Form	990-T	E	EXTER Exempt Orga	nizatio	ro nove on Bus	EMBE Sines	r 15 ss In	,2019 <b>come T</b>	ax Re	eturn		OMB N	lo. 1545-0687
			-		y tax unde	er se	ction 6	033(e))				9	010
		For calendar year 2018 or other tax year beginning, and ending							_ ·	Z	018		
	nent of the Treasury Revenue Service	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).							F	Open to P 501(c)(3) C	ublic Inspection for Organizations Only		
A 🗌	Check box if address changed									D Emplo (Empl		fication number	
<b>B</b> Exe	empt under section	Print	BILL & MELINDA GA	TES FOU	NDATION T	RUST						91-1663695	
	501(c)(3)	or Type	Number, street, and room	i or suite no	o. If a P.O. box	k, see in	structions	S.				ated busin	ess activity code s.)
	408(e) 220(e)	1,200	P.O. BOX 23350								-		
								52300	00				
C Book at en	value of all assets	c c 1	F Group exemption numb			►					<u> </u>		
U Entr	46,894,654,		<b>e</b> 51		501(c) corp	oration 1	X	501(c) trust	*h.e. e.e.h.: ( e.	401(a)			Other trust
		-	tion's unrelated trades or b EE STATEMENT 18	usiliesses.	▶	1		. If only one,	the only (o	,		than on	۵
			ice at the end of the previou	is sentence	. complete Pa	rts I and	t II. comp		-				,
	ness, then complete I				,	i to i an	, oop		in for each	adamon			
I Dur	ing the tax year, was	the corp	ooration a subsidiary in an a	affiliated gro	oup or a paren	nt-subsi	diary cont	rolled group?		🕨 [	Ye	s X	No
			tifying number of the paren	t corporatio	on. 🕨								
	books are in care of		JENNIFER DEGER <b>de or Business Inc</b>				(	· · ·	one numbe			9-3100	
				ome			(A)	Income	(B)	Expenses	;		(C) Net
	Gross receipts or sale Less returns and allov			e Balance	e ►	1c							
			A, line 7)			2							
	Gross profit. Subtract					3							
			h Schedule D)			4a		526,380.					526,380.
			art II, line 17) (attach Form			4b		-7,949.					-7,949.
<b>c</b> (	Capital loss deduction	n for trus	sts			4c							
			ship or an S corporation (at			5		-395,755.	ST	MT 19			-395,755.
	Rent income (Schedu	, ,				6							
			ne (Schedule E)			7							
	· · · ·		nd rents from a controlled o	-		8							
			on 501(c)(7), (9), or (17) or	•	` '	9 10							
			me (Schedule I) e J)			11							
12 (	ther income (See ins	struction	ns; attach schedule) STA	TEMENT	20			302.					302.
	Total. Combine lines	3 throu	gh 12			13		122,978.					122,978.
Par	t II Deductio	ns No	ot Taken Elsewher	e (See in:	structions fo	or limita							
			utions, deductions must		-								
			rectors, and trustees (Sche								14		
											15		
16											16		
17 18	Interest (attach sche	ماييم) (م	ee instructions)								17 18		
											19		10,000.
20	Charitable contributio	ons (Se	e instructions for limitation	rules)							20		
21			562)										
22			n Schedule A and elsewher								22b		
23	Depletion										23		
24	Contributions to defe	erred co	mpensation plans								24		
25	Employee benefit pro	ograms									25		
26	Excess exempt exper	nses (So	chedule I)								26		
27			hedule J)								27		
28 29		dd lineo	14 through 28								28 29		10,000.
29 30			14 through 28 ncome before net operating								30		112,978.
31			loss arising in tax years beg								31		,
32	-	-	ncome. Subtract line 31 fro			-	•		<u></u>		32		112,978.
823701	01-09-19 LHA FO	or Paper	work Reduction Act Notice	, see instru	uctions.							Form	990-T (2018)

## FOR PUBLIC DISCLOSURE

Form 990-T	(2018)	BILL & MELINDA GATES FOUNDA	TION TRUST		91-1663	8695	Page <b>2</b>
Part I	T	otal Unrelated Business Taxat	ole Income				
33	Total (	of unrelated business taxable income compute	ed from all unrelated trades or businesses	(see instructions)		33	112,978.
34	Amou	nts paid for disallowed fringes				34	
35	Deduc	tion for net operating loss arising in tax years	s beginning before January 1, 2018 (see in	structions) ST	MT 22	35	112,978.
36	Total	of unrelated business taxable income before s					
	lines 33 and 34						
37		ic deduction (Generally \$1,000, but see line 3				37	1,000.
38							
Part I		the smaller of zero or line 36 ax Computation	***************************************			38	<u> </u>
		· · · · · · · · · · · · · · · · · · ·			<b>.</b>		
39 40	Urgan	izations Taxable as Corporations. Multiply I Taxable at Trust Rates. See instructions for	the 38 by 21% (0.21)		▶	39	
40		Tax rate schedule or Schedule D (For			•		٥
41	Provv	tax See instructions	an 1041)	••••••	P	40	0.
42	Altern	tax. See instructionsative minimum tax (trusts only)		•••••		41 42	
43	Tax o	n Noncompliant Facility Income. See instruc	tions	••••••	••••••	42	
44	Total.	Add lines 41, 42, and 43 to line 39 or 40, whi	ichever applies			43	0.
Part \		ax and Payments					·····
45a	Foreig	n tax credit (corporations attach Form 1118;	trusts attach Form 1116)	45a			
b			,			1	
c	Gener					1	
d	Credit	for prior year minimum tax (attach Form 880	11 or 8827)	45d		1	
e	Total	credits. Add lines 45a through 45d				45e	
46	Subtra	act line 45e from line 44				46	0.
47	Other	taxes. Check if from: 🔄 Form 4255	Form 8611 Form 8697 Form	n 8866 🔲 Other	(attach schedule)	47	
48	Total	tax. Add lines 46 and 47 (see instructions) $\dots$				48	0.
49	2018	net 965 tax liability paid from Form 965-A or I	Form 965-B, Part II, column (k), line 2			49	0.
50 a		ents: A 2017 overpayment credited to 2018			100,000		· · · · · · · · · · · · · · · · · · ·
		estimated tax payments					
c	Tax d	eposited with Form 8868		50c		1	
d	Foreig	n organizations: Tax paid or withheld at sourc	ce (see instructions)	50d		1	
		p withholding (see instructions)					
f	Credit	for small employer health insurance premiun	ns (attach Form 8941)	50f			
g	Other	credits, adjustments, and payments: E	orm 2439				
		Form 4136 0	ther Total	▶ 50g			
51	Total	payments. Add lines 50a through 50g				51	100,000.
52	Estim	ated tax penalty (see instructions). Check if Fo	orm 2220 is attached 🕨 🛄			52	
53		ue. If line 51 is less than the total of lines 48,			>	53	
54		ayment. If line 51 is larger than the total of li		I	🕨	54	100,000.
55		the amount of line 54 you want: <b>Credited to 2</b>			funded 🕨 🕨	55	0.
Part \		Statements Regarding Certain					
56		/ time during the 2018 calendar year, did the o					Yes No
		i financial account (bank, securities, or other)			9		
		N Form 114, Report of Foreign Bank and Fina	ncial Accounts. If "Yes," enter the name of	the foreign country			
	here						X
57		g the tax year, did the organization receive a d		or transferor to, a fo	reign trust?		X
		s," see instructions for other forms the organiz	-				
58		the amount of tax-exempt interest received or					
Sign	cor	der penalties of perjury, I declare that I have examined rect, and complete. Declaration of preparer (other than	this return, including accompanying schedules and a taxpayer) is based on all information of which pre	d statements, and to the parer has any knowledge	best of my knowl e.	edge and belief	, it is true,
Here		Prod. Auto	11/10/10		<b>Г</b>	May the IRS dis	cuss this return with
		Signature of officer		INANCIAL OFFIC			own below (see
,			Date Title	r	i	designed and the second se	X Yes No
		Print/Type preparer's name	Preparer's signature	Date	terror and	if PTIN	
Paid		IN FNF C COY	Jolene D Gr	11/05/19	self- employed	1	25404
Prepa		JOLENE G. COX	puner oc				35481
Use C	Dnly	Firm's name DELOITTE TAX LLP			Firm's EIN 🕨	86-	-1065772
		925 FOURTH AVEN					
		Firm's address 🕨 SEATTLE, WA 981	LU4~1120		Phone no.	(206) 716	-7000

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Form 990-T (2018)

Schedule A - Cost of Goods	s Sold. Enter	method of invent	tory valuation 🕨 N/A					
1 Inventory at beginning of year			6 Inventory at end of yea	ır		6		
2 Purchases	2		7 Cost of goods sold. Su					
3 Cost of labor			from line 5. Enter here and in Part I,					
4 a Additional section 263A costs			line 2 7					
(attach schedule)	4a		8 Do the rules of section 263A (with respect to Yes I					
<b>b</b> Other costs (attach schedule)			property produced or a					
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income	(From Real	Property and	Personal Property L	.eased	d With Real Prope	erty)		
(see instructions)								
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	of rent for p	nd personal property (if the percenta ersonal property exceeds 50% or if t is based on profit or income)	ge	<b>3(a)</b> Deductions directly columns 2(a) an	connected with the income d 2(b) (attach schedule)	e in		
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns	2(a) and 2(b) En	l ter			(b) Total deductions.			
here and on page 1, Part I, line 6, column	() ()			0.	Enter here and on page 1, Part I, line 6, column (B)		Ο.	
Schedule E - Unrelated Deb		Income (see	instructions)				-	
		(			3. Deductions directly conn	ected with or allocable		
			<ol> <li>Gross income from or allocable to debt-</li> </ol>		to debt-finance	ed property		
1. Description of debt-fit	nanced property		financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deducti (attach schedul		
(1)								
(2)								
(3)								
(4)								
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	<b>8</b> . Allocable dedu (column 6 x total of 3(a) and 3(b)	columns	
(1)			%					
(2)			%					
(3)			%					
(4)			%					
				E	nter here and on page 1,	Enter here and on pa	age 1,	

Totals
Total dividends-received deductions included in column 8

Form 990-T (2018)

Ο.

0.

Part I, line 7, column (B).

Part I, line 7, column (A).

Ο.

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Page 3

## FOR PUBLIC DISCLOSURE

Form 990-T (2018) BILL &									91-166	3695	Page 4
Schedule F - Interes	t, Annuitie	s, Royalt	ies, and Re	nts	From Co	ntrolle	d Organiza	ations	S (see ins	struction	s)
			Exen	npt C	Controlled O	rganizati	ons				
1. Name of controlled organization		<b>2.</b> Emp identific numl	cation (loss		nrelated income <b>4.</b> T pa		tal of specified ments made	includ	<b>5.</b> 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 Org	anizations										
7. Taxable Income		unrelated incom see instructions		Total c	of specified payn made	nents	10. Part of colu in the controll gross		nization's	<b>11.</b> De with	ductions directly connected income in column 10
(1)											
(2)											
(3)											
(4)											
							Add colur Enter here and line 8, d		e 1, Part I, A).	Enter h	Id columns 6 and 11. iere and on page 1, Part I, line 8, column (B).
Totals Schedule G - Investr (see i	ment Incor nstructions)	ne of a S	ection 501(	c)(7)	), (9), or ( <sup>-</sup>	I7) Org	ganization		0.		0.
	, Description of inco	ome			2. Amount of	income	3. Deductio directly conne (attach sched	ected	<b>4.</b> Set- (attach s	asides schedule)	<b>5.</b> Total deductions and set-asides (col. 3 plus col. 4)
(1)							, in the second s	,			
(2)											
(3)											
(4)					Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B).
Totals						Ο.					0.
Schedule I - Exploite (see in	ed Exempt structions)	Activity	Income, Otl	her	Than Adv	ertisin	ig Income		-		
1. Description of exploited activity	unrelatec incom	Gross I business ne from business	3. Expenses directly connecte with production of unrelated business income		<ol> <li>Net incom from unrelated business (co minus column gain, compute through</li> </ol>	trade or lumn 2 n 3). If a e cols. 5	<b>5.</b> Gross inco from activity is not unrelat business inco	that ted	<b>6.</b> Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)											
<b>T</b> 1.1.	page 1	re and on 1, Part I, , col. (A). 0 .	Enter here and or page 1, Part I, line 10, col. (B).	n 0.							Enter here and on page 1, Part II, line 26.
Totals Schedule J - Advert				۰.							0.
Part I Income From				ons	olidated	Basis					
1. Name of periodica	1	2. Gross advertising income	<b>3.</b> Direc advertising c		<b>4.</b> Advert or (loss) (co col. 3). If a ga cols. 5 th	ol. 2 minus ain, comput	5. Circula income		6. Read cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)					-						
					-						
(4)							-				
Totals (carry to Part II, line (5	)) ►		0.	0							0.

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%

%

►

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	<b>2.</b> Gross advertising income	<b>3.</b> Direct advertising costs	<b>4.</b> Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		adership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)							
(2)							
(3)							
(4)							
Totals from Part I	٥.	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)	Ο.	0					0
Schedule K - Compensation	n of Officers, D	Directors, an	d Trustees (see ir	nstructions)			•
1. Name			2. Title	3. Perce time devo busine	ted to		ensation attributable related business
(1)					%		
(2)					%		

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Ο.

(3)

(4)

SEE STATEMENT 23

Total. Enter here and on page 1, Part II, line 14

SCHEDULE I (Form 1041)

## **Alternative Minimum Tax - Estates and Trusts**

OMB No. 1545-0092

Attach to Form 1041.

► Go to www.irs.gov/Form1041 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name of estate or trust

	2018
Emplo	oyer identification number

BIL	L & MELINDA GATES FOUNDATION TRUST	91-166369	95
Pa	rt I Estate's or Trust's Share of Alternative Minimum Taxable Income		
1	Adjusted total income or (loss) (from Form 1041, line 17)	1	
	Interest		
3	Taxes		10,000.
4	Reserved for future use	. 4	
5	Refund of taxes	. 5 (	302.)
6	Depletion (difference between regular tax and AMT)	6	
7	Net operating loss deduction. Enter as a positive amount SEE STATEMENT 24	7	112,978.
8	Interest from specified private activity bonds exempt from the regular tax		
9	Qualified small business stock (see instructions)	9	
10	Exercise of incentive stock options (excess of AMT income over regular tax income)		
11	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)		
12	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)		
13	Disposition of property (difference between AMT and regular tax gain or loss)	13	
14	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)		
15	Passive activities (difference between AMT and regular tax income or loss)	15	
16	Loss limitations (difference between AMT and regular tax income or loss)	16	
17	Circulation costs (difference between regular tax and AMT)	17	
18	Long-term contracts (difference between AMT and regular tax income)	18	
19	Mining costs (difference between regular tax and AMT)	19	
20	Research and experimental costs (difference between regular tax and AMT)		
21	Income from certain installment sales before January 1, 1987		)
22	Intangible drilling costs preference	22	
23	Other adjustments, including income-based related adjustments		110 400 \
24	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.) <b>STATEMENT 25</b>		110,408.)
25	Adjusted alternative minimum taxable income. Combine lines 1 through 24 STATEMENT 26	25	12,268.
	Note: Complete Part II below before going to line 26.		
26	Income distribution deduction from Part II, line 44	_	
27	Estate tax deduction (from Form 1041, line 19) N/A 27		
28	Add lines 26 and 27 Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25	28 29	12,268.
29		29	12,200.
	<ul> <li>If line 29 is:</li> <li>\$24,600 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't liable for the</li> </ul>		
	alternative minimum tax.		
	<ul> <li>Over \$24,600, but less than \$180,300, go to line 45.</li> </ul>		
	<ul> <li>\$180,300 or more, enter the amount from line 29 on line 51 and go to line 52.</li> </ul>		
Ра	Income Distribution Deduction on a Minimum Tax Basis		
30	Adjusted alternative minimum taxable income (see instructions)	30	
31	Adjusted tax-exempt interest (other than amounts included on line 8)		
32	Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-		
33	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)	. 33	
34	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	34	
35	Capital gains computed on a minimum tax basis included on line 25		)
36	Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount		,
37	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-		
38	Income required to be distributed currently (from Form 1041, Schedule B, line 9)		
39	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)		
40	Total distributions. Add lines 38 and 39		
41	Tax-exempt income included on line 40 (other than amounts included on line 8)	41	

42 Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40

Schedule I (Form 1041) (2018)

42

## FOR PUBLIC DISCLOSURE

<u>Sch</u> e	dule   (Form 1041) (2018) BILL & MELINDA GATES FOUNDATION TRUST			91-	1663695 Page <b>2</b>
	rt II Income Distribution Deduction on a Minimum Tax Basi	s <sub>(contin</sub>	ued)	N/A	¥
43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from lin				
	If zero or less, enter -0-				
44					
	Enter here and on line 26				
Pa	rt III Alternative Minimum Tax				
45	Exemption amount	1 1		45	\$24,600.00
46	Enter the amount from line 29	46			
47	Phase-out of exemption amount		\$81,900.00		
48	Subtract line 47 from line 46. If zero or less, enter -0-	-			
49	Multiply line 48 by 25% (0.25)				
50	Subtract line 49 from line 45. If zero or less, enter -0-			50	
51	Subtract line 50 from line 46			51	
52	Go to Part IV of Schedule I to figure line 52 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). Otherway	vise, if line	51 is -		
	• \$191,100 or less, multiply line 51 by 26% (0.26).				
	• Over \$191,100, multiply line 51 by 28% (0.28) and subtract \$3,822 from the result				
53	Alternative minimum foreign tax credit (see instructions)				
54	Tentative minimum tax. Subtract line 53 from line 52				
55	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Sche		e 2a)	. 55	
56	56 Alternative minimum tax. Subtract line 55 from line 54. If zero or less, enter -0 Enter here and on				
De	Form 1041, Schedule G, line 1c			56	
Pa	rt IV Line 52 Computation Using Maximum Capital Gains Ra				
	Caution: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tax Wo				
	or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the instru	ctions			
	before completing this part.				
57	Enter the amount from line 51			57	
58	Enter the amount from Schedule D (Form 1041), line 26, line 13 of the Schedule D Tax				
	Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for	E0			
50	Form 1041, whichever applies (as refigured for the AMT, if necessary)	. 58		_	
59	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-	59			
60	Schedule D for the regular tax or the AM I, enter -0- If you didn't complete a Schedule D Tax Worksheet for the regular tax or the	39			
00	AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 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)	60			
61	Enter the smaller of line 57 or line 60			61	
62	Subtract line 61 from line 57				
63	If line 62 is \$191,100 or less, multiply line 62 by 26% (0.26). Otherwise, multiply line 62 b				
	28% (0.28) and subtract \$3,822 from the result			63	
64	Maximum amount subject to the 0% rate		\$2,600.00		
65	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 22; if zero or less, enter -0-				
66	Subtract line 65 from line 64. If zero or less, enter -0-				
67	Enter the smaller of line 57 or line 58				
68	Enter the <b>smaller</b> of line 66 or line 67. This amount is taxed at 0%				
69	Subtract line 68 from line 67	69			
				<b>.</b> .	

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Schedule I (Form 1041) (2018)

	edule I (Form 1041) (2018)				Page 3
Pa	IT IV Line 52 Computation Using Maximum Capital Gains Ra	tes <sub>(cont</sub>	inued)		
70	Maximum amount subject to rates below 20%	70	\$12,700.00		
71	Enter the amount from line 66	71			
72	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 22; if zero or less, enter -0-	72			
73	Add line 71 and line 72	73			
74	Subtract line 73 from line 70. If zero or less, enter -0-	74			
75	Enter the <b>smaller</b> of line 69 or 74	75			
76	Multiply line 75 by 15% (0.15)		►	76	
77	Add lines 68 and 75	77			
	If lines 77 and 57 are the same, skip lines 78 through 82 and go to line 83. Otherwise, g	o to line 78.			
78	Subtract line 77 from line 67	78			
79	Multiply line 78 by 20% (0.20)		►	79	
	If line 59 is zero or blank, skip lines 80 through 82 and go to line 83. Otherwise, go to lin	ne 80.			
80	Add lines 62, 77, and 78	80			
81	Subtract line 80 from line 57	81			
82	Multiply line 81 by 25% (0.25)		►	82	
83	Add lines 63, 76, 79, and 82			83	
84	If line 57 is \$191,100 or less, multiply line 57 by 26% (0.26). Otherwise, multiply line 57 by	/ 28% (0.28)			
	and subtract \$3,822 from the result			84	
85	Enter the smaller of line 83 or line 84 here and on line 52			85	

Schedule I (Form 1041) (2018)

## **Capital Gains and Losses**

Attach to Form 1041, Form 5227, or Form 990-T.
 Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

Go to www.irs.gov/F1041 for instructions and the latest information.

OMB No. 1545-0092

2018

Employer identification number

91-1663695

Department of the Treasury Internal Revenue Service Name of estate or trust

BILL & MELINDA GATES FOUNDATION TRUST

	Form 5227 filers need to complete only Parts I and II. rt I Short-Term Capital Gains and Losses-Gene	erally Assets He	eld One Year or	Less (See	instr	uctions)
	structions for how to figure the amounts to enter on the lines below. Form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustmer to gain or los: Form(s) 8949, line 2, colum	s from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1 b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked				I	
4	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	l			4	
5 6	Net short-term gain or (loss) from partnerships, S corporations, and othe Short-term capital loss carryover. Enter the amount, if any, from line 9 of				5	
	Carryover Worksheet	·			6	()
7	Net short-term capital gain or (loss).         Combine lines 1a through 6 in colu           column (3) on page 2	. ,			7	
	rt II Long-Term Capital Gains and Losses-Gene structions for how to figure the amounts to enter on the lines below.			1	See Ir	1
	orm may be easier to complete if you round off cents to whole dollars.	<b>(d)</b> Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmer to gain or loss Form(s) 8949, line 2, colum	s from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8 a	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					
0	these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with					
0 0	Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked					
11	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and	1 8824			11	
12	Net long-term gain or (loss) from partnerships, S corporations, and other	estates or trusts	SEE STATEMENT	27	12	526,380.
13	Capital gain distributions				13	
14	Gain from Form 4797, Part I				14	
15	Long-term capital loss carryover. Enter the amount, if any, from line 14 of				<u> </u>	
	Carryover Worksheet				15	(
16	Net long-term capital gain or (loss). Combine lines 8a through 15 in colu	( )				
	column (3) on page 2				16	526,380.
810841	12-21-18 LHA For Paperwork Reduction Act Notice, see the Instruction	is for Form 1041.		5	scriedu	le D (Form 1041) 2018

Part III       Summary of Parts I and II       (1) Beneficiaries'       (2) Estate's       (3) Total         Caution: Read the instructions before completing this part.       or trust's       or trust's       or trust's         17       Net short-term gain or (loss):       17           a Total for year       18a       526,380.       526,380.         b Unrecaptured section 1250 gain (see line 18 of the worksheet)       18b           c 28% rate gain       18c            19       Total net gain or (loss). Combine lines 17 and 18a        19       526,380.       526,380.         Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.         Part IV       Capital Loss Limitation         20       Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of:
17       Net short-term gain or (loss)         18       Net long-term gain or (loss):         a       Total for year         b       Unrecaptured section 1250 gain (see line 18 of the worksheet)         c       28% rate gain         19       Total net gain or (loss). Combine lines 17 and 18a         Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.         Part IV       Capital Loss Limitation
18       Net long-term gain or (loss):         a Total for year       18         b Unrecaptured section 1250 gain (see line 18 of the worksheet)       18a         c 28% rate gain       18b         19       Total net gain or (loss). Combine lines 17 and 18a         Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.         Part IV       Capital Loss Limitation
18       Net long-term gain or (loss):         a Total for year       18a         b Unrecaptured section 1250 gain (see line 18 of the worksheet)       18a         c 28% rate gain       18b         19       Total net gain or (loss). Combine lines 17 and 18a         Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.         Part IV       Capital Loss Limitation
b Unrecaptured section 1250 gain (see line 18 of the worksheet)       18b       18c         c 28% rate gain       18c       18c         19 Total net gain or (loss). Combine lines 17 and 18a       19       526,380.       526,380.         Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.         Part IV       Capital Loss Limitation
b Unrecaptured section 1250 gain (see line 18 of the worksheet)       18b       18b         c 28% rate gain       18c       18c         19 Total net gain or (loss). Combine lines 17 and 18a       19       526,380.       526,38         Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.         Part IV       Capital Loss Limitation
c 28% rate gain       18c         19       Total net gain or (loss). Combine lines 17 and 18a         Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.         Part IV       Capital Loss Limitation
19 Total net gain or (loss). Combine lines 17 and 18a       19       526,380.       526,380.         Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.         Part IV       Capital Loss Limitation
Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.           Part IV         Capital Loss Limitation
go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.           Part IV         Capital Loss Limitation
20 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of:
a The loss on line 19, column (3) or b \$3,000
Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 38), is a loss, complete the Capital
Loss Carryover Worksheet in the instructions to figure your capital loss carryover.
Part V Tax Computation Using Maximum Capital Gains Rates
Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 104
line 2b(2), and Form 1041, line 22, is more than zero.
Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if:
• Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or
• Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.
Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, lin
38, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero.
21         Enter taxable income from Form 1041, line 22 (or Form 990-T, line 38)         21
22 Enter the smaller of line 18a or 19 in column (2)
but not less than zero 22
23 Enter the estate's or trust's qualified dividends from
Form 1041, line 2b(2) (or enter the qualified dividends
included in income in Part I of Form 990-T) 23
24 Add lines 22 and 23 24
25 If the estate or trust is filing Form 4952, enter the
amount from line 4g; otherwise, enter -0 <b>25</b>
26   Subtract line 25 from line 24. If zero or less, enter -0-   26
27 Subtract line 26 from line 21. If zero or less, enter -0-
28   Enter the smaller of the amount on line 21 or \$2,600
29    Enter the smaller of the amount on line 27 or line 28
30 Subtract line 29 from line 28. If zero or less, enter -0 This amount is taxed at 0% 30
<b>31</b> Enter the <b>smaller</b> of line 21 or line 26 <b>31</b>
<b>32</b> Subtract line 30 from line 26
33         Enter the smaller of line 21 or \$12,700         33
<b>34</b> Add lines 27 and 30
35 Subtract line 34 from line 33. If zero or less, enter -0-
36 Enter the smaller of line 32 or line 35
37 Multiply line 36 by 15% (0.15) > 37
38 Enter the amount from line 31 38
<b>39</b> Add lines 30 and 36
40   Subtract line 39 from line 38. If zero or less, enter -0-
41 Multiply line 40 by 20% (0.20) ► 41
42 Figure the tax on the amount on line 27. Use the 2018 Tax Rate Schedule for Estates
and Trusts (see the Schedule G instructions in the instructions for Form 1041) 42
43         Add lines 37, 41, and 42         43
44 Figure the tax on the amount on line 21. Use the 2018 Tax Rate Schedule for Estates
and Trusts (see the Schedule G instructions in the instructions for Form 1041) 44
45 Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule
G, line 1a (or Form 990-T, line 40) 🕨 45

810842 12-21-18

Schedule D (Form 1041) 2018

#### Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) ► Attach to your tax return. ► Go to www.irs.gov/Form4797 for instructions and the latest information.

	OMB No. 1545-0184
	2018
	Attachment Sequence No. 27
Ide	entifying number

91-1663695

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BILL & MELINDA GATES FOUNDATION TRUST

1 Enter the gross proceeds f	rom sales or exchanges reported to you for 2018 on Form(s) 1099-B or 1099-S

(or substitute statement) that you are including on line 2, 10, or 20

# Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	<b>(C)</b> Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale		(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
TOW	ER SQUARE CAPITAL PARTNERS							
II,	LP – PAL							-7,949.
3	Gain, if any, from Form 4684, line 39	)					3	
4	Section 1231 gain from installment						4	
5	Section 1231 gain or (loss) from like						5	
6	Gain, if any, from line 32, from other						6	
7	Combine lines 2 through 6. Enter th						7	-7,949.
<b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1 line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.					or Form 1065, Sch	edule K,		
	<b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.							
8	Nonrecaptured net section 1231 los	ses from prior ye	ars. See instruc	tions SE	E STATEMENT 28		8	
9	Subtract line 8 from line 7. If zero or line 9 is more than zero, enter the ar capital gain on the Schedule D filed	less, enter -0 If nount from line 8	line 9 is zero, er on line 12 belo	iter the gain from li w and enter the ga	ine 7 on line 12 be	ow. If long-term	9	

#### Part II Ordinary Gains and Losses (see instructions)

10	Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):							
				,				
11	Loss, if any, from line 7					11	(	7,949.)
12	Gain, if any, from line 7 or amount from line 8, if applicable $\ldots$					12		
13	Gain, if any, from line 31					13		
14	Net gain or (loss) from Form 4684, lines 31 and 38a					14		
15	Ordinary gain from installment sales from Form 6252, line 25 of					15		
16	Ordinary gain or (loss) from like-kind exchanges from Form 88					16		
17	Combine lines 10 through 16					17		-7,949.
18	For all except individual returns, enter the amount from line 17	7 on the appro	priate line o	f your return and	skip lines			
	a and b below. For individual returns, complete lines a and b l	below.						
а	If the loss on line 11 includes a loss from Form 4684, line 35,	column (b)(ii),	enter that pa	art of the loss here	e. Enter			
	the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property						-	
	used as an employee.) Identify as from "Form 4797, line 18a." See instructions					18a		
b	Redetermine the gain or (loss) on line 17 excluding the loss, if	f any, on line 1	8a. Enter he	re and on				
	Schedule 1 (Form 1040), line 14					18b		

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2018)

## FOR PUBLIC DISCLOSURE

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19	(a) Description of section 1245, 1250, 1252, 1254, c		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A						
B						
_C						
_D						
	These columns relate to the properties on					
	lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20				
21	Cost or other basis plus expense of sale	21				
22	Depreciation (or depletion) allowed or allowable $\dots$	22				
23	Adjusted basis. Subtract line 22 from line 21	23				
24	Total gain. Subtract line 23 from line 20	24				
25	If section 1245 property:					
а	Depreciation allowed or allowable from line 22	25a				
b	Enter the smaller of line 24 or 25a	25b				
26	<b>If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
а	Additional depreciation after 1975. See instructions $\dots$	26a				
b	Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b				
c	Subtract line 26a from line 24. If residential rental property <b>or</b> line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
d	Additional depreciation after 1969 and before 1976	26d				
e	Enter the smaller of line 26c or 26d	26e				
f	Section 291 amount (corporations only)	26f				
	Add lines 26b, 26e, and 26f	26g				
	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.	07-				
	Soil, water, and land clearing expenses Line 27a multiplied by applicable percentage	27a 27b				
		27D 27c				
-	Enter the smaller of line 24 or 27b	210				
	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a				
	Enter the <b>smaller</b> of line 24 or 28a	28b				
	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a				
b	Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b				

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

#### Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30				
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31				
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion					
	from other than casualty or theft on Form 4797, line 6	32				
Pa	Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less					

#### (see instructions)

			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33		
34	Recomputed depreciation. See instructions	34		
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		
8180	12 12-10-18			Form <b>4797</b> (2018)

## FOR PUBLIC DISCLOSURE

Form <b>5884</b>
(Rev. December 2016)
Department of the Treasury Internal Revenue Service
Name(s) shown on retur

## Work Opportunity Credit

OMB No. 1545-0219

Department of the Treasury         ► Attach to your tax return.           Internal Revenue Service         ► Information about Form 5884 and its separate instructions is at www.irs.gov/form5884				orm5884	Attachment Sequence No. 77		
Name	(s) shown on return			•		Identifying	
BII	L & MELIND	A GATES	FOUNDATION	TRUST			91-1663695
1				- or second-year wages paid ices of employees who are o		a	
а		•	yees who worked for rs	•	x 25% (	0.25) <b>1a</b>	
b		•	yees who worked for	•	x 40% (	0.40) <b>1b</b>	
с			nployees certified as lo	ong-term \$	x 50% (	0.50) <u>1c</u>	
2	Add lines 1a, 1b, an	d 1c. See instr	ructions for the adjust	ment you must make to sala	ries and wages	2	
3				ns, cooperatives, estates, ar SEI		9 3	366.
4		t this amount o	on Schedule K. All oth	to line 5. Partnerships and S ers, stop here and report thi	s amount on	4	0.
5		•	•	ficiaries of the estate or trust	,	5	

Cooperatives, estates, and trusts, subtract line 5 from line 4. Report this amount on Form 3800, 6 Part III, line 4b 6

For Paperwork Reduction Act Notice, see separate instructions.

Form 5884 (Rev. 12-2016)

## **Credit for Increasing Research Activities**

Attach to your tax return.

OMB No. 1545-0619

Attachment

#### BILL & MELINDA GATES FOUNDATION TRUST

Form **6** 

(Rev. December

Department of the Treasury Internal Revenue Service

Name(s) shown on return

65

Section A - Regular Credit. Skip this section and go to Section B if you are electing or previously elected (and are not revoking) the alternative

simp	lified credit.			
1	Certain amounts paid or incurred to energy consortia		1	
2	Basic research payments to qualified organizations			
3	Qualified organization base period amount			
4	Subtract line 3 from line 2. If zero or less, enter -0-			
5	Wages for qualified services (do not include wages used in figuring the			
	work opportunity credit)	5		
6	Cost of supplies			
7	Rental or lease costs of computers	7		
8	Enter the applicable percentage of contract research expenses			
9	Total qualified research expenses. Add lines 5 through 8			
10	Enter fixed-base percentage, but not more than 16% (0.16)		%	
11	Enter average annual gross receipts			
12	Multiply line 11 by the percentage on line 10	12		
13	Subtract line 12 from line 9. If zero or less, enter -0-			
14	Multiply line 9 by 50% (0.50)			
15	Enter the smaller of line 13 or line 14		15	
16	Add lines 1, 4, and 15			
17	Are you electing the reduced credit under section 280C?  Yes No			
	If "Yes," multiply line 16 by 15.8% (0.158). If "No," multiply line 16 by 20% (0.20) and see	e the instructions for th	e statement	
	that must be attached. Fiscal year filers: see instructions. Members of controlled groups	or businesses under co	ommon	
	control: see instructions for the statement that must be attached			
Sect	ion B - Alternative Simplified Credit. Skip this section if you are completing S	ection A.		•
18	Certain amounts paid or incurred to energy consortia			
19	Basic research payments to qualified organizations	. 19		
20	Qualified organization base period amount			
21	Subtract line 20 from line 19. If zero or less, enter -0-			
22	Add lines 18 and 21			
23	Multiply line 22 by 20% (0.20)			
24	Wages for qualified services (do not include wages used in figuring the			
	work opportunity credit)	. 24		
25	Cost of supplies	25		
26	Rental or lease costs of computers	. 26		
27	Enter the applicable percentage of contract research expenses			
28	Total qualified research expenses. Add lines 24 through 27			
29	Enter your total qualified research expenses for the prior 3 tax years. If you had no			
	qualified research expenses in any one of those years, skip lines 30 and 31	29		
30	Divide line 29 by 6.0	. 30		
31	Subtract line 30 from line 28. If zero or less, enter -0-			
32	Multiply line 31 by 14% (0.14). If you skipped lines 30 and 31, multiply line 28 by 6% (0.			
ιнΔ	For Paperwork Reduction Act Notice, see separate instructions.			Form 6765 (Rev. 12-2018)

FOR PUBLIC DISCLOSURE

Go to www.irs.gov/Form6765 for instructions and the latest information.

Identifying number

91-1663695

Sequence No. 81

Form 6765 (Rev. 12-2018)

91-1663695 Page 2

#### Section B - Alternative Simplified Credit (continued)

33	Add lines 23 and 32	33	
34	Are you electing the reduced credit under section 280C?  Yes No		
	If "Yes," multiply line 33 by 79% (0.79). If "No," enter the amount from line 33 and see the line 17		
	instructions for the statement that must be attached. Members of controlled groups or businesses		
	under common control: see instructions for the statement that must be		
	attached	34	

#### Section C - Current Year Credit

35	Enter the portion of the credit from Form 8932, line 2, that is attributable to wages that were also		
	used to figure the credit on line 17 or line 34 (whichever applies)	35	
36	Subtract line 35 from line 17 or line 34 (whichever applies). If zero or less, enter -0-	36	
37	Credit for increasing research activities from partnerships, S corporations, estates, and trusts	37	8,430.
38	Add lines 36 and 37 SEE STATEMENT 30	38	0.
	• Estates and trusts, go to line 39.		
	• Partnerships and S corporations not electing the payroll tax credit, stop here and report this amount on Schedule K.		
	• Partnerships and S corporations electing the payroll tax credit, complete Section D and report on Schedule K the		
	amount on this line reduced by the amount on line 44.		
	• Eligible small businesses, stop here and report the credit on Form 3800, Part III, line 4i. See instructions for the		
	definition of eligible small business.		
	<ul> <li>Filers other than eligible small businesses, stop here and report the credit on Form 3800, Part III, line 1c.</li> </ul>		
	Note: Qualified small business filers, other than partnerships and S corporations, electing the payroll tax credit must		
	complete Form 3800 before completing Section D.		
39	Amount allocated to beneficiaries of the estate or trust	39	
40	Estates and trusts, subtract line 39 from line 38. For eligible small businesses, report the credit on Form 3800, Part III,		
	line 4i. See instructions. For filers other than eligible small businesses, report the credit on Form 3800, Part III, line 1c	40	
Sec	tion D - Qualified Small Business Payroll Tax Election and Payroll Tax Credit. Skip this section if the payroll tax	c electi	on does
not	apply. See instructions.		
41	Check this box if you are a qualified small business electing the payroll tax credit. See instructions		
42	Enter the portion of line 36 elected as a payroll tax credit (do not enter more than \$250,000). See instructions	42	
43	General business credit carryforward from the current year (see instructions). Partnerships and S corporations skip		
	this line and go to line 44	43	
44	Partnerships and S corporations, enter the smaller of line 36 or line 42. All others, enter the smallest of line 36, line 42, or		

line 43. Enter here and on the applicable line of Form 8974, Part 1, column (e). Members of controlled groups or businesses

under common control: see instructions for the statement that must be attached

Form 6765 (Rev. 12-2018)

44

Form <b>8582</b>
Department of the Treasury
Internal Revenue Service (99)

# Passive Activity Loss Limitations ► See separate instructions.

OMB No. 1545-1008 l

8

t No. **88** 

Attach to Form 1040 or Form 1041.

Go to www.irs.gov/Form8582 for instructions and the latest information. Identifying number

Name(s) shown o	on	return
-----------------	----	--------

BILL & MELINDA GATES FOUNDATION TRUST				91-1663695
Part I 2018 Passive Activity Loss Caution: Complete Worksheets 1, 2	2, and a	3 before completing Part I.		
Rental Real Estate Activities With Active Participation (For the definition of active	articip	ation, see		
Special Allowance for Rental Real Estate Activities in the instructions.)		,		
<b>1a</b> Activities with net income (enter the amount from Worksheet 1,				
column (a))	1a			
<b>b</b> Activities with net loss (enter the amount from Worksheet 1,			1	
column (b))	1b	( )		
c Prior years' unallowed losses (enter the amount from Worksheet				
1, column (c))	1c	)		
d Combine lines 1a, 1b, and 1c			1d	
Commercial Revitalization Deductions From Rental Real Estate Activities				
2a Commercial revitalization deductions from Worksheet 2, column (a)	2a	()		
<b>b</b> Prior year unallowed commercial revitalization deductions from				
Worksheet 2, column (b)	2b	()		
c Add lines 2a and 2b			2c	()
All Other Passive Activities				
3a Activities with net income (enter the amount from Worksheet 3,				
column (a))	3a	528,974.		
<b>b</b> Activities with net loss (enter the amount from Worksheet 3,				
column (b))	3b	( 27,149.)		
c Prior years' unallowed losses (enter the amount from Worksheet 3,				
column (c))	3c	( 131,740.)		
d Combine lines 3a, 3b, and 3c			3d	370,085.
4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include th		•		
losses are allowed, including any prior year unallowed losses entered on line 1c, 2	2b, or 3	c. Report the losses on		
the forms and schedules normally used			4	370,085.
If line 4 is a loss and: • Line 1d is a loss, go to Part II.				
• Line 2c is a loss (and line 1d is zero or more), skip Parl				
Line 3d is a loss (and lines 1d and 2c are zero or more		-		
<b>Caution:</b> If your filing status is married filing separately and you lived with your spous Part II or Part III. Instead, go to line 15.	e at an	y time during the year, <b>do</b>	not c	omplete
Part II Special Allowance for Rental Real Estate Activities With	Activ	e Particination		
Note: Enter all numbers in Part II as positive amounts. See instructions for		•		
		-	-	
5 Enter the smaller of the loss on line 1d or the loss on line 4		Ι	5	
6 Enter \$150,000. If married filing separately, see instructions			-	
7 Enter modified adjusted gross income, but not less than zero (see instructions)	7			
<b>Note:</b> If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.				
	<u>8</u>		•	
		•	9	
10 Enter the smaller of line 5 or line 9        If line 2c is a loss, go to Part III. Otherwise, go to line 15.			10	
Part III Special Allowance for Commercial Revitalization Deduc	tions	From Rental Real Es	state	Activities
Note: Enter all numbers in Part III as positive amounts. See the example for				
11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separate			11	
<ul> <li>12 Enter the loss from line 4</li> </ul>			12	
<ul><li>13 Reduce line 12 by the amount on line 10</li></ul>			13	
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13			14	
Part IV Total Losses Allowed	<u></u>			I
<ul><li>15 Add the income, if any, on lines 1a and 3a and enter the total</li></ul>			15	
16 Total losses allowed from all passive activities for 2018. Add lines 10, 14, and				
to find out how to report the losses on your tax return			16	

LHA 819761 01-09-19 For Paperwork Reduction Act Notice, see instructions.

Worksheet 1 - For Form 8582, Lines 1a	<b>a, 1b, and 1c</b> (S	ee instru	uctions.)						
Name of activity	Curre	nt year		Prior ye	ears	Overa	all ga	II gain or loss	
Name of activity	(a) Net income (line 1a)		et loss e 1b)	(c) Unalle loss (line		1 (0) (-ain		(e) Loss	
Table False of Faun 0500 lines de					_				
Total. Enter on Form 8582, lines 1a,									
1b, and 1c Worksheet 2 - For Form 8582, Lines 2a	and 2b (See in	l Istructio	ns)						
	(a) Current			(b) Prior y	/ear				
Name of activity	deductions (li	ne 2a)	unallo	wed deduct		!b)	(c) U	verall loss	
						_			
Total. Enter on Form 8582, lines 2a									
and 2b Worksheet 3 - For Form 8582, Lines 3a	3b and 3c (S	oo instri	Luctions )						
			10113.)						
News of activity	Currei	nt year		Prior ye	ears	Overa	ill ga	ain or loss	
Name of activity	(a) Net income	(b) Ne	et loss	(c) Unalle	owed	(-1) 0 - 1		(e) Loss	
	(line 3a)	(line	e 3b)	loss (line	e 3c)	(d) Gain		(8) 2035	
	SEE ATTAC	ם תשע				SHEET 3	>		
Total. Enter on Form 8582, lines 3a,	SEE ATTAC	аво з	IAICM.		X WORK	SUPER 2	)		
3b, and 3c	528,974.	-27	.149.	-131,	740.				
Worksheet 4 - Use this worksheet if an	n amount is sho	wn on F		32, line 10	or 14 (	See instru	ctio	ns.)	
	Form or schedule				`				
Name of activity	and line number	(a)	Loss	(b) Ratio		(c) Special		(d) Subtract column (c)	
Name of activity	to be reported on (see instructions)	(0)	2033	(6) 110		allowance		from column (a)	
	1								
Total	►								
Worksheet 5 - Allocation of Unallowed	Losses (See in	structio	ns.)						
	Form or sch	edule							
Name of activity	and line nur		(a) L	oss	(b)	Ratio	(c	) Unallowed loss	
-	to be reporte (see instruct		.,				`		
							-		
Total	<u></u>	►							

Form **8582** (2018)

#### Form 8582 (2018) BILL & MELINDA GATES FOUNDATION TRUST Worksheet 6 - Allowed Losses (See instructions.)

Name of activity	Form or sch and line nur to be reporte (see instruct	nber ed on	(a) L	.oss	(b) Ur	nallowed loss	(c) Allowed loss
Total		►					
Worksheet 7 - Activities With Losses Re	eported on Tw	o or M	ore Form	s or Sche	dules	(See instruc	tions.)
Name of activity:	(a)		(b)	(c) Ra	tio	(d) Unallowe loss	d (e) Allowed loss
Form or schedule and line number to be reported on (see instructions):							
1a Net loss plus prior year unallowed         loss from form or schedule							
b Net income from form or schedule ►							
c Subtract line 1b from line 1a. If zero or less, ente	er -0 🕨						
Form or schedule and line number to be reported on (see instructions):							
1a Net loss plus prior year unallowed loss from form or schedule ▶							
b Net income from form or schedule ►							
c Subtract line 1b from line 1a. If zero or less, ente	er -0 🕨						
Form or schedule and line number to be reported on (see instructions):							
1a Net loss plus prior year unallowed loss from form or schedule       ▶							
<b>b</b> Net income from form or schedule							
c Subtract line 1b from line 1a. If zero or less, enter	er -0 🕨						
Total							

Form **8582** (2018)

	January 2012)		See separate instru				Attachment
Interna	I Revenue Service		Attach to Form 1040	or 1041.			Sequence No. 89
Name(	s) shown on return					Ide	ntifying number
		A GATES FOUNDAT	TION TRUST				91-1663695
Pa		tivity Credits					
	Caution: If you	have credits from a publicly a	raded partnership, see Public	cly Traded	Partnerships (PTPs) in ti	he inst	tructions.
		tate Activities With Active Partic		ion Credits	and		
Low-	Income Housing Credits	s) (See Lines 1a through 1c in t	ne instructions.)	1 1			
1a	Credits from Workshee	et 1, column (a)		1a			
b	Prior year unallowed c	redits from Worksheet 1, colum	n (b)	1b			
	Add lines to and th					4.	
		Rental Real Estate Activities an				1c	
		Through Interests Acquired Befo	-				
				1 1			
2a	Credits from Workshee	et 2, column (a)		2a			
b	Prior year unallowed c	redits from Worksheet 2, colum	ı (b)	2b			
•	Add lines 22 and 2b					2c	
		for Property Placed in Service				20	
				<b>3</b>			
3a		et 3, column (a)					
b		redits from Worksheet 3, colum					
	Add lines 3a and 3b	edits (See Lines 4a through 4c	n the instructions )			3c	
		et 4, column (a)		40	464.		
4a b	Prior year unallowed c	redits from Worksheet 4, columi		<u>4a</u> 4b	9,263.		
c						4c	9,727.
5		nd 4c				5	9,727.
6	Enter the tax attributab	ble to net passive income (see in	structions)			6	0.
7	Subtract line 6 from lir	ne 5. If line 6 is more than or equ	al to line 5, enter -0- and see ins	tructions	STATEMEMT 33	7	9,727.
Note		is married filing separately an		at any time	e during the year,		
Pa		art II, III, or IV. Instead, go to owance for Rental Re		th Activ	e Participation		
	-	te this part only if you have ar			•		
8		e 1c or line 7				8	
9	Enter \$150,000. If mar	ried filing separately, see instruc	tions	9			
10		d gross income, but not less tha	n zero (see instructions).				
	-	more than line 9, skip lines 11					
44	Subtract line 10 from I	O- on line 16					
11 12		% (.50). <b>Do not</b> enter more that	\$25,000 If married	11			
		istructions		12			
13a	Enter the amount, if an						
			13a				
b	Enter the amount, if an						
~				120			
с	AUU IIIIES ISA AIIU ISD			<u>13c</u>			
14	Subtract line 13c from	line 12		14			
15		ble to the amount on line 14 (see	instructions)			15	
16		ine 8 or line 15				16	0500 00 -
LHA	For Paperwork Redu	ction Act Notice, see instructior	\$.			Form	n 8582-CR (Rev. 01-2012)

**Passive Activity Credit Limitations** 

819771 04-01-18

Form **8582-CR** 

(Rev. January 2012)

OMB No. 1545-1034

#### Form 8582-CR (Rev. 01-2012) BILL & MELINDA GATES FOUNDATION TRUST

91-16	63695	Page <b>2</b>

Part III	Special Allowance for Rehabilitation Credits From Rental Real Estate Activities and Low-Incom
	Housing Credits for Property Placed in Service Before 1990 (or From Pass-Through Interests Acquired Before 1990)
	Acquired Belore 1990

Note: Complete this part only if you have an amount on line 2c. Otherwise, go to Part IV.

17	Enter the amount from line 7	17	
18	Enter the amount from line 16	18	
19	Subtract line 18 from line 17. If zero, enter -0- here and on lines 30 and 36, and then go to Part V	19	
20	Enter the <b>smaller</b> of line 2c or line 19	20	
21	Enter \$250,000. If married filing separately, see instructions to find		
	out if you can skip lines 21 through 26 21		
22	Enter modified adjusted gross income, but not less than zero. (See instructions for line 10.) If line		
	22 is equal to or more than line 21, skip lines 23 through 29 and enter -0- on line 30 22		
23	Subtract line 22 from line 21 23		
24	Multiply line 23 by 50% (.50). Do not enter more than \$25,000. If married		
	filing separately, see instructions 24		
25a	Enter the amount, if any, from line 10 of		
	Form 8582 25a		
b	Enter the amount, if any, from line 14 of		
	Form 8582 25b		
с	Add lines 25a and 25b 25c		
26	Subtract line 25c from line 24 26		
27	Enter the tax attributable to the amount on line 26 (see instructions) 27		
28	Enter the amount, if any, from line 18		
29	Subtract line 28 from line 27	29	
30	Enter the <b>smaller</b> of line 20 or line 29	30	
Pa	art IV Special Allowance for Low-Income Housing Credits for Property Placed in Service A	fter 1	1989
	Note: Complete this part only if you have an amount on line 3c. Otherwise, go to Part V.		
31	If you completed Part III, enter the amount from line 19. Otherwise, subtract line 16 from line 7	31	
32	Enter the amount from line 30	32	
33	Subtract line 32 from line 31. If zero, enter -0- here and on line 36	33	
34	Enter the <b>smaller</b> of line 3c or line 33	34	
35	Tax attributable to the remaining special allowance (see instructions)	35	
<u>36</u>	Enter the <b>smaller</b> of line 34 or line 35	36	
P	art V Passive Activity Credit Allowed		
37	Passive Activity Credit Allowed. Add lines 6, 16, 30, and 36. See instructions to find out how to report the allowed credit on		
	your tax return and how to allocate allowed and unallowed credits if you have more than one credit or credits from more than one		
	activity. If you have any credits from a publicly traded partnership, see Publicly Traded Partnerships (PTPs) in the instructions.	37	0.*
Pa	art VI Election To Increase Basis of Credit Property		
38	If you disposed of your entire interest in a passive activity or former passive activity in a fully taxable transaction, and you		
	elect to increase your basis in credit property used in that activity by the unallowed credit that reduced your basis in the		
	property, check this box. See instructions		▶ □
39	Name of passive activity disposed of ►		
40	Description of the credit property for which the election is being made 🕨		
<u>41</u>	Amount of unallowed credit that reduced your basis in the property 🕨 💲		
		Forr	m 8582-CR (Rev. 01-2012)

\* SEE STATEMENTS 33, 34, & 35

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 18 BUSINESS ACTIVITY

THE PRIMARY UNRELATED BUSINESS ACTIVITY IS CONDUCTED WITHIN PASSIVE INVESTMENT PARTNERSHIPS IN WHICH THE BILL & MELINDA GATES FOUNDATION TRUST HOLDS AN INTEREST.

TO FORM 990-T, PAGE 1

FORM 990-T       INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 19
DESCRIPTION	NET INCOME OR (LOSS)
PASSIVE LOSS - BANNISTER HOLDINGS, LLC - ORDINARY BUSINESS INCOME (LOSS) PASSIVE LOSS - SUFFOLK TIMBER HOLDINGS LLC - ORDINARY	-108,542.
BUSINESS INCOME (LOSS) PASSIVE LOSS - TOWER SQUARE CAPITAL PARTNERS II, LP -	-165,719.
ORDINARY BUSINESS INCO PASSIVE LOSS - SMB PRIVATE EDUCATION LOAN TRUST 2014-A -	-62,930.
ORDINARY BUSINESS I PASSIVE LOSS - PANGAEA ONE, LP - ORDINARY BUSINESS INCOME	-43,506.
(LOSS)	-15,058.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-395,755.

FORM 990-T	OTHER	INCOME	STATEMENT	20
DESCRIPTION			AMOUNT	
STATE TAX REFUNDS				302.
TOTAL TO FORM 990-T, PAG	E 1, LINE 12			302.

FORM 990-T	NAME OF FOREIGN	COUNTRY IN WHICH	STATEMENT 21
	ORGANIZATION HAS	FINANCIAL INTEREST	

NAME OF (	COUNTRY
-----------	---------

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

FORM 990-T	NET	NET OPERATING LOSS DEDUCTION STATEMEN		STATEMENT 22
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/08	353.	0.	353.	353.
12/31/09	15,323.	0.	15,323.	15,323.
12/31/10	57,959.	0.	57,959.	57,959.
12/31/11	333.	0.	333.	333.
12/31/12	5,930.	0.	5,930.	5,930.
12/31/13	4,153.	0.	4,153.	4,153.
12/31/14	7,773.	0.	7,773.	7,773.
12/31/15	245,765.	0.	245,765.	245,765.
12/31/16	9,384.	0.	9,384.	9,384.
12/31/17	8,291.	0.	8,291.	8,291.
NOL CARRYOV	YER AVAILABLE THIS	YEAR	355,264.	355,264.

FORM 990-T SCHEDULE	STATEMENT 23		
NAME	TITLE	PERCENT	COMPENSATION
WILLIAM H. GATES, III	TRUSTEE AND CEO	.00%	
MELINDA FRENCH GATES	TRUSTEE	.008	
JIM BROMLEY (END 6/2/2018)	CHIEF FINANCIAL		
	OFFICER	.008	
CAROLYN AINSLIE (START	CHIEF FINANCIAL		
10/1/2018)	OFFICER	.008	
KEITH TRAVERSE	SECRETARY	.00%	
MICHAEL LARSON	LLC MANAGER	.00%	

TOTAL TO FORM 990-T, SCHEDULE K

\_\_\_\_\_

#### SCHEDULE I NET OPERATING LOSS CARRYOVER STATEMENT 24 LOSS PREVIOUSLY TAX YEAR LOSS SUSTAINED APPLIED AMOUNT Ο. 12/31/08 353. 353. 12/31/09 15,323. Ο. 15,323. 57,959. Ο. 57,959. 12/31/10 12/31/11 333. Ο. 333. 5,930. 12/31/12 5,930. Ο. 12/31/13 4,153. Ο. 4,153. 7,773. Ο. 7,773. 12/31/14 12/31/15 245,765. Ο. 245,765. 12/31/16 9,384. Ο. 9,384. Ο. 8,291. 12/31/17 8,291. TOTAL TO SCHEDULE I, LINE 7 355,264.

SCHEDULE I	ALTERNAT	IVE MINIMUM TAX NOL CARRYOVE	R STATEMENT 25
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	AMOUNT
12/31/08	353.	0.	353
12/31/09	15,323.	0.	15,323
12/31/10	57,959.	0.	57,959
12/31/11	333.	0.	333.
12/31/12	5,930.	0.	5,930.
12/31/13	4,153.	0.	4,153.
12/31/14	7,773.	0.	7,773.
12/31/15	245,765.	0.	245,765
12/31/16	9,384.	0.	9,384.
12/31/17	8,291.	0.	8,291
	CHEDULE I, LINE 24		355,264

\* SUBJECT TO LIMITATION

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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	355,264.	110,408.	244,856.
TOTAL TO SCHEDULE I, LINE 24		110,408.	244,856.

SCHEDULE D NET LONG-TERM GAIN OR LOSS FROM PARTNERSHIPS AND S-CORPORATIONS		STATEMENT 27
DESCRIPTION OF ACTIVITY	GAIN OR LOSS	28% GAIN
TOWER SQUARE CAPITAL PARTNERS III	526,380.	
TOTAL TO SCHEDULE D, PART II, LINE 12	526,380.	

FORM 4797 NONREC	NONRECAPTURED NET SECTION 1231 LOSSES FROM PRIOR YEARS		
TAX YEAR	SECTION 1231 LOSSES	SECTION 1231 LOSSES RECAPTURED	NONRECAPTURED SECTION 1231 LOSSES
2013	0.	0.	0.
2014	0.	0.	0.
2015	0.	0.	0.
2016	0.	0.	0.
2017	359.	0.	359.
TOTAL TO FORM 4797, LINE 8	359.	0.	359.

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FORM 5884 PASSIVE ACT	PASSIVE ACTIVITY CREDIT LIMITATIONS			
NAME OF ACTIVITY	CREDITS	UNALLOWED CREDITS	ALLOWED CREDITS	
TOWER SQUARE CAPITAL PARTNERS III, LP - CARRYFORWARD	67.	67.	0.	
STRATEGIC PARTNERS II, LP - PASSIVE - CARRYFORWARD	114.	114.	0.	
TOWER SQUARE CAPITAL PARTNERS II, LP - CARRYFORWARD	29.	29.	0.	
TOWER SQUARE CAPITAL PARTNERS III,	156.	156.	0.	
LP - CARRYFORWARD TOTAL TO FORM 5884, LINE 4	366.	366.	0.	

#### 91-1663695

FORM 6765 PASSIVE AC	PASSIVE ACTIVITY CREDIT LIMITATIONS			
NAME OF ACTIVITY	CREDITS	UNALLOWED CREDITS	ALLOWED CREDITS	
TOWER SQUARE CAPITAL PARTNERS II, LP - CARRYFORWARD	469.	469.	0.	
TOWER SQUARE CAPITAL PARTNERS III, LP	464.	464.	0.	
TOWER SQUARE CAPITAL PARTNERS III, LP - CARRYFORWARD	358.	358.	0.	
TOWER SQUARE CAPITAL PARTNERS III, LP - CARRYFORWARD	5,837.	5,837.	0.	
WINTERGREEN PARTNERS FUND, LP - CARRYFORWARD	1,284.	1,284.	0.	
STRATEGIC PARTNERS II, LP - PASSIVE - CARRYFORWARD	18.	18.	0.	
TOTAL TO FORM 6765, LINE 38	8,430.	8,430.	0.	

FORM 8582	OTHER	PASSIV	E ACTIVITIE:	S - WORKSHEET	3 S	TATEMENT 31
		CURRENT	YEAR	PRIOR YEAR	OVERALL G	AIN OR LOSS
NAME OF ACTIVITY	NET	INCOME	NET LOSS	UNALLOWED LOSS	GAIN	LOSS
TOWER SQUARE CAPITAL PARTNERS II, LP SMB PRIVATE EDUCATION	л	0.	0.	-70,879.		-70,879.
LOAN TRUST 2014-A TOWER SOUARE CAPITAL	-	2,594.	0.	-46,100.		-43,506.
PARTNERS III, LP PANGAEA ONE, L.P.	52	26,380. 0.	-26,852. -297.	-14,761.	499,528.	-15,058.
TOTALS	52	28,974.	-27,149.	-131,740.	499,528.	-129,443.

SUMMARY OF PASSIVE ACTIVITIES

STATEMENT 32

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R E A NAME	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
TOWER SQUARE					
CAPITAL PARTNERS	<u> </u>				
II, LP	0.	-7,949.	-7,949.		7,949.
TOWER SQUARE					
CAPITAL PARTNERS II, LP	0	-62 930	-62,930.		62,930.
SMB PRIVATE	••	02,550.	02,550.		02,550.
EDUCATION LOAN					
TRUST 2014-A	2,594.	-46,100.	-43,506.		43,506.
TOWER SQUARE					
CAPITAL PARTNERS					
III, LP	526,380.		526,380.		
TOWER SQUARE					
CAPITAL PARTNERS III, LP	-26,852.		-26,852.		26,852.
PANGAEA ONE, L.P.		-14 761.	-15,058.		15,058.
TOTALS	501,825.	-131,740.	370,085.		156,295.
PRIOR YEAR CARRYOVERS ALL	OWED DUE TO (	CURRENT YE	AR NET ACTI	VITY INCOME	2,594.
ΠΟΠΛΤ					150 000

TOTAL

158,889.

FORM 8582-CR	OTHER PASS W	STATEMENT 33		
NAME OF ACTIVITY	FROM FORM	CURRENT YEAR CREDITS	PRIOR YEAR UNALLOWED CREDITS	TOTAL CREDITS
TOWER SQUARE CAPITAL	6765/3800,	464.		464.
PARTNERS III, LP TOWER SQUARE CAPITAL	LINE 2 CARRYOVER	404.		-
PARTNERS III, LP	CARTOVER		67.	67.
TOWER SQUARE CAPITAL PARTNERS III, LP	CARRYOVER		358.	358.
TOWER SQUARE CAPITAL PARTNERS III, LP	CARRYOVER		5,837.	5,837.
STRATEGIC PARTNERS II, LP - PASSIVE	CARRYOVER		114.	114.
TOWER SQUARE CAPITAL PARTNERS II, LP	CARRYOVER		29.	29.
TOWER SQUARE CAPITAL PARTNERS III, LP	CARRYOVER		156.	156.
STRATEGIC PARTNERS II, LP - PASSIVE	CARRYOVER		18.	18.
TOWER SQUARE CAPITAL PARTNERS II, LP	CARRYOVER		469.	469.
TOWER SQUARE CAPITAL PARTNERS III, LP	CARRYOVER		682.	682.
WINTERGREEN PARTNERS FUND - CARRYFORWARD	CARRYOVER		1,284.	1,284.
STRATEGIC PARTNERS II, LP - PASSIVE	CARRYOVER		207.	207.
STRATEGIC PARTNERS II, LP - PASSIVE	CARRYOVER		42.	42.
TOTALS		464.	9,263.	9,727.

#### 91-1663695

FORM 8582-CR ALLOCATION OF	UNALLOWED CRED	DITS - WORKS	SHEET 8 ST	ATEMENT 34
NAME OF ACTIVITY	FORM TO BE REPORTED ON	CREDITS	RATIO	UNALLOWED CREDITS
TOWER SQUARE CAPITAL PARTNERS III, LP TOWER SQUARE CAPITAL PARTNERS	FORM 3800, LINE 3 FORM 3800,	464.	.047702272	464.
III, LP TOWER SQUARE CAPITAL PARTNERS	LINE 33 FORM 3800,	67.	.006888044	67.
III, LP TOWER SQUARE CAPITAL PARTNERS	LINE 3 FORM 3800,	358.	.036804770	358.
III, LP STRATEGIC PARTNERS II, LP -	LINE 3 FORM 3800,	5,837.	.600082245	5,837.
PASSIVE TOWER SQUARE CAPITAL PARTNERS	LINE 33 FORM 3800,	114.	.011719955	114
II, LP TOWER SQUARE CAPITAL PARTNERS	LINE 33 FORM 3800,	29.	.002981392	29
III, LP STRATEGIC PARTNERS II, LP -	LINE 33 FORM 3800,	156.		
PASSIVE FOWER SQUARE CAPITAL PARTNERS II, LP	LINE 3 FORM 3800, LINE 3	18. 469.	.001850519	18 469
II, DF FOWER SQUARE CAPITAL PARTNERS III, LP	FORM 3800, LINE 33	682.		
WINTERGREEN PARTNERS FUND	FORM 3800, LINE 3			
STRATEGIC PARTNERS II, LP - PASSIVE	FORM 3800, LINE 33	1,284. 207.		1,284 207
STRATEGIC PARTNERS II, LP - PASSIVE	FORM 3800, LINE 33	42.	.004317878	42
TOTALS		9,727.	1.000000000	9,727

## FOR PUBLIC DISCLOSURE

#### 91-1663695

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FORM 8582-CR ALLOWE	WORKSHEET 9	ORKSHEET 9 STATEMENT 35			
NAME OF ACTIVITY	FORM TO BE REPORTED ON	CREDITS	UNALLOWED CREDITS	ALLOWED CREDITS	
TOWER SQUARE CAPITAL PARTNERS	FORM 3800,				
III, LP	LINE 3	464.	464.	0.	
TOWER SQUARE CAPITAL PARTNERS	FORM 3800,	67.	67.	0	
III, LP TOWER SQUARE CAPITAL PARTNERS	LINE 33 FORM 3800,	0/.	07.	0.	
III, LP	LINE 3	358.	358.	0.	
TOWER SQUARE CAPITAL PARTNERS	FORM 3800,	550.	550.	0.	
III, LP	LINE 3	5,837.	5,837.	0.	
STRATEGIC PARTNERS II, LP -	FORM 3800,				
PASSIVE	LINE 33	114.	114.	0.	
TOWER SQUARE CAPITAL PARTNERS II,					
LP	LINE 33	29.	29.	0.	
TOWER SQUARE CAPITAL PARTNERS	FORM 3800,	150	150	0	
III, LP STRATEGIC PARTNERS II, LP -	LINE 33 FORM 3800,	156.	156.	0.	
PASSIVE	LINE 3	18.	18.	0.	
TOWER SQUARE CAPITAL PARTNERS II,		10.	10.	0.	
LP	LINE 3	469.	469.	0.	
TOWER SQUARE CAPITAL PARTNERS	FORM 3800,			-	
III, LP	LINE 33	682.	682.	0.	
	FORM 3800,				
WINTERGREEN PARTNERS FUND	LINE 3	1,284.	1,284.	0.	
STRATEGIC PARTNERS II, LP -	FORM 3800,				
PASSIVE	LINE 33	207.	207.	0.	
STRATEGIC PARTNERS II, LP - PASSIVE	FORM 3800, LINE 33	42.	42.	0.	
TUDTAT		42.	±4•		
TOTALS		9,727.	9,727.	0.	

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

# CHARITABLE CONTRIBUTION CARRYFORWARD SCHEDULE FOR THE YEAR ENDED DECEMBER 31, 2018

<u>YEAR</u> <u>END</u>	CONTRIBUTIONS SUBJECT TO 60% LIMITATION	CONTRIBUTIONS SUBJECT TO 50% LIMITATION	CONTRIBUTIONS SUBJECT TO 30% LIMITATION	<u>CURRENT</u> <u>YEAR</u> <u>AMOUNT</u> UTILIZED	50% LIMITATION CARRYFORWARD	<u>30% LIMITATION</u> CARRYFORWARD	60% LIMITATION CARRYFORWARD
12/31/14		324	2,283,500,000	-	324	2,283,500,000	-
12/31/15		303	2,350,000,000	-	303	2,350,000,000	-
12/31/16		205	2,185,000,000	-	205	2,185,000,000	-
12/31/17		135	2,502,000,000	-	135	2,502,000,000	-
12/31/18	32		2,835,000,000		-	2,835,000,000	32
TOTAL				\$-	\$ 967	\$ 12,155,500,000	\$ 32

#### TOTAL CARRYFORWARD TO 12/31/2019:

\$ 12,155,500,999

(Rev. January 2019)

## 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 for the latest information.

Enter filer's identifying pumber

**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.* 

#### 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.

					er sidentifynng hur	linei	
Туре о	Name of exempt organization or other filer, see instructions.				Employer identification number (EIN) or		
print	BILL & MELINDA GATES FOUNDATION TRUST	91-1663695					
File by the due date for filing your	e date for Number, street, and room or suite no. If a P.O. box, see instructions.			Social security number (SSN)			
	eturn. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. SEATTLE, WA 98102						
Enter th	e Return Code for the return that this application is for (fil	e a separat	te application for each return)			0 6	
Applica	tion	Return	Application			Return	
Is For Code Is For						Code	
	00 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99		02	Form 1041-A	08			
Form 47	'20 (individual)	03	Form 4720 (other than individual)		09		
Form 99	00-PF	04	Form 5227			10	
Form 99	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	00-T (trust other than above)	06	Form 8870			12	
<ul> <li>If the</li> <li>If this</li> <li>box </li> <li>1</li> <li>tr</li> <li>tr</li> <li>b</li> </ul>	bohone No. ▶       206-709-3100         e organization does not have an office or place of business         s is for a Group Return, enter the organization's four digit         . If it is for part of the group, check this box ▶         equest an automatic 6-month extension of time until         e organization named above. The extension is for the org         . X calendar year _2018 or         . tax year beginning         the tax year entered in line 1 is for less than 12 months, control	Group Exe and atta NOVEMBE anization's , an	mption Number (GEN) ich a list with the names and EINs of <u>R 15, 2019</u> , to file return for: id ending	If this is fo all memb	r the whole group, ers the extension is npt organization ret 	for.	
<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less							
	ny nonrefundable credits. See instructions.	) ontor or:	rofundable eredite and	<u>3a</u>	\$	37,000.	
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						100,000.	
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$					<b>\$</b>	100,000.	
	alance due. Subtract line 3b from line 3a. Include your pa	•		0-	¢	0.	
	sing EFTPS (Electronic Federal Tax Payment System). See			3c	\$		
Caution instruct	<ul> <li>If you are going to make an electronic funds withdrawal ons.</li> </ul>	(direct det	Dit) with this Form 8868, see Form 84	453-EO an	a ⊢orm 8879-EO fo	r payment	
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form <b>8868</b> (F	Rev. 1-2019)	