

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))
 For calendar year **2009** or other tax year beginning _____, **2009**, and
 ending _____, **20** . See separate instructions.

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) C Book value of all assets at end of year 33498185159.	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) BILL & MELINDA GATES FOUNDATION TRUST Number, street, and room or suite no. If a P.O. box, see page 8 of instructions. PO BOX 23350 City or town, state, and ZIP code SEATTLE, WA 98102	D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 91-1663695 E Unrelated business activity codes (See instructions for Block E on page 9.) 523000
F Group exemption number (See instructions for Block F on page 9.) 33498185159.		G Check organization type <input type="checkbox"/> 501(c) corporation <input checked="" type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity. ATTACHMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of Telephone number GWEN SHERMAN 206-709-3100

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances c Balance			1c
2 Cost of goods sold (Schedule A, line 7)			2
3 Gross profit. Subtract line 2 from line 1c			3
4a Capital gain net income (attach Schedule D)			4a
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4b
c Capital loss deduction for trusts	-3,000.		4c -3,000.
5 Income (loss) from partnerships and S corporations (attach statement)	-198,013.	ATCH 2	5 -15,323.
6 Rent income (Schedule C)			6 SEE FORM 8582
7 Unrelated debt-financed income (Schedule E)			7
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			8
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			9
10 Exploited exempt activity income (Schedule I)			10
11 Advertising income (Schedule J)			11
12 Other income (See page 10 of the instructions; attach schedule.)			12
13 Total. Combine lines 3 through 12	-201,013.		13 -18,323.

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	0.
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See page 13 of the instructions for limitation rules.)	20	
21 Depreciation (attach Form 4562)	21	0.
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	
23 Depletion	22b	0.
24 Contributions to deferred compensation plans	23	
25 Employee benefit programs	24	
26 Excess exempt expenses (Schedule I)	25	
27 Excess readership costs (Schedule J)	26	
28 Other deductions (attach schedule)	27	
29 Total deductions. Add lines 14 through 28	28	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	29	0.
31 Net operating loss deduction (limited to the amount on line 30)	30	-18,323.
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	31	
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	32	-18,323.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	33	1,000.
	34	-18,323.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ (2) \$ (3) \$
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$
(2) Additional 3% tax (not more than \$100,000) \$
c Income tax on the amount on line 34 35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on the amount on line 34 from: X Tax rate schedule or Schedule D (Form 1041) 36
37 Proxy tax. See page 16 of the instructions 37
38 Alternative minimum tax 38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a
b Other credits (see page 16 of the instructions) 40b
c General business credit. Attach Form 3800 40c
d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d
e Total credits. Add lines 40a through 40d 40e
41 Subtract line 40e from line 39 41
42 Other taxes. Check if from: Form 4255 Form 8511 Form 8597 Form 8866 Other (attach schedule) 42
43 Total tax. Add lines 41 and 42 43
44 a Payments: A 2008 overpayment credited to 2009 44a 207,701.
b 2009 estimated tax payments 44b
c Tax deposited with Form 8868 44c
d Foreign organizations: Tax paid or withheld at source (see instructions) 44d
e Backup withholding (see instructions) 44e
f Other credits and payments: Form 2439 Other Total 44f
45 Total payments. Add lines 44a through 44f 45 207,701.
46 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached 46
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47 0.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 207,701.
49 Enter the amount of line 48 you want: Credited to 2010 estimated tax 100,000. Refunded 49 107,701.

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 17)

1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here SEE ATTACHMENT 5 Yes No X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. Yes No X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ 1,201,096.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

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

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

Sign Here

Signature of officer [Signature]

Date 11/8/10

Title CFO

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

Paid Preparer's Use Only

Preparer's signature [Signature]

Date 11/10/2010

Check if self-employed

Preparer's SSN or PTIN P00000565

Firm's name (or yours if self-employed), address, and ZIP/code CLARK NUBER P.S. 10900 NE 4TH, SUITE 1700 BELLEVUE, WA 98004

EIN 91-1194016 Phone no. 425 454-4919

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions on page 18)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total		
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

Schedule E - Unrelated Debt-Financed Income(see instructions on page 19)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ▶				

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations(see instructions on page 20)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 20)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income(see instructions on page 21)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals ▶		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Schedule J - Advertising Income(see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated 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 (carry to Part II, line (5)) . . . ▶						

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)						
(5) Totals from Part I	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) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees(see instructions on page 21)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
ATCH 3		%	
		%	
		%	
		%	
Total . Enter here and on page 1, Part II, line 14 ▶			0.

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ **Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).**

OMB No. 1545-0092

2009

Name of estate or trust BILL & MELINDA GATES FOUNDATION TRUST	Employer identification number 91-1663695
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Note: Form 5227 filers need to complete *only* Parts I and II.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					
b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b					1b
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824					2
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts					3
4 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2008 Capital Loss Carryover Worksheet					4 ()
5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back ▶					5

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					
b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b					6b -70,490.
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824					7
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts					8
9 Capital gain distributions					9
10 Gain from Form 4797, Part I					10 7,299.
11 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2008 Capital Loss Carryover Worksheet					11 ()
12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back ▶					12 -63,191.

Part III Summary of Parts I and II		(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
Caution: Read the instructions before completing this part.				
13	Net short-term gain or (loss)	13		
14	Net long-term gain or (loss):			
a	Total for year	14a	-63,191.	-63,191.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b		
c	28% rate gain	14c		
15	Total net gain or (loss). Combine lines 13 and 14a ▶	15	-63,191.	-63,191.

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet** necessary.

Part IV Capital Loss Limitation		
16	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 15, column (3) or b \$3,000	16 (3,000.)

Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 7 of 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 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the worksheet on page 8 of the instructions if:

- Either line 14b, col. (2) or line 14c, 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 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17		
18	Enter the smaller of line 14a or 15 in column (2) but not less than zero	18		
19	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)	19		
20	Add lines 18 and 19	20		
21	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . ▶	21		
22	Subtract line 21 from line 20. If zero or less, enter -0-	22		
23	Subtract line 22 from line 17. If zero or less, enter -0-	23		
24	Enter the smaller of the amount on line 17 or \$2,300	24		
25	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 and 26; go to line 27 and check the "No" box. <input type="checkbox"/> No. Enter the amount from line 23	25		
26	Subtract line 25 from line 24	26		
27	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 27 thru 30; go to line 31. <input type="checkbox"/> No. Enter the smaller of line 17 or line 22	27		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	28		
29	Subtract line 28 from line 27	29		
30	Multiply line 29 by 15% (.15)	30		
31	Figure the tax on the amount on line 23. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	31		
32	Add lines 30 and 31	32		
33	Figure the tax on the amount on line 17. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	33		
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)	34		

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

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

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

BILL & MELINDA GATES FOUNDATION TRUST'S SHARE OF
 INCOME AND DEDUCTIONS FROM AN UNRELATED TRADE OR
 BUSINESS CONDUCTED BY PARTNERSHIPS IN WHICH THE
 FOUNDATION HOLDS AN INTEREST:

ORDINARY LOSS - CSFB STRATEGIC PARTNERS II	-76,764.
ORDINARY LOSS - TOWER SQUARE CAPITAL PARTNERS II	-51,659.
ORDINARY LOSS - TOWER SQUARE CAPITAL PTNRS III	-55,039.
ORDINARY LOSS - VITRUVIAN EXPLORATION LLC	-302.
NET RENTAL LOSS - CSFB STRATEGIC PARTNERS II	-9,539.
INTEREST INCOME - CSFB STRATEGIC PARTNERS II	822.
DIVIDEND INCOME - CSFB STRATEGIC PARTNERS II	83.
ROYALTIES - CSFB STRATEGIC PARTNERS II	31.
OTHER INCOME - CSFB STRATEGIC PTNRS II	5,871.
OTHER DEDUCTIONS - CSFB STRATEGIC PTNRS II	-2,679.
OTHER DEDUCTIONS - VITRUVIAN EXPLORATION LLC	-8,780.
INVEST INT EXPENSE - CSFB STRATEGIC PARTNERS II	-58.

INCOME (LOSS) FROM PARTNERSHIPS

-198,013.

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
WILLIAM H GATES, III 1551 EASTLAKE AVENUE EAST SEATTLE, WA 98102	TRUSTEE AND CEO	0.000000	0.
MELINDA FRENCH GATES 1551 EASTLAKE AVENUE EAST SEATTLE, WA 98102	TRUSTEE	0.000000	0.
CONNIE COLLINGSWORTH 1551 EASTLAKE AVENUE EAST SEATTLE, WA 98102	SECRETARY	0.000000	0.
ALEXANDER S FRIEDMAN 1551 EASTLAKE AVENUE EAST SEATTLE, WA 98102	CHIEF FINANCIAL OFFICER	0.000000	0.
MICHAEL LARSON 1551 EASTLAKE AVENUE EAST SEATTLE, WA 98102	LLC MANAGER	0.000000	0.
TOTAL COMPENSATION			<u>0.</u>

BILL & MELINDA GATES FOUNDATION TRUST
EIN: 91-1663695

CHARITABLE CONTRIBUTION CARRY FORWARD SCHEDULE
FOR THE YEAR ENDED DECEMBER 31, 2009

<u>YEAR</u> <u>END</u>	<u>CONTRIBUTIONS</u> <u>SUBJECT TO 50%</u> <u>LIMITATION</u>	<u>CONTRIBUTIONS</u> <u>SUBJECT TO 30%</u> <u>LIMITATION</u>	<u>AMOUNT</u> <u>UTILIZED</u>	<u>50% LIMITATION</u> <u>CARRYFORWARD</u>	<u>30% LIMITATION</u> <u>CARRYFORWARD</u>
12/31/05	1,226,331,586	6,000,000	1,284,045	1,225,047,541	6,000,000
12/31/06	1,304,822,187	10,200,000	1,574,740	1,303,247,447	10,200,000
12/31/07	-	1,887,999,259	7,213	-	1,887,992,046
12/31/08	-	1,851,998,519	-	-	1,851,998,519
12/31/09	201	1,645,000,000	-	201	1,645,000,000
TOTAL				<u>2,528,295,189</u>	<u>5,401,190,565</u>

TOTAL CARRYFORWARD TO 12/31/2010: \$ 7,929,485,755

BILL & MELINDA GATES FOUNDATION TRUST
EIN: 91-1663695

FORM 990-T
FOR THE YEAR ENDED DECEMBER 31, 2009

STATEMENT FOR PART V, LINE 1 - FOREIGN COUNTRIES WITH BANK ACCOUNTS

- | | |
|--------------------|--------------------|
| 1. ARGENTINA | 27. JAPAN |
| 2. AUSTRALIA | 28. LATVIA |
| 3. AUSTRIA | 29. LUXEMBOURG |
| 4. BELGIUM | 30. MALAYSIA |
| 5. BRAZIL | 31. MEXICO |
| 6. CANADA | 32. NETHERLANDS |
| 7. CHILE | 33. NEW ZEALAND |
| 8. CHINA | 34. NORWAY |
| 9. COLUMBIA | 35. PAKISTAN |
| 10. CZECH REPUBLIC | 36. PERU |
| 11. DENMARK | 37. PHILIPPINES |
| 12. EGYPT | 38. POLAND |
| 13. EUROCLEAR | 39. PORTUGAL |
| 14. FINLAND | 40. RUSSIA |
| 15. FRANCE | 41. SINGAPORE |
| 16. GERMANY | 42. SOUTH AFRICA |
| 17. GREECE | 43. SOUTH KOREA |
| 18. HONG KONG | 44. SPAIN |
| 19. HUNGARY | 45. SWEDEN |
| 20. ICELAND | 46. SWITZERLAND |
| 21. INDIA | 47. TAIWAN |
| 22. INDONESIA | 48. THAILAND |
| 23. IRELAND | 49. TURKEY |
| 24. ISRAEL | 50. UNITED KINGDOM |
| 25. ITALY | 51. VIETNAM |
| 26. JAMAICA | |

BILL & MELINDA GATES FOUNDATION TRUST
91-1663695
ELECTION TO WAIVE CARRYBACK PERIOD

FORM 990-T
PART II, LINE 30 - NET OPERATING LOSS

THE TAXPAYER ELECTS TO WAIVE THE ENTIRE NOL CARRYBACK PERIOD UNDER SECTION 172(B)(3) OF THE INTERNAL REVENUE CODE.

<u>YEAR END</u>	<u>AMOUNT GENERATED</u>	<u>AMOUNT UTILIZED</u>	<u>AMOUNT CARRYFORWARD</u>
12/31/08	14,345	-	14,345
12/31/09	15,323	-	15,323
TOTAL	<u>29,668</u>	<u>-</u>	<u>29,668</u>

TOTAL NOL CARRYFORWARD TO 12/31/2010: \$ 29,668

BILL & MELINDA GATES FOUNDATION TRUST
91-1663695
FORM 990-T
PASSIVE ACTIVITY LOSS CARRYFORWARD

<u>YEAR END</u>	<u>AMOUNT GENERATED</u>	<u>AMOUNT UTILIZED AS NOL DUE TO DISPOSITION</u>	<u>AMOUNT UTILIZED</u>	<u>AMOUNT CARRYFORWARD</u>
12/31/08	17,587	16,170	-	1,417
12/31/09	191,561	-	-	191,561
TOTAL	<u>209,148</u>	<u>16,170</u>	<u>-</u>	<u>192,978</u>

TOTAL PASSIVE ACTIVITY LOSS CARRYFORWARD TO 12/31/2010: \$ 192,978

BILL & MELINDA GATES FOUNDATION TRUST
91-1663695
ELECTION TO CARRYFORWARD UNUSED BUSINESS CREDITS
FORM 990-T

PURSUANT TO IRC SECTION 39(A), THE TAXPAYER HEREBY ELECTS UNDER 38(A), TO RELINQUISH THE ENTIRE CARRYBACK PERIOD SPECIFIED IN IRC SECTION 39(A) WITH RESPECT TO THE UNUSED BUSINESS CREDITS FOR THE YEAR ENDED DECEMBER 31, 2009 AND TO CARRYFORWARD SUCH UNUSED BUSINESS CREDITS TO FUTURE YEARS.

<u>TYPE OF CREDIT</u>	<u>2009 AMOUNT</u>
INCREASING RESEARCH ACTIVITIES CREDIT FROM FLOW THROUGH ENTITIES	520
WORK OPPORTUNITY CREDIT	189
EMPOWERMENT ZONE CREDIT	14
EMPLOYER SOCIAL SECURITY AND MEDICARE TAXES PAID ON CERTAIN EMPLOYEES CI	4
TOTAL UNUSED BUSINESS CREDITS FOR 2009:	<u><u>727</u></u>

<u>YEAR END</u>	<u>TYPE OF CREDIT</u>	<u>AMOUNT GENERATED</u>	<u>AMOUNT UTILIZED</u>	<u>AMOUNT CARRYFORWARD</u>
12/31/07	INCREASING RESEARCH ACTIVITIES CREDIT	1,811	1,340	471
	WORK OPPORTUNITY CREDIT	51	-	51
	OTHER CREDITS	12	-	12
12/31/08	INCREASING RESEARCH ACTIVITIES CREDIT	1,055	-	1,055
	WORK OPPORTUNITY CREDIT	26	-	26
	OTHER CREDITS	12	-	12
12/31/09	SEE ABOVE	727	-	727
TOTAL		<u><u>3,694</u></u>	<u><u>1,340</u></u>	<u><u>2,354</u></u>

TOTAL BUSINESS CREDIT CARRYFORWARD TO 12/31/2010: \$ 2,354

BILL & MELINDA GATES FOUNDATION TRUST
91-1663695
FORM 990-T
CAPITAL LOSS CARRYFORWARD

<u>YEAR END</u>	<u>AMOUNT GENERATED</u>	<u>AMOUNT UTILIZED</u>	<u>AMOUNT CARRYFORWARD</u>
12/31/09	63,191	-	63,191
TOTAL	<u>63,191</u>	<u>-</u>	<u>63,191</u>

TOTAL CAPITAL LOSS CARRYFORWARD TO 12/31/2010: \$ 63,191

▶ See separate instructions.
▶ Attach to your tax return.

Name(s) shown on return

Identifying number

BILL & MELINDA GATES FOUNDATION TRUST

91-1663695

Part I Current Year Credit

Important: You may not be required to complete and file a separate credit form (shown in parentheses below) to claim the credit. For details, see the instructions.

1a	Investment credit (Form 3468, Part II only) (attach Form 3468)	1a	
b	Welfare-to-work credit (only from partnerships, S corporations, estates, and trusts)	1b	
c	Credit for increasing research activities (Form 6765). (Individuals: see instructions)	1c	520
d	Low-income housing credit (Form 8586, Part I only) (enter EIN if claiming this credit from a pass-through entity: _____)	1d	
e	Disabled access credit (Form 8826) (do not enter more than \$5,000)	1e	
f	Renewable electricity production credit (Form 8835)	1f	
g	Indian employment credit (Form 8845)	1g	
h	Orphan drug credit (Form 8820)	1h	
i	New markets credit (Form 8874) (enter EIN if claiming this credit from a pass-through entity: _____)	1i	
j	Credit for small employer pension plan startup costs (Form 8881) (do not enter more than \$500)	1j	
k	Credit for employer-provided child care facilities and services (Form 8882) (enter EIN if claiming this credit from a pass-through entity: _____)	1k	
l	Biodiesel and renewable diesel fuels credit (attach Form 8864)	1l	
m	Low sulfur diesel fuel production credit (Form 8896)	1m	
n	Distilled spirits credit (Form 8906)	1n	
o	Nonconventional source fuel credit (Form 8907)	1o	
p	Energy efficient home credit (Form 8908)	1p	
q	Energy efficient appliance credit (Form 8909)	1q	
r	Alternative motor vehicle credit (Form 8910) (enter EIN if claiming this credit from a pass-through entity: _____)	1r	
s	Alternative fuel vehicle refueling property credit (Form 8911)	1s	
t	Credits for affected Midwestern disaster area employers (Form 5884-A)	1t	
u	Mine rescue team training credit (Form 8923)	1u	
v	Agricultural chemicals security credit (Form 8931)	1v	
w	Credit for employer differential wage payments (Form 8932)	1w	
x	Carbon dioxide sequestration credit (Form 8933)	1x	
y	Qualified plug-in electric drive motor vehicle credit (Form 8936)	1y	
z	Qualified plug-in electric vehicle credit (Form 8834, Part I only)	1z	
aa	Credit for contributions to selected community development corporations (only from partnerships and S corporations)	1aa	
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
2	Add lines 1a through 1bb	2	520
3	Passive activity credits included on line 2 (see instructions)	3	
4	Subtract line 3 from line 2	4	520
5	Passive activity credits allowed for 2009 (see instructions)	5	
6	Carryforward of general business credit to 2009. See instructions for the schedule to attach	6	1,627
7	Carryback of general business credit from 2010 (see instructions)	7	
8	Current year credit. Add lines 4 through 7	8	2,147

For Paperwork Reduction Act Notice, see separate instructions.

Form **3800** (2009)

Part II Allowable Credit

<p>9 Regular tax before credits:</p> <ul style="list-style-type: none"> • Individuals. Enter the amount from Form 1040, line 44 or Form 1040NR, line 41 • Corporations. Enter the amount from Form 1120, Schedule J, line 2; or the applicable line of your return • Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, or the amount from the applicable line of your return 	}	9	
<p>10 Alternative minimum tax:</p> <ul style="list-style-type: none"> • Individuals. Enter the amount from Form 6251, line 36 • Corporations. Enter the amount from Form 4626, line 14 • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56 	}	10	
<p>11 Add lines 9 and 10</p>			11	0
<p>12a Foreign tax credit</p>	12a			
<p>b Credits from Form 1040, lines 48 through 52 (or Form 1040NR, lines 45 through 48); Form 8859, line 11; Form 8834, lines 22 and 29; Form 8910, line 21; Form 8911, line 23; Form 8936, line 14; and Schedule R, line 24</p>	12b			
<p>c Add lines 12a and 12b</p>			12c	0
<p>13 Net income tax. Subtract line 12c from line 11. If zero, skip lines 14 through 17 and enter -0- on line 18a</p>			13	0
<p>14 Net regular tax. Subtract line 12c from line 9. If zero or less, enter -0-</p>	14			
<p>15 Enter 25% (.25) of the excess, if any, of line 14 over \$25,000 (see instructions)</p>	15			
<p>16 Tentative minimum tax:</p> <ul style="list-style-type: none"> • Individuals. Enter the amount from Form 6251, line 34 • Corporations. Enter the amount from Form 4626, line 12 • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 	}	16	
<p>17 Enter the greater of line 15 or line 16</p>			17	
<p>18a Subtract line 17 from line 13. If zero or less, enter -0-</p>			18a	0
<p>b For a corporation electing to accelerate the research credit, enter the bonus depreciation amount attributable to the research credit. (see instructions)</p>			18b	
<p>c Add lines 18a and 18b</p>			18c	0
<p>19a Enter the smaller of line 8 or line 18c</p> <p>C corporations: See the line 19a instructions if there has been an ownership change, acquisition, or reorganization.</p>			19a	
<p>b Enter the smaller of line 8 or line 18a. If you made an entry on line 18b, go to line 19c; otherwise, skip line 19c (see instructions)</p>			19b	
<p>c Subtract line 19b from line 19a. This is the refundable amount for a corporation electing to accelerate the research credit. Include this amount on line 32g of Form 1120 (or the applicable line of your return)</p>			19c	

Part II Allowable Credit (Continued)

Note. If you are not filing Form 8844, skip lines 20 through 24 and enter -0- on line 25.

20	Multiply line 16 by 75%	20	
21	Enter the greater of line 15 or line 20	21	0
22	Subtract line 21 from line 13. If zero or less, enter -0-	22	0
23	Subtract line 19b from line 22. If zero or less, enter -0-	23	0
24	Enter the amount from Form 8844, line 10 or line 12	24	14
25	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 23 or line 24	25	
26	Subtract line 15 from line 13. If zero or less, enter -0-	26	0
27	Add lines 19b and 25	27	0
28	Subtract line 27 from line 26. If zero or less, enter -0-	28	0
29a	Enter the investment credit from Form 3468, Part III, line 19 (attach Form 3468)	29a	
b	Enter the work opportunity credit from Form 5884, line 10 or line 12	29b	189
c	Enter the alcohol and cellulosic biofuel fuels credit from Form 6478, line 14 or line 16	29c	
d	Enter the low-income housing credit from Form 8586, Part II, line 18 or line 20	29d	
e	Enter the applicable part of the amount of the renewable electricity, refined coal, and Indian coal production credit from Form 8835, Part II, line 36 or line 38	29e	
f	Enter the credit for employer social security and Medicare taxes paid on certain employee tips from Form 8846, line 12	29f	4
g	Enter the qualified railroad track maintenance credit from Form 8900, line 12	29g	
30	Add lines 29a through 29g	30	193
31	Enter the smaller of line 28 or line 30	31	0
32	Credit allowed for the current year. Add lines 27 and 31. Report the amount from line 32 (if smaller than the sum of lines 8, 24, and 30, see instructions) as indicated below or on the applicable line of your return: <ul style="list-style-type: none"> • Individuals. Form 1040, line 53 or Form 1040NR, line 49 • Corporations. Form 1120, Schedule J, line 5c • Estates and trusts. Form 1041, Schedule G, line 2c 	32	NONE

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

▶ **Attach to your tax return.** ▶ **See separate instructions.**

Name(s) shown on return BILL & MELINDA GATES FOUNDATION TRUST	Identifying number 91-1663695
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1 Enter the gross proceeds from sales or exchanges reported to you for 2009 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)	1
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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.)	(c) 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)
	ATTACHMENT 1						7,299.

3 Gain, if any, from Form 4684, line 43	3
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37	4
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5
6 Gain, if any, from line 32, from other than casualty or theft	6
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:	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 below.

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 did not 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 losses from prior years (see instructions)	8
9 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)	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 ()
12 Gain, if any, from line 7 or amount from line 8, if applicable	12
13 Gain, if any, from line 31	13
14 Net gain or (loss) from Form 4684, lines 35 and 42a	14
15 Ordinary gain from installment sales from Form 6252, line 25 or 36	15
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824	16
17 Combine lines 10 through 16	17

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:	
a If the loss on line 11 includes a loss from Form 4684, line 39, 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." See instructions	18a
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14.	18b

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

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(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	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:					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	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 is not 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			
27 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage (see instructions)	27b			
c	Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property:					
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			
29 If section 1255 property:					
a	Applicable percentage of payments excluded from income under section 126 (see instructions)	29a			
b	Enter the smaller of line 24 or 29a (see instructions)	29b			

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 37. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

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	

Name(s) shown on return		Identifying number
BILL & 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 (if required) as members of a targeted group.	
a	Qualified first-year wages of employees who worked for you at least 120 hours but fewer than 400 hours \$ _____ × 25% (.25)	1a
b	Qualified first-year wages of employees who worked for you at least 400 hours \$ _____ × 40% (.40)	1b
c	Qualified second-year wages of employees certified as long-term family assistance recipients \$ _____ × 50% (.50)	1c
2	Add lines 1a, 1b, and 1c. See instructions for the adjustment you must make to salaries and wages	2 0
3	Work opportunity credit from partnerships, S corporations, cooperatives, estates, and trusts	3 189
4	Add lines 2 and 3. Partnerships and S corporations, report this amount on Schedule K; all others, go to line 5	4 189
5	Work opportunity credit included on line 4 from passive activities (see instructions)	5
6	Subtract line 5 from line 4	6 189
7	Work opportunity credit allowed for 2009 from a passive activity (see instructions)	7
8	Carryforward of any work opportunity credit that originated in a tax year that began after 2006 and carryforward from 2008 of the New York Liberty Zone business employee credit	8
9	Carryback of the work opportunity credit from 2010 (see instructions)	9
10	Add lines 6 through 9. Cooperatives, estates, and trusts, continue on to line 11. All others, report this amount on Form 3800, line 29b	10 189
11	Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions)	11
12	Cooperatives, estates, and trusts, subtract line 11 from line 10. Report this amount on Form 3800, line 29b	12 189

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

Use Form 5884 to claim the work opportunity credit for qualified first- or second-year wages you paid to or incurred for targeted group employees during the tax year. Your business does not have to be located in an empowerment zone, renewal community, or rural renewal county to qualify for this credit.

You can claim or elect not to claim the work opportunity credit any time within 3 years from the due date of your return on either your original return or an amended return.

How To Claim the Credit

Generally, you must request and be issued a certification for each employee from the state employment security agency (SESA). The certification proves that the employee is a member of a targeted group. You must receive the certification by the day the individual begins work or complete Form 8850, Pre-Screening Notice and Certification Request for the Work Opportunity Credit, on or before the day you offer the individual a job.

If you complete Form 8850, it must be signed by you and the individual and submitted to the SESA by the 28th calendar day after the individual begins work. If the SESA denies the request, it will provide a written explanation of the reason for denial. If a

Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.

2009
Attachment
Sequence No. **88**

Name(s) shown on return: **BILL & MELINDA GATES FOUNDATION TRUST** Identifying number: **91-1663695**

Part I 2009 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 on page 2 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities on page 3 of the instructions.)			
1a	Activities with net income (enter the amount from Worksheet 1, column (a))	1a	
1b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	()
1c	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c	()
1d	Combine lines 1a, 1b, and 1c	1d	0
Commercial Revitalization Deductions From Rental Real Estate Activities			
2a	Commercial revitalization deductions from Worksheet 2, column (a)	2a	()
2b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	()
2c	Add lines 2a and 2b	2c	(0)
All Other Passive Activities			
3a	Activities with net income (enter the amount from Worksheet 3, column (a))	3a	0
3b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	(191,561)
3c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c	(1,417)
3d	Combine lines 3a, 3b, and 3c	3d	(192,978)
4	Combine lines 1d, 2c, and 3d. If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Do not complete Form 8582. Report the losses on the forms and schedules normally used. If line 4 is a loss and: <ul style="list-style-type: none"> Line 1d is a loss, go to Part II. Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III. Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15. 	4	(192,978)

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See page 8 of the instructions for an example.

5	Enter the smaller of the loss on line 1d or the loss on line 4	5	
6	Enter \$150,000. If married filing separately, see page 8	6	
7	Enter modified adjusted gross income, but not less than zero (see page 8)	7	
8	Subtract line 7 from line 6	8	
9	Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see page 8	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 Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II on page 8 of the instructions.

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 smallest of line 2c (treated as a positive amount), line 11, or line 13	14	

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total	15	0
16	Total losses allowed from all passive activities for 2009. Add lines 10, 14, and 15. See page 11 of the instructions to find out how to report the losses on your tax return	16	0

For Paperwork Reduction Act Notice, see page 12 of the instructions.

Caution: *The worksheets must be filed with your tax return. Keep a copy for your records.*

Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (See pages 7 and 8 of the instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 1a, 1b, and 1c ▶					

Worksheet 2—For Form 8582, Lines 2a and 2b (See page 8 of the instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b ▶			

Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c (See page 8 of the instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
CSFB STRATEGIC PARTNERS II		75,781			75,781
TOWER SQUARE CAPITAL PTNRS II		51,659			51,659
TOWER SQUARE CAPITAL PTNRS III		55,039	1,417		56,456
VITRUVIAN EXPLORATION LLC		9,082			9,082
Total. Enter on Form 8582, lines 3a, 3b, and 3c ▶	0	191,561	1,417		

Worksheet 4—Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See page 9 of the instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total ▶			1.00		

Worksheet 5—Allocation of Unallowed Losses (See page 9 of the instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total ▶			1.00	

Worksheet 6—Allowed Losses (See pages 9 and 10 of the instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
WINTERGREEN PARTNERS FUND, LP	990-T, LINE 5	16,170		16,170
Total		16,170	0	16,170

Worksheet 7—Activities With Losses Reported on Two or More Forms or Schedules (See page 10 of the instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(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, enter -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, enter -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, enter -0- ▶					
Total ▶			1.00		

**Credit for Employer Social Security and Medicare Taxes
Paid on Certain Employee Tips**

Department of the Treasury
Internal Revenue Service

▶ **Attach to your tax return.**

Name(s) shown on return

BILL & MELINDA GATES FOUNDATION TRUST

Identifying number

91-1663695

Note. Claim this credit **only** for social security and Medicare taxes paid by a food or beverage establishment where tipping is customary for providing food or beverages. See the instructions for line 1.

1	Tips received by employees for services on which you paid or incurred employer social security and Medicare taxes during the tax year (see instructions)	1	
2	Tips not subject to the credit provisions (see instructions)	2	
3	Creditable tips. Subtract line 2 from line 1	3	0
4	Multiply line 3 by 7.65% (.0765). If you had any tipped employees whose wages (including tips) exceeded \$106,800, see instructions and check here <input type="checkbox"/>	4	0
5	Credit for employer social security and Medicare taxes paid on certain employee tips from partnerships and S corporations	5	4
6	Add lines 4 and 5. Partnerships and S corporations, report this amount on Schedule K; all others, go to line 7	6	4
7	Credit for employer social security and Medicare taxes paid on certain employee tips included on line 6 from passive activities (see instructions)	7	0
8	Subtract line 7 from line 6	8	4
9	Credit for employer social security and Medicare taxes paid on certain employee tips allowed for 2009 from passive activities (see instructions)	9	
10	Carryforward of the credit for employer social security and Medicare taxes paid on certain employee tips that originated in a tax year that began after 2006 (see instructions)	10	
11	Carryback of the credit for employer social security and Medicare taxes paid on certain employee tips from 2010 (see instructions)	11	
12	Add lines 8 through 11. Report this amount on Form 3800, line 29f	12	4

General Instructions

Section references are to the Internal Revenue Code.

Purpose of Form

Certain food and beverage establishments (see *Who Should File* below) use Form 8846 to claim a credit for social security and Medicare taxes paid or incurred by the employer on certain employees' tips. The credit is part of the general business credit.

You can claim or elect not to claim the credit any time within 3 years from the due date of your return on either your original return or on an amended return.

Who Should File

File Form 8846 if you meet both of the following conditions.

1. You had employees who received tips from customers for providing, delivering, or serving food or beverages for consumption if tipping of employees for delivering or serving food or beverages is customary.

2. During the tax year, you paid or incurred employer social security and Medicare taxes on those tips.

How the Credit Is Figured

Generally, the credit equals the amount of employer social security and Medicare taxes paid or incurred by the employer on tips received by the employee. However, the amount of tips for any month that are used to figure the credit must be reduced by the amount by which the wages that would have been payable during that month at \$5.15 an hour exceed the wages (excluding tips) paid by the employer during that month.

For example, an employee worked 100 hours and received \$450 in tips for October 2009. The worker received \$375 in wages (excluding tips) at the rate of \$3.75 an hour. If the employee had been paid \$5.15 an hour, the employee would have received wages, excluding tips, of \$515. For credit purposes, the \$450 in tips is reduced by \$140 (the difference between \$515 and \$375), and only \$310 of the employee's tips for October 2009 is taken into account.

Specific Instructions

Figure the current year credit from your trade or business on lines 1 through 4.

Line 1

Enter the tips received by employees for services on which you paid or incurred employer social security and Medicare taxes during the tax year.

Include tips received from customers for providing, delivering, or serving food or beverages for consumption if tipping of employees for delivering or serving food or beverages is customary.

Line 2

If you pay each tipped employee wages (excluding tips) equal to or more than \$5.15 an hour enter zero on line 2.

Figure the amount of tips included on line 1 that are not creditable for each employee on a monthly basis. This is the total amount that would be payable to the employee at \$5.15 an hour reduced by the wages (excluding tips) actually paid to the employee during the month. Enter on line 2 the total amounts figured for all employees.

Form **8844**

Department of the Treasury
Internal Revenue Service

Empowerment Zone and Renewal Community Employment Credit

▶ **Attach to your tax return.**

OMB No. 1545-1444

2009

Attachment
Sequence No. **99**

Name(s) shown on return

Identifying number

BILL & MELINDA GATES FOUNDATION TRUST

91-1663695

1	Enter the total qualified wages paid or incurred during calendar year 2009 only (see instructions)		
a	Qualified empowerment zone wages \$ _____ X 20% (.20)	1a	
b	Qualified renewal community wages \$ _____ X 15% (.15)	1b	
2	Add lines 1a and 1b. See instructions for the adjustment you must make to salaries and wages	2	0
3	Empowerment zone and renewal community employment credit from partnerships, S corporations, cooperatives, estates, and trusts	3	14
4	Add lines 2 and 3. Partnerships and S corporations, report this amount on Schedule K; all others, go to line 5	4	14
5	Empowerment zone and renewal community employment credit included on line 4 from passive activities (see instructions)	5	
6	Subtract line 5 from line 4	6	14
7	Passive activity credit allowed for 2009 (see instructions)	7	
8	Carryforward of empowerment zone and renewal community employment credit to 2009	8	
9	Carryback of empowerment zone and renewal community employment credit from 2010 (see instructions)	9	
10	Add lines 6 through 9. Cooperatives, estates, and trusts, go to line 11. All others, report this amount on Form 3800, line 24	10	14
11	Amount allocated to the patrons of the cooperative or the beneficiaries of the estate or trust (see instructions)	11	0
12	Cooperatives, estates, and trusts. Subtract line 11 from line 10. Report this amount on Form 3800, line 24	12	14

For Paperwork Reduction Act Notice, see instructions.

Form **8844** (2009)