

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

2020

For calendar year 2020 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Form section A-F: Name of organization (BILL & MELINDA GATES FOUNDATION), Employer identification number (56-2618866), City (SEATTLE, WA 98102), Book value of all assets at end of year (51,780,459,259).

G Check organization type: 501(c) corporation [X] 501(c) trust 401(a) trust Other trust Applicable reinsurance entity

H Check if filing only to: Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T) 1

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

L The books are in care of JENNIFER DEGER Telephone number 206-709-3100

Part I Total Unrelated Business Taxable Income

Table with 11 rows: 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 0. 2 Reserved. 3 Add lines 1 and 2. 4 Charitable contributions (see instructions for limitation rules) 0. 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3. 6 Deduction for net operating loss. See instructions. 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5. 8 Specific deduction (generally \$1,000, but see instructions for exceptions) 1,000. 9 Trusts. Section 199A deduction. See instructions. 10 Total deductions. Add lines 8 and 9 1,000. 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero 0.

Part II Tax Computation

Table with 7 rows: 1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 0. 2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: [X] Tax rate schedule or Schedule D (Form 1041) 0. 3 Proxy tax. See instructions. 4 Other tax amounts. See instructions. 5 Alternative minimum tax (trusts only). 6 Tax on noncompliant facility income. See instructions. 7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies 0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b Other credits (see instructions)	1b			
c General business credit. Attach Form 3800 (see instructions)	1c			
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d			
e Total credits. Add lines 1a through 1d	1e			
2 Subtract line 1e from Part II, line 7	2			0.
3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3			
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4			0.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5			0.
6a Payments: A 2019 overpayment credited to 2020	6a			
b 2020 estimated tax payments. Check if section 643(g) election applies	6b			
c Tax deposited with Form 8868	6c			
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e Backup withholding (see instructions)	6e			
f Credit for small employer health insurance premiums (attach Form 8941)	6f			
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439	6g			
<input type="checkbox"/> Form 4136				
7 Total payments. Add lines 6a through 6g	7			
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached	8			
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9			
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10			
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax	11			
			Refunded	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
1 At any time during the 2020 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here SEE STATEMENT 32	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?		x
3 Enter the amount of tax-exempt interest received or accrued during the tax year		
4a Did the organization change its method of accounting? (see instructions)		x
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	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.				
	<i>Carolyn Acosta</i> 11/4/2021 Signature of officer Date	CHIEF FINANCIAL OFFICER Title		May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only	Print/Type preparer's name ANNE FULTON	Preparer's signature <i>Anne Fulton</i>	Date 11/1/21	Check <input type="checkbox"/> if self-employed	PTIN P00941863
	Firm's name DELOITTE TAX LLP			Firm's EIN 86-1065772	
	Firm's address 50 SOUTH SIXTH STREET MINNEAPOLIS, MN 55402			Phone no. 612-397-4000	

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY

1

OMB No. 1545-0047

2020

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization BILL & MELINDA GATES FOUNDATION	B Employer identification number 56-2618866
C Unrelated business activity code (see instructions) ▶ 523000	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ INTERESTS IN PASSIVE INVESTMENT PARTNERSHIPS

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)		4a		
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement)		12		
13 Total. Combine lines 3 through 12		13 0.		

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

1 Compensation of officers, directors, and trustees (Part X)		1		
2 Salaries and wages		2		
3 Repairs and maintenance		3		
4 Bad debts		4		
5 Interest (attach statement) (see instructions)		5		
6 Taxes and licenses		6		
7 Depreciation (attach Form 4562) (see instructions)	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9 Depletion		9		
10 Contributions to deferred compensation plans		10		
11 Employee benefit programs		11		
12 Excess exempt expenses (Part VIII)		12		
13 Excess readership costs (Part IX)		13		
14 Other deductions (attach statement)		14		
15 Total deductions. Add lines 1 through 14		15		0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16		0.
17 Deduction for net operating loss (see instructions)		17		0.
18 Unrelated business taxable income. Subtract line 17 from line 16		18		

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

FORM 990-T

NAME OF FOREIGN COUNTRY IN WHICH
ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 32

NAME OF COUNTRY

CHINA
UNITED KINGDOM
INDIA
SOUTH AFRICA

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. BILL & MELINDA GATES FOUNDATION	Taxpayer identification number (TIN) 56-2618866
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 23350	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SEATTLE, WA 98102	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 6

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ JENNIFER DEGER
Telephone No. ▶ 206-709-3100 Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2020 or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.