Form 990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))								OMB No. 1545-0687		
		For on						0045		
		For ca	► Information about Form 990-T and its instru		, and ending	0/fo	_ ·	2015		
	tment of the Treasury al Revenue Service	•	Do not enter SSN numbers on this form as it may		•		-	Open to Public Inspection for 501(c)(3) Organizations Only		
Α	Check box if address changed		Name of organization (Check box if name of	changed	and see instructions.)		(Emp	D Employer identification number (Employees' trust, see instructions.)		
B E:	xempt under section	Print	BILL & MELINDA GATES FOUNDATION	TRUST				91-1663695		
X] 501(c)(3)	or	Number, street, and room or suite no. If a P.O. bo	x, see in	structions.			ated business activity codes instructions.)		
	408(e) 220(e)	Туре	P.O. BOX 23350] `	,		
	408A530(a) 529(a)		City or town, state or province, country, and ZIP of SEATTLE, WA 98102	or foreig	n postal code		523000			
C Bo	ok value of all assets end of year	F Grou	p exemption number (See instructions.)	>						
39,566,720,264. G Check organization type 501(c) corporation X 501(c) trust 401(a) trust										
			ary unrelated business detrity.		PATEMENT 17					
			poration a subsidiary in an affiliated group or a pare	nt-subsi	diary controlled group? .	▶ L	Ye	es X No		
	Yes," enter the name are of e books are in care of		tifying number of the parent corporation.		Talanha	ne number 🕨 20	06-70	19_3100		
			de or Business Income		(A) Income	(B) Expenses		(C) Net		
1a	Gross receipts or sal				(,	(= / = - +		(2) 3323		
	Less returns and allo		c Balance▶	1c						
2			A, line 7)	2						
3	Gross profit. Subtrac			3						
			ch Schedule D)	4a	162,141.			162,141.		
b			Part II, line 17) (attach Form 4797)	4b						
C			sts	4c						
5			ips and S corporations (attach statement)	5	-395,889.	STMT 19		-395,889.		
6				6						
7			me (Schedule E)	7						
8			and rents from controlled organizations (Sch. F)	8						
9 10			on 501(c)(7), (9), or (17) organization (Schedule G)	10						
11			ome (Schedule I)	11						
12	Other income (See in	etruction	ns; attach schedule)	12						
13	Total. Combine lines			13	-233,748.			-233,748.		
			ot Taken Elsewhere (See instructions for		ations on deductions.)					
	(Except for	contribu	utions, deductions must be directly connected	d with t	he unrelated business i	ncome.)				
14	Compensation of of	ficers, di	rectors, and trustees (Schedule K)				14			
15	Salaries and wages						15			
16							16			
17							17			
18							18	12,017.		
19	Charitable contribut	iono (Co	a instructions for limitation rules)				19	12,017.		
20 21			e instructions for limitation rules) 562)				20			
22	Less denreciation of	aimed oi	n Schedule A and elsewhere on return		22a		22b			
23							23			
24			mpensation plans				24			
25							25			
26	Excess exempt expe	enses (So	chedule I)				26			
27	Excess readership o	osts (Sc	hedule J)				27			
28	Other deductions (a	ttach sch	nedule)				28			
29	Total deductions	. Add lir	nes 14 through 28				29	12,017.		
30			ncome before net operating loss deduction. Subtrac				30	-245,765.		
31			n (limited to the amount on line 30)				31	245 765		
32			ncome before specific deduction. Subtract line 31 fi				32	-245,765.		
33 34			y \$1,000, but see line 33 instructions for exceptions income. Subtract line 33 from line 32. If line 33 is				33	1,000.		
J4			income. Subtract fine 33 from fine 32. If fine 33 is	-			34	-245,765.		

٥.

٥.

0.

0.

No

No

Here	Signature of officer		CHIEF FINANCIAL OFFI	CER	May the IRS discuss this return with the preparer shown below (see instructions)? X Yes 1	N
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	
Paid Preparer	JOLENE G. COX	Oolene D G	11/03/16	self- employed	p00235481	
Use Only	Firm's name ▶ DELOITTE TAX LLP	Firm's EIN	86-1065772			
Occ Omy	925 FOURTH AVEN	WE, SUITE 3300				
	Firm's address > SEATTLE, WA 981	.04-1126		Phone no.	(206) 716-7000	

523711 01-06-16

Schedule C - Rent Inco	ome (Fro	om Real Prope	rty and	Personal P	Property	/ Leased	d With Real Pro	oper	ty) (see instructions)
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2.	Rent received or accru	ied						
(a) From personal property (in rent for personal property 10% but not more the	y is more than	ge of (b)	of rent for pe	nd personal propert ersonal property ex t is based on profit	ceeds 50% or	entage r if	3(a) Deductions dire columns 2(a	etly cor a) and 2	nnected with the income in (b) (attach schedule)
(1)									
(2)									
(3)									
(4)									
Total		0. Total				0.			
(c) Total income. Add totals of conhere and on page 1, Part I, line 6,	column (A)					0.	(b) Total deductions Enter here and on page Part I, line 6, column (B)		0.
Schedule E - Unrelated	Dept-F	inanced incon	1e (see i	instructions)			•		
				2. Gross inc	come from		Deductions directly to debt-fir	connect nanced p	ted with or allocable property
1. Description of	of debt-finance	d property		or allocable financed p	e to debt-	(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-finance property (attach schedule)	5. Average adjusted to of or allocable to debt-financed proper (attach schedule	rty	6. Column d			7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)					%	6			
(2)					%	6			
(3)					%	6			
(4)					%	6			
							nter here and on page 1, art I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Totals						▶		0.	0.
Total dividends-received deduction Schedule F - Interest, A	tions includ	led in column 8	ad Dand	to Ever Co	mtrallad	l Orasa		<u> </u>	0.
Scriedule F - Interest, I	Ammunie	s, noyailles, ai	1				Zations (see ii	nstruc	ctions)
1. Name of controlled organizar	tion	2. Employer identification number	Net un	3. hrelated income see instructions)	Total	4. of specified nents made	5. Part of column a included in the conorganization's gross	trolling	connected with income
(1)									
(2)									
(3)									
(4)									
Nonexempt Controlled Organi	izations								
7. Taxable Income		inrelated income (loss) see instructions)	9. To	otal of specified payı made	ments	in the cont	olumn 9 that is included rolling organization's ross income	11.	Deductions directly connected with income in column 10
(1)									
(2)									
(3)									
(4)									
						Enter here	olumns 5 and 10. and on page 1, Part I, 8, column (A).	En	Add columns 6 and 11. hter here and on page 1, Part I, line 8, column (B).
Totals							0.		0.

Schedule G - Investment (see instr		Section 5	01(c)(7)	, (9), or (17) Or	ganizatio	on		
1. Descr	ription of income			2. Amount of income		uctions connected schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)					,			,
(2)								
(3)								
(4)								
				Enter here and on page 1, Part I, line 9, column (A).				Enter here and on page 1, Part I, line 9, column (B).
Totals				0.				0.
Schedule I - Exploited I (see instru		Income,	Other 1	Γhan Advertisir	ng Incon	ne		
		2 -		4. Net income (loss)				7
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Exper directly con with produ of unrela business in	nected ction ted	from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross from act is not ui business	nrelated	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)								
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, P line 10, co	art I,			·		Enter here and on page 1, Part II, line 26.
Totals	0.		0.					0.
Schedule J - Advertisir	ng Income (see in	nstructions)						
Part I Income From F	Periodicals Repo	orted on a	a Cons	olidated Basis				
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, computods. 5 through 7.		rculation come	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 F	▶ Periodicals Repo	o. orted on a	_{. 0} a Sepaı	. r ate Basis _{(For}	each perio	dical listed ir	n Part II, fill in	0.
columns 2 through	7 on a line-by-line ba	sis.)						
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compurcols. 5 through 7.		rculation come	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
Totals from Part I	•	0.	0.					0.
	Enter here and o page 1, Part I, line 11, col. (A).	page	ere and on 1, Part I, , col. (B).					Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)Schedule K - Compens	▶ sation of Officers	o. s, Directo	ors, and	. I Trustees (see	instructio	ns)		0.
1. N	lame			2. Title		 Percent of time devoted to business 	, T. Comp	ensation attributable related business
(1)							%	
(2)							%	
(3)							%	
(4) SEE STATEMENT 2	22						%	
Total. Enter here and on page 1, P	art 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.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

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

OMB No. 1545-0092

2015

Name of estate or trust

Employer identification number

BILL & MELINDA GATES FOUNDATION TRUST 91-1663695 Note: Form 5227 filers need to complete only Parts I and II. Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts to enter on the lines below. (d) (e) (h) Gain or (loss) Adjustments Subtract column (e) Proceeds Cost to gain or loss from from column (d) and (sales price) (or other basis) This form may be easier to complete if you round off cents to whole dollars. Form(s) 8949, Part I, combine the result line 2, column (g) with column (g) 1 a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1 b Totals for all transactions reported on Form(s) 8949 with Box A checked Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 5 5 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2014 Capital Loss 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on page 2 Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts to enter on the lines below. (d) (e) (h) Gain or (loss) (g) Adjustments Subtract column (e) Proceeds Cost to gain or loss from from column (d) and (sales price) (or other basis) This form may be easier to complete if you round off cents to whole dollars. Form(s) 8949, Part II combine the résult with column (g) line 2, column (g) 8 a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8 b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with 10 Box F checked Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 11 11 78,662. Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 12 12 Capital gain distributions 13 13 83,479. Gain from Form 4797, Part I 14 14 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2014 Capital Loss 15 15 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on line 18a, 16 162,141

510842 12-29-15 Schedule D (Form 1041) 2015

42

43

41 Multiply line 40 by 20%42 Figure the tax on the amount on line 27. Use the 2015 Tax Rate Schedule for Estates

and Trusts (see the Schedule G instructions in the instructions for Form 1041)

43 Add lines 37, 41, and 42

Figure the tax on the amount on line 21. Use the 2015 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)

Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule

G, line 1a (or Form 990-T, line 36)

41

Department of the Treasury Internal Revenue Service

Sales of Business Property

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

OMB No. 1545-0184

Name(s) shown on return

BILL & MELINDA GATES FOUNDATION TRUST

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

91-1663695

	inter the gross proceeds from sales or or substitute statement) that you are in	1								
Pa	Sales or Exchanges Other Than Casualty						ersio	ons From		
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 of basis, plus improvements expense of s	and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)		
	ATEGIC PARTNERS II, LP -									
	SIVE							86,483.		
TOW	ER SQUARE CAPITAL PARTNERS							, -		
Π,	LP - PAL							-3,004.		
3	Gain, if any, from Form 4684, line 39)		•	1		3	,		
4	Section 1231 gain from installment s						4			
5	Section 1231 gain or (loss) from like-						5			
6	Gain, if any, from line 32, from other						6			
7							7	83,479.		
	7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: 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	3, 9, 11, and 12	oelow.				T		
8	Nonrecaptured net section 1231 los		•	,			8			
9	Subtract line 8 from line 7. If zero or			~						
	line 9 is more than zero, enter the ar			•	in from line 9 as a	long-term				
	capital gain on the Schedule D filed	with your return	(see instructions	s)			9	83,479.		
Pa	rt II Ordinary Gains and I	Losses (see in	structions)							
10	Oudings, sains and lases and include			da						
10	Ordinary gains and losses not include	ied on lines 11 tr T	rrougn 16 (inclui	de property neid i	year or less):	1				
						1				
11	Loss, if any, from line 7						11	(
12	Gain, if any, from line 7 or amount from						12			
13	Gain, if any, from line 31						13			
14	Net gain or (loss) from Form 4684, lin						14			
15	Ordinary gain from installment sales						15			
16	Ordinary gain or (loss) from like-kind					i	16			
17	Combine lines 10 through 16						17			
18	For all except individual returns, ente			e appropriate line o	of your return and s	skip lines				
	a and b below. For individual returns	s, complete lines	a and b below:							
а	If the loss on line 11 includes a loss the part of the loss from income-pro- from property used as an employee	he loss								
							18a			
b	Redetermine the gain or (loss) on line	-	•							
_	Form 1040, line 14						18b			
LH.	A For Paperwork Reduction Act No	otice, see separ	ate instruction	S.				Form 4797 (2015)		

Par	t III Gain From Disposition of Propert	y Und	er Sections 124	5, 1250, 1252	2, 12	54, and 1255	(see	instructions)
19	(a) Description of section 1245, 1250, 1252, 1254, o	or 1255 p	oroperty:			(b) Date acquir (mo., day, yr.		(c) Date sold (mo., day, yr.)
Α								
В								
С								
D								
	These columns relate to the properties on lines 19A through 19D.	•	Property A	Property	В	Property (С	Property D
0	Gross sales price (Note: See line 1 before completing.)	20						
1	Cost or other basis plus expense of sale	21						
2	Depreciation (or depletion) allowed or allowable	22						
3	Adjusted basis. Subtract line 22 from line 21	23						
4	Total gain. Subtract line 23 from line 20	24						
5	f section 1245 property:							
а	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.							
	Additional depreciation after 1975 (see instructions)	26a						
	Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b						
	Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip ines 26d and 26e	26c						
d.	Additional depreciation after 1969 and before 1976	26d						
е	Enter the smaller of line 26c or 26d	26e						
f	Section 291 amount (corporations only)	26f						
	Add lines 26b, 26e, and 26f	26g						
	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).							
	Soil, water, and land clearing expenses	27a						
	Line 27a multiplied by applicable percentage	27b						
	Enter the smaller of line 24 or 27b	27c						
а	If section 1254 property: 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						
9 a	If section 1255 property: Applicable percentage of payments excluded from income under section 126 (see instructions)	29a						
	Enter the smaller of line 24 or 29a (see instructions)	29b						
		•				I.		
Sum	mary of Part III Gains. Complete property co	olumns	A through D through	line 29b before	going	to line 30.		
0	Total gains for all properties. Add property columns	A throu	gh D, line 24				30	
1 .	Add property columns A through D, lines 25b, 26g,	27c, 28l	o, and 29b. Enter her	e and on line 13	3		31	
	Subtract line 31 from line 30. Enter the portion from from other than casualty or theft on Form 4797, line		y or theft on Form 46	84, line 33. Ente	er the	portion	32	
	t IV Recapture Amounts Under Section	ns 179	and 280F(b)(2)	When Busin	ess l	Jse Drops to		or Less
	(see instructions)					T		
						(a) Section 179	١	(b) Section 280F(b)(2)
3	Section 179 expense deduction or depreciation allo	wable in	prior years		33			
	Recomputed depreciation (see instructions)				34			
					35	i		

Work Opportunity Credit

Department of the Treasury Internal Revenue Service

► Attach to your tax return.

► Information about Form 5884 and its separate instructions is at www.irs.gov/form5884.

Name(s) shown on return

Identifying number

For	Paperwork Reduction Act Notice, see separate instructions.		Form 5884 (2015)
6	Cooperatives, estates, and trusts, subtract line 5 from line 4. Report this amount on Form 3800, Part III, line 4b	. 6	
5	Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions)	. 5	
4	Add lines 2 and 3. Cooperatives, estates, and trusts, go to line 5. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 3800, Part III, line 4b	. 4	0.
3	Work opportunity credit from partnerships, S corporations, cooperatives, estates, and trusts (see instructions) SEE STATEMENT 2	3	295.
2	Add lines 1a, 1b, and 1c. See instructions for the adjustment you must make to salaries and wages	2	
•	Qualified second-year wages of employees certified as long-term family assistance recipientsx 50% (0.5	0) <u>1c</u>	
ı	Qualified first-year wages of employees who worked for you at least 400 hours \$_x 40\% (0.4)	0) 1b	
•	Qualified first-year wages of employees who worked for you at least 120 hours but fewer than 400 hours \$x 25% (0.2)	5) 1a	
1	Enter on the applicable line below the total qualified first- or second-year wages paid or incurred during the tax year, and multiply by the percentage shown, for services of employees who are certified as members of a targeted group.		
BI	LL & MELINDA GATES FOUNDATION TRUST		91-1663695

Form **6765**

Credit for Increasing Research Activities

► Attach to your tax return.

2015
Attachment Sequence No. 81

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

Sequence

tifying number

BILL & MELINDA GATES FOUNDATION TRUST

91-1663695

	tion A - Regular Credit. Skip this section and go to Section B if you are electin _s olified credit.	g or previously electe	ed (and are not revoking) the alte	rnative
<u>31111</u>	Certain amounts paid or incurred to energy consortia		1	
2	Basic research payments to qualified organizations	1 1	•	
3	Qualified organization base period amount			
4	Subtract line 3 from line 2. If zero or less, enter -0-		4	
5	Wages for qualified services (do not include wages used in figuring the			
•	work opportunity credit)	5		
6	Cost of supplies			
7	Rental or lease costs of computers	· - 		
8	Enter the applicable percentage of contract research expenses			
9	Total qualified research expenses. Add lines 5 through 8			
10	Enter fixed-base percentage, but not more than 16% (0.16)		%	
11	Enter average annual gross receipts			
12	Multiply line 11 by the percentage on line 10	12		
13	Subtract line 12 from line 9. If zero or less, enter -0-			
14	Multiply line 9 by 50% (0.50)			
15	Enter the smaller of line 13 or line 14		15	
16	Add lines 1, 4, and 15			
17	Are you electing the reduced credit under section 280C? ► Yes No			
	If "Yes," multiply line 16 by 13% (0.13). If "No," multiply line 16 by 20% (0.20) and see th	e instructions for the s	tatement	
	that must be attached. Members of controlled groups or businesses under common con	trol: see instructions fo	r the	
	statement that must be attached		17	
Sec	tion B - Alternative Simplified Credit. Skip this section if you are completing S	ection A.		
18	Certain amounts paid or incurred to energy consortia		18	
19	Basic research payments to qualified organizations	. 19		
20	Qualified organization base period amount	. 20		
21	Subtract line 20 from line 19. If zero or less, enter -0-		21	
22	Add lines 18 and 21			
23	Multiply line 22 by 20% (0.20)			
24	Wages for qualified services (do not include wages used in figuring the			
	work opportunity credit)	. 24		
25	Cost of supplies	. 25		
26	Rental or lease costs of computers	. 26		
27	Enter the applicable percentage of contract research expenses	27		
28	Total qualified research expenses. Add lines 24 through 27	. 28		
29	Enter your total qualified research expenses for the prior 3 tax years. If you had no			
	qualified research expenses in any one of those years, skip lines 30 and 31	29		
30	Divide line 29 by 6.0	. 30		
31	Subtract line 30 from line 28. If zero or less, enter -0-			
32	Multiply line 31 by 14% (0.14). If you skipped lines 30 and 31, multiply line 28 by 6% (0.	06)	32	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **6765** (2015)

Form 6765 (2015) Page **2**

Section B - Alternative Simplified Credit. (continued) 33 Add lines 23 and 32 33 34 Are you electing the reduced credit under section 280C? ▶ Yes ☐ No If "Yes," multiply line 33 by 65% (0.65). If "No," enter the amount from line 33 and see the line 17 instructions for the statement that must be attached. Members of controlled groups or businesses under common control: see instructions for the statement that must be attached Section C - Summary 35 Enter the portion of the credit from Form 8932, line 2, that is attributable to wages that were also used to figure the credit on line 17 or line 34 (whichever applies) 35 Subtract line 35 from line 17 or line 34 (whichever applies). If zero or less, enter -0-36 36 6,796. Credit for increasing research activities from partnerships, S corporations, estates, and trusts 37 37 38 Add lines 36 and 37. Estates and trusts, go to line 39. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 3800, Part III, line 1c STATEMENT 24 38 Amount allocated to beneficiaries of the estate or trust 39 39 Estates and trusts, subtract line 39 from line 38. Report the amount on Form 3800, Part III, line 1c 40 40

Form 6765 (2015)

Department of the Treasury

Passive Activity Loss Limitations

See separate instructions.

► Attach to Form 1040 or Form 1041.

OMB No. 1545-1008

Internal Revenue Service (99) ▶ Information about Form 8582 and its instructions is available at www.irs.gov/form8582

Name(s) shown on return

Identifying number

	LL & MELINDA GATES FOUNDATION TRUST		91-1663695
Pa	art I 2015 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing a	Part I.	
Ren	Ital Real Estate Activities With Active Participation (For the definition of active participation, see		
	cial Allowance for Rental Real Estate Activities in the instructions.)		
10	Activities with net income (enter the amount from Worksheet 1,		
ıa	column (a))		
	`"		
D	Activities with net loss (enter the amount from Worksheet 1, column (b)))	
	Solation (S))		
С	Prior years unallowed losses (enter the amount from Worksheet 1, column (c)) 1c (
٨	Combine lines 1a, 1b, and 1c	/ 1d	
	nmercial Revitalization Deductions From Rental Real Estate Activities	IU	
		\	
	· · · · · · · · · · · · · · · · · · ·		
b	Prior year unallowed commercial revitalization deductions from	,	
	Worksheet 2, column (b)		,
	Add lines 2a and 2b	2c	
All (Other Passive Activities		
За	Activities with net income (enter the amount from Worksheet 3,	.02	
	column (a)) 3a 171,0	03.	
b	Activities with net loss (enter the amount from Worksheet 3,		
	column (b)) 3b (6 , 2	31.)	
С	Prior years unallowed losses (enter the amount from Worksheet 3,		
	column (c)) STATEMENT 25 3c (576,7		440.005
d	Combine lines 3a, 3b, and 3c	3d	-412,005.
4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all		
	losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses	s on	
	the forms and schedules normally used	4	-412,005.
	If line 4 is a loss and: • 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 	o to line 15.	
Ca	ution: If your filing status is married filing separately and you lived with your spouse at any time during the year	, do not con	nplete
	rt II or Part III. Instead, go to line 15.		
Pa	art II Special Allowance for Rental Real Estate Activities With Active Participation		
	Note: Enter all numbers in Part II as positive amounts. See 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 instructions		
7	Enter modified adjusted gross income, but not less than zero (see instructions)		
	Note: If line 7 is greater than or equal to line 6, skip lines 8 and		
	9, enter -0- on line 10. Otherwise, go to line 8.		
8	Subtract line 7 from line 6		
9	Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions	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.		
Pa	art III Special Allowance for Commercial Revitalization Deductions From Rental Re	eal Estate	Activities
	Note: Enter all numbers in Part III as positive amounts. See the example for Part II in 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		
13	Reduce line 12 by the amount on line 10		
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13		
	art IV Total Losses Allowed		
15	Add the income, if any, on lines 1a and 3a and enter the total	15	171,003.
16	Total losses allowed from all passive activities for 2015. Add lines 10, 14, and 15. See instructions	······ ··	=:=,::::
.0	to find out how to report the losses on your tay return	30 16	171 003.

Caution: The worksheets must be filed with your ta									
Worksheet 1 - For Form 8582, Lines 1a	i, 1b, and 1c (S	ee instru	ctions.)						
Name of activity	Currer	nt year		Prior ye	ears		Overa	II ga	in or loss
Nume of adamsy	(a) Net income (line 1a)	(b) Ne		(c) Unalle loss (line			(d) Gain		(e) Loss
Total. Enter on Form 8582, lines 1a,									
1b, and 1c ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ►	and the (Coolin	otri iotion	۱۵۱						
	(a) Current		15.) 	(b) Prior	vear				
Name of activity	deductions (li		unallo	wed deduct		2b)	(6	c) O	verall loss
Total. Enter on Form 8582, lines 2a									
and 2b Worksheet 3 - For Form 8582, Lines 3a	. 3b. and 3c <i>(</i> S	ee instru	ctions)						
**************************************	,		otionis.j	Ι	I				
Name of activity	Current year			Prior ye			Overa	II ga	in or loss
	(a) Net income (line 3a)	(b) Ne		(c) Unalle loss (line			(d) Gain		(e) Loss
	SEE ATTAC	HED ST	TATEM	ENT FO	R WOR	KSF	EET 3		
Total. Enter on Form 8582, lines 3a,		5.				.1101			
3b, and 3c ► Worksheet 4 - Use this worksheet if ar	171,003.			-576,		(80	e instruc	tio	ne)
Worksheet 4 - Ose this worksheet it di	Form or schedule	WII OII I	51111 050		701 14	(00	e ii isti uc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	15.)
Name of activity	and line number to be reported on (see instructions)	(a) L	oss	(b) Ra	tio	•	e) Special llowance		(d) Subtract column (c) from column (a)
Total	>	-1 -11	- \						
Worksheet 5 - Allocation of Unallowed	,		S.)						
Name of activity	Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	Loss	(b) Rat	tio	(c) Unallowed loss
	CDD 3 mm3	OTTED (יייי א שוי	MIDNIM T	D 7:70	י אי ת	שממווו	F	
	SEE ATTA	CHED S	TATE.	MENT F	ψĸ WC	KKS	HEET'	5	
Total		. •	55	9,590.	1.00	000	اهوووو		412,005.
		1		, •					,,

Worksheet 6 - Allowed Losses (See ins	structions.)							
Name of activity	Form or s and line i to be repo (see instr	number orted on	(a) I	Loss	(b) Unallowed loss		(c) Allowed los	
	CDD 3.000	13 OIIED	CM V M EI	MENTER TO	D 147	Drainem	-	
	SEE AT	PACHED	STATE.	MENT FO	DR WO	ORKSHEET	6	
Total		•	46	3,901.		338,726.		125,175.
Worksheet 7 - Activities With Losses F	Reported on T	wo or M			dules	(See instruc	tions	s.)
Name of activity:	(a)		(b)	(c) Ra		(d) Unallowe	ч	(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, en	ter -0	<u> </u>						
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, en	ter -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								
	_	PACHED	STATE	MENT FO	OR WO	RKSHEET	7	
c Subtract line 1b from line 1a. If zero or less, en		<u> </u>					\dashv	
	VERALL	_ a	9 529	1.000	0000	73,27	9	26,250.
Total			<i>,,,,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 - 0 0 0		, , , , , ,	→ •	20,230.

Form **8582** (2015)

Form **8582-CR**

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

Name(s) shown on return

Passive Activity Credit Limitations

► See separate instructions.

► Attach to Form 1040 or 1041.

OMB No. 1545-1034

Attachment Sequence No. **89**

Identifying number

BILL & MELINDA GATES FOUNDATION TRUST

91-1663695

Pa	rt I Passive Activity Credits				•	
	Caution: If you have credits from a publicly	traded partnership, see Pub	olicly Traded Partne	rships (PTPs) in ti	he instr	uctions.
	ts From Rental Real Estate Activities With Active Parti ncome Housing Credits) (See Lines 1a through 1c in t	•	tation Credits and			
1a	Credits from Worksheet 1, column (a)		1a			
b	Prior year unallowed credits from Worksheet 1, colum	n (b)	1b			
С	Add lines 1a and 1b				1c	
Reha	bilitation Credits From Rental Real Estate Activities ar	d Low-Income Housing Credit	s for Property Placed	in Service		
Befor	e 1990 (or From Pass-Through Interests Acquired Befo	ore 1990) (See Lines 2a throu	gh 2c in the instruction	ons.)		
•	Oradita from Warlahash Oradium (a)					
2a	Credits from Worksheet 2, column (a)		2a			
b	Prior year unallowed credits from Worksheet 2, colum	n (b)	2b			
	Add Core Or and Ob					
	Add lines 2a and 2b	After 1000 (Coolings 2s three			2c	
LOW-	income Housing Creaks for Property Placed in Service	Alter 1909 (See Lilles 38 till)	ough oc in the mstruc	110115.)		
3a	Credits from Worksheet 3, column (a)		3a			
b	Prior year unallowed credits from Worksheet 3, colum	n (b)	3b			
	Add lines 3a and 3b				3с	
All O	her Passive Activity Credits (See Lines 4a through 4c		1 1			
4a	Credits from Worksheet 4, column (a)		4a	552.		
b	Prior year unallowed credits from Worksheet 4, colum	n (b)	4b	7,470.		0 000
<u>C</u>	Add lines 4a and 4b				4c	8,022.
5	Add lines 1c, 2c, 3c, and 4c	-1			5	8,022.
6 7	Enter the tax attributable to net passive income (see in				7	8,022.
	Subtract line 6 from line 5. If line 6 is more than or equ					0,022.
NOLE	If your filing status is married filing separately ar do not complete Part II, III, or IV. Instead, go to		se at any time during	g tne year,		
Pa	rt II Special Allowance for Rental Re		Vith Active Par	ticipation		
	Note: Complete this part only if you have a			-		
8	Enter the smaller of line 1c or line 7				8	
9	Enter \$150,000. If married filing separately, see instruc	ctions	9			
10	Enter modified adjusted gross income, but not less that	ın zero (see instructions).				
	If line 10 is equal to or more than line 9, skip lines 11					
	through 15 and enter -0- on line 16					
11			11			
12	Multiply line 11 by 50% (.50). Do not enter more that					
40	filing separately, see instructions		12			
13a	Enter the amount, if any, from line 10 of	13a				
h	Form 8582	134				
D	Form 8582	13h				
С	Add lines 13a and 13b		13c			
_						
14	Subtract line 13c from line 12		14			
15	Enter the tax attributable to the amount on line 14 (see	instructions)	_		15	
40	Entantha and allow of the Constant of					
<u>16</u>					16	8582-CR (Rev. 01-2012)

Pa	rt III Special Allowance for Rehabilitation Credits From Rental Rea Housing Credits for Property Placed in Service Before 1990 (o	I Estate Activities and	Low-Inco	me
	Acquired Before 1990)	i i i om i ass i mough	microsis	
	Note: Complete this part only if you have an amount on line 2c. Otherwise, go to F	Part IV.		
17	Enter the amount from line 7		17	
18	Enter the amount from line 16		18	
19	Subtract line 18 from line 17. If zero, enter -0- here and on lines 30 and 36, and then go to Part V $_{\dots}$		19	
20	Enter the smaller of line 2c or line 19		20	
21	Enter \$250,000. If married filing separately, see instructions to find			
	out if you can skip lines 21 through 26	21		
22	Enter modified adjusted gross income, but not less than zero. (See instructions for line 10.) If line			
	22 is equal to or more than line 21, skip lines 23 through 29 and enter -0- on line 30	22		
23	Subtract line 22 from line 21	23		
24	Multiply line 23 by 50% (.50). Do not enter more than \$25,000. If married			
	filing separately, see instructions	24	_	
25a	Enter the amount, if any, from line 10 of			
	Form 8582 25a			
b	Enter the amount, if any, from line 14 of			
	Form 8582 25b	_		
	Add lines 25a and 25b	25c	-	
26	Subtract line 25c from line 24	26		
27	Enter the tax attributable to the amount on line 26 (see instructions)			
28	Enter the amount, if any, from line 18			
29	Subtract line 28 from line 27		29	
	5			
30 Da	rt IV Special Allowance for Low-Income Housing Credits for Prope	erty Placed in Service A	30 Stor 1090	
	Note: Complete this part only if you have an amount on line 3c. Otherwise, go to F	•	iilei 1909	
	Note: Complete this part only if you have an amount on line sc. Otherwise, go to r	-art v.		
24	If you completed Part III, enter the amount from line 19. Otherwise, subtract line 16 from line 7		31	
31 32			32	
33	Enter the amount from line 30		33	
34			34	
35	Enter the smaller of line 3c or line 33 Tax attributable to the remaining special allowance (see instructions)		35	
55	Tax authoritable to the femalising special anowance (see instructions)		33	
36	Enter the smaller of line 34 or line 35		36	
=			1 00 1	
Pa	rt V Passive Activity Credit Allowed			
37	Passive Activity Credit Allowed. Add lines 6, 16, 30, and 36. See instructions to find out how	to report the allowed credit on		
٠.	your tax return and how to allocate allowed and unallowed credits if you have more than one credit of	·		
	activity. If you have any credits from a publicly traded partnership, see Publicly Traded Partners		. 37	0.
		ornes (i ii s) in the met detient	., 0.	
Pa	rt VI Election To Increase Basis of Credit Property			
38	If you disposed of your entire interest in a passive activity or former passive activity in a fully taxable	e transaction, and vou		
	elect to increase your basis in credit property used in that activity by the unallowed credit that reduc			
	property, check this box. See instructions			>
39	Name of passive activity disposed of ▶			
40	Description of the credit property for which the election is being made			

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

▶\$

* SEE STATEMENT 31, 32 & 33

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

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

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

TO FORM 990-T, PAGE 1

FOOTNOTES

STATEMENT 18

PURSUANT TO CODE SEC. 172(B)(3), THE BILL & MELINDA GATES FOUNDATION TRUST HEREBY ELECTS TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT TO THE NET OPERATING LOSS INCURRED FOR THE TAX YEAR ENDED DECEMBER 31, 2015, AND WILL HAVE SUCH LOSS AVAILABLE FOR CARRYFOWARD ONLY.

				
FORM 990-T	STATEMENT 19			
DESCRIPTIO	N			AMOUNT
INTEREST I	— NCOME - STRATEGIC	PARTNERS FUND II.	. LP	8.
PASSIVE IN	63,205.			
	SS - BANNISTER HOLI		•	-40,374.
PASSIVE LO	SS - JOBSON MEDICA	L INFORMATION HOL	DINGS, LLC	-312,418.
PASSIVE LO	SS - SMB PRIVATE E	DUCATION LOAN TRU	JST 2014-A	-19,094.
	SS - STRATEGIC PAR			-2,103.
	SS - SUFFOLK TIMBE	=		-61,867.
PASSIVE LO	SS - TOWER SQUARE	CAPITAL PARTNERS	II, LP	-23,246.
TOTAL TO F	-395,889.			
FORM 990-T	NET	OPERATING LOSS I	DEDUCTION	STATEMENT 20
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/08	353.	0.	353.	353.
12/31/09	15,323.	0.	15,323.	15,323.
12/31/10	57,959.	0.	57,959.	57,959.
12/31/11	333.	0.	333.	333.
12/31/12	5,930.	0.	5,930.	5,930.
12/31/13	4,153.	0.	4,153.	4,153.
12/31/14	7,773.	0.	7,773.	7,773.
NOL CARRYO	VER AVAILABLE THIS	YEAR	91,824.	91,824.

FORM 990-T

NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 21

NAME OF COUNTRY

UNITED ARAB EMIRATES

BRAZIL

CHILE

CHINA

COLOMBIA

CZECH REPUBLIC

DENMARK

EGYPT

UNITED KINGDOM

GHANA

GREECE

HONG KONG

HUNGARY

INDONESIA

ISRAEL

INDIA

JAMAICA

JAPAN

KOREA (SOUTH)

MALAYSIA

PERU

PHILIPPINES

POLAND

QATAR

ROMANIA

THAILAND

TURKEY

TAIWAN

VIETNAM

FORM 990-T SCHEDULE K	STATEMENT 22		
NAME	TITLE	PERCENT	COMPENSATION
WILLIAM H. GATES, III	TRUSTEE AND CEO	.00%	0.
MELINDA FRENCH GATES	TRUSTEE	.00%	0.
JIM BROMLEY	CHIEF FINANCIAL		
	OFFICER	.00%	0.
KEITH TRAVERSE	SECRETARY	.00%	0.
MICHAEL LARSON	LLC MANAGER	.00%	0.
TOTAL TO FORM 990-T, SCHEDULE	K		

FORM 5884 PASSIVE AC	CTIVITY CREDIT L	IMITATIONS	STATEMENT 23
NAME OF ACTIVITY	CREDITS	UNALLOWED CREDITS	ALLOWED CREDITS
TOWER SQUARE CAPITAL PARTNERS II, LP - CARRYFORWARD	295.	295.	0.
TOTAL TO FORM 5884, LINE 4	295.	295.	0.

FORM 6765 PASSIVE	ACTIVITY CREDIT	LIMITATIONS	STATEMENT 24
NAME OF ACTIVITY	CREDITS	UNALLOWED CREDITS	ALLOWED CREDITS
TOWER SQUARE CAPITAL PARTNERS III, LP	552	552.	0.
TOWER SQUARE CAPITAL PARTNERS III, LP - CARRYFORWARD	6,244	6,244.	0.
TOTAL TO FORM 6765, LINE 38	6,796	6,796.	0.

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

PART I, LINE 3C FOR THE YEAR ENDED DECEMBER 31, 2015

PASSIVE ACTIVITY LOSS CARRYOVER FROM 2014 RETURN:	\$ (889,195)
PRIOR YEAR SUSPENDED PASSIVE ACTIVITY LOSSES RELEASED DUE TO DISPOSITION OF JOBSON MEDICAL INFORMATION HOLDINGS, LLC (EIN: 20-2710108):	312,418
2015 FORM 8582, PART I, LINE 3C	\$ (576,777)

FORM 8582	OTHER	PASSIV	E ACI	TIVITIES	S - WORKSHEET	3 ST2	ATEMENT 26
	(CURRENT	YEAF	?	PRIOR YEAR UNALLOWED	OVERALL GA	AIN OR LOSS
NAME OF ACTIVITY	NET]	INCOME	NET	LOSS	LOSS	GAIN	LOSS
TOWER SQUARE CAPITAL							
PARTNERS II, LP	19	9,578.		0.	-119,107.		-99,529.
BANNISTER HOLDINGS, LLC SUFFOLK TIMBER		0.		-823.	-152,262.		-153,085.
HOLDINGS, LLC SMB PRIVATE EDUCATION	1	0.	-	-3,305.	-231,273.		-234,578.
LOAN TRUST 2014-A TOWER SQUARE CAPITAL	. 1	1,737.		0.	-74,135.		-72,398.
PARTNERS III, LP STRATEGIC PARTNERS	63	3,205.		0.		63,205.	
II, LP - PASSIVE	86	5,483.	-	-2,103.		84,380.	
TOTALS	171	1,003.	_	6,231.	-576,777.	147,585.	-559,590.

FORM 8582	ALLOCATION OF	UNALLOWED	LOSSE	S - WORKSI	HEET 5 STA	TEMENT 27
NAME OF ACTIVITY		FORI OR SCHEDI	-	LOSS	RATIO	UNALLOWED LOSS
TOWER SQUARE CAPIT LP BANNISTER HOLDINGS SUFFOLK TIMBER HOL SMB PRIVATE EDUCAT 2014-A	S, LLC LDINGS, LLC	990-т, 990-т,	LINE 5 LINE 5	234,578.	.177860576 .273566361 .419196197	73,279. 112,711. 172,711.
TOTALS			_	559,590.	1.00000000	412,005.

FORM 8582 ALLOW	ALLOWED LOSSES - WORKSHEET 6		EMENT 28
NAME OF ACTIVITY	LOSS	UNALLOWED LOSS	ALLOWED LOSS
BANNISTER HOLDINGS, LLC SUFFOLK TIMBER HOLDINGS, LLC SMB PRIVATE EDUCATION LOAN TRUS	153,085. 234,578.	•	40,374. 61,867.
2014-A STRATEGIC PARTNERS II, LP - PAS	74,135.	•	20,831. 2,103.
TOTALS	463,901.	338,726.	125,175.

FORM 8582	_			PORTED ON 2 (ULES - WORKS)		TEMENT 29
GROUP NO. NAME	FORM OR SCHEDULE NET LOSS	FORM OR SCHEDULE NET GAIN	OVERALL LOSS	RATIO	UNALLOWED LOSS	ALLOWED LOSS
1 TOWER SQUARE CAPITAL PARTNERS II, LP			11,389.	.114428960	8,385.	3,004.
1 TOWER SQUARE CAPITAL PARTNERS II, LP		19,578.	88,140.	.885571040	64,894.	23,246.
			99,529.	1.00000000	73,279.	26,250.

FORM 8582 SU	JMMARY OF PA	ASSIVE ACT	IVITIES	STAT	EMENT 30
R R		DDIOD	NEE		AL LOWED
E A NAME	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
TOWER SQUARE					
CAPITAL PARTNERS					
II, LP	0.	-11,389.	-11,389.	8,385.	3,004
TOWER SQUARE					
CAPITAL PARTNERS					
II, LP	19,578.	-107,718.	-88,140.	64,894.	23,246
BANNISTER					
HOLDINGS, LLC	-823.	-152,262.	-153,085.	112,711.	40,374
SUFFOLK TIMBER					
HOLDINGS, LLC	-3,305.	-231,273.	-234,578.	172,711.	61,867.
SMB PRIVATE					
EDUCATION LOAN					
TRUST 2014-A	1,737.	-74,135.	-72,398.	53,304.	19,094
TOWER SQUARE					
CAPITAL PARTNERS	62 005		62 005		
III, LP	63,205.		63,205.		
STRATEGIC					
PARTNERS II, LP -	06 402		06 402		
PASSIVE	86,483.		86,483.		
STRATEGIC					
PARTNERS II, LP -	-2,103.		-2,103.		2,103
PASSIVE	-2,103.		-2,103.		2,103
TOTALS	164,772.	-576,777.	-412,005.	412,005.	149,688
PRIOR YEAR CARRYOVERS ALLOW	VED DUE TO	CURRENT YE	AR NET ACTI	VITY INCOME	21,315
FOTAL TO FORM 8582, LINE 16	5				171,003

FORM 8582-CR		IVE ACTIVITY CR ORKSHEET 4	STATEMENT 31	
NAME OF ACTIVITY	FROM FORM	CURRENT YEAR CREDITS	PRIOR YEAR UNALLOWED CREDITS	TOTAL CREDITS
TOWER SQUARE CAPITAL PARTNERS III, LP TOWER SQUARE CAPITAL	6765/3800, LINE 2 CARRYOVER	552.		552.
PARTNERS III, LP			6,244.	6,244.
TOWER SQUARE CAPITAL PARTNERS II, LP	CARRYOVER		295.	295.
TOWER SQUARE CAPITAL PARTNERS III, LP	CARRYOVER		931.	931.
TOTALS		552.	7,470.	8,022.

FORM 8582-CR	ALLOCATION OF	UNALLOWED CRED	OITS - WORK	SHEET 8 ST.	ATEMENT 32
NAME OF ACTIVIT	Y	FORM TO BE REPORTED ON	CREDITS	RATIO	UNALLOWED CREDITS
TOWER SQUARE CA		FORM 3800, LINE 3	552.	.068810770	552.
TOWER SQUARE CA III, LP TOWER SQUARE CA		FORM 3800, LINE 3 FORM 3800,	6,244.	.778359511	6,244.
II, LP TOWER SQUARE CA		LINE 33 FORM 3800,	295.	.036773872	295.
III, LP	I I I I I I I I I I I I I I I I I I I	LINE 33	931.	.116055846	931.
TOTALS			8,022.	1.00000000	8,022.

FORM 8582-CR ALLOWE	D CREDITS - WORKSHEET 9		STATEMENT 33	
NAME OF ACTIVITY	FORM TO BE REPORTED ON	CREDITS	UNALLOWED CREDITS	ALLOWED CREDITS
TOWER SQUARE CAPITAL PARTNERS	FORM 3800, LINE 3	552.	552.	0.
TOWER SQUARE CAPITAL PARTNERS III, LP TOWER SQUARE CAPITAL PARTNERS II,	FORM 3800, LINE 3 FORM 3800,	6,244.	6,244.	0.
LP TOWER SQUARE CAPITAL PARTNERS TOWER SQUARE CAPITAL PARTNERS	LINE 33 FORM 3800,	295.	295.	0.
III, LP	LINE 33	931.	931.	0.
TOTALS		8,022.	8,022.	0.

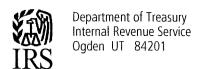
BILL & MELINDA GATES FOUNDATION TRUST EIN # 91-1663695 FORM 990-T

CHARITABLE CONTRIBUTION CARRYFORWARD SCHEDULE FOR THE YEAR ENDED DECEMBER 31, 2015

YEAR END	CONTRIBUTIONS SUBJECT TO 50% LIMITATION	CONTRIBUTIONS SUBJECT TO 30% LIMITATION	CURRENT YEAR AMOUNT UTILIZED	50% LIMITATION CARRYFORWARD	30% LIMITATION CARRYFORWARD
12/31/11	-	1,970,000,000	-	-	1,970,000,000
12/31/12	-	1,916,996,002	-	-	1,916,996,002
12/31/13	307	2,158,000,000	-	307	2,158,000,000
12/31/14	324	2,283,500,000	-	324	2,283,500,000
12/31/15	303	2,350,000,000	-	303	2,350,000,000
TOTAL			\$ -	\$ 934	\$ 10,678,496,002

TOTAL CARRYFORWARD TO 12/31/2016:

\$ 10,678,496,936



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

Notice	CP211A
Tax period	December 31, 2015
Notice date	June 20, 2016
Employer ID number	91-1663695
To contact us	Phone 1-877-829-5500
	FAX 801-620-5555
Dage 1 of 1	

Page 1 of 1



238649

Important information about your December 31, 2015 Form 990T

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

We approved the Form 8868 for your December 31, 2015 Form 990T.

Your new due date is November 15, 2016.

What you need to do

File your December 31, 2015 Form 990T by November 15, 2016.

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

Additional information

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

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