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Form	990-T	E	Exempt Org	ended to novi	sine	ss Income T	ax Return	ı ļ	OMB No 1545-0047
			•	(and proxy tax und	er se	ection 6033(e))	1917_		2040
		For ca	lendar year 2019 or other ta			, and ending	1112	_ 1	2019
	tment of the Treasury			rww.irs.gov/Form990T for in				- }	Open to Public Inspection for
Intern	al Revenue Service			nbers on this form as it may			ation is a 501(c)(3).		501(c)(3) Organizations Only over identification number
A L	Check box if address changed		Name of organization	(Check box if name of	changed	f and see instructions.)		(Emp	oyer dentification number lloyees' trust, see uctions)
8 E	xempt under section	Print	BILL & MELINDA	GATES FOUNDATION	rrust				91-1663695
Х] 501(c (x/s)	or	Number, street, and r	oom or suite no. If a P.O. bo	x, see i	nstructions.	,		lated business activity code instructions)
	408(e) 220(e)	Туре	P.O. BOX 23350						,
	☐ 408A ☐ 530(a) ☐ 529(a)		City or town, state or SEATTLE, WA 9	province, country, and ZIP o	r foreig	n postal code		5230	0.0
C Bo	ok value of all assets end of year			umber (See instructions.)	<u> </u>				
ate	end of year 49,941,602,	761.			poratio	n X 501(c) trust	401(a	trust	Other trust
H En			tion's unrelated trades		1		the only (or first) ur		
	de or business here		EE STATEMENT 18				complete Parts I-V.		
			ce at the end of the pre	vious sentence, complete Pa	arts I ar				
	siness, then complete			, ,	٠,	•			,
I Du	iring the tax year, was	the corp	oration a subsidiary in	an affiliated group or a parei	nt-subs	idiary controlled group?	>	Ye	es X No
<u></u>	Yes," enter the name a	ind ident	ifying number of the p	arent corporation.			•		
	e books are in care of	<u>-</u>	ENNIFER DEGER	, ,		Teleph	one number 🕨 2	06-70	9-3100
Pa	int-fig Unrelated	d Trac	le or Business I	ncome		(A) income	(B) Expense	S	(C) Net
1 a	Gross receipts or sale	ls .							
b	Less returns and allow	wances		c Balance ►	1c				
2	Cost of goods sold (S	chedule	A, line 7)		2		HERO WAREN	2009.	
3	Gross profit. Subtract	line 2 fi	om line 1c	• `	3_			WITT	
4 a	Capital gain net incom	ne (attac	h Schedule D)		4a				
b	Net gain (loss) (Form	4797, P	art II, line 17) (attach F	orm 4797)	4b				
C	Capital loss deduction				4c			DE CLAS	
⁻ 5	, ,	•	ship or an S corporation	n (attach statement)	5.	1,445.	eTMT 19		1,445.
6	Rent income (Schedu	-			6				
7	Unrelated debt-financ		, ,		7		'		<u> </u>
8				ed organization (Schedule F)	8			-	
9			, ,, ,, ,, ,,	7) organization (Schedule G)	-				<u> </u>
10	Exploited exempt activ	-	` '		10				
11	Advertising income (See ins		•	STATEMENT 20	11	5,554.		29.8 ED No. 1	5,554.
13	Total Combine lines		•		13	6,999.	CTOSCALA AN CONTRACTOR	L'ESTENT 'S	6,999.
	Deductio	ns No	ot Taken Elsewh	iere (See instructions fo					0,333.
7,				with the unrelated busin					
14	Compensation of off	icers. di	rectors, and trustees (S	Schedule K)			·	14	
15	Salaries and wages	,	(3			' \	_	15	,,
16	Repairs and mainten	ance						16	
17	Bad debts							17	, i
18	Interest (attach sche	dule) (s	ee instructions)	1				18	
19	Taxes and licenses							19	3,581
20	Depreciation (attach	Form 45	562)			20		激性	
21	Less depreciation cla	aimed or	n Sefiedule A and elsew			21a		21b	
22	Depletion ·		, inigha	REVERHS Service		•		22	
23	Contributions to defe	erred co	mpensation plans NV	A US BANK : USA				23	
24	Employee benefit or	grams	<u>,</u>	946		-		24	
25	Excess exempt expe	nses (So	:hedule I)	I I bassa		j		25	
26	Excess readership co	osts (Sc	hedule J) NO	A 16.7050				26	
27	Other deductions (at		•					27	
28	Total deductions. A			o				23	3,581.
29	,			Hing loss, deduction. Subtrac		8 from line 13		29	3,418.
30		erating l	oss arısıng ın tax years	beginning on or after danua	rý 1 20)18			
	(see instructions)				-musik		J	30	0.
<u> 131</u>			ncome. Subtract line 30				<u></u>	31	3,418.
92370	11 01-27-20 LHA FO	r Paper	work Reduction Act No	itice, see instructions.			,		Form 990-T (2019)

Form 99	0-T (20 19)	BILL & MELINDA GATES FOUNDATION TRUST		91-1663695	Page 2
Part	1	Total Unrelated Business Taxable Income			
32	Total b	unrelated business taxable income computed from all unrelated traces or businesses (see instructions)		32	3,418.
33	L	ts paid for disallowed fringes	i	33	
34		ble contributions (see instructions for limitation rules)	/	34	0.
35		prelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 3	32 and 33	35	3,418.
36		on for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		36	3,418.
37		unrelated business taxable income before specific deduction. Subtract line 36 from line 35	, T	37	 _
38		c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	0.	38	1,000.
39	•	ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	U	7 7 7	
33		the smaller of zero or line 37		39	٥.
Part		Tax Computation		1 49	<u>··</u>
				T 40 T	
40	٠,	ations Taxable as Corporations. Multiply line 39 by 21% (0.21)		40	
41		Paxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	_	************************************	0.
	ш.	ax rate schedule or Schedule D (Form 1041)		41	
42		ax. See instructions		42	
43		tive minimum tax (trusts only)		43	
44		Noncompliant Facility Income. See instructions		44	
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45	0.
Part	1:1	Tax and Payments		(Section 1)	
46 a		tax credit (corporations attach Form 1118; trusts attach Form 1116)		4 - 1	
b		redits (see instructions)		4.34	
C		business credit. Attach Form 3800		-	
d		or prior year minimum tax (attach Form 8801 or 882%)			
е		redits. Add lines 46a through 46d		46e	
47	Subtra	t line 46e from line 45		47	<u> </u>
48		axes. Check if from: L Form 4255 L Form 8611 L Form 8697 L Form 8866 L Other (attack	schedule)	48	
49		x. Add lines 47 and 48 (see instructions)		49	0.
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50	0.
51 a	Payme	nts: A 2018 overpayment credited to 2019	00,000.	\$5.423 - \$5.42	
b	2019 e	stimated tax payments 51b		- 1	
C	Tax de	oosited with Form 8868 51c		 漢字	
đ	Foreigr	organizations: Tax paid or withheld at source (see instructions) 51d			
_		withholding (see instructions) 51e			
f	Credit 1	or small employer health insurance premiums (attach Form 8941) 51f			
g	Other o	redits, adjustments, and payments: Form 2439			
,	F	orm 4136 Other Total ▶ 51g			
52	Total p	ayments. Add lines 51a through 51g			100,000.
53	Estima	ed tax penalty (see instructions). Check if Form 2220 is attached 🕒 🔛		58	
54	Tax du	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	7. ►	5,4	
55,	Overpa	yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	√ 0 <i>J</i>		100,000.
<u> 56</u>		ne amount of line 55 you want. Credited to 2020 estimated tax		56	0.
Part	t VJ.	Statements Regarding Certain Activities and Other Information (see instruction	s)		
57	At any	time during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	over a	inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		*: 'S	
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		ش	1965 ZSZ
	here	SEE STATEMENT 21			х
58	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign tru	ıst?		x
	If "Yes,	see instructions for other forms the organization may have to file.		Š	
59	Enter t	ne amount of tax-exempt interest received or accrued during the tax year 🕨 💲			
		nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best carrect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	of my knowle	dge and belief, it is true,	
Sign		riect, and complete declaration of propare (other than taxpaya) is cased on all minding in or which propare has any knowledge		fay the IRS discuss this re	there with
Here	•	CHIEF FINANCIAL OFFICER		ne preparer shown below	
	ין	Signature of officer Date Title	m	structions)? X Yes	No.
	······	Print/Type preparer's name Preparer's signature Date Chec	:k	ıf PTłN	
Paic	4		employed	1	
	a parer	JOLENE G. COX Olene D G 11/08/20		P00235481	
-	Only	1	n's EIN 🕨	86-106577	12
Joe	City	925 FOURTH AVENUE, SUITE 3300			
	•	Firm's address ► SEATTLE, WA 98104-1126 Pho	one no. (206) 716-7000	
923711	01-27-20	<u> </u>		Form 99	D-T (2019)

Page 3

Schedule A - Cost of Goods	Sold. Enter	method of invent	tory va	aluation N/A				
1 Inventory at beginning of year	1		6	Inventory at end of year	ır		6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6					
3 Cost of labor	3		from line 5. Enter here and in Part I,					
4a Additional section 263A costs			1	line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (v	vith respect to		Yes No
b Other costs (attach schedule)	4b		1	property produced or a	•	,		
5 Total. Add lines 1 through 4b	5		1	the organization?	, , , , , , , ,	, , , , , ,		
Schedule C - Rent Income (Property and	Pers		.ease	With Real Prop	erty))
(see instructions)								
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued					_	
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	ersonal	onal property (if the percenta- property exceeds 50% or if ad on profit or income)	ge	3(a) Deductions directly columns 2(a) ar		cted with the income in attach schedule)
(1)		1						
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column	(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	ınstruc	ctions)	_			
					ĺ	3. Deductions directly con to debt-finance		
4				. Gross income from or allocable to debt-	(a)	Straight line depreciation	T PIO	(b) Other deductions
Description of debt-fin	anced property		İ	financed property	'''	(attach schedule)		(attach schedule)
			<u> </u>		 			
(1)					-		+	
(2)			<u> </u>		-		+	
(3)			-		ļ		+	
(4)			-					
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fine	e adjusted basis allocable to nced property h 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)				%			Т	
(2)				%				
(3)		· · · · · · · · · · · · · · · · · · ·	Ì	%				
(4)				%			1	· · · · · ·
· · · · · · · · · · · · · · · · · · ·	<u> </u>		•		E	nter here and on page 1,	_	Enter here and on page 1,
						Part I, line 7, column (A).		Part I, line 7, column (B)
Totals				•		0	.	0.
Total dividends-received deductions in	icluded in columi	n 8					-	0.

Schedule F - Interest, A	nnuitie	s, Royalti	es, and	Rents	From Co	ntrolle	d Organiza	tions	(see ins	struction	s)
				Exempt C	Controlled O	rganizatio	ons				
Name of controlled organizate	on -	2. Empl identifica numb	ation		elated income instructions)	4. Tot payr	al of specified nents made	5. Part of column included in the corganization's gro		olling	6. Deductions directly connected with income in column 5
(1)											
(2)	,				-			<u> </u>			
									_		
(3)	-										· · · · · · · · · · · · · · · · · · ·
Nonexempt Controlled Organiz	ations							<u> </u>			
7. Taxable Income		nrelated income	(loce)	0 Total	of specified payr	nente	10. Part of colu	nn 9 that	is included	11 Da	ductions directly connected
7. Taxabe III.come		ee instructions)		9. 10.21	made	`	in the controll	ng organi s income	zation's		income in column 10
(1)											•
(2)											
(3)				-							
(4)											
				,'	,		Add colun Enter here and line 8, c		1, Part I,	Enter h	ld columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals						▶			0.		. 0.
Schedule G - Investmer	nt Incom	ne of a S	ection 5	501(c)(7), (9), or (17) Ord	anization				
(see instr		,			,, (-,, (•				
1. Descr	iption of inco	me			2. Amount of	ıncome	3. Deduction directly connect (attach scheduler)	cted	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)						ï	-				
(4)											
1					Enter here and Part I, line 9, co	lumn (A)			Ø.		Enter here and on page 1, Part I, line 9, column (B)
Totals	<u> </u>		•	<u> </u>	<u> </u>	0.					0.
Schedule I - Exploited (see instru	_	Activity	Income	, Other	ı .		ig income				
Description of exploited activity	unrelated incom	Pross business e from business	3. Expo directly co with prod of unre business	nnected duction lated	4. Net incon from unrelated business (co minus colum gain, comput through	trade or olumn 2 n 3). If a e cols 5	5. Gross inco from activity is not unrela business inco	that ted	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											
	page 1	re and on I, Part I, col (A)	Enter here page 1, line 10, c	Parti, col (B).					T		Enter here and on page 1, Part II, line 25
Totals ► Schedule J - Advertisir	a Incor	0.	structions	0.	Technical Wild St.	27 S C 2		新 为1.00 (4.7)	***		0.
Part M Income From					hotebilos	Racic					-
Income From F	-eriodic	ais nepu		a Cons							 _
1. Name of periodical		2. Gross advertising income		. Direct tising costs	or (loss) (o col 3) If a g	tising gain ol-2 minus ain, comput hrough 7			6. Read cos		Excess readership costs (column 6 minus column 5, but not more then column 4)
(1)						100					
(2)							<u> </u>				
(3)											
(4)											
Totals (carry to Part II, line (5))			0.).			,			0.
rotate (our y to r art ii, iiio (0))			-1		- 1		1	·			Form 990-T (2019)

[Partill] 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)

Name of periodical	2. Gross advertising income	3. Direct advertising costs	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.	3 W	14		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 26
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	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4) SEE STATEMENT 23		%	
Total. Enter here and on page 1, Part II, line 14	· · · · · · · · · · · · · · · · · · ·	` •	0.

Form 990-T (2019)

SCHEDULE I (Form 1041)

Alternative Minimum Tax - Estates and Trusts

► Attach to Form 1041.

Department of the Treasury Internal Revenue Service

OMB No 1545-0092

2019

Name of estate or trust Employer identification number BILL & MELINDA GATES FOUNDATION TRUST 91-1663695 Partil Estate's or Trust's Share of Alternative Minimum Taxable Income 1 Adjusted total income or (loss) (from Form 1041, line 17). ESBTs, see instructions 1 2 Interest 2 3,581. 3 Taxes 3 5,554.) 4 Refund of taxes 4 5 Depletion (difference between regular tax and AMT) 5 SEE STATEMENT 24 3,418. 6 Net operating loss deduction Enter as a positive amount 6 Interest from specified private activity bonds exempt from the regular tax 7 8 Qualified small business stock (see instructions) Я 9 Exercise of incentive stock options (excess of AMT income over regular tax income) 9 10 Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) 10 11 Disposition of property (difference between AMT and regular tax gain or loss) 11 12 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 12 13 Passive activities (difference between AMT and regular tax income or loss) 13 14 Loss limitations (difference between AMT and regular tax income or loss) 14 15 Circulation costs (difference between regular tax and AMT) 15 16 Long-term contracts (difference between AMT and regular tax income) 16 17 Mining costs (difference between regular tax and AMT) 17 18 Research and experimental costs (difference between regular tax and AMT) 18 19 Income from certain installment sales before January 1, 1987 19 20 Intangible drilling costs preference 20 21 Other adjustments, including income-based related adjustments 21 1,301. 22 Alternative tax net operating loss deduction (See the instructions for the limitation that applies) 22 STATEMENT 25 144. 23 Adjusted alternative minimum taxable income Combine lines 1 through 22 23 Note: Complete Part II below before going to line 24. **STATEMENT** 26 N/A 24 Income distribution deduction from Part II. line 42 N/A 25 Estate tax deduction (from Form 1041, line 19) 26 Add lines 24 and 25 26 27 144. 27 Estate's or trust's share of alternative minimum taxable income. Subtract line 26 from line 23 If line 27 is • \$25,000 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 \$25,000, but less than \$183,500, go to line 43 • \$183,500 or more, enter the amount from line 27 on line 49 and go to line 50. ESBTs, see instructions |Partill | Income Distribution Deduction on a Minimum Tax Basis N/A Adjusted alternative minimum taxable income (see instructions) 28 29 Adjusted tax-exempt interest (other than amounts included on line 7) 29 30 Total net gain from Schedule D (Form 1041), line 19, column (1) If a loss, enter -0-30 31 Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable

33 Capital gains computed on a minimum tax basis included on line 23

34 Capital losses computed on a minimum tax basis included on line 23. Enter as a positive amount

35 Distributable net alternative minimum taxable income (DNAMTI) Combine lines 28 through 34. If zero or less, enter -0
35 Income required to be distributed currently (from Form 1041, Schedule B, line 9)

36 Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)

37 Total distributions Add lines 36 and 37

38 Tax-exempt income included on line 38 (other than amounts included on line 7)

39

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

40 Tentative income distribution deduction on a minimum tax basis. Subtract line 39 from line 38

32 Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)

purposes (from Form 1041, Schedule A, line 4)

Schedule I (Form 1041) (2019)

31

32

Sch	edule (Form 1041) (2019) BILL & MELINDA GATES FOUNDATION TRUST					9	1-1663695	Page 2
**	ANY to a Distribution Deduction on African Ton Docio	(contu	nuec			N/A		
41	Tentative income distribution deduction on a minimum tax basis. Subtract line 29 f			•				
	If zero or less, enter -0-					41		
42	Income distribution deduction on a minimum tax basis. Enter the smaller of line	e 40 o	r line	41.			-	
	Enter here and on line 24					42		
Pa	rt III Alternative Minimum Tax							
43	Exemption amount					43	\$25,000	
44	Enter the amount from line 27	44						
45	Phase-out of exemption amount	45		\$83,500				
46	Subtract line 45 from line 44. If zero or less, enter -0-	46				12.2		
47	Multiply line 46 by 25% (0 25)					47		
48	Subtract line 47 from line 43 If zero or less, enter -0-					48		
49	Subtract line 48 from line 44					49		
50	Go to Part IV of Schedule I to figure line 50 if the estate or trust has qualified dividends or has	s a gair	n on	lines 18a and 19				
	of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise	, if line	49	s:				
	• \$194,800 or less, multiply line 49 by 26% (0 26)							
	 Over \$194,800, multiply line 49 by 28% (0 28) and subtract \$3,896 from the result 	lt				50	•	
51	Alternative minimum foreign tax credit (see instructions)					51		
52	Tentative minimum tax. Subtract line 51 from line 50					52		
53	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit fro	m Sch	nedu	ile G, line 2a)		53		
54	Alternative minimum tax. Subtract line 53 from line 52 If zero or less, enter -0-	nter h	ere	and on				
* -	Form 1041, Schedule G, line 1c					54		
P _i a	rt IV. Line 50 Computation Using Maximum Capital Gains Rate							
	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 ınstr	ucti	ons (
	before completing this part							
55	Enter the amount from line 49		ı			55		
56	Enter the amount from line 26 of Schedule D (Form 1041), line 13 of the Schedule D Tax							
	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)	56	\vdash					
57	Enter the amount from Schedule D-(Form 1041), line 18b, column (2)							
	(as refigured for the AMT, if necessary) If you didn't complete Schedule D for the regular tax or the AMT, enter -0-	57						
50	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the	3/	-					
36	AMT, enter the amount from line 56 Otherwise, add lines 56 and 57 and enter		l					
	the smaller of that result or the amount from line 10 of the Schedule D Tax			-				
	Worksheet (as refigured for the AMT, if necessary)	58						
59	Enter the smaller of line 55 or line 58					59		
60	Subtract line 59 from line 55					60	\	
61	If line 60 is \$194,800 or less, multiply line 60 by 26% (0 26). Otherwise, multiply line	e 60 b	v					
	28% (0 28) and subtract \$3,896 from the result		,		•	61		
62	Maximum amount subject to the 0% rate	62	1	\$2,650	•	7 7 7		
	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D			. ,		35.72		
	Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions						į	
	for Form 1041, whichever applies (as figured for the regular tax). If you didn't						1	
	complete Schedule D or either worksheet for the regular tax, enter the amount		1					
	from Form 1041, line 23; if zero or less, enter -0-	63	L					
64	Subtract line 63 from line 62 If zero or less, enter -0-	64						
65	Enter the smaller of line 55 or line 56	65		<u> </u>		2.00		
66	Enter the smaller of line 64 or line 65. This amount is taxed at 0%	66						
67	Subtract line 66 from line 65	67						

919862 12-13-19

Schedule I (Form 1041) (2019)

Sch	edule I (Form 1041) (2019)				Page :
Pa	int IV Line 50 Computation Using Maximum Capital Gains Rate	s (con	ntinued)		
68	Maximum amount subject to rates below 20%	68	\$12,950		
69	Enter the amount from line 64	69			,
70	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	l			
	the amount from Form 1041, line 23, if zero or less, enter -0-	70			
71	Add line 69 and line 70	71			
72	Subtract line 71 from line 68 If zero or less, enter -0-	72			•
73	Enter the smaller of line 67 or 72	73			
74	Multiply line 73 by 15% (0.15)			▶ 74	
75	Add lines 66 and 73	75		1 4	
	If lines 75 and 55 are the same, skip lines 76 through 80 and go to line 81. Oth	erwise,	go to line 76.		•
76	Subtract line 75 from line 65	76			
77	Multiply line 76 by 20% (0 20)		We i	▶ 77	
	If line 57 is zero or blank, skip lines 78 through 80 and go to line 81. Otherwise	e, go to	line 78.		
78	Add lines 60, 75, and 76	78			
79	Subtract line 78 from line 55	79			
80	Multiply line 79 by 25% (0 25)			▶ 80	
81	Add lines 61, 74, 77, and 80			81	
82	If line 55 is \$194,800 or less, multiply line 55 by 26% (0 26) Otherwise, multiply lin	e 55 by :	28% (0 28)		

82

and subtract \$3,896 from the result

83 Enter the smaller of line 81 or line 82 here and on line 50

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

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

TO FORM 990-T, PAGE 1

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 19
DESCRIPTION		NET INCOME OR (LOSS)
ORDINARY BUSINESS I	ER SQUARE CAPITAL PARTNERS III, LP - PRIVATE EDUCATION LOAN TRUST 2014-A -	1,149.
ORDINARY BUSINESS	EA ONE, LP - ORDINARY BUSINESS INCOME	2,208.
(LOSS)	EA ONE, LP - ORDINARI BUSINESS INCOME	-1,912.
TOTAL INCLUDED ON FO	RM 990-T, PAGE 1, LINE 5	1,445.
TODM 000 M	OWNED THOUSE	GMA MINATUM 20
FORM 990-T	OTHER INCOME	STATEMENT 20
DESCRIPTION		AMOUNT
STATE TAX REFUNDS	•	5,554.
TOTAL TO FORM 990-T,	PAGE 1, LINE 12	5,554.

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

NAME OF COUNTRY

ARGENTINA

BRAZIL

CHILE

CHINA

COLOMBIA

CZECH REPUBLIC

DENMARK

EGYPT

GHANA

GREECE

HONG KONG

HUNGARY

INDIA

INDONESIA

ISRAEL

JAPAN

KOREA (SOUTH)

MALAYSIA

PHILIPPINES

POLAND

QATAR

TAIWAN

THAILAND

TURKEY

UNITED KINGDOM

URUGUAY

VIETNAM

FORM 990-T	NET OPERATING LOSS DE			DEDUCTION	STATEMENT 2	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUS APPLI		LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/08	353.	-	353.	0.	0	
12/31/09	15,323.		15,323.	0.	0	
12/31/10	57,959.		57,959.	0.	0	
12/31/11	333.		333.	0.	0	
12/31/12	5,930.		5,930.	0.	0	
12/31/13	4,153.		4,153.	0.	0	
12/31/14	7,773.		7,773.	0.	0	
12/31/15	245,765.		21,154.	224,611.	224,611	
12/31/16	9,384.	~	0.	9,384.	9,384	
12/31/17	8,291.		0.	8,291.	8,291	
NOL CARRYO	VER AVAILABLE THIS	YEAR		242,286.	242,286	

FORM 990-T SCHEDUL	STATEMENT 23		
NAME	TITLE	PERCENT	COMPENSATION
WILLIAM H. GATES, III	TRUSTEE AND CEO	.00%	
MELINDA FRENCH GATES	TRUSTEE	.00%	
CAROLYN AINSLIE	CHIEF FINANCIAL		
	OFFICER	.00%	
KEITH TRAVERSE	SECRETARY	.00%	
MICHAEL LARSON	LLC MANAGER	.00%	
TOTAL TO FORM 990-T, SCHE	DULE K		

BILL & MELINDA GATES FOUNDATION TRUST

SCHEDULE I NET		PERATING LOSS CARRYOVER	STATEMENT 24		
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	AMOUNT		
12/31/08	353.	353.	. 0.		
12/31/09	15,323.	15,323.	0.		
12/31/10	57,959.	57,959.	0.		
12/31/11	333.	333.	0.		
12/31/12	5,930.	5,930.	0.		
12/31/13	4,153.	4,153.	0.		
12/31/14	7,773.	7,773.	0.		
12/31/15	245,765.	21,154.	224,611.		
12/31/16	9,384.	0.	9,384.		
12/31/17	8,291.	0.	8,291.		
TOTAL TO S	CHEDULE I, LINE 6		242,286.		

BILL & MELINDA GATES FOUNDATION TRUST

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	AMOUNT
12/31/08	353.	353,	
12/31/09	15,323.	15,323.	0
12/31/10	57,959.	57,959.	0
12/31/11	333.	333.	. 0
12/31/12	5,930.	5,930.	0
12/31/13	4,153.	4,153.	0
12/31/14	7,773.	7,773.	0
12/31/15	245,765.	18,584.	227,181
12/31/16	9,384.	0.	9,384
12/31/17	8,291.	0.	8,291
	CHEDULE I, LINE 23		244,856

BILL & MELINDA GATES FOUNDATION TRUST

SCHEDULE I		NET OPERATING LOCOMPUTATION OF	STATEMENT 26	
DESCRIPTION		TOTAL AMT NOL CARRYFORWARD	AMT NOL USED THIS YEAR	UNUSED AMT NOL CARRYFORWARD
AMT NOL CARRYFO	DRWARD	244,856.	1,301.	243,555.
TOTAL TO SCHEDU	JLE I, LINE 24		1,301.	243,555.

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

CHARITABLE CONTRIBUTION CARRYFORWARD SCHEDULE FOR THE YEAR ENDED DECEMBER 31, 2019

YEAR END	CONTRIBUTIONS SUBJECT TO 60% LIMITATION	CONTRIBUTIONS SUBJECT TO 50% LIMITATION	CONTRIBUTIONS SUBJECT TO 30% LIMITATION	CURRENT YEAR AMOUNT UTILIZED	50% LIMITATION CARRYFORWARD	30% LIMITATION CARRYFORWARD	60% LIMITATION CARRYFORWARD	TAX YEAR OF EXPIRATION
12/31/15		303	2,350,000,000	•	303	2,350,000,000	-	2020
12/31/16		205	2,185,000,000	-	205	2,185,000,000	-	2021
12/31/17	ı	135	2,502,000,000	•	135	2,502,000,000	~ <u>.</u>	2022
12/31/18	32		2,835,000,000			2,835,000,000	32	2023
12/31/19	57		4,681,340,000		-	4,681,340,000	57	2024
TOTAL				<u>s</u> -	\$ 643	\$ 14,553,340,000	\$ 89	

TOTAL CARRYFORWARD TO 12/31/2020 \$ 14,553,340,732