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Form 990-T	- In	Exempt Organizati	ion Bus	ines	s Income	Tax Re	eturn)	OMB No 1545-0047	
1			-	er sec	tion 6033(e))	19	1/	,	2019	
12	For c	For catendar year 2019 or other tax year beginning, and ending, and ending Go to www.irs.gov/Form990T for instructions and the latest information.							2013	
Department of the Ti Internal Revenue Ser	easury vice	▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)							pen to Public Inspection for 1(c)(3) Organizations Only	
A Check be address	ox if changed	Name of organization (Check box if name changed and see instructions.)							er identification number yees' trust, see lions)	
B Exempt under	section Print	Print Gates Family Foundation							-0474837	
X 501(c)(3	1035 or	I Nullibel. Sileet, and room or suite n	o. If a P.O. box	, see ins	tructions *			E Unrelated business activity code (See instructions)		
408(e) _	220(e) Type	1390 Lawrence Street, No	. 400							
408A	530(a)	City or town, state or province, cour	ntry, and ZIP or	foreign	postal code					
529(a)	+	Denver, CO 80204-2081						523000)	
C Book value of all at end of year		F Group exemption number (See in		<u> </u>			1			
		G Check organization type ► x			501(c) trust		_ 401(a)		Other trust	
	_	zation's unrelated trades or businesses	· ·	1		e the only (or	•			
		vestments in limited partn		.4		, complete F				
describe the fir		pace at the end of the previous sentence	e, complete Pai	rts I and	II, complete a Schedu	le IVI for eact	1 addition	ai trade (or	
1 0	complete Parts II	n-v rporation a subsidiary in an affiliated gr		t-cubcid	lians controlled group?		_	Yes	x No	
		ntifying number of the parent corporati		1-500510	nary controlled group?			163	_X NO	
J The books are			1011.	_	Telen	hone numbe	r 🕨 30	3-722	-1881	
Part Ur		ide or Business Income	··		(A) Income		Expenses		(C) Net	
						† · · · ·	-			
Less return	s and allowances	c Balanc	e 🕨	1c						
2 Cost of goo	ds sold (Schedul			2					•	
<i>F</i>	Subtract line 2	17.17.1	ľ	3	· · · · · · · · · · · · · · · · · · ·					
4 a Capital gain	net income (atta	ich Schedule D)	ľ	4a	40,207					
b Net gain (lo	ss) (Form 4797, l	Part II, line 17) (attach Form 4797)		4b						
	deduction for tru			4c	,					
5 Income (los	s) from a partnei	rship or an S corporation (attach stater	ment)	5	<151,358	. Stm	t 21			
6 Rent incom	e (Schedule C)			6						
7 Unrelated d	ebt-financed inco	ome (Schedule E)		7						
		and rents from a controlled organization		8						
9 Investment	income of a secti	ion 501(c)(7), (9), or (17) organization	(Schedule G)	9/						
•		ome (Schedule I)		<u>/0</u>		<u> </u>				
-	income (Schedu	•		11		ļ				
	•	ons; attach schedule)		12		-			111 151	
	ibine lines 3 thro			13	<111,151				<111,151.	
		lot Taken Elsewhere (See in be directly connected with the un)				
		directors, and trustees (Schedule K)			<u> </u>			14		
15 Salaries ar		sirectors, and irustees (deficultie it)	RE	CE	IVED			15		
	d maintenance			-01		,		16		
17 Bad debts			12		7 2020 SS OS			17		
	tach schedule) (:	see instructions)	23 1U	LI	7 2020 Š			18		
19 Taxes and			L					19		
	on (attach Form 4	4562)	OG	DEN	N, UT 20					
		on Schedule A and elsewhere on return			21a			21b		
22 Depletion					<u></u>			22		
23 Contribution	ons to deferred co	ompensation plans						23		
24 Employee	benefit programs	S						24		
25 Excess exp	mpt expenses (S	Schedule I)						25		
26 Excess ea	dership costs (Si	chedule J)						26		
27 Other dedu	ictions (attach sc	chedule)						27		
28 Jotal dedi	ictions Add lines	s 14 through 27						28	0.	
,		income before net operating loss dedu			•			29	<111,151.	
30 Deduction	for net operating	loss arising in tax years beginning on	or after Januar	y 1, 201	8					
(see instru	•							30	0.	
31 Unrelated I		income. Subtract line 30 from line 29						31	<111,151.:	



Form 9	90-T (20	9) Gates Family Poundation	84-0474837	_	Page 2
Par	tull	Total Unrelated Business Taxable Income			
/52	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	<111	,151.
33	Amou	nts paid for disallowed fringes	33		
34	Charl	able contributions (see instructions for limitation rules)	34		0.
35	Total	unrelated business taxable income before pre-2018 NOLs and specific deduction, Subtract line 34 from the sum of lines 32 and 333	35	<111	,151.
36		thon for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	38		0.
37		of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	<111	,151.>
38		fic deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38		000.
39		ated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37.	 		
		the smaller of zero or line 37	30	-111	.151.>
Por		Tax Computation	1 30 1		,101.
40			1 40 1		0,
41		Izations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40		
41		a Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	1 1		
		Tax rate schedule or Schedule D (Form 1041)	41		
42	-	tax. See instructions	42		
43		ative minimum tax (trusts only)	43		
44	Tax o	n Noncompilant Facility Income. See instructions	44		
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45		0.
Par	t V	Tax and Payments			
46 a	Foreig	n tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a			
b	Other	credits (see instructions) 46b	1		
C	Genera	at business credit. Attach Form 3800 46c	1 1		
d	Credit	for prior year minimum tax (attach Form 8801 or 8827) 46d			
е		credits. Add lines 46a through 46d	46e		
47		ct line 46e from line 45	47		0.
48	Other	axes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48		
49		ax. Add lines 47 and 48 (see instructions)	49		0.
50		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	-	0.
			30		
	-	ints: A 2018 overpayment credited to 2019			
		stimated tax payments 51b			
		posited with Form 8868			
		n organizations: Tax paid or withheld at source (see instructions) 51d			
e	Backu	o withholding (see instructions)			
f	Credit	for small employer health insurance premiums (attach Form 8941)			
9	Other o	redits, adjustments, and payments: Form 2439			
	L F	orm 4136 Other Total ▶ 51g			
52	Total p	ayments. Add lines 51a through 51g	52		
53	Estima	ted tax penalty (see instructions). Check if Form 2220 is attached 🕨 🗔	53		
54	Tax du	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		
55		syment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		
56		he amount of line 55 you want: Credited to 2020 estimated tax	56		
Part		Statements Regarding Certain Activities and Other Information (see instructions)			
		time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
••	-	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	ŀ		
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country	1		
	_				
50	here	Cayman Islands		X	
58		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			<u> </u>
		see instructions for other forms the organization may have to file.			
59	Enter th	ne amount of tax-exempt interest received or accrued during the tax year > \$			
O:	U	note penalties of perjury, tocclars that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.	ledge and belief, it is t	rue,	
Sign			the IRS discuss this	return v	dith
Here			preparer shown below		
		Nicotal Vision Control of the Contro	ructions)? X Yes	_] No
·		Print/Type preparer's name Preparer's signature Date Check if	PTIN		
Deid		A cett amplayed	1		
Paid		Laurie Anderson dauru Anderson 4/14/2020	P01416697		
Prep		Firm's name ▶ Kundinger, Corder & Engle, P.C. Firm's EIN ▶	1		—
Use	Only	475 Lincoln St., Ste. 200			
		l. '	N2\ E34 F0F2		
		Firm's address Denver, CO 80203 Phone no. (3)	03) 534-5953		

Form 990-T	Income (Loss) from Partnerships	State	21	
Description			Incom (Loss	_
Partnership income -	Ordinary Business Income (loss)		108	930.
	rdinary Business Income (loss)		<59	259.>
	rdinary Business Income (loss)		<3	549.>
	Ordinary Business Income (loss)		18	952.
	rdinary Business Income (loss)		<36	661.>
	Ordinary Business Income (loss)			287.
	rdinary Business Income (loss)			<16.>
	Ordinary Business Income (loss)		22	192.
	rdinary Business Income (loss)		<3	237.>
	rdinary Business Income (loss)		<101	974.>
	rdinary Business Income (loss)		•	<253.>
	Ordinary Business Income (loss)		41,	680.
	Ordinary Business Income (loss)			78.
	rdinary Business Income (loss)		•	<225.>
<u> </u>	Ordinary Business Income (loss)			958.
	rdinary Business Income (loss)		<118,	642.>
	rdinary Business Income (loss)		<20,	722.>
Partnership income -	Ordinary Business Income (loss)			103.
Total Included on Fo	rm 990-T, Page 1, line 5		<151,	358.>

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

Gates Family Foundation				84-0	474837	
Did the corporation dispose of any investme	ent(s) in a qualified opportui	nity fund during the tax y	/ear?		Yes X No	
If "Yes," attach Form 8949 and see its instru					/	
Part I Short-Term Capital Ga			ar gain on 1000			
See instructions for how to figure the amounts			, ,			
to enter on the lines below.	(d) Proceeds	(e) Cost	(9) Adjustments to gar or loss from Form(s) 894	19,	(ħ) Gain or (loss) Subtract column (e) from column (d) and	
This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	Part I, line 2, column (c	ı) 	combine the result with column (g)	
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b						
1b 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 from installment sales	•	7		4		
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824		,	5		
6 Unused capital loss carryover (attach comput	•			6	(,)	
7 Net short-term capital gain or (loss). Combin				7		
Part II Long-Term Capital Ga	ins and Losses (See I	nstructions)				
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustments to ga	in	(h) Gain or (loss) Subtract	
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	(e) Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (19,	column (e) from column (d) and combine the result with column (g)	
8a 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						
8b 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			<u>.</u>		40,207.	
11 Enter gain from Form 4797, line 7 or 9				11		
12 Long-term capital gain from installment sales		7	•	12	•	
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13		
14 Capital gain distributions				14		
15 Net long-term capital gain or (loss). Combine		n h		15	40,207.	
Part III Summary of Parts I an						
16 Enter excess of net short-term capital gain (li				16		
17 Net capital gain. Enter excess of net long-tern		•	e 7)	17	40,207.	
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the pr	oper line on other returns		18	40,207.	

Note: If losses exceed gains, see Capital Losses in the instructions.

LHA

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

Page 2

Gates Family Foundation

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long term (see instructions) For short-term transactions, see page 1

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box, if more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions rep				eported to the IRS			
X (F) Long-term transactions no					Adiustma	nt if any to gain or	
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in	loss If your column (f	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions.	Gain or (loss). Subtract column (e) from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
Accolade Partners V							15,132.
Adams St. Global Secondary							
Fund II							<12,949.
Commonfund International VI							32.
Commonfund Natural Res IX							31,494.
Commonfund Natural Res. VII							<2,101.
Commonfund Natural Res.							
VIII							6,018.
Commonfund Private Equity							
VII							2,942.
Mesirow Financial PE III							<361.
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	-						
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					 		· · · · · · · · · · · · · · · · · · ·
	I	<u> </u>		-	ļ		
2 Totals. Add the amounts in colur negative amounts) Enter each to Schedule D, line 8b (if Box D abo	otal here and incl ove is checked),	ude on your line 9 (ıf Box E					
above is checked), or line 10 (if E	ox F above is ch	necked)			l		40,207.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment