Form	990-T	E	Exempt Orgar (ar	nization Bus			ax Return	1	OMB No. 1545-0687
		For ca	lendar year 2016 or other tax year	beginning		, and ending			2016
Denar	tment of the Treasury		Information about Fo				ov/form990t.		2010
Interna	al Revenue Service	▶	Do not enter SSN number	s on this form as it may	be ma	de public if your organiza	tion is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
A [	Check box if address changed		Name of organization (	Check box if name cl	hanged	and see instructions.)		(Emp	loyer identification number ployees' trust, see uctions.)
<b>B</b> Ex	xempt under section	Print	BILL & MELINDA GA	TES FOUNDATION T	RUST				91-1663695
X	]501(c)(3)	TVD6	Number, street, and room	or suite no. If a P.O. box	k, see in	structions.			lated business activity codes instructions.)
	408(e) 220(e)	Type	P.O. BOX 23350					-	
	」408A		City or town, state or prov SEATTLE, WA 9810		r foreigi	n postal code		5230	00
C Boo	ok value of all assets	F Grou	o exemption number (See in	structions.)	<b></b>				
	end of year , 398 , 252 , 180 .		k organization type	501(c) corporation	n [2	501(c) trust	401(a) trust	[	Other trust
<b>H</b> De	scribe the organizatio	n's prim	ary unrelated business activ	ity. ▶	SEE SI	ATEMENT 17			
I Du	ring the tax year, was	the corp	oration a subsidiary in an a	ffiliated group or a paren	nt-subsi	diary controlled group?	<b>&gt;</b> [	Y	es X No
			tifying number of the parent	corporation.					
	e books are in care of					Telepho	ne number 🕨 2		
Ра	rt I Unrelate	d Trac	de or Business Inco	ome		(A) Income	(B) Expenses	<u> </u>	(C) Net
1 a	Gross receipts or sal	es							
b	Less returns and allo			c Balance►	1c				
2			A, line 7)		2				
3	Gross profit. Subtrac				3	2 000			2 000
			h Schedule D)		4a	2,009.			2,009.
			art II, line 17) (attach Form		4b				
			sts ips and S corporations (atta		4c 5	-2,032.	STMT 19		-2,032.
5 6			ips and 5 corporations (atta		6	2,032.	51111 15		2,032.
7			me (Schedule E)		7				
8			and rents from controlled or		8				
9			on 501(c)(7), (9), or (17) or		-				
10			me (Schedule I)		10				
11			e J)		11				
12			ns; attach schedule) STA		12	182.			182.
13	Total. Combine lines	s 3 throu	gh 12		13	159.			159.
	rt II Deduction	ns No	ot Taken Elsewhere	(See instructions fo					
	(Except for	contrib	utions, deductions must	be directly connected	l with t	ne unrelated business	income.)		
14	Compensation of of	ficers, di	rectors, and trustees (Sched	dule K)				14	
15								15	
16								16	
17								17	
18								18	0.543
19								19	9,543.
20		,	e instructions for limitation	,				20	
21			562)					006	
22 23			n Schedule A and elsewhere					22b 23	
23 24			mnaneation plane					24	
25			mpensation plans					25	
26	Excess exempt expe	enses (S	chedule I)					26	
27	Excess readership of	osts (Sc	hedule J)					27	
28			nedule)					28	
29	Total deductions. A	Add lines	14 through 28					29	9,543.
30	Unrelated business	taxable i	ncome before net operating	loss deduction. Subtract	t line 29	from line 13		30	-9,384.
31			(limited to the amount on I					31	
32			ncome before specific dedu					32	-9,384.
33			y \$1,000, but see line 33 ins					33	1,000.
34	Unrelated business	taxable	income. Subtract line 33 f	rom line 32. If line 33 is	greater	than line 32, enter the sm	aller of zero or		
	line 32							34	-9,384.

	(20 /0)	DIDD & HUDINDA GAILD FOORDA	TION IRODI		3.7	-10020	33		rage Z
Part I	11   7	ax Computation							
35	Organ	izations Taxable as Corporations. See instru	uctions for tax computation.						
	Contr	olled group members (sections 1561 and 156	3) check here 🕨 🔲 See instructions	and:		ŀ			
a	Enter	your share of the \$50,000, \$25,000, and \$9,9	25,000 taxable income brackets (in that or	der):					
	(1)	\$ (2) \$	(3) \$						
b	Enter	organization's share of: (1) Additional 5% tax	(not more than \$11,750)  \$						
	(2) A	dditional 3% tax (not more than \$100,000)	<b> </b> \$		1				
C	Incon	ne tax on the amount on line 34					35c		
36	Trust	Taxable at Trust Rates. See instructions for	tax computation. Income tax on the amou	int on line 34	4 from:			***************************************	***************************************
		Tax rate schedule or Schedule D (Fo				<b>&gt;</b>	36		0.
37	Proxy	tax. See instructions	,				37		
38							38		
39	Tax o	n Non-Compliant Facility Income. See instru	ctions		****************	·····	39		
40	Total.	Add lines 37, 38 and 39 to line 35c or 36, wh	ichever applies	***********		·····	40		0.
Part I	V 1	ax and Payments							
41a	Foreig	in tax credit (corporations attach Form 1118;	trusts attach Form 1116)	41a					
				1					
C		, , , , , , , , , , , , , , , , , , , ,							
		for prior year minimum tax (attach Form 880	1 or 8827)	414					
		credits. Add lines 41a through 41d					41e		
42	Subtr	act line 41e from line 40				·····	42		0.
43	Other	taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	8866	Other (attach sci		43		
44						· F	44		0.
		ents: A 2015 overpayment credited to 2016		45a		,000.	77		
h	2016	estimated tax payments		45b		<del>,,,,,</del>			
	Tay d	eposited with Form 8868		45c					
4	Foreir	n organizations: Tax paid or withheld at source	na (see instructions)	45d					
		p withholding (see instructions)							
f	Credit	for small employer health insurance premiun	ne (Attach Form 8041)	45e					
				431					
y		Form 4136 0	orm 2439 Total <b>]</b>	15-					
46			- Total j	409			40	100	,000.
47	Fetim	payments. Add lines 45a through 45gated tax penalty (see instructions), Check if Fo	orm 2000 is attached				46	100	,000.
48	Tavd	ue. If line 46 is less than the total of lines 44 a	and 47 enter amount award				47		
49	Over	ayment. If line 46 is larger than the total of li	pas 44 and 47 anter amount evernald				48	100	,000.
50		the amount of line 49 you want: Credited to 2			Refunded		49	100	0.
Part \		Statements Regarding Certain	Activities and Other Informat	tion (see	instructions)		50	**************************************	
51		time during the 2016 calendar year, did the o	······································						
Ji		a financial account (bank, securities, or other)						Yes	No No
	Ein/E	N Form 114, Report of Foreign Bank and Fina	noist Associate of VEC optor the pame of the	on foreign of	e io ine				
	here		SEE STATEMENT		ountry			Х	
52		g the tax year, did the organization receive a d			to o foreign to	-40		- <del>  ^</del>	<del> </del> x
52		s, see instructions for other forms the organization		Liansieror	to, a foreign tru	St?			+
53		the amount of tax-exempt interest received or	•						
- 33	Un	der penalties of perjury, I declare that I have examined	this return, including accompanying schedules and	i statements a	nd to the heet of m	v knowled	ne and helief it i	e truo	
Sign	co	rect, and complete. Declaration of preparer (other than	taxpayer) is based on all information of which prep	parer has any k	nowledge.	y Kilowiedi	ge and bener, it	s uue,	
Here		1 600	CHIEF FI	373 37C T 3 T	OBELODE		y the IRS discus		
		Signature of officer	Date Title	NANCIAL	OFFICER		preparer shown		
			T T	D-1-	T 01 :		tructions)? X	Yes	No
		Print/Type preparer's name	Preparer's signature	Date	Check	if if	PTIN		
Paid		TOLENE G COY	Colene D Gx	11/07/1	self- em	ployed	D00000	4.0.1	
Prepa		JOLENE G. COX	Joseph De la Company de la Com	11/01/	<del></del>	F(1) }	P00235		
Use C	Only	Firm's name DELOITTE TAX LLP	מוודה מוודה מזוח		Firm's	EIN >	86-10	065772	
		925 FOURTH AVEN	•			, -	061 -16		
		Firm's address   🕨 SEATTLE, WA 981	.U4-TTZD		I Phone	no. (2	06) 716-7	/ U U U	

Schedule A - Cost of Goods	Sold. Enter	method of inven	ntory v	aluation N/A				
1 Inventory at beginning of year	1		6	Inventory at end of yea	ır		6	
2 Purchases				Cost of goods sold. St				
3 Cost of labor				from line 5. Enter here				
4a Additional section 263A costs				line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to		Yes No
<b>b</b> Other costs (attach schedule)				property produced or a	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5			the organization?				
Schedule C - Rent Income (	From Real	Property and	l Per	sonal Property L	.ease	d With Real Prope	rty)	
(see instructions)								
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receive	ed or accrued						
(a) From personal property (if the percent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	personal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	<b>3(a)</b> Deductions directly c columns 2(a) and	onnected with the inc 2(b) (attach schedule	ome in )
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	ı (A)	▶			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instru	ctions)				
			2	2. Gross income from		3. Deductions directly conne to debt-finance		
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other dec (attach sche	
(1)								
(2)								
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	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)	8. Allocable c (column 6 x tota 3(a) and	I of columns
(1)				%				
(2)				%				
(3)				%				
(4)				%				
			•			inter here and on page 1, Part I, line 7, column (A).	Enter here and o	
Totals				<b>.</b>		0.		0.
Total dividends-received deductions in	olumr	 1 8				<u>.</u>		0.
	auou ni ooiullii	. 🕶					1	

Form **990-T** (2016)

Schedule F - Interest,			<u> </u>		Controlled O				<u>`</u>	structio	· · · · · · · · · · · · · · · · · · ·
1. Name of controlled organiza	2. Employer identification number		3. Net unrelated income (loss) (see instructions)  4. Tota paym		nents made includ		art of column 4 that is ded in the controlling ization's gross income		<b>6.</b> Deductions directly connected with income in column 5		
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organ	nizations										
7. Taxable Income		unrelated incom see instructions		9. Total	of specified payi made	nents	10. Part of colur in the controlli gross	mn 9 tha ing orgai s income	nization's	<b>11</b> . D	eductions directly connected th income in column 10
(1)											
(2)											
(3)											
(4)											
							Add colun Enter here and line 8, c		e 1, Part I,	l	Add columns 6 and 11. here and on page 1, Part I, line 8, column (B).
Totals						▶			0.		0
Schedule G - Investme	ent Incor	ne of a S	Section	501(c)(7	7), (9), or (	17) Org	ganization				
	structions)				Ī		3. Deduction	ns	<b>4</b> . Set-	asides	5. Total deductions
<b>1.</b> Des	scription of inco	ome			2. Amount of	income	directly conne (attach sched			schedule)	and set-asides (col. 3 plus col. 4)
(1)											
(2)											
(3)											
(4)											
					Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B).
Totals				•		0.					0
Schedule I - Exploited	I Exempt				Than Adv	ertisin	g Income				
(see insti	ructions)				4 Nationa	no (lono)			Τ		
1. Description of exploited activity	unrelated	Gross d business ne from business	directly with pr of un	connected connected oduction related ss income	4. Net inconfrom unrelated business (cominus colum gain, comput through	trade or olumn 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	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(1) (2) (3) (4)											
(3)											
(4)											
	page 1	re and on 1, Part I, , col. (A).	page	ere and on 1, Part I, , col. (B).							Enter here and on page 1, Part II, line 26.
Totals	<u> </u>	0.		0.							0
Schedule J - Advertis		,	nstructio	,							
Part I Income From	Periodic	als Repo	orted o	n a Con	solidated	Basis					
1. Name of periodical		2. Gross advertising income	adv	3. Direct rertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, comput nrough 7.	5. Circulat income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(1) (2) (3)											
(3)											
(4)											
					0						
Totals (carry to Part II, line (5))	▶		0.		0.						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	3. Percent of time devoted to business	<ol><li>Compensation attributable to unrelated business</li></ol>
(1)		%	
(2)		%	
(3)		%	
(4) SEE STATEMENT 23		%	
Total. Enter here and on page 1, Part II, line 14	0.		

Form **990-T** (2016)

# SCHEDULE I (Form 1041)

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

Attach to Form 1041.

▶ Information about Schedule I (Form 1041) and its separate instructions is at www.irs.gov/form1041

2016

OMB No. 1545-0092

Department of the Treasury Internal Revenue Service

Name of estate or trust

BILL & MELINDA GATES FOUNDATION TRUST

91-1663695

Adjusted total income or (loss) (from Form 1041, line 17)				1		-9,384
Interest						,
Taxes				، ا		
Miscellaneous itemized deductions (from Form 1041, line 15c						
Refund of taxes						
Depletion (difference between regular tax and AMT)						
Net operating loss deduction. Enter as a positive amount	S	SEE STA	TEMENT 24	7		
Interest from specified private activity bonds exempt from the						
Qualified small business stock (see instructions)						
Exercise of incentive stock options (excess of AMT income ov	ver regular tax income)			10	)	
Other estates and trusts (amount from Schedule K-1 (Form 10						
Electing large partnerships (amount from Schedule K-1 (Form					2	
Disposition of property (difference between AMT and regular	tax gain or loss)			1	3	
Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)					ı	
Passive activities (difference between AMT and regular tax income or loss)					5	
Loss limitations (difference between AMT and regular tax inco	ome or loss)			16	3	
Circulation costs (difference between regular tax and AMT)				17	,	
Long-term contracts (difference between AMT and regular tax	(income)			18	3	
Mining costs (difference between regular tax and AMT)				19	)	
Research and experimental costs (difference between regular	tax and AMT)			20	)	
Income from certain installment sales before January 1, 1987					l (	
Intangible drilling costs preference				22	2	
Other adjustments, including income-based related adjustmen					3	
Alternative tax net operating loss deduction (See the instruction	ons for the limitation that applies.)			24	<b>!</b> (	
Adjusted alternative minimum taxable income. Combine lines	1 through 24			2	5	-9,384
Note: Complete Part II below before going to line 26.						
Income distribution deduction from Part II, line 44	N/A	26	;			
Estate tax deduction (from Form 1041, line 19)	N/A	27	,			
Add lines 26 and 27				28	3	
Estate's or trust's share of alternative minimum taxable incom	ne. Subtract line 28 from line 25			29	)	-9,384

- \$23,900 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't liable for the alternative minimum tax.
- Over \$23,900, but less than \$175,450, go to line 45.

\$175,450 or more, enter the amount from line 29 on line 51 and go to line 52.

Pa	art II Income Distribution Deduction on a Minimum Tax Basis  N/A		
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	35 (	)
36	Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount	1 00 1	
37	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-	37	
38	Income required to be distributed currently (from Form 1041, Schedule B, line 9)	38	
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	40	•
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		•

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

Schedule I (Form 1041) (2016)

Pa	rt II Income Distribution Deduction on a Minimum Tax Basis	(contin	ued)	N/A	3
43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 3	37.	,		
	If zero or less, enter -0-			43	
44	Income distribution deduction on a minimum tax basis. Enter the smaller of line 42 or line				
_	Enter here and on line 26			44	
Pa	rt III Alternative Minimum Tax				
45	Exemption amount			45	\$23,900.00
46	Enter the amount from line 29	46			
47	Phase-out of exemption amount		\$79,850.00		
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-				
51	Subtract line 50 from line 46			51	
52	3	Ŭ			
	of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwis	se, if line	51 is -		
	• \$186,300 or less, multiply line 51 by 26% (0.26).				
	• Over \$186,300, multiply line 51 by 28% (0.28) and subtract \$3,726 from the result				
	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 Sched		e 2a)	. 55	
56	Alternative minimum tax. Subtract line 55 from line 54. If zero or less, enter -0 Enter here	e and on			
Da	rt IV Line 52 Computation Using Maximum Capital Gains Rate	·····		56	
Га					
	Caution: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D		*		
	or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the	e instrud	ctions		
57	before completing this part.  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	I		31	
00	Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for				
	Form 1041, whichever applies (as refigured for the AMT, if necessary)	58			
59	Enter the amount from Schedule D (Form 1041), line 18b, column (2)				
00	(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	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the				
••	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 <b>smaller</b> of line 57 or line 60			61	
62	Subtract line 61 from line 57				
63	If line 62 is \$186,300 or less, multiply line 62 by 26% (0.26). Otherwise, multiply line 62 by				
	28% (0.28) and subtract \$3,726 from the result		<b>)</b>	63	
64	Maximum amount subject to the 0% rate	64	\$2,550.00		
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-	65			
66	Subtract line 65 from line 64. If zero or less, enter -0-	66			
67	Enter the <b>smaller</b> of line 57 or line 58	67			
68	Enter the <b>smaller</b> of line 66 or line 67. This amount is taxed at 0%	68			
69	Subtract line 68 from line 67	69			

619862 12-14-16 Schedule I (Form 1041) (2016)

Schedule I (Form 1041) (2016) Page **3** 

Pa	rt IV Line 52 Computation Using Maximum Capital Ga	ins Rates (cont	inued)	
70	Maximum amount subject to rates below 20%	70	\$12,400.00	
71	Enter the amount from line 66	_,		
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-	<b>▶</b> 72		
73	Add line 71 and line 72			
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			
76	Multiply line 75 by 15% (0.15)		<b>&gt;</b>	76
77	Add lines 68 and 75			
	If lines 77 and 57 are the same, skip lines 78 through 82 and go to line 83. Oth			
78	Subtract line 77 from line 67	78		
79	Multiply line 78 by 20% (0.20)		<b></b>	79
	If line 59 is zero or blank, skip lines 80 through 82 and go to line 83. Otherwise			
80	Add lines 62, 77, and 78	80		
81	Subtract line 80 from line 57	81		
82	Multiply line 81 by 25% (0.25)		<b></b>	82
83	Add lines 63, 76, 79, and 82			83
84	If line 57 is $$186,300$ or less, multiply line 57 by $26\%$ (0.26). Otherwise, multiply	line 57 by 28% (0.28)		
	and subtract \$3,726 from the result			84
85	Enter the <b>smaller</b> of line 83 or line 84 here and on line 52			85

Schedule I (Form 1041) (2016)

#### **SCHEDULE D** (Form 1041)

**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.

▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1041.

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

Employer identification number

OMB No. 1545-0092

BILL & MELINDA GATES FOUNDATION TRUST

91-1663695

	Form 5227 filers need to complete only Parts I and II.  rt I Short-Term Capital Gains and Losses - Ass	ets Held One V	ear or Less			
	structions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustmen		(h) Gain or (loss) Subtract column (e)
This f	orm may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	to gain or loss Form(s) 8949, line 2, colum	Part I,	from column (d) and combine the result with column (g)
1 a	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					
			•	•		
4	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				4	
5	Net short-term gain or (loss) from partnerships, S corporations, and other	estates or trusts			5	
6	Short-term capital loss carryover. Enter the amount, if any, from line 9 of					
	Carryover Worksheet	·			6	(
7	Net short-term capital gain or (loss). Combine lines 1a through 6 in colu					,
	, ,	, ,			7	
Pa	rt II   Long-Term Capital Gains and Losses - Ass	ets Held More	Than One Year	•	•	
See ir	structions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g)		(h) Gain or (loss)
		Proceeds	Cost	(g) Adjustmen		Sùbtract column (é from column (d) an
This f	orm may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	to gain or loss Form(s) 8949,		combine the result
				line 2, colum		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					
	these transactions on Form 8949, leave this line blank and go to line 8b					
8 h	Totals for all transactions reported on Form(s) 8949 with					
	Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with					
•	Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with					
	Box F checked					
			l	I		
11	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and	8824			11	
•	cong torm suprial gam or (1888) non-rorms 2 1883, 1883 i, 8282, 878 i, and				<u> </u>	
12	Net long-term gain or (loss) from partnerships, S corporations, and other	estates or trusts			12	-23
-	The long term gain or (1999) from partnerships, o corporations, and ethor				<u> </u>	
13	Capital gain distributions				13	
	ouplial gain distributions				···	
14	Gain from Form 4797, Part I				14	2,032
15	Long-term capital loss carryover. Enter the amount, if any, from line 14 of				├ <del>`</del>	_,=,==
10		·			15	1
16	Net long-term capital gain or (loss). Combine lines 8a through 15 in colu				10	\
	column (3) on page 2	211117 (11). EITEOI 11010 AII	ia on inio rou,	<b></b>	16	2,009

Schedule D (Form 104	41) 2016 BILL & MELINDA GATES	S FOUNDATION TRUST				91-1663	695 Page 2
Part III Sun	nmary of Parts I and II			(1) Beneficiaries'	( <b>2</b> ) E	state's	(3) Total
Cauti	on: Read the instructions before co	empleting this part.			or t	trust's	
17 Net short-term	gain or (loss)		17				
18 Net long-term g	jain or (loss):						
			18a			2,009.	2,009.
<b>b</b> Unrecaptured se	ection 1250 gain (see line 18 of the wrks	ht.)	18b				
			18c				
19 Total net gain o	or (loss). Combine lines 17 and 18a	<b>&gt;</b>	19			2,009.	2,009.
Note: If line 19, colu	ımn (3), is a net gain, enter the gain o	on Form 1041, line 4 (or Form 9	90-T, I	Part I, line 4a). If lines	s 18a and	l 19, colum	n (2), are net gains,
	on't complete Part IV. If line 19, colu	umn (3), is a net loss, complete	Part I	/ and the Capital Los	ss Carryo	ver Worksh	eet, as necessary.
	pital Loss Limitation						
	enter as a (loss) on Form 1041, line 4 (or						,
	e 19, column (3) or b \$3,000					20   (	)
Loss Carryover Wo	line 19, column (3), is more than \$3,0 rksheet in the instructions to figure	e your capital loss carryover.		(or Form 990-1, line	34), is a l	oss, compl	ete the Capital
Part V Tax	x Computation Using Maxin	num Capital Gains Rate	es				
	implete this part <b>only</b> if both lines 18a an	d 19 in column (2) are gains, or ar	amoui	nt is entered in Part I or	r Part II an	d there is an	entry on Form 1041,
ine 2b(2), <b>and</b> Form	1041, line 22, is more than zero.						
<b>Caution:</b> Skip this pa	art and complete the Schedule D Ta	x Worksheet in the instruction	ns if:				
Either line 18b, o	col. (2) or line 18c, col. (2) is more the	an zero, or					
	l , line 2b(1), and Form 4952, line 4g a						
Form 990-T trusts. C	complete this part <b>only</b> if both lines 18a a	ınd 19 are gains, or qualified divide	nds are	included in income in	Part I of F	orm 990-T,	and Form 990-T, line
	. Skip this part and complete the <b>Schedu</b>			1	) or line 18	Bc, col. (2) is	s more than zero.
	ome from Form 1041, line 22 (or Form 9	90-T, line 34)	21	_			
	r of line 18a or 19 in column (2)	1 1					
	zero	22					
	s or trust's qualified dividends from						
•	2b(2) (or enter the qualified dividends						
	ne in Part I of Form 990-T)	23					
	23	24	_				
	rust is filing Form 4952, enter the						
	e 4g; otherwise, enter -0-	25					
			26				
	from line 21. If zero or less, enter -0-		27				
			28				
			29	_			
	from line 28. If zero or less, enter -0 Th			1	▶	30	
	r of line 21 or line 26				-		
	from line 26				-		
	<b>r</b> of line 21 or \$12,400				-		
34 Add lines 27 and	130		34				
	from line 33. If zero or less, enter -0-						
	r of line 32 or line 35			•		07	
	oy 15% (0.15)					37	
	t from line 31			+			
Auu iiiles ou dilu	from line 38. If zero or less, enter -0-		40				
						41	
	oy 20% (0.20)		 			41	
	the Schedule G instructions in the instruc		42				
	, and 42			+	-		
	the amount on line 21. Use the 2016 Tax		43		-		
=	the Schedule G instructions in the instruc		44				
ana madio 1000 t	cooaaio a monaduuno in mid illoti ut	101 1 01111 10 1 1 1	1 77	i .			

610842 12-16-16 Schedule D (Form 1041) 2016

**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 36)

# Department of the Treasury

#### Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) ► Attach to your tax return.

OMB No. 1545-0184

▶ Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

BILL & MELINDA GATES FOUNDATION TRUST 91-1663695 1 Enter the gross proceeds from sales or exchanges reported to you for 2016 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Part I Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (g) Gain or (loss) (a) Description (b) Date acquired (d) Gross sales (c) Date sold allowed or basis, plus Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) allowable since improvements and sum of (d) and (e) acquisition expense of sale STRATEGIC PARTNERS II, LP -PASSIVE 2,109. TOWER SQUARE CAPITAL PARTNERS LP - PAL -77. II. Gain, if any, from Form 4684, line 39 3 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: 7 2,032. 7 Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 Individuals, partners, S corporation shareholders, and all others. 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. Nonrecaptured net section 1231 losses from prior years. See instructions 8 8 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions 2,032. Ordinary Gains and Losses (see instructions) Part II Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): Loss, if any, from line 7 11 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 13 Net gain or (loss) from Form 4684, lines 31 and 38a 14 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 Combine lines 10 through 16 17 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines 18 a and b below. For individual returns, complete lines a and b below: If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2016)

18h

(a) Description of section 1245, 1250, 1252, 1254,	or 1255 p	property:			(b) Date acquii (mo., day, yr.		(c) Date sold (mo., day, yr.)
1							
3							
These columns relate to the properties on lines 19A through 19D.	•	Property A	Propert	у В	Property	С	Property D
Gross sales price (Note: See line 1 before completing.)	20						
Cost or other basis plus expense of sale	21						
Depreciation (or depletion) allowed or allowable	22						
Adjusted basis. Subtract line 22 from line 21	23						
Total gain. Subtract line 23 from line 20	24						
If section 1245 property:							
a Depreciation allowed or allowable from line 22	25a						
b Enter the smaller of line 24 or 25a	25b						
If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
<b>a</b> Additional depreciation after 1975. See instructions	26a						
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
c Subtract line 26a from line 24. If residential rental property or 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						
g 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 (other than an electing large partnership).	07-						
a Soil, water, and land clearing expenses	27a					-+	
<b>b</b> Line 27a multiplied by applicable percentage	27b						
c Enter the smaller of line 24 or 27b  If section 1254 property:	27c					-+	
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
b Enter the smaller of line 24 or 28a	28b						
If section 1255 property:  a Applicable percentage of payments excluded from income under section 126. See instructions							
	29a		-				
<b>b</b> Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b						
immary of Part III Gains. Complete property of	columns	A through D through	n line 29b befor	e going	to line 30.		
Total gains for all properties. Add property columns	A throug	gh D, line 24				30	
				_			
Add property columns A through D, lines 25b, 26g,		•				31	
Subtract line 31 from line 30. Enter the portion from		•	•		•		
from other than casualty or theft on Form 4797, line art IV Recapture Amounts Under Section	ne 170	and 280F(h)(2)	When Ruei	naee l	lse Drone to	50% o	r I ass
(see instructions)	, 13 1 <i>1</i> 8	, and 2001 (D)(2)	TTIICII DUSI	11699 (	Cae Diopa to	JU /0 U	" Less
(acc manuchona)					(a) Section	1	(b) Section 280F(b)(2)
0 11 170 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					1/3	-+	2001 (0)(2)
Section 179 expense deduction or depreciation allo	wable in	prior years			1	$\longrightarrow$	
Recomputed depreciation. See instructions				34			

# Form **5884** (Rev. December 2016)

**Work Opportunity Credit** 

unity Credit OMB No. 1545-0219

Department of the Treasury Internal Revenue Service

► Attach to your tax return.

► Information about Form 5884 and its separate instructions is at <a href="https://www.irs.gov/form5884">www.irs.gov/form5884</a>.

Attachment Sequence No. **77** 

Name(s) shown on return

Identifying number

BII	LL & MELINDA GATES FOUNDATION TRUST			91-1663695
1	Enter on the applicable line below the total qualified first- or second-year wages paid or incurred during the tax year, and multiply by the percentage shown, for services of employees who are certified as members of targeted group.			
а	Qualified first-year wages of employees who worked for you at least			
	120 hours but fewer than 400 hours \$x 25%	(0.25)	1a	
b	Qualified first-year wages of employees who worked for you at least 400 hours \$\_x 40\%	(0.40)	1b	
С	Qualified second-year wages of employees certified as long-term family assistance recipients	(0.50)	1c	
2	Add lines 1a, 1b, and 1c. See instructions for the adjustment you must make to salaries and wages		2	
3	Work opportunity credit from partnerships, S corporations, cooperatives, estates, and trusts (see instructions) SEE STATEMENT	25	3	299.
4	Add lines 2 and 3. Cooperatives, estates, and trusts, go to line 5. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on			0
	Form 3800, Part III, line 4b		4	0.
5	Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions)		5	
6	Cooperatives, estates, and trusts, subtract line 5 from line 4. Report this amount on Form 3800, Part III, line 4b		6	

# Form **6765**

**Credit for Increasing Research Activities** 

► Attach to your tax return.

2016
Attachment

Information about Form 6765 and its separate instructions is at www.irs.gov/form6765

Identifying number

BILL & MELINDA GATES FOUNDATION TRUST

91-1663695

	<b>n A - Regular Credit.</b> Skip this section and go to Section B if you are electing or ed credit.	previ	ousiy elected (and are not	revoki	ing) the alternative
	ertain amounts paid or incurred to energy consortia			1	
	asic research payments to qualified organizations	2			
	ualified organization base period amount				
	ubtract line 3 from line 2. If zero or less, enter -0-			4	
	/ages for qualified services (do not include wages used in figuring the				
	ork opportunity credit)	5			
	ost of supplies	6			
<b>7</b> R	ental or lease costs of computers	7			
	nter the applicable percentage of contract research expenses	8			
	otal qualified research expenses. Add lines 5 through 8	9			
	nter fixed-base percentage, but not more than 16% (0.16)	10	%	,	
	nter average annual gross receipts	11			
<b>12</b> M	lultiply line 11 by the percentage on line 10	12			
	ubtract line 12 from line 9. If zero or less, enter -0-	13			
	lultiply line 9 by 50% (0.50)	14			
	nter the <b>smaller</b> of line 13 or line 14			15	
	dd lines 1, 4, and 15			16	
1 <b>7</b> Ai	re you electing the reduced credit under section 280C?   Yes No				
	"Yes," multiply line 16 by 13% (0.13). If "No," multiply line 16 by 20% (0.20) and see the in	structi	ons for the statement		
	nat must be attached. Members of controlled groups or businesses under common control:				
st	tatement that must be attached			17	
Section	B - Alternative Simplified Credit. Skip this section if you are completing Sect	on A.			
<b>18</b> C	ertain amounts paid or incurred to energy consortia			18	
1 <b>9</b> Ba	asic research payments to qualified organizations	19			
		20			
	ubtract line 20 from line 19. If zero or less, enter -0-			21	
	dd lines 18 and 21			22	
23 M	lultiply line 22 by 20% (0.20)			23	
24 W	/ages for qualified services (do not include wages used in figuring the				
W	ork opportunity credit)	24			
	ost of supplies	25			
	ental or lease costs of computers	26			
	nter the applicable percentage of contract research expenses	27			
	otal qualified research expenses. Add lines 24 through 27	28			
	nter your total qualified research expenses for the prior 3 tax years. If you had no				
	ualified research expenses in any one of those years, skip lines 30 and 31	29			
	ivide line 29 by 6.0	30			
	ubtract line 30 from line 28. If zero or less, enter -0-	31			
	lultiply line 31 by 14% (0.14). If you skipped lines 30 and 31, multiply line 28 by 6% (0.06)			32	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **6765** (2016)

Form 6765 (2016) Page **2** 

Sec	tion 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 65% (0.65). 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	
Sec	tion 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 STATEMENT 26	37	7,608.
38	Add lines 36 and 37	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.		
	• Filers other than eligible small businesses, stop here and report the credit on Form 3800, Part III, line 1c.		
	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	( electi	on does
not a	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 Form 8974, line 5. Members of controlled groups or businesses under common control:		
	see instructions for the statement that must be attached	44	1

Form **6765** (2016)

Department of the Treasury

Passive Activity Loss Limitations

See separate instructions.

▶ Attach to Form 1040 or Form 1041.

▶ Information about Form 8582 and its instructions is available at www.irs.gov/form8582

OMB No. 1545-1008

Internal Revenue Service (99) Name(s) shown on return

Identifying number

BI	LL & MELINDA GATES FOUNDATION TRUST			91-1663695
Pa	art I 2016 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before com	pleting Part I.		
Rer	ntal Real Estate Activities With Active Participation (For the definition of active participation, see			
Spe	ecial Allowance for Rental Real Estate Activities in the instructions.)			
1a	Activities with net income (enter the amount from Worksheet 1,			
	column (a)) 1a			
b	Activities with net loss (enter the amount from Worksheet 1,			
-	column (b)) 1b (	)		
С	Prior years unallowed losses (enter the amount from Worksheet			
_	1, column (c)) 1c (	)		
d	Combine lines 1a, 1b, and 1c		1d	
Cor	mmercial Revitalization Deductions From Rental Real Estate Activities			
2a	Commercial revitalization deductions from Worksheet 2, column (a) 2a (	)		
b	Prior year unallowed commercial revitalization deductions from			
	Worksheet 2, column (b) 2b (	)		
С	Add lines 2a and 2b		2c	(
All (	Other Passive Activities			
За	Activities with net income (enter the amount from Worksheet 3,			
-	column (a)) 3a	19,332.		
h	Activities with net loss (enter the amount from Worksheet 3,			
_	column (b))	30,249.)		
c	Prior years unallowed losses (enter the amount from Worksheet 3,			
·	column (c)) 3c ( 4	12,005.)		
d	Combine lines 3a, 3b, and 3c		3d	-422,922.
4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your re	eturn; all		
	losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report th	e losses on		
	the forms and schedules normally used		4	-422,922.
	If line 4 is a loss and: • Line 1d is a loss, go to Part II.			
	<ul> <li>Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III</li> </ul>	l.		
	<ul> <li>Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and I</li> </ul>	II and go to line	15.	
Ca	nution: If your filing status is married filing separately and you lived with your spouse at any time during	the vear. do not	con	nplete
	rt II or Part III. Instead, go to line 15.	<b>,</b> ,		,
Pa	art II Special Allowance for Rental Real Estate Activities With Active Particip	oation		
	Note: Enter all numbers in Part II as positive amounts. See instructions for an example.			
5	Enter the <b>smaller</b> of the loss on line 1d or the loss on line 4		5	
6	Enter \$150,000. If married filing separately, see instructions	Г		
7	Enter modified adjusted gross income, but not less than zero (see instructions)			
	Note: 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.			
8	Subtract line 7 from line 6			
9	Multiply line 8 by 50% (0.5). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions of the second sec	tions	9	
10	Enter the <b>smaller</b> of line 5 or line 9		10	
	If line 2c is a loss, go to Part III. Otherwise, go to line 15.			
Pa	art III   Special Allowance for Commercial Revitalization Deductions From Rei	ntal Real Est	tate	Activities
	Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instru	ctions.		
11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions		11	
12	Enter the loss from line 4		12	
13	Reduce line 12 by the amount on line 10		13	
14	Enter the <b>smallest</b> of line 2c (treated as a positive amount), line 11, or line 13		14	
Pa	art IV Total Losses Allowed			
15	Add the income, if any, on lines 1a and 3a and enter the total		15	19,332.
16	Total losses allowed from all passive activities for 2016. Add lines 10, 14, and 15. See instruction	ns		
	to find out how to report the losses on your tax return SEE STATEM		16	19,332.

Worksheet 1 - For Form 8582, Lines 1a								
,	,	nt year		Prior ye	ears	Overa	II gai	n or loss
Name of activity	(a) Net income		Net loss	(c) Unall		(d) Gain		(e) Loss
	(line 1a)	(111)	ne 1b)	loss (line	e 1C)		-	
							_	
Total. Enter on Form 8582, lines 1a,								
Worksheet 2 - For Form 8582, Lines 2a	a and 2b (See in	structi	ons.)	l				
Name of activity	(a) Current deductions (li	year		(b) Prior y wed deduct	/ear ions (line 2b	) (	c) Ov	erall loss
Total. Enter on Form 8582, lines 2a								
and 2b Worksheet 3 - For Form 8582, Lines 3a	i <b>, 3b, and 3c</b> (S	ee inst	ructions.)					
Name of activity	,	nt year	,	Prior ye	ears	Overa	verall gain or loss	
	(a) Net income (line 3a)		Net loss ne 3b)	(c) Unalle loss (line		(d) Gain		(e) Loss
							-	
	SEE ATTAC	HED S	STATEM	ENT FO	R WORKS	SHEET 3		
Total. Enter on Form 8582, lines 3a,	10 222	2	0 240	412	005			
3b, and 3c Worksheet 4 - Use this worksheet if ar	19,332.	wn on	Form 858	-412, <b>32. line 1</b> 0		See instruc	tion	ıs )
Name of activity	Form or schedule and line number to be reported on (see instructions)		) Loss	(b) Ra		(c) Special allowance		(d) Subtract column (c) from column (a)
							$\bot$	
		-					$\dashv$	
							+	
Total	<b>&gt;</b>							
Worksheet 5 - Allocation of Unallowed	,		ons.)					
Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a) l	_oss	(b) F	Ratio	(c)	Unallowed loss
	SEE ATTA	CHED	STATE	MENT F	R WOR	KSHEET	5	
			4.0	6 021	1 000	00000		122 022
<b>Total</b>		🚩	42	6,821.	T.000	000000		422,922 Form <b>8582</b> (20
0 13 104   1 1-U 1 - 10								(20

Worksheet 6 - Allowed Losses (See ins	tructions.)							
Name of activity	Form or sch and line nu to be report (see instruc	mber ed on	(a) L	.oss	(b) Ur	nallowed loss	(	c) Allowed loss
	SEE ATTA	CHED	STATE	MENT FO	DR WO	ORKSHEET	6	
Total		▶	36	8,975.		363,421.		5,554.
Worksheet 7 - Activities With Losses R	eported on Tw	o or M	ore Form	s or Sche	dules	(See instruc	tion	s.)
Name of activity:	(a)		(b)	(c) Rat	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>b</b> Net income from form or schedule								
c Subtract line 1b from line 1a. If zero or less, ent	er -0 <b>&gt;</b>							
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, ent	er -0 <b>&gt;</b>							
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	<u> </u>	~	am			D		
Ochtood Code de Coo Code de Coo		CHED	STATE	MENT FO	OR WC	RKSHEET	7	
c Subtract line 1b from line 1a. If zero or less, ent	er -0 VERALL						-	
Total	<b>&gt;</b>	6	0,050.	1.000	0000	59,50	1.	549.

Form **8582** (2016)

#### Form **8582-CR**

Name(s) shown on return

(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

### **Passive Activity Credit Limitations**

► See separate instructions.

► Attach to Form 1040 or 1041.

OMB No. 1545-1034

Attachment Sequence No. **89** 

Identifying number

#### BILL & MELINDA GATES FOUNDATION TRUST

91-1663695

Pai	t I Passive Activity Credits					
	Caution: If you have credits from a publicly t	raded partnership, see I	Publicly Traded Partner	ships (PTPs) in the ii	instruc	tions.
	ts From Rental Real Estate Activities With Active Partic	•	bilitation Credits and			
Low-l	ncome Housing Credits) (See Lines 1a through 1c in the	ne instructions.)	1 1			
1a	Credits from Worksheet 1, column (a)		1a			
b	Prior year unallowed credits from Worksheet 1, column	ı (b)	1b			
	Add lines to and th					
C Daha	Add lines 1a and 1bbilitation Credits From Rental Real Estate Activities an	d I am Inaama Ilanaina Cr	adita for Dranarty Diagod	10	С	
	e 1990 (or From Pass-Through Interests Acquired Befo	•				
	(			,		
2a	Credits from Worksheet 2, column (a)		2a			
	(4)					
b	Prior year unallowed credits from Worksheet 2, column	ı (b)	2b			
		( ,				
с	Add lines 2a and 2b			2	с	
Low-l	ncome Housing Credits for Property Placed in Service	After 1989 (See Lines 3a	through 3c in the instruct	ions.)		
3a	Credits from Worksheet 3, column (a)		3a			
b	Prior year unallowed credits from Worksheet 3, column					
C	Add lines 3a and 3b	:- the instructions \		3	С	
All Ut	her Passive Activity Credits (See Lines 4a through 4c		1 1	016		
4a	Credits from Worksheet 4, column (a)			816.		
b	Prior year unallowed credits from Worksheet 4, column					0 020
	Add lines 4a and 4b					8,838.
5						8,838.
6 7	Enter the tax attributable to net passive income (see ins Subtract line 6 from line 5. If line 6 is more than or equ					8,838.
					,	0,030.
NOTE	If your filing status is married filing separately an do not complete Part II, III, or IV. Instead, go to		ouse at any time during	the year,		
Pai	t II   Special Allowance for Rental Re		s With Active Part	ticipation		
	Note: Complete this part only if you have ar			•		
8			,	8	3	
9	Enter \$150,000. If married filing separately, see instruc					
10	Enter modified adjusted gross income, but not less tha					
	If line 10 is equal to or more than line 9, skip lines 11					
	through 15 and enter -0- on line 16		10			
11			11			
12	Multiply line 11 by 50% (.50). <b>Do not</b> enter more than					
	filing separately, see instructions		12			
13a	Enter the amount, if any, from line 10 of	1 1				
	Form 8582	13a				
b	Enter the amount, if any, from line 14 of Form 8582	13b				
С	Add lines 13a and 13b		13c			
14	Subtract line 13c from line 12		14			
15	Enter the tax attributable to the amount on line 14 (see	instructions)	·····	1:	5	
.5	2.1.0. and an actinotation to the amount on the 14 (500					
16	Enter the <b>smaller</b> of line 8 or line 15			10	6	

Pa	Housing Credits for Property Placed in Service Before 1990 (o	r From Pass-Through	Interests	ne
	Acquired Before 1990)  Note: Complete this part only if you have an amount on line 2c. Otherwise, go to F	Part IV		
	resis. Complete this part only if you have an amount on line 20. Otherwise, go to r	artiv.		
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	1 1		
	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 <b>25a</b>			
b	Enter the amount, if any, from line 14 of			
	Form 8582 <b>25b</b>			
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	28		
29	Subtract line 28 from line 27		29	
20	Enter the amallar of line 90 or line 90		30	
30 Pa	Enter the smaller of line 20 or line 29  Int IV Special Allowance for Low-Income Housing Credits for Prope	rty Placed in Service A		
	Note: Complete this part only if you have an amount on line 3c. Otherwise, go to F			
		<u></u>		
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	
36	Enter the <b>smaller</b> of line 34 or line 35		36	
Pa	rt V Passive Activity Credit Allowed			
	Descript Askinity One did Allacored Add lines C. 10, 20, and 20. Cas instructions to find out hours	to report the ellowed eredit on		
37	Passive Activity Credit Allowed. Add lines 6, 16, 30, and 36. See instructions to find out how to your tax return and how to allocate allowed and unallowed credits if you have more than one credit of			
			37	0.
_	activity. If you have any credits from a publicly traded partnership, see <b>Publicly Traded Partners</b>	Silips (F1F5) III tile ilisti uctions	o.  31	
Pa	rt 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 reduce	ed your basis in the		
	property, check this box. See instructions			<b>&gt;</b>
39	Name of passive activity disposed of ▶			
40	Description of the credit property for which the election is being made ▶			

Form **8582-CR** (Rev. 01-2012)

▶\$

\* SEE STATEMENTS 32, 33 & 34

41 Amount of unallowed credit that reduced your basis in the property

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 17
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

FOOTNOTES

STATEMENT 18

PURSUANT TO CODE SEC. 172(B)(3), THE BILL AND MELINDA GATES FOUNDATION TRUST HEREBY ELECTS TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT TO THE NET OPERATING LOSS INCURRED FOR THE TAX YEAR ENDED DECEMBER 31, 2016, AND WILL HAVE SUCH LOSS AVAILABLE FOR CARRYFORWARD ONLY.

FORM 990-T		SS) FROM PARTNERS S CORPORATIONS	HIPS	STATEMENT 19
DESCRIPTION				AMOUNT
PASSIVE LOS PASSIVE LOS PASSIVE LOS PASSIVE LOS	OME - STRATEGIC PAS - BANNISTER HOLI S - PANGAEA ONE, I S - SMB PRIVATE EI S - SUFFOLK TIMBEI S - TOWER SQUARE ( S - TOWER SQUARE (	DINGS, LLC L.P. DUCATION LOAN TRU R HOLDINGS, LLC CAPITAL PARTNERS	II, LP	1,790 -1,046 -129 -467 -1,590 -472
TOTAL TO FO	RM 990-T, PAGE 1,	LINE 5		-2,032
FORM 990-T		OTHER INCOME		STATEMENT 20
DESCRIPTION				AMOUNT
STATE TAX R	EFUNDS			182
TOTAL TO FO	RM 990-T, PAGE 1,	LINE 12		182
FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 21
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/08 12/31/09	353. 15,323.	0.	353. 15,323.	353. 15,323.
12/31/09	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 12/31/15	7,773. 245,765.	0. 0.	7,773. 245,765.	7,773. 245,765.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	337,589.	337,589.

FORM 990-T

## NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 22

#### NAME OF COUNTRY

UNITED ARAB EMIRATES

BRAZIL

CHILE

CHINA

COLOMBIA

CZECH REPUBLIC

DENMARK

**EGYPT** 

UNITED KINGDOM

GHANA

**GREECE** 

HONG KONG

HUNGARY

INDONESIA

**ISRAEL** 

INDIA

**JAMAICA** 

JAPAN

KOREA (SOUTH)

MALAYSIA

PERU

**PHILIPPINES** 

**POLAND** 

**QATAR** 

ROMANIA

THAILAND

TURKEY

TAIWAN

**VIETNAM** 

**ARGENTINA** 

FORM 990-T SCHEDULE I	STATEMENT 23		
NAME	TITLE	PERCENT	COMPENSATION
WILLIAM H. GATES, III	TRUSTEE AND CEO	.00%	0.
MELINDA FRENCH GATES JIM BROMLEY	TRUSTEE CHIEF FINANCIAL	.00%	0.
	OFFICER	.00%	0.
KEITH TRAVERSE	SECRETARY	.00%	0.
MICHAEL LARSON	LLC MANAGER	.00%	0.
TOTAL TO FORM 990-T, SCHEDU	LE K		

SCHEDULE I	NET	OPERATING LOSS	CARRYOVER	STATEMENT 24
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.
TOTAL TO SO	CHEDULE I, LINE	7		337,589.

FORM 5884 PASSIVE	ACTIVITY CREDIT I	LIMITATIONS	STATEMENT 25
NAME OF ACTIVITY	CREDITS	UNALLOWED CREDITS	ALLOWED CREDITS
STRATEGIC PARTNERS II, LP - PASSIVE	4.	. 4.	0.
TOWER SQUARE CAPITAL PARTNERS II, LP - CARRYFORWARD TOWER SQUARE CAPITAL PARTNERS	29.	. 29.	0.
III, LP - CARRYFORWARD STRATEGIC PARTNERS II, LP -	156.	. 156.	0.
PASSIVE - CARRYFORWARD	110.	. 110.	0.
TOTAL TO FORM 5884, LINE 4	299.	. 299.	0.

FORM 6765 PASSIVE	ACTIVITY CREDIT LI	STATEMENT 26	
NAME OF ACTIVITY	CREDITS	UNALLOWED CREDITS	ALLOWED CREDITS
TOWER SQUARE CAPITAL PARTNERS			
II, LP - CARRYFORWARD	469.	469.	0.
TOWER SQUARE CAPITAL PARTNERS			
III, LP	812.	812.	0.
TOWER SQUARE CAPITAL PARTNERS			
III, LP - CARRYFORWARD	5,025.	5,025.	0.
WINTERGREEN PARTNERS FUND -			
CARRYFORWARD	1,284.	1,284.	0.
STRATEGIC PARTNERS II, LP -			
PASSIVE - CARRYFORWARD	18.	18.	0.
TOTAL TO FORM 6765, LINE 38	7,608.	7,608.	0.

FORM 8582	OTHER	PASSIVI	E ACTIVITIES	S - WORKSHEET	3 STA	TEMENT 27
	(	CURRENT	YEAR	PRIOR YEAR UNALLOWED	OVERALL GA	AIN OR LOSS
NAME OF ACTIVITY	NET :	INCOME	NET LOSS	LOSS	GAIN	LOSS
TOWER SQUARE CAPITAL						
PARTNERS II, LP	1	3,229.	0.	-73,279.		-60,050.
BANNISTER HOLDINGS, LLC SUFFOLK TIMBER		0.	-1,778.	-112,711.		-114,489.
HOLDINGS, LLC SMB PRIVATE EDUCATION	J	0.	-2,087.	-172,711.		-174,798.
LOAN TRUST 2014-A TOWER SQUARE CAPITAL	-	2,204.	0.	-53,304.		-51,100.
PARTNERS III, LP STRATEGIC PARTNERS		0.	-12,214.			-12,214.
II, LP - PASSIVE PANGAEA ONE, L.P.		3,899.	0. -14,170.		3,899.	-14,170.
TOTALS	1	9,332.	-30,249.	-412,005.	3,899.	-426,821.

FORM 8582 ALLOCATION OF UNA	ALLOWED LOSSI	ES - WORKS	HEET 5 STA	TEMENT 28
NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
TOWER SQUARE CAPITAL PARTNERS II,	990-T, LINE 5	60,050.	.140691297	59,501.
BANNISTER HOLDINGS, LLC	990-T, LINE 5	•		•
SUFFOLK TIMBER HOLDINGS, LLC	990-T, LINE 5	•		173,202.
SMB PRIVATE EDUCATION LOAN TRUST	990-T, LINE 5	,		•
2014-A		51,100.	.119722319	50,633.
TOWER SQUARE CAPITAL PARTNERS III,	990-T, LINE 5	i		
LP		12,214.	.028616211	12,102.
PANGAEA ONE, L.P.	990-T, LINE 5	14,170.	.033198929	14,041.
TOTALS	- -	426,821.	1.00000000	422,922.

STATEMENT 29

FORM 8582

NAME OF ACTIVITY	LOSS	UNALLOWED LOSS	ALLOWED LOSS
BANNISTER HOLDINGS, LLC SUFFOLK TIMBER HOLDINGS, LLC SMB PRIVATE EDUCATION LOAN TRUST	114,489. 174,798.	•	1,046.
2014-A TOWER SQUARE CAPITAL PARTNERS III,	53,304.	50,633.	2,671.
LP PANGAEA ONE, L.P.	12,214. 14,170.	12,102. 14,041.	112. 129.
TOTALS	368,975.	363,421.	5,554.

ALLOWED LOSSES - WORKSHEET 6

FORM 8582	ACTIV MORE DIFF			PORTED ON 2 ( ULES - WORKS)		гемент 30
GROUP NO. NAME	FORM OR SCHEDULE NET LOSS	FORM OR SCHEDULE NET GAIN	OVERALL LOSS	RATIO	UNALLOWED LOSS	ALLOWED LOSS
1 TOWER SQUARE CAPITAL PARTNERS II, LP	8,385.		8,385.	.139633639	8,308.	77.
1 TOWER SQUARE CAPITAL PARTNERS II, LP	64,894.	13,229.	51,665.	.860366361	51,193.	472.
			60,050.	1.00000000	59,501.	549.

FORM 8582	SUMMARY OF PA	MMARY OF PASSIVE ACTIVITIES			STATEMENT 31	
R R E A NAME	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS	
TOWER SQUARE						
CAPITAL PARTNERS	0	0 205	0 205	0 200	77	
II, LP TOWER SQUARE	0.	-8,385.	-8,385.	8,308.	77.	
CAPITAL PARTNERS						
II, LP	13,229.	-64,894.	-51,665.	51,193.	472	
BANNISTER HOLDINGS, LLC	-1.778.	-112.711.	-114,489.	113,443.	1,046	
SUFFOLK TIMBER	= 7	,	,	,	_, -, -	
HOLDINGS, LLC	-2,087.	-172,711.	-174,798.	173,202.	1,596	
SMB PRIVATE EDUCATION LOAN						
TRUST 2014-A	2,204.	-53,304.	-51,100.	50,633.	467	
TOWER SQUARE	·	•	•	•		
CAPITAL PARTNERS	-12,214.		-12,214.	10 100	112	
III, LP STRATEGIC	-12,214.		-12,214.	12,102.	112	
PARTNERS II, LP -						
PASSIVE	2,109.		2,109.			
STRATEGIC PARTNERS II, LP -						
PASSIVE	1,790.		1,790.			
PANGAEA ONE, L.P.	-14,170.		-14,170.	14,041.	129	
TOTALS	-10,917.	-412,005.	-422,922.	422,922.	3,899	
PRIOR YEAR CARRYOVERS ALI	LOWED DUE TO	CURRENT YE	AR NET ACTI	VITY INCOME	15,433	
TOTAL TO FORM 8582, LINE	16				19,332	

FORM 8582-CR	OTHER PASS W	STATEMENT 32		
NAME OF ACTIVITY	FROM FORM	CURRENT YEAR CREDITS	PRIOR YEAR UNALLOWED CREDITS	TOTAL CREDITS
TOWER SQUARE CAPITAL PARTNERS III, LP STRATEGIC PARTNERS II,	6765/3800, LINE 2 5884/3800,	812.		812.
LP - PASSIVE	LINE 32	4.		4.
TOWER SQUARE CAPITAL PARTNERS III, LP TOWER SQUARE CAPITAL	CARRYOVER CARRYOVER		5,025.	5,025.
PARTNERS II, LP	CARRIOVER		29.	29.
TOWER SQUARE CAPITAL PARTNERS III, LP	CARRYOVER		156.	156.
STRATEGIC PARTNERS II, LP - PASSIVE STRATEGIC PARTNERS II,	CARRYOVER CARRYOVER		110.	110.
LP - PASSIVE			18.	18.
TOWER SQUARE CAPITAL PARTNERS II, LP	CARRYOVER		469.	469.
TOWER SQUARE CAPITAL PARTNERS III, LP WINTERGREEN PARTNERS	CARRYOVER CARRYOVER		682.	682.
FUND			1,284.	1,284.
STRATEGIC PARTNERS II, LP - PASSIVE	CARRYOVER CARRYOVER		207.	207.
STRATEGIC PARTNERS II, LP - PASSIVE	CARRIOVER		42.	42.
TOTALS		816.	8,022.	8,838.

FORM 8582-CR ALLOCATION OF	UNALLOWED CRED	OITS - WORK	SHEET 8 ST	PATEMENT 33
	FORM TO BE			UNALLOWED
NAME OF ACTIVITY	REPORTED ON	CREDITS	RATIO	CREDITS
TOWER SQUARE CAPITAL PARTNERS	FORM 3800,			
III, LP	LINE 3	812.	.091875990	812.
STRATEGIC PARTNERS II, LP -	FORM 3800,			
PASSIVE	LINE 33	4.	.000452591	4 .
TOWER SQUARE CAPITAL PARTNERS	FORM 3800,			
III, LP	LINE 3	5,025.	.568567549	5,025.
TOWER SQUARE CAPITAL PARTNERS	FORM 3800,			
II, LP	LINE 33	29.	.003281285	29
TOWER SQUARE CAPITAL PARTNERS	FORM 3800,			
III, LP	LINE 33	156.	.017651052	156
STRATEGIC PARTNERS II, LP -	FORM 3800,	110	010446055	110
PASSIVE	LINE 33	110.	.012446255	110
STRATEGIC PARTNERS II, LP - PASSIVE	FORM 3800, LINE 3	18.	.002036660	18
TOWER SQUARE CAPITAL PARTNERS	FORM 3800,	10.	.002030000	10
II, LP	LINE 3	469.	.053066305	469
TOWER SQUARE CAPITAL PARTNERS	FORM 3800,	400.	•033000303	403
III, LP	LINE 33	682.	.077166780	682
WINTERGREEN PARTNERS FUND	FORM 3800,			
WINIDRORDDIN TAKINDRO TOND	LINE 3	1,284.	.145281738	1,284
STRATEGIC PARTNERS II, LP -	FORM 3800,			•
PASSIVE	LINE 33	207.	.023421589	207
STRATEGIC PARTNERS II, LP -	FORM 3800,			
PASSIVE	LINE 33	42.	.004752206	42
TOTALS		8,838.	1.00000000	8,838

FORM 8582-CR ALLOWE	D CREDITS - V	WORKSHEET 9	ST	ATEMENT 34
NAME OF ACTIVITY	FORM TO BE REPORTED ON		UNALLOWED CREDITS	ALLOWED CREDITS
TOWER SQUARE CAPITAL PARTNERS	FORM 3800,			
III, LP	LINE 3	812.	812.	0.
STRATEGIC PARTNERS II, LP -	FORM 3800,			
PASSIVE	LINE 33	4.	4.	0.
TOWER SQUARE CAPITAL PARTNERS	FORM 3800,			_
III, LP	LINE 3	5,025.	5,025.	0.
TOWER SQUARE CAPITAL PARTNERS II,	•	0.0	0.0	•
LP	LINE 33	29.	29.	0.
TOWER SQUARE CAPITAL PARTNERS	FORM 3800,	156.	156.	0.
III, LP STRATEGIC PARTNERS II, LP -	LINE 33	130.	130.	0.
PASSIVE	LINE 33	110.	110.	0.
STRATEGIC PARTNERS II, LP -		110.	110.	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,	103.	103.	••
III, LP	LINE 33	682.	682.	0.
WINTERGREEN PARTNERS FUND	FORM 3800,		~~-	
WINIDRONDON TIMENOMO TOND	LINE 3	1,284.	1,284.	0.
STRATEGIC PARTNERS II, LP -	FORM 3800,	,	,	-
PASSIVE	LINE 33	207.	207.	0.
STRATEGIC PARTNERS II, LP -	FORM 3800,			
PASSIVE	LINE 33	42.	42.	0.
TOTALS		8,838.	8,838.	0.

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

# CHARITABLE CONTRIBUTION CARRYFORWARD SCHEDULE FOR THE YEAR ENDED DECEMBER 31, 2016

<u>YEAR</u> <u>END</u>	CONTRIBUTIONS SUBJECT TO 50% LIMITATION	CONTRIBUTIONS SUBJECT TO 30% LIMITATION	CURRENT YEAR AMOUNT UTILIZED	50% LIMITATION CARRYFORWARI		30% LIMITATION CARRYFORWARD
12/31/12	-	1,916,996,002	-	-		1,916,996,002
12/31/13	307	2,158,000,000	-	30	7	2,158,000,000
12/31/14	324	2,283,500,000	-	32	4	2,283,500,000
12/31/15	303	2,350,000,000	-	30	3	2,350,000,000
12/31/16	205	2,185,000,000	-	20	)5	2,185,000,000
TOTAL			\$ -	\$ 1,13	9 \$	10,893,496,002

**TOTAL CARRYFORWARD TO 12/31/2016:** 

\$ 10,893,497,141



Department of the Treasury Internal Revenue Service Ogden UT 84201

Notice	CP211A
Tax period	December 31, 2016
Notice date	June 5, 2017
Employer ID number	91-1663695
To contact us	Phone 1-877-829-5500
	FAX 801-620-5555

Page 1 of 1

BILL & MELINDA GATES FOUNDATION % WILLIAM H GATES III PO BOX 23350 SEATTLE WA 98102-0650



238179

Important information about your December 31, 2016 Form 990T

# We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2016 Form 990T.

Your new due date is November 15, 2017.

#### What you need to do

File your December 31, 2016 Form 990T by November 15, 2017.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

#### Additional information

- Visit www.irs.gov/cp211a
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.