#### EXTENDED TO NOVEMBER 15, 2019 Form **990-T Exempt Organization Business Income Tax Return** OMB No. 1545-0687 (and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service Name of organization ( Check box if name changed and see instructions.) Check hox if address changed Print BILL & MELINDA GATES FOUNDATION 56-2618866 B Exempt under section E Unrelated business activity code X 501(c)(3 or Number, street, and room or suite no. If a P.O. box, see instructions. (See instructions.) Type 408(e) 220(e) P.O. BOX 23350 ີ 408A Γ 7530(a) City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA 98102 529(a) C Book value of all assets **F** Group exemption number (See instructions.) at end of yea **G** Check organization type ► 501(c) corporation X 501(c) trust 401(a) trust Other trust **H** Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated \_ . If only one, complete Parts I-V. If more than one, trade or business here describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ΠNο If "Yes," enter the name and identifying number of the parent corporation. J The books are in care of ► JENNIFER DEGER Telephone number ► 206-709-3100 Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales c Balance ..... **b** Less returns and allowances 1c 2 Cost of goods sold (Schedule A, line 7) 2 3 3 Gross profit. Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4a **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 5 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 7 8 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 9 Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 Other income (See instructions; attach schedule) 12 12 13 Total. Combine lines 3 through 12 Part II **Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 Salaries and wages 15 16 16 17 17 Interest (attach schedule) (see instructions) 18 18 19 Taxes and licenses 19 197,740. Charitable contributions (See instructions for limitation rules) 20 20 Depreciation (attach Form 4562) 21 21 22b 22 Less depreciation claimed on Schedule A and elsewhere on return 23 23 Contributions to deferred compensation plans 24 24 25 25 Employee benefit programs Excess exempt expenses (Schedule I) 26 26 Excess readership costs (Schedule J) 27 27

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197 740.

-197,740.

-197,740

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Other deductions (attach schedule)

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

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

Total deductions. Add lines 14 through 28

Form 990-1		866	Page 2						
Part I	Total Unrelated Business Taxable Income								
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-197,740.						
34	Amounts paid for disallowed fringes	34	329,566.						
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35							
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of								
	lines 33 and 34	36	131,826.						
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.						
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,								
	enter the smaller of zero or line 36	38	130,826.						
Part I	V Tax Computation								
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.						
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:								
	Tax rate schedule or Schedule D (Form 1041)	40	46,792.						
41	Proxy tax. See instructions	41							
42	Alternative minimum tax (trusts only)	42							
43	Tax on Noncompliant Facility Income. See instructions	43							
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	46,792.						
Part \									
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	1							
b	Other credits (see instructions) 45b	1							
C	General business credit. Attach Form 3800 45c	1							
d	Credit for prior year minimum tax (attach Form 8801 or 8827)								
e	Total credits. Add lines 45a through 45d	45e							
46	Subtract line 45e from line 44	46	46,792.						
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47							
48	Total tax. Add lines 46 and 47 (see instructions)	48	46,792.						
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.						
	Payments: A 2017 overpayment credited to 2018 50a 125,000.	4							
b	2018 estimated tax payments 50b								
	Tax deposited with Form 8868         50c         150,000.	4							
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	1							
	Backup withholding (see instructions) 50e	1 1							
	Credit for small employer health insurance premiums (attach Form 8941)								
g	Other credits, adjustments, and payments: Form 2439								
	Form 4136 Other Total ▶ <b>50g</b>								
51	Total payments. Add lines 50a through 50g	51	275,000.						
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🗓	52							
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53							
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	228,208.						
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax 228, 208. Refunded	55	0.						
Part \									
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No						
	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		A STATE OF THE STA						
	here		.						
57	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.								
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$								
Cia-	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	dge and belief, it is	true,						
Sign	Market Control of the	lay the IRS discuss	this return with						
Here	Chief Financial Officer	ne preparer shown b							
	Signature of officer Date Title in	structions)? X	Yes No						
	Print/Type preparer's name Preparer's signature Date Check	if PTIN							
Paid	self- employed								
Prepa	polene cox   Colene C	P002354							
	Use Only Firm's name ▶ DELOITTE TAX, LLP Firm's EIN ▶								

Form 990-T (2018)

Phone no. 206-716-7000

Firm's address > SEATTLE, WA 98104

925 FOURTH AVENUE, SUITE 3300

## Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

**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 <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>. **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. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print BILL & MELINDA GATES FOUNDATION 56-2618866 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filina vour P.O. BOX 23350 return. See instructions 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) 6 Return **Application** Application Return Code Code Is For Is For 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 Ω4 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. 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 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and EINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2019 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2018 or \_\_\_ tax year beginning , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 275,000. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 125,000. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 150,000. using EFTPS (Electronic Federal Tax Payment System). See instructions. 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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)

instructions

Sch	edule A - Cost of Goods	Sold. Enter	method of inven	tory v	aluation N/A					
1	Inventory at beginning of year	1		6	Inventory at end of yea	ar		6		
	Purchases			7	Cost of goods sold. S	of goods sold. Subtract line 6				
3 (	Cost of labor				from line 5. Enter here	and in F	Part I,			
	Additional section 263A costs				line 2			7		
(	(attach schedule)	4a		8	Do the rules of section	s of section 263A (with respect to				No
b (	Other costs (attach schedule)				property produced or a	acquired	l for resale) apply to			
5	Total. Add lines 1 through 4b	5			the organization?					
Sch	edule C - Rent Income (	From Real	Property and	Per	sonal Property L	.ease	d With Real Prop	erty	)	
(see	e instructions)									
<b>1.</b> Des	scription of property									
(1)										
(2)										
(3)										
(4)										
		2. Rent receive	ed or accrued							
	(a) From personal property (if the percorent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ige	<b>3(a)</b> Deductions directly columns 2(a) a	/ conne nd 2(b)	cted with the income in (attach schedule)	l
(1)										
(2)										
(3)										
(4)										
Total		0.	Total			0.				
here a	tal income. Add totals of columns and on page 1, Part I, line 6, column	(A)	▶			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	. ▶		0.
Sch	edule E - Unrelated Deb	t-Financed	Income (see	instru	ctions)					
				,			Deductions directly conto debt-finance			
	1 December of delta for			'	2. Gross income from or allocable to debt-	(a)	Straight line depreciation	Jed pro	(b) Other deduction	
	1. Description of debt-fin	anced property			financed property		(attach schedule)		(attach schedule)	
(1)				-						
(1)										
(3)										
(4)										
	4. Amount of average acquisition	5 Average	adjusted basis	-	Column 4 divided		7. Gross income		8. Allocable deducti	ions
d	ebt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	Illocable to nced property n schedule)		by column 5		reportable (column 2 x column 6)		(column 6 x total of col 3(a) and 3(b))	
(1)					%					
(2)					%					
(3)					%					
(4)					%					
						Е	nter here and on page 1,		Enter here and on page	e 1,
							Part I, line 7, column (A).		Part I, line 7, column (	
Total	s				<b>&gt;</b>			١.		0.
Total	dividends-received deductions in	cluded in columr	8				<b>)</b>	<b>.</b>		0.

Form **990-T** (2018)

				Exempt C	Controlled O	rganizatio	ons					
1. Name of controlled organization		2. Emplo identifica numbe	tion	3. Net unre (loss) (see	related income e instructions)  4. Tot payr		al of specified nents made	Part of column 4 included in the controrganization's gross in the control organization in the control organization in the control organization in the column in the c		rolling	6. Deductions connected with in column	h income
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organi			<i>a</i> ,			.	40			44 -		
7. Taxable Income		nrelated income see instructions)	(IOSS)	9. lotalo	of specified payr made	nents	10. Part of column in the controllingross	mn 9 tha ing orgar s income	nization's	11. D wit	eductions directly th income in colur	y connected mn 10
(1)												
(2)												
(3)												
(4)												
							Add colun Enter here and line 8, c		e 1, Part I,		dd columns 6 and here and on page line 8, column (l	e 1, Part I,
otals						▶			0.			0
Schedule G - Investme	nt Incor	ne of a Se	ection 5	01(c)(7	), (9), or (	17) Org	anization					
(see inst	ructions)											
<b>1</b> . Desc	ription of inco	me			2. Amount of	income	<ol> <li>Deduction directly conner (attach sched)</li> </ol>	cted	4. Set- (attach s	asides schedule)	and se	deductions et-asides olus col. 4)
(1)												
(2)												
(3)												
(4)					Enter here and	on page 1					Enter here ar	nd on page 1
					Part I, line 9, co						Part I, line 9,	
otals				▶		0.						0
Schedule I - Exploited (see instru	Exempt	Activity I	ncome,	Other	Than Adv		g Income					
			<b>3.</b> Expe	2000	4. Net incom	ne (loss)	_				7 Exec	ss exempt
1. Description of exploited activity	unrelated incom	Gross business e from business	directly cor with prod of unrel business i	nnected uction ated	from unrelated business (co minus colum gain, compute through	I trade or Ilumn 2 n 3). If a e cols. 5	<ol><li>Gross inco from activity t is not unrelat business inco</li></ol>	hat ed	attribut	penses table to mn 5	expenses 6 minus o but not n	ss exempt s (column column 5, more than mn 4).
(1)												
(2)												
(2)												
(4)												
	page 1	re and on , Part I, col. (A).	Enter here page 1, F line 10, co	Part I, ol. (B).							on pa	ere and age 1, line 26.
Totals Advantision	na Inna	0.		0.								0
Schedule J - Advertisi Part I Income From					olidatad	Pooio						
Part I income From	Periodic	ais Repor	rtea on	a Cons	solidated	Dasis						
1. Name of periodical		2. Gross advertising income		. Direct ising costs	col. 3). If a ga	ol. 2 minus	5. Circulat income		6. Read		7. Excess r costs (colum column 5, bu than colu	nn 6 minus It not more
(1)												
(2)												
(3)												
(4)												
Intals (carry to Part II line (5))		0	,	n								0

## Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.

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

1. Name	2. Title	<b>3.</b> Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
_(3)		%	
_(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0.

Form **990-T** (2018)

### Form **2220**

**Underpayment of Estimated Tax by Corporations** 

Attach to the corporation's tax return.

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form2220 for instructions and the latest information.

2018

Name

BILL & MELINDA GATES FOUNDATION

Employer identification number 56-2618866

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

P	Part I Required Annual Payment							
1	Total tax (see instructions)						1	46,792.
•	Developed to the second section (Only of the DIL (Ferry 4400). If a	- 00\	Control of the Paris	1	ا م			
	a Personal holding company tax (Schedule PH (Form 1120), lin			·····	2a			
U	b Look-back interest included on line 1 under section 460(b)(2) contracts or section 167(g) for depreciation under the income				2b			
	contracts of Section 107(g) for depreciation under the income	1016	asi ilietilou	·····	20			
c	Credit for federal tax paid on fuels (see instructions)				2c			
	i Total. Add lines 2a through 2c						2d	
	Subtract line 2d from line 1. If the result is less than \$500, <b>do</b>							
	does not owe the penalty		•				3	46,792.
4	Enter the tax shown on the corporation's 2017 income tax reti							
	or the tax year was for less than 12 months, skip this line ar	nd en	ter the amount from line	3 on line 5			4	
5	Required annual payment. Enter the smaller of line 3 or line	4. If	the corporation is require	d to skip line	e 4 <b>,</b>			
_	enter the amount from line 3						5	46,792.
F	Part II Reasons for Filing - Check the boxes belo	w tha	at apply. If any boxes are	checked, the	corporation	must file Form 22	.20	
	even if it does not owe a penalty. See instructions.							
6	The corporation is using the adjusted seasonal installi							
7	The corporation is using the annualized income install							
8	X The corporation is a "large corporation" figuring its fire Part III   Figuring the Underpayment	st req	<u>uired installment based o</u>	n the prior y	ear's tax.			
	art III   1 iguring the Onderpayment		(-)	,	L\	(-)	$\overline{}$	(4)
9	Installment due dates. Enter in columns (a) through	П	(a)		b)	(c)		(d)
9	(d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the							
	Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	05/15/18	06/15	/18	09/15/18		12/15/18
10	Required installments. If the box on line 6 and/or line 7	۳	,,			33,23,23		
	above is checked, enter the amounts from Sch A, line 38. If							
	the box on line 8 (but not 6 or 7) is checked, see instructions							
	for the amounts to enter. If none of these boxes are checked,							
	enter 25% (0.25) of line 5 above in each column	10	11,698.		11,698.	11,	698.	11,698.
11	Estimated tax paid or credited for each period. For							
	column (a) only, enter the amount from line 11 on line 15.							
	See instructions	11	125,000.					
	Complete lines 12 through 18 of one column							
	before going to the next column.							
	Enter amount, if any, from line 18 of the preceding column	12			113,302.	101,		89,906.
	Add lines 11 and 12	13			113,302.	101,	604.	89,906.
	Add amounts on lines 16 and 17 of the preceding column	14						
	Subtract line 14 from line 13. If zero or less, enter -0-	15	125,000.		113,302.	101,	604.	89,906.
16	If the amount on line 15 is zero, subtract line 13 from line				•			
	14. Otherwise, enter -0-	16			0.		0.	
17	Underpayment. If line 15 is less than or equal to line 10,							
	subtract line 15 from line 10. Then go to line 12 of the next							
10	column. Otherwise, go to line 18	17					$\longrightarrow$	
ıŏ	<b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	10	113,302.		101,604.	80	906.	
	moniting to. Then yo to line 12 Of the next column	18	110,502.		,	ı ,		

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2018)

## Part IV Figuring the Penalty

			(a)	(b)	(c)		(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier.  (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month.  Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19					
20	Number of days from due date of installment on line 9 to the						
	date shown on line 19	20				_	
21	Number of days on line 20 after 4/15/2018 and before 7/1/2018	21					
22	Underpayment on line 17 x Number of days on line 21 x 5% (0.05)	22	\$	\$	\$	9	\$
23	Number of days on line 20 after 06/30/2018 and before 10/1/2018	23				+	
24	Underpayment on line 17 x Number of days on line 23 x 5% (0.05)	24	\$	\$	\$		\$
25	Number of days on line 20 after 9/30/2018 and before 1/1/2019	25					
26	Underpayment on line 17 x Number of days on line 25 x 5% (0.05)	26	\$	\$	\$	9	\$
27	Number of days on line 20 after 12/31/2018 and before 4/1/2019	27				+	
28	Underpayment on line 17 x Number of days on line 27 x 6% (0.06)	28	\$	\$	\$	9	\$
29	Number of days on line 20 after 3/31/2019 and before 7/1/2019	29					
30	Underpayment on line 17 x Number of days on line 29 x *% 365	30	\$	\$	\$	9	\$
31	Number of days on line 20 after 6/30/2019 and before 10/1/2019	31				1	
32	Underpayment on line 17 x Number of days on line 31 x *% 365	32	\$	\$	\$		\$
33	Number of days on line 20 after 9/30/2019 and before 1/1/2020	33					
34	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	9	\$
35	Number of days on line 20 after 12/31/2019 and before 3/16/2020	35				+	
36	Underpayment on line 17 x Number of days on line 35 x *% 366	36	\$	\$	\$		\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	3	\$
38	<b>Penalty.</b> Add columns (a) through (d) of line 37. Enter the to line for other income tax returns	tal h	ere and on Form 1120, lin	e 34; or the comparable	38	3 5	\$ 0.

Form **2220** (2018)

<sup>\*</sup> Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

FORM 990-T CONTRIBUTIONS SUMMARY		STATEMENT 33
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS		
FOR TAX YEAR 2013		
FOR TAX YEAR 2014 FOR TAX YEAR 2015		
FOR TAX YEAR 2016		
FOR TAX YEAR 2017		
TOTAL CARRYOVER		
TOTAL CURRENT YEAR 60% CONTRIBUTIONS	2,098,606,069	
TOTAL CONTRIBUTIONS AVAILABLE	2,098,606,069	<del></del>
TAXABLE INCOME LIMITATION AS ADJUSTED	197,740	
EXCESS 60% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	2,098,408,329	_
TOTAL EXCEDS CONTRIBUTIONS	2,098,408,329	<u> </u>
ALLOWABLE CONTRIBUTIONS DEDUCTION		197,740
TOTAL CONTRIBUTION DEDUCTION		197,740