other Deductions		837,252

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

2019

Employer identification number HOWARD HUGHES MEDICAL INSTITUTE 59-0735717 ► ☐ Yes 🗸 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 Part I Short-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) or loss from Form(s) the lines below Subtract column (e) from Cost Proceeds 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (a) whole dollars 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, 0 leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 0 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 0 with Box B checked Totals for all transactions reported on Form(s) 8949 196,791 0 n 196,791 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 0) 6 6 Unused capital loss carryover (attach computation) 196,791 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h Long-Term Capital Gains and Losses (See instructions (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on (e) the lines below. or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) the result with column (g) column (g) whole dollars 8a Totals for all long-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, 0 leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 0 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 0 with Box E checked Totals for all transactions reported on Form(s) 8949 33,770,316 0 0 33,770,316 with Box F checked 3,369,833 11 Enter gain from Form 4797, line 7 or 9 11 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 14 14 Capital gain distributions (see instructions) 37,140,149 15 15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h Part III Summary of Parts I and II 16 196,791 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 37,140,149 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 37,336,940 18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 18 Note: If losses exceed gains, see Capital Losses in the instructions.

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

Attachment Sequence No 12A

Name(s) shown on return
HOWARD HUGHES MEDICAL INSTITUTE

Social security number or taxpayer identification number 59-0735717

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 broker and may even tell you which box to check

Part I

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.

☐ (B) Short-term transactions☐ (C) Short-term transactions	reported on	Form(s) 1099	9-B showing bas				•
1 (a) Description of property (Example 100 sh XYZ Co)	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f) See the separate instructions.		(h) Gain or (loss). Subtract column (e)
	Date acquired (Mo , day, yr)	disposed of (Mo , day, yr)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
SHORT-TERM GAIN/LOSS FROM INVESTMENTS			154,210				154,210
SHORT-TERM ORDINARY GAIN/LOSS FROM INVESTMENTS			42,581				42,581
					-		
····		_					
		-					
						-	
2 Totals. Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above share in challed) or line 2 (if Box	al here and incl is checked), lin	lude on your ne 2 (if Box B	196.791	0		0	196,791

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

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side HOWARD HUGHES MEDICAL INSTITUTE

Social security number or taxpayer identification number 59-0735717

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 fit 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 re	eported on Form(s)	1099-B showing t	basis was reported	I to the IRS (se	e Note above)
-----	---------------------------	--------------------	------------------	--------------------	------------------	----------------------

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

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

1 (a) Description of property		(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f) See the separate instructions		(h) Gain or (loss). Subtract column (e)
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of (Mo , day, yr)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
LONG-TERM GAIN/LOSS FROM INVESTMENTS			33,706,445				33,706,445
LONG-TERM ORDINARY GAIN/LOSS FROM INVESTMENTS			63,871				63,871
					`.		
2 Totals. Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box D above is checked).	al here and inc is checked), lir	lude on your ne 9 (if Box E	33,770,316	0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0	33,770,316

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

Form **8949** (2019)

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

Department of the Treasury Internal Revenue Service (99) Identifying number Name(s) shown on return

Attachment Sequence No 22

HOW	ARD HUGHES MEDICAL INSTITUTE	59-073	5717
Par	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	0
2	Passive activity credits from line 2 of all Parts III with box B checked . 2 48,0	48	
3	Enter the applicable passive activity credits allowed for 2019 See instructions	3	
4	Carryforward of general business credit to 2019 Enter the amount from line 2 of Part III with box Concepted See instructions for statement to attach	4	61,354
5	Carryback of general business credit from 2020 Enter the amount from line 2 of Part III with box checked See instructions	5	0
6	Add lines 1, 3, 4, and 5	6	61,354
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. 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. 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 	7	0
9	Add lines 7 and 8	9	0
10a b c	Foreign tax credit Certain allowable credits (see instructions) Add lines 10a and 10b	10c	0
11	Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 10	3 11	0
12	Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0 12	4	
13	Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000 See instructions	<u> - </u>	
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 Enter the greater of line 13 or line 14	15	
16	Subtract line 15 from line 11 If zero or less, enter -0-	16	0
17	Enter the smaller of line 6 or line 16	17	0
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, o reorganization	r	
Ear Da	panyork Paduction Act Notice see senarate instructions Cat No. 123025	F.	orm 3800 (2019)

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	0- on l	line 26
18	Multiply line 14 by 75% (0 75) See instructions	18	0
19	Enter the greater of line 13 or line 18	19	0
20	Subtract line 19 from line 11 If zero or less, enter -0-	20	0
21	Subtract line 17 from line 20 If zero or less, enter -0-	21	. 0
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	0
23	Passive activity credit from line 3 of all Parts III with box B checked . 23 0		
24	Enter the applicable passive activity credit allowed for 2019 See instructions	24	
25	Add lines 22 and 24	25	0
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	0
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	0
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked . 45,038		
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	44,021
35	Carryback of business credit from 2020. Enter the amount from line 5 of Part III with box D checked See instructions	35	0
36	Add lines 30, 33, 34, and 35	36	44,021
37	Enter the smaller of line 29 or line 36	37	0
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	0
- "			Form 3800 (2019)

Na	ne(s) s	hown on return		Identifying i	number
н	OWAR	RD HUGHES MEDICAL INSTITUTE		5	9-0735717
В	art II	General Business Credits or Eligible Small Business Credits (see inst	ructi	ons)	
		te a separate Part III for each box checked below. See instructions			
A		General Business Credit From a Non-Passive Activity E Reserved			
В		General Business Credit From a Passive Activity F Reserved			
		General Business Credit Carryforwards G G Eligible Small Busin	ess (Credit Carryforwa	ırds
		General Business Credit Carrybacks H Reserved	.000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ī		u are filing more than one Part III with box A or B checked, complete and attach first an	additio	onal Part III comb	ining amounts from
•		arts III with box A or B checked. Check here if this is the consolidated Part III	200		▶ ☑
_		(a) Description of credit		(b)	(c)
No	ta: Or	n any line where the credit is from more than one source, a separate Part III is needed for each		If claiming the cred	it Enter the appropriate
		ough entity		from a pass-througentity, enter the El	
_	1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		0
	b	Reserved	1b		
	С	Increasing research activities (Form 6765)	1c		48,048
	d	Low-income housing (Form 8586, Part I only)	1d		0
	е	Disabled access (Form 8826) (see instructions for limitation)	1e		0
	f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		0
	g	Indian employment (Form 8845)	1g		0
	h	Orphan drug (Form 8820)	1h		0
	i	New markets (Form 8874)	1i		0
	j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		0
	k	Employer-provided child care facilities and services (Form 8882) (see instructions			
		for limitation)	1k]	0
	t	Biodiesel and renewable diesel fuels (attach Form 8864)			0
	m	Low sulfur diesel fuel production (Form 8896)	1m	İ	0
	n	Distilled spirits (Form 8906)	1n		0
	0	Nonconventional source fuel (carryforward only)	10		0
	р	Energy efficient home (Form 8908)	1p		0
	q	Energy efficient appliance (carryforward only)	1q		0
	r	Alternative motor vehicle (Form 8910)	1r		0
	s	Alternative fuel vehicle refueling property (Form 8911)	1s		, o
	t	Enhanced oil recovery credit (Form 8830)	1t		0
	u	Mine rescue team training (Form 8923)	1u		0
	V	Agricultural chemicals security (carryforward only) .	1v		0
	w	Employer differential wage payments (Form 8932)	1w		0
	x	Carbon oxide sequestration (Form 8933)	1x		0
	У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		0
	Z	Qualified plug-in electric vehicle (carryforward only)	1z		0
	aa	Employee retention (Form 5884-A)	1aa		0
	bb	General credits from an electing large partnership (carryforward only)	1bb		0
	ZZ	Other Oil and gas production from marginal wells (Form 8904) and certain other			
		credits (see instructions)	1zz		0
	2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		48,048
;	3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		0
•	4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		0
	b	Work opportunity (Form 5884)	4b		0
	С	Biofuel producer (Form 6478)	4c		0
	d	Low-income housing (Form 8586, Part II)	4d		0
	e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		33,423
	f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		11,195
	g	Qualified railroad track maintenance (Form 8900)	4g		0
	h	Small employer health insurance premiums (Form 8941)	4h	_	0
	i	Increasing research activities (Form 6765)	4i		0
	j	Employer credit for paid family and medical leave (Form 8994)	4j	_	420
	Z	Other	4z		0
	5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		45,038
4	:	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	I	93.086

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

		· · ·				
Na	me(s) s	hown on return			Identifying nur	nber
Н	OWAF	RD HUGHES MEDICAL INSTITUTE			59-0	0735717
P	art II	General Business Credits or Eligible Small Business Credits (see inst	ructi	ons)		
		te a separate Part III for each box checked below. See instructions				
A		General Business Credit From a Non-Passive Activity E Reserved				
В		General Business Credit From a Passive Activity F Reserved				
C	=	General Business Credit Carryforwards G G Eligible Small Busin	ess C	redit (Carryforward	s
D		General Business Credit Carrybacks H Reserved				•
_				anal Da	et III combini	a amounta from
1		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	additic	ла га	ar in combini	
_	an i			l .	(h)	(c)
	_	(a) Description of credit		If claim	(b) ning the credit	Enter the
		n any line where the credit is from more than one source, a separate Part III is needed for each		from a	pass-through	appropriate amount
_		ough entity	4.0	entity,	enter the EIN	
	1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	 		
	b	Reserved	1b		0047774	0.770
	С	Increasing research activities (Form 6765)	1c	46-	-0617774	6,776
	d	Low-income housing (Form 8586, Part I only)	1d	<u> </u>		
	е	Disabled access (Form 8826) (see instructions for limitation)	1e			
	f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	ļ		
	g	Indian employment (Form 8845)	1g			•
	h	Orphan drug (Form 8820)	1h			
	i	New markets (Form 8874)	<u> 1i</u>			
	j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<u>1j</u>			
	k	Employer-provided child care facilities and services (Form 8882) (see instructions				
		for limitation)	1k			
	1	Biodiesel and renewable diesel fuels (attach Form 8864)				
	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		ĺ	
	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		İ	
	bb .	General credits from an electing large partnership (carryforward only)	1bb			
	zz	Other Oil and gas production from marginal wells (Form 8904) and certain other				
		credits (see instructions)	1zz			
	2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2			6,776
	- 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			
	b	Work opportunity (Form 5884)	4b			
	C	Biofuel producer (Form 6478)	4c			
	d	Low-income housing (Form 8586, Part II)	4d			
		- · · · · · · · · · · · · · · · · · · ·	4e			
	e •	Renewable electricity, refined coal, and Indian coal production (Form 8835)	46 4f	 		
	f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)				
	g	Qualified railroad track maintenance (Form 8900)	4g	ļ . ——		
	h	Small employer health insurance premiums (Form 8941)	4h	-		
	į	Increasing research activities (Form 6765)	4i			
	j	Employer credit for paid family and medical leave (Form 8994)	4j			
	Z	Other	4z			
	5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5	<u> </u>		0
- 1	6	Add lines 2. 3, and 5 and enter here and on the applicable line of Part II	6	I	1	6,776

For	m 3800	0 (2019)			Page 3
Nar	me(s) sl	hown on return		Identifying nun	nber
Н	OWAR	D HUGHES MEDICAL INSTITUTE		59-0	0735717
P	art III	General Business Credits or Eligible Small Business Credits (see inst	ructic	ons)	
A B C D		te a separate Part III for each box checked below. See instructions General Business Credit From a Non-Passive Activity General Business Credit From a Passive Activity F Reserved General Business Credit Carryforwards General Business Credit Carrybacks H Reserved Unare 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	iddillo	nai i ait iii combiiii	▶ □
		(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 bugh entity		If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
	1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
	b	Reserved	1b		
	С	Increasing research activities (Form 6765)	1c	61-1758706	50
	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)			
	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 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		
	bb	General credits from an electing large partnership (carryforward only)	1bb		
	ZZ	Other Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz		
:	2	Add lines 1a through 1zz and enter here and on the applicable line of Part I .	2		50
;	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		
	b	Work opportunity (Form 5884)	4b		•
	С	Biofuel producer (Form 6478)	4c		
	d	Low-income housing (Form 8586, Part II)	4d		
	е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
	f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		
	g	Qualified railroad track maintenance (Form 8900)	4g	"	 /
	h	Small employer health insurance premiums (Form 8941)	4h		
	i	Increasing research activities (Form 6765)	4i		
	j	Employer credit for paid family and medical leave (Form 8994) .	4j		
	z	Other	4z		
	5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		0
	5 5	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		50

r orm seed (2015)		111-16	Page G
Name(s) shown on return		Identifying nun	
HOWARD HUGHES MEDICAL INSTITUTE			0735717
Part III General Business Credits or Eligible Small Business Credits (see ins	tructio	ons)	
Complete 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	ness C	redit Carryforward	S
D ☐ General Business Credit Carrybacks ☐ H ☐ Reserved			
I If you are filing more than one Part III with box A or B checked, complete and attach first an all Parts III with box A or B checked. Check here if this is the consolidated Part III	additio	nal Part III combinir	ng amounts from ► □
(a) Description of credit		(b)	(c) Enter the
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity		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		
c Increasing research activities (Form 6765)	1c		
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		
Biodiesel and renewable diesel fuels (attach Form 8864)			
m Low sulfur diesel fuel production (Form 8896)	1m		
n Distilled spirits (Form 8906)	1n		
o Nonconventional source fuel (carryforward only) .	10		
p 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)	1v		
z Qualified plug-in electric vehicle (carryforward only)	1z		
aa Employee retention (Form 5884-A)	1aa		
bb General credits from an electing large partnership (carryforward only)	1bb		
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other			
credits (see instructions)	1zz		
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		0
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		
b Work opportunity (Form 5884)	4b		
c Biofuel producer (Form 6478)	4c		
d Low-income housing (Form 8586, Part II)	4d		
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	81-2828481	11,195
0 14 1 14 14 1 7 2000	4g	5. 2020 101	71,100
Qualified railroad track maintenance (Form 8900) Small employer health insurance premiums (Form 8941)	4h		
i Increasing research activities (Form 6765)	4i		
j Employer credit for paid family and medical leave (Form 8994)	\vdash		
	4j		
z Other Add lines 4s through 4z and enter here and on the applicable line of Part II	4z		11 105
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	6		11,195
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	ן ס		11,195

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

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

4j

4z

5

98-1377130

Other

j

z

5