Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

Note: The organization may be able to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0052 2005

For calendar year 2005, or tax year beginning 2005, and ending G Check all that apply: Initial return Final return Amended return Address change Name change Name of organization A Employer identification number Use the IRS lahel BILL & MELINDA GATES FOUNDATION 91-1663695 Otherwise, Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number (see page 10 of print the instructions) or type. 1551 EASTLAKE AVENUE EAST (206) 709-3100 See Specific If exemption application is pending, check here City or town, state, and ZIP code Instructions. D 1. Foreign organizations, check here SEATTLE, WA 98102 2. Foreign organizations meeting the 85% test, check here and attach H Check type of organization: |x | Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E If private foundation status was terminated Fair market value of all assets at end J Accounting method: Cash X Accrual under section 507(b)(1)(A), check here . > of year (from Part II, col. (c), line Other (specify) If the foundation is in a 60-month termination *16)* ► \$ 29,153,508,829 (Part I, column (d) must be on cash basis.) under section 507(b)(1)(B), check here . > Part | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (c) Adjusted net for charitable expenses per (d) may not necessarily equal the amounts in income income purposes books column (a) (see page 11 of the instructions).) (cash basis only) 357,602,750 Contributions, gifts, grants, etc., received (attach schedule) . if the foundation is not required to 2 Check ▶ attach Sch. B 3 Interest on savings and temporary cash investments 785,184,146 785,184,146. 4 Dividends and interest from securities 223,691,625 276,794,134 Net rental income or (loss) 1,131,915,366. Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 54708424241. assets on line 6a 7 Capital gain net income (from Part IV, line 2) . 1,089,932,490 Net short-term capital gain Income modifications -10 a Gross sales less returns and allowances · · · b Less: Cost of goods sold c Gross profit or (loss) (attach schedule) Other income (attach schedule) 113,406,775. 139,210,302. STMT 1 Total. Add lines 1 through 11. 611,800,662 291,121,072 Compensation of officers, directors, trustees, etc 13 914,417 914,417. 14 Other employee salaries and wages 24,330,144 23,554,547. Expenses Pension plans, employee benefits 15 7,575,276 7,539,984. 16a Legal fees (attach schedule) . . . STMT 2 1,194,209 NONE NONE 1,053,105. b Accounting fees (attach schedule)STMT 3 <u>141,830</u> NONE NONE 141,830. Operating and Administrative c Other professional fees (attach sclaude), 4. 103,871,362 38,923,173. 58,242,211. 17 NONE NONE 24,849,239 100,994. Taxes (attach schedule) (see page 14 of the instructions) 10,358,440. 19 Depreciation (attach schedule) and depletion 7,817,271 4,022,686 4,451,445. 21 10,147,421 Travel, conferences, and meetings 9,801,552. 358,715 352,688. Other expenses (attach schedule) STMT . 6 . 16,012,084. 26,086,983. 7,117,642. Total operating and administrative expenses. 24 Add lines 13 through 23 201,234,654 75,368,596 NONE 113,270,415. 25 Contributions, gifts, grants paid 1,566,809,082 1,356,250,292. Total expenses and disbursements. Add lines 24 and 25 1,768,043,736. 75,368,596. 1,469,520,707. NONE Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements 843,756,926. b Net investment income (if negative, enter -0-) 2,215,752,476. c Adjusted net income (if negative, enter -0-). -0Form 990-PF (2005) 91-1663695 Page **2**

	-	-rr (2000)	T	-1003093	Page Z
P	art II	Balance Sheets Attached schedules and amounts in the description column should be for	Beginning of year		of year
		end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	255,857.	264,490.	264,490.
	2	Savings and temporary cash investments	1,272,703,294.	388,902,901.	388,902,901.
N	3	Accounts receivable ► 223,052,505.			
J.		Less: allowance for doubtful accounts ▶	278,714,356.	223,052,505.	223,052,505.
	4	Pledges receivable			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable	1		
	6	Receivables due from officers, directors, trustees, and other			· · · · · · · · · · · · · · · · · · ·
		disqualified persons (attach schedule) (see page 15 of the instructions)			
	7	Other notes and loans receivable (attach schedule)			
	•	Less: allowance for doubtful accounts			
	8	Inventories for sale or use			
ets	9	Prepaid expenses and deferred charges		559,031.	559,031.
Assets		Investments - U.S. and state government obligations (attach schedule)**			
4		Investments - u.s. and state government obligations (attach schedule) . STMT, 8			
	11 C	Investments - corporate bonds (attach schedule) STMT 9 Investments - land, buildings,	6,081,793,545.	4,641,228,311.	4,641,228,311.
		and equipment: basis Less: accumulated depreciation		# 12 h	
		(attach schedule)			
	12	Investments - mortgage loans			
	13 14	Investments - other (attach schedule) STMT 10 . Land, buildings, and		11,501,221,362.	11,501,221,362.
	• •			t de la companya de l	a to
		equipment: basis Less: accumulated depreciation (attach schedule) 37,389,825.	18,224,551.	24,906,304.	
	15	Other assets (describe STMT_11)	4,426,627.	2,500,797.	2,500,797.
	16	Total assets (to be completed by all filers - see page 16 of			
\dashv		the instructions. Also, see page 1, item I)		29,153,508,829.	29,153,508,829.
	17	Accounts payable and accrued expenses	25,217,925.	23,519,038.	
1	18	Grants payable	1,885,062,624.	2,096,441,489.	
es	19	Deferred revenue			
Liabinaes	20	Loans from officers, directors, trustees, and other disqualified persons $\ \ .$			
jab	21	Mortgages and other notes payable (attach schedule) \dots			
ᅦ	22	Other liabilities (describe STMT_12)	34,039,365.	26,831,635.	
\bot	23	Total liabilities (add lines 17 through 22) · · · · · · · · ·	1,944,319,914.	2,146,792,162.	
		Organizations that follow SFAS 117, check here ► X			
		and complete lines 24 through 26 and lines 30 and 31.			
Ses	24	Unrestricted	26,854,289,274.	27,006,716,667.	
aŭ	25	Temporarily restricted	1		
3a	26	Permanently restricted · · · · · · · · · · · · · · · · · · ·			
힏		Organizations that do not follow SFAS 117,			
Fund Balances		check here and complete lines 27 through 31.			
-	27	Capital stock, trust principal, or current funds			
ts	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
SSe	29	Retained earnings, accumulated income, endowment, or other funds			
ĕ	30	Total net assets or fund balances (see page 17 of the			
Net Assets		instructions)	26,854,289,274.	27.006 716 667	
	31	Total liabilities and net assets/fund balances (see page 17 of	20,004,209,274.	2., 000, 110,001.	
- 1	٠.	the instructions) · · · · · · · · · · · · · · · · · · ·	20 700 600 100	20 152 500 020	

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with		
	end-of-year figure reported on prior year's return)	1	26,854,289,274.
2	Enter amount from Part I, line 27a		843,756,926.
3	Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 13	3	-691,329,533.
	Add lines 1, 2, and 3	4	27,006,716,667.
	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	27,006,716,667.

(a) List and 2-story b	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sole (mo., day, yr		
	2-story brick warehouse; or common stock, 200 shs. MLC Co.) PART IV SCHEDULE				
b			1		
i					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	
			-		
			-		
omalata anly for accets a	having a six in a slower (h) and				
omplete only for assets s	howing gain in column (h) and own	T	- \ \'\	Gains (Col. (h) ga (k), but not less t	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Coi.	Losses (from co	
					······································
		<u> </u>	 		
	· (net capital loss) · · · · · {	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2	1,089,	932,490.
	n or (loss) as defined in sections 12				
	, line 8, column (c) (see pages 13				
If (loss), enter -0- in Part I,	line 8		3		
	nder Section 4940(e) for Red				
	leave this part blank.	e section 4940(a) tax on net invest			
as the organization liable fo		ributable amount of any year in the			Yes X N
as the organization liable for "Yes," the organization doe Enter the appropriate amo	leave this part blank. or the section 4942 tax on the distr	ibutable amount of any year in the	base peri	od?	
as the organization liable fo 'Yes," the organization doe Enter the appropriate amo	leave this part blank. or the section 4942 tax on the distribution of the section 4940 (e.g., and the section 4940).	ibutable amount of any year in the	base peri	od?	atio
as the organization liable for Yes," the organization doe Enter the appropriate amount (a) Gase period years Calendar year	leave this part blank. or the section 4942 tax on the distribution of the section 4940 (estimate in each column for each year (b)	ibutable amount of any year in the). Do not complete this part. ; see page 18 of the instructions b	base peri	iod? ing any entries. (d) Distribution ra (col. (b) divided by	atio col. (c))
as the organization liable for "Yes," the organization doe Enter the appropriate amount (a) Base period years Calendar year (or tax year beginning in)	leave this part blank. or the section 4942 tax on the distress not qualify under section 4940(expount in each column for each year (b) Adjusted qualifying distributions	ributable amount of any year in the). Do not complete this part. ; see page 18 of the instructions b (c) Net value of noncharitable-use assets	base peri	ing any entries. (d) Distribution ra (col. (b) divided by 0.050	atio col. (c)) 05751574
as the organization liable for 'Yes," the organization does Enter the appropriate amount (a) Base period years Calendar year (or tax year beginning in) 2004 2003 2002	leave this part blank. or the section 4942 tax on the distribution and qualify under section 4940(e) ount in each column for each year (b) Adjusted qualifying distributions 1,327,665,251. 1,247,853,357. 1,238,249,533.	ibutable amount of any year in the). Do not complete this part. see page 18 of the instructions b (c) Net value of noncharitable-use assets 26,522,795,456. 24,865,047,239. 23,299,692,084.	base peri	ting any entries. (d) Distribution ra (col. (b) divided by 0.050 0.050	atio col. (c)) 05751574 18503866
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form 990-PF (2005) 91-1663695 Page 4

2 Servicial quentity of possibilities of the company of the c		990-PF (2005) 91-1663695 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of ti	he ins		age 4
Date of ruling letter. Catach copy of ruling letter if necessary -see instructions) 1			110	Hactic	71137
b Domestic organizations that meet the section (840/e) requirements in Part V, check here P	14				
there ► ■ □ and enter 1% of Fart I, time 27b. All other context congestations and 2% of lime 27b. Several foreign corporariatins enter 4% of Fart I, line 10, etc. (b) 7 and lines 1 and 2 8 stratilities 4 (clamestic seachton 4947(a)/1) huists and taxable foundations only. Others enter 40-) 9 1 2 22,157,525. 8 stratilities 4 (clamestic seachton 4947(a)/1) huists and taxable foundations only. Others enter 40-) 9 2 22,157,525. 8 stratilities 4 (clamestic seachton 4947(a)/1) huists and taxable foundations only. Others enter 40-) 9 2 22,157,525. 1 Tax based on inventment income. Subtract line 4 from line 3 if zonor or less, enter 40-) 1 Tax based on inventment income. Subtract line 4 from line 3 if zonor or less, enter 40-) 1 Exempt foreign organizations - transverbed did source 1 Tax pold with application for exclusion of time to title (Form 8989) 1 Tax due. If the total or lines 5 and 5 is more than line 7, enter amount owed 1 Tax due. If the total or lines 5 and 5 is more than line 7, enter amount owed 2 Tax due. If the total or lines 5 and 5 is more than line 7, enter amount owed 3 Tax due. If the total or lines 5 and 5 is more than line 7, enter amount owed 4 Tax due. If the total or lines 5 and 5 is more than line 7, enter amount owed 5 Tax due. If the total or lines 5 and 5 is more than line 7, enter amount owed 6 Tax port of the support of the propriation of enterpt to intliance any national, state, or local legislation or did if participate or intervene in any political campaign? 10 Tax due to the tax poet, did the organization element to intliance any national, state, or local legislation or did if participate or intervene in any political campaign? 1 If the insert order with a 100 during the year (either directly or indirectly) for political proposes (see page 1) of the instructions for order line). 1 If the insert order with a 100 during the year (either directly or indirectly) for political proposes (see page 1) of the instruction or order lines in year 7 to 4 to 4 to 4 to 4 to 4 t	b		22,	157,	525.
a All other connectic cogarizations arise 2% of fine 27E. Exempt forces proposed from classifications only 0. Place and exempt of the classification of t					
2 Tax based in 151 (commed to (commedite section 4947(a)(1) inusts and taxable foundations only. Others enter -0-) 2 3 22,157,525. 8 Add lines 1 and 2 . 3 5 Add lines 1 and 3 . 3 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0 3 5 22,157,525. 6 Credital Phyments 2 2005 estimated tax seyments and 2004 overpayment tradited to 2006. 6 1	C				
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5 22,157,525. Tab based on investment income. Subtract line 4 from line 3. if zero or less, enter -0- Credital/Payments. 2005 estimated tax payments and 2004 overpayment credited to 2005. 5 23,987,612. Example foreign organizations - less withheld at source. 6 1	3	Add lines 1 and 2	22,	157,	<u>525.</u>
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b If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5					X
Was there a liquidation, termination, dissolution, or substantial contraction during the year? ## "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? Did the organization have at least \$5,000 in assets at any time during the year? #"Yes," complete Part II, col. (c), and Part XV. ### The states to which the foundation reports or with which it is registered (see page 19 of the instructions) ★ WASHINGTON STATE, WASHINGTON, D.C. ### If the answer is "Yes" to line 7, has the organization furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? #"No," attach explanation .		*		-	-
## "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? Did the organization have at least \$5,000 in assets at any time during the year? # "Yes," complete Part II, col. (c), and Part XV. Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ▶ WASHINGTON STATE, WASHINGTON, D.C. If the answer is "Yes" to line 7, has the organization furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? # "No," attach explanation State organization claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2005 or the taxable year beginning in 2005 (see instructions for Part XIV on page 26)? # "Yes," complete Part XIV Did any persons become substantial contributors during the tax year? # "Yes," ettach a schedule listing their names and addresses. Did the organization comply with the public inspection requirements for its annual returns and exemption application? Web site address ▶					-
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page 26)? If "Yes," complete Part XIV	9	Is the organization claiming status as a private operating foundation within the meaning of section 4942(j)(3)			
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Web site address ► WWW.GATESFOUNDATION.ORG The books are in care of ► GWEN SHERMAN, CONTROLLER Telephone no. ► 206-709-3100 Located at ► 1551 EASTLAKE AVENUE EAST, SEATTLE, WA, ZIP+4 ► 98102 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	10			<u> </u>	X
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га	Statements Regarding Activities for Which Form 4720 May be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the organization (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the organization agreed to make a grant to or to employ the official for a period		1 1	
	after termination of government service, if terminating within 90 days.) Yes X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the organization engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2005?	1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the organization was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2005, did the organization have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2005? Yes X No			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the organization is not applying the provisions of section 4942(a)(2)	- 1		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement - see page 20 of the instructions.)	2 b	N/	A
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
3 a	Did the organization hold more than a 2% direct or indirect interest in any business		1.1	
	enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2005 as a result of (1) any purchase by the organization			
	or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine	0 L	- 1	
	if the organization had excess business holdings in 2005.)	3 b		_X
4a	Did the organization invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		_X
b	Did the organization make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable	1h		v
E 0	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2005?	40		
o a	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X No			
	(2) Influence the outcome of any specific public election (see section 4955); or to carry	- '		
	on, directly or indirectly, any voter registration drive?			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			
	(4) Provide a grant to an organization other than a charitable, etc., organization described			
	in section 509(a)(1), (2), or (3), or section 4940(d)(2)?			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or		I	
	educational purposes, or for the prevention of cruelty to children or animals?			
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in			
	Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	5 b		X
	Organizations relying on a current notice regarding disaster assistance check here			
С	If the answer is "Yes" to question 5a(4), does the organization claim exemption from the		1	
	tax because it maintained expenditure responsibility for the grant?			
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
6 a	Did the organization, during the year, receive any funds, directly or indirectly, to pay			
	premiums on a personal benefit contract? Yes X No			
b	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6 b		X
	If you answered "Yes" to 6b, also file Form 8870.			

Form 990-PF (2005)		91-16	63695	Page 6
Part VIII Information About Officers, Directors and Contractors	s, Trustees, Foun	dation Managers,	Highly Paid Emplo	oyees,
List all officers, directors, trustees, foundation in	nanagers and their	compensation (see	page 21 of the instri	uctions).
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 14	_	914,417.	131,713.	NONE
	_		•	
		· · · · · · · · · · · · · · · · · · ·		
2 Compensation of five highest-paid employees (o If none, enter "NONE."	ther than those inc	luded on line 1 - se	e page 21 of the inst	ructions).
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 15	_	1,916,066.	218,206.	NONE
	_			
	_			
	_			
Tatal number of other employees poid over \$50,000				N 101
Total number of other employees paid over \$50,000. 3 Five highest-paid independent contractors for paid independent contractors.				
"NONE." (a) Name and address of each person paid more that	an \$50,000	(b) Ty	pe of service	(c) Compensation
SEE STATEMENT 16				34,609,732.
OBS STATISMENT TO	***************************************			34,009,732.
				, , , , , , , , , , , , , , , , , , ,
Total number of others receiving over \$50,000 for prof	-			▶ 170
Part IX-A Summary of Direct Charitable Activities the foundation's four largest direct charitable activities during the		nt statistical information su	ch as the number	Expenses
of organizations and other beneficiaries served, conferences convenees 1 PROVIDED CONSULTING ASSISTANCE TO				LAPERISES
IN EDUC. ISSUES OF INTEREST TO THE	FIELD; SPONS	ORED EVAL. OF		
GRANTEES TO ASSIST IN ASSESSING THE SPONSORED TIME GLOBAL HEALTH SUMMI				29,103,776.
_DIAGNOSTICS FORUM, SUPPORTED DEVELO AIDS VACCINE DISCOVERY, FACILITATE				7,914,488.
3 PROVIDED FUNDS TO 15 STATES TO MAN	AGE AND ADMIN		nh are an and and an an and an and blot hir an an	7,314,400.
ACCESS HARDWARE UPGRADES IN LIBRAR	IES.			789,367.
SUPPORTED EVALUATION OF COMMUNITY A SUPPORTED EFFORTS TO PROVIDE BACKS				
TO GOVERNOR'S EARLY LEARNING COUNC				111,683.

Form 990-PF (2005) 91-1663695 Page **7**

	91-1663695		rage r
	art IX-B Summary of Program-Related Investments (see page 22 of the instructions)		A
	escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
<u>-</u>	NONE		
			NIONIE
2			NONE
-			
-			
Al	Il other program-related investments. See page 22 of the instructions.		
3	NONE		
-	NONE		
Tot	tal. Add lines 1 through 3	•	NONE
-	Minimum Investment Return (All domestic foundations must complete this part. Foreignsee page 22 of the instructions.)	n fou	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	27,422,555,573.
b	Average of monthly cash balances	1 b	1,172,334,733.
С	Fair market value of all other assets (see page 23 of the instructions)	1c	5,312,156.
d	Total (add lines 1a, b, and c)	1d	28,600,202,462.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3		3	28,600,202,462.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 23		
	of the instructions)	4	429,003,037.
5	of the instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	28,171,199,425.
6	Minimum investment return. Enter 5% of line 5	6	1,408,559,971.
	Distributable Amount (see page 23 of the instructions) (Section 4942(j)(3) and (j)(5) private foundations and certain foreign organizations check here	te oper art.)	rating
1	Minimum investment return from Part X, line 6	1	1,408,559,971.
2a	Tax on investment income for 2005 from Part VI, line 5		1,100,000,000,
b			
С	Add lines 2a and 2b	2c	22,157,525.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,386,402,446.
4	Recoveries of amounts treated as qualifying distributions	4	1,540,077.
5	Add lines 3 and 4	5	1,387,942,523.
6	Add lines 3 and 4 Deduction from distributable amount (see page 24 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	1,387,942,523.
Pa	art XII Qualifying Distributions (see page 24 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,469,520,707.
b	Program-related investments - total from Part IX-B	1b	NONE
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	14,499,685.
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,484,020,392.
5	Organizations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b (see page 24 of the instructions)	5	22,157,525.
e	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,461,862,867.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whet	ther the	e foundation

Part XIII Undistributed Income (see page 24 of the instructions)

1	Distributable amount for 2005 from Part XI,	(a) Corpus	(b) Years prior to 2004	(c) 2004	(d) 2005
ji .	line 7				1387942523
2	Undistributed income, if any, as of the end of 2004:				
а	Enter amount for 2004 only				
b	Total for prior years:,				
3	Excess distributions carryover, if any, to 2005:				
а	From 2000 76,942,701.				
b	From 2001 135,729,759.				
С	From 2002 103,019,469.				
d	From 2003 26,905,168.				
е	From 2004				
f	Total of lines 3a through e	376,049,274.			
4	Qualifying distributions for 2005 from Part				
	XII, line 4: \triangleright \$ 1,484,020,392.				
а	Applied to 2004, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see page 25 of the instructions)				
	Treated as distributions out of corpus (Election				
·	required - see page 25 of the instructions)				
d	Applied to 2005 distributable amount				1387942523.
	Remaining amount distributed out of corpus	96,077,869.			
5	Excess distributions carryover applied to 2005				
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	472,127,143.			
b	Prior years' undistributed income. Subtract				
-	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable				
	amount - see page 25 of the instructions				
е	Undistributed income for 2004. Subtract line 4a from line 2a. Taxable amount - see page				
	25 of the instructions				
f	Undistributed income for 2005. Subtract				
	lines 4d and 5 from line 1. This amount must				
_	be distributed in 2006				
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by				
	section 170(b)(1)(E) or 4942(g)(3) (see page				
8	25 of the instructions)				
6	applied on line 5 or line 7 (see page 25 of the instructions)	76,942,701.			
9	Excess distributions carryover to 2006.				
-	Subtract lines 7 and 8 from line 6a	395,184,442.			
0	Analysis of line 9:				
	Excess from 2001 135,729,759.				
b	Excess from 2002 103,019,469.				
С	Excess from 2003 26,905,168.				
	Excess from 2004 33,452,177.				
e	Excess from 2005 96,077,869.				

Pa	art XIV Private Oper	rating Foundations (see page 26 of the	e instructions and Part	√II-A, question 9)	NOT APPLICABLE
1 a	If the foundation has rec	eived a ruling or determi	nation letter that it is a p	private operating		
	foundation, and the ruling	g is effective for 2005, e	nter the date of the ruling	9	>	
b	Check box to indicate wh	ether the organization is	a private operating fou	indation described in section	4942(j)(3) or	4942(j)(5)
a:	Enter the lesser of the	Tax year		Prior 3 years		(e) Total
	adjusted net income from Part I or the minimum investment return from Part X for each year listed	(a) 2005	(b) 2004	(c) 2003	(d) 2002	
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test - enter: (1) Value of all assets					
b	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
	enter 2/3 of minimum invest-					
	ment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test - enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)).					
	or royalties) (2) Support from general					
	public and 5 or more exempt organizations as provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup- port from an exempt organization					
	(4) Gross investment income					
Pa	rt XV Supplement	ary Information (Co	mplete this part	only if the organization	had \$5,000 or m	ore in
4		y time during the y		of the instructions.)		
1 a	Information Regarding	-		e than 2% of the total co	antributions receive	ad by the foundation
_	before the close of any	tax year (but only if the	ney have contributed	more than \$5,000). (See	section 507(d)(2).)	ed by the foundation
		GATES, III				
a	ownership of a partner	the foundation who c ship or other entity) of	which the foundation	f the stock of a corpora has a 10% or greater int	tion (or an equally erest.	large portion of the
	NONE					
2	Information Regarding	g Contribution, Grant,	Gift, Loan, Scholars	hip, etc., Programs:		
	Check here ▶ if the unsolicited requests for organizations under other contents.	or funds. If the organ	ization makes gifts,	to preselected charitab grants, etc. (see page 2 d.	ole organizations a 6 of the instruction	nd does not accept ns) to individuals or
а	The name, address, ar		of the person to whor	m applications should be a	ddressed:	
b			mitted and informati	on and materials they sho	ould include:	·
	SEE STATEM	ENT 17 AND WWW.	GATESFOUNDATT	ON.ORG		
С	Any submission deadling			<u> </u>		
	NONE					
d		mitations on awards,	such as by geogra	aphical areas, charitable	fields, kinds of in	nstitutions, or other
	SEE STATEM	ENT 17 AND WWW.	GATESFOUNDATI	ON.ORG		

Form 990-PF (2005)			91-1663695	Page 1
Part XV Supplementary Information	on (continued)			***************************************
3 Grants and Contributions Paid Du	iring the Year or Appr	oved for Fut	ture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTRIBUTION	
a Paid during the year				
SEE ATTACHMENT C				1356250292.
	The state of the s			
Total		1	▶ 3a	1,356,250,292.
b Approved for future payment				1,330,230,292.
SEE ATTACHMENT G				745,805,314.
				, ,

▶ 3b

Total . . .

Enter gross amounts unless otherwise indicated.		ated business income	Excluded b	y section 512, 513, or 514	(e) Related or exemp
Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 26 of the instructions.
а					
b					
С					
d					
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments			14	785,184,146.	
Dividends and interest from securities			14	223,691,625.	
Net rental income or (loss) from real estate:					
a Debt-financed property			<u> </u>		
b Not debt-financed property					
Net rental income or (loss) from personal property .					
The state of the s	110000	2,568,090.	18	110,838,685.	
Gain or (loss) from sales of assets other than inventory			18	1,131,915,366.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue: a					
·					
i					
Subtotal. Add columns (b), (d), and (e)		2,568,090.		2,251,629,822.	
rt XVI-B Relationship of Activities Explain below how each activity the accomplishment of the organization page 27 of the instructions.)	for whic	h income is reported	in column	(e) of Part XVI-A conti	
page 27 of the mattuctions.					

		NOT APPLICABLE	<u> </u>		

Pa	art XV	Information Exempt Orga		Transfers To a	nd Transa	actions	and Relat	tionship	s With	Nonc	harit	able
1	Did t	he organization directly o	or indirectly enga	ge in any of the follo	wing with any	other org	anization descr	ribed in sec	ction		Yes	No
4	501(c) of the Code (other tha	n section 501(c)	(3) organizations) or	in section 527	, relating t	o political orgar	nizations?				
J	Trans	sfers from the reporting	organization to a	noncharitable exemp	t organization o	of:					:	
	(1)	Cash								1a(1)		X_
		Other assets										Х
ł		r transactions:										
	(1) S	Sales of assets to a nonc	haritable exempt	organization						16(1)		Х
		ourchases of assets from										Х
		Rental of facilities, equipn										X
		Reimbursement arrangem									*	Х
		oans or loan guarantees										Х
		Performance of services										Х
		ing of facilities, equipmen								1 1		Х
,		answer to any of the ab	-	•						<u></u>		
Ì		of the goods, other asse		-								
		et value in any transaction	_		-	-						
	recei		on or snaring are	angement, snow in cor	unin (u) inc ve	ande or the	goods, other a	100010, 01 0	C1 11000			
(a)	Line no.	(b) Amount involved	(c) Name of	noncharitable exempt or	rganization	(d) Des	scription of trans	fers, transac	tions, and sha	aring arra	ngemer	nts
		N/A			<u> </u>	N/A		······································				
	······································	N/12				14/11						
						 						
	~,_,					<u> </u>		***************************************				
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<i>)</i>						 						
			1			 		***************************************				
						 		·····		····		
									····			
												
	descr	organization directly or in the state of the section 501(c) of s," complete the following	the Code (other				organizations			Ye	s X] No
		(a) Name of organization		(b) Type of	organization		1	(c) Descript	ion of relation	ship		
N,	/A											
	Under belief,	penalties of perjury, I declit is true, correct, and comp	are that I have explete. Declaration of	amined this return, incl of preparer (other than to	luding accompa axpayer or fiducia	anying sche ary) is based	dules and stater on all informatio	n of which p	to the best of reparer has an SUSTE	ny knowie	owledç dge.	e and
9	Si	gnature of officer or trustee				Date		Title	,	···.		
Sign Here	Paid Preparer's Use Only	Preparer's signature	.m.S	011117	Date	,-0lo	Check if self-employ	ed ►	Preparer's (See Signat of the instru	ure on particular		
	Paid repare se On	Firm's name (or yours if	► CLARK	NUBER P.S.		······································		EIN > 9	91-11940			
	<u>~</u> ⊃	self-employed), address,	10900		E 1700							

10900 NE 4TH, SUITE 1700

WA

BELLEVUE,

Form **990-PF** (2005)

98004

Phone no. 425 454-4919

and ZIP code

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property		INS AND LOSSES FOR TAX ON INVEST Description					Date	Date sold
Gross sale	Depreciation	Cost or	FMV	Adj. basis	Excess of	Ď	acquired	2 2.2 00.0
price less	allowed/	other	as of	as of	FMV over		Gain or	
expenses of sale	allowable	basis TOTAL CAPITA	12/31/69 AL GAIN DIS	12/31/69 TRIBUTIONS	adj basis		(loss) 20752244.	
		EQUITIES - S	SEE ATTACHM	IENT M		P		VARIOUS
926065049		2303610672					622454377.	
		FIXED INCOME PROPERTY TYPE				P	VARIOUS	VARIOUS
383289523		5931535411					451754112.	
277101066		CASH EQUIVAL PROPERTY TYPE			0	P		VARIOUS
375101866		5380130109					-5028243.	
TOTAL GAIN(LO	099)						1000000100	
TOTAL GAIN (LC	JSS)	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • •	• • • • • • • • • • • •	• • • • • • •		1089932490	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury nternal Revenue Service ame of organization

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

Employer identification number

BILL & MELINDA GATES	FOUNDATION	91-1663695		
Organization type (check one):		91-1003093		
Filers of:	Section:			
Form 990 or 990-EZ 501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private	foundation		
	527 political organization			
Form 990-PF	X 501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private four	ndation		
	501(c)(3) taxable private foundation			
property) from any one Special Rules - For a section 501(c)(3)	Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 contributor. (Complete Parts I and II.) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% (70A-9(e) and received from any one contributor, during the year, a contributor, during the year, a contributor.	support test under Regulations		
\$5,000 or 2% of the and For a section 501(c)(7) during the year, aggreg scientific, literary, or ed For a section 501(c)(7) during the year, some of not aggregate to more the year for an exclusive	nount on line 1 of these forms. (Complete Parts I and II.) (8), or (10) organization filing Form 990, or Form 990-EZ, that received the contributions or bequests of more than \$1,000 for use exclusively flucational purposes, or the prevention of cruelty to children or animals. (8), or (10) organization filing Form 990, or Form 990-EZ, that received contributions for use exclusively for religious, charitable, etc., purposes than \$1,000. (If this box is checked, enter here the total contributions sely religious, charitable, etc., purpose. Do not complete any of the Parts	ved from any one contributor, for religious, charitable, (Complete Parts I, II, and III.) ved from any one contributor, s, but these contributions did that were received during s unless the General Rule		
applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)				

of Part I

Name of organization BTT.T. & M

BILL & MELINDA GATES FOUNDATION

Employer identification number

91-1663695

of

Part	Contributors	(See	Specific	Instructions.)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1_	WILLIAM H. GATES, III 2365 CARILLON POINT KIRKLAND, WA 98033	320,000,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
2	WILLIAM H. GATES, III - MGMT FEES 2365 CARILLON POINT KIRKLAND, WA 98033	37,602,750.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
)			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

2220 Department of the Treasury

Underpayment of Estimated Tax by Corporations

► See separate instructions.

Attach to the corporation's tax return.

OMB No. 1545-0142

Internal Revenue Service

Employer identification number

ILL & MELINDA GATES FOUNDATION

91-1663695

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 34 on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

Pa	art I Required Annual Payment						
1	Total tax (see instructions)					1	22157525.
2 8	a Personal holding company tax (Schedule PH (Form	112	0), line 26) included on line 1	2a			
ŀ	b Look-back interest included on line 1 under section		, , , , ,				
	contracts or section 167(g) for depreciation under t	he ir	ncome forecast method	2b			
	c Credit for Federal tax paid on fuels (see instruc					P NAME	
	d Total. Add lines 2a through 2c					2d	***************************************
3			•		•		
	does not owe the penalty					3	22157525.
4			,	*			
	or the tax year was for less than 12 months, s	kip t	this line and enter the amou	ant from line 3 on line 5		4	17670768.
_							
5	• • • • • • • • • • • • • • • • • • • •						
n.	enter the amount from line 3				 	5	<u> 17670768.</u>
Fě	Reasons for Filing - Check the Form 2220 even if it does not do	e n	e a penalty (see instru	oly. If any boxes ar actions).	e checked, i	the co	rporation must file
6	The corporation is using the adjusted seas	onal	l installment method.				
7	The corporation is using the annualized inc	com	e installment method.				
_ا	X The corporation is a "large corporation" fig	urin	ng its first required installm	ent based on the prior yea	ar's tax.		
Þа	art III Figuring the Underpayment						
		,	(a)	(b)	(c)		(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the	9	05/16/2005	06/15/2005	00/15/	2005	10/15/0005
	corporation's tax year	9	05/16/2005	06/15/2005	09/15/	2005	12/15/2005
10	Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A. line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each solution.	10	4,417,692.	6,661,071.	5,539,	२ २ १	5,539,381.
	25% of line 5 above in each column		2,22,,032.	0,001,071.	3,333,	50±.	3,333,361.
	Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15	11	13587612.	8,400,000.			2,000,000.
	Complete lines 12 through 18 of one column before						
12	going to the next column. Enter amount, if any, from line 18 of the preceding						
1 2	column	12		9,169,920.	10908	849.	5,369,468.
13	Add lines 11 and 12	13		17569920.	10908	849.	7,369,468.
14	Add amounts on lines 16 and 17 of the preceding column	14					
1 5	Subtract line 14 from line 13. If zero or less, enter -0-	15	13587612.	17569920.	10908	849.	7,369,468.
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16					
	Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17					
18	Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	9,169,920.	10908849.	5,369,		
	Go to Part IV on page 2 to figure the penalt	y. D	o not go to Part IV if the	re are no entries on lin	e 17 - no pena	alty is d	owed.

- W

■ If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box	Note. Only complete Part II if you have If you are filing for an Automatic Part II	e already been granted an automatic 3-month exterminations. Complete only Part I (on partic) 3-Month Extension of Time—Must ration oundation nor suite no. If a P.O. box, see instructions. ate, and ZIP code. For a foreign address, see instructions. le a separate application for each return):	nsion on a previo	and One Co	n 8868.
■ If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.	Additional (not auto Type or print File by the extended due date for filing the return. See instructions. Check type of return to be filed (File by the extended due date for filing the return. See instructions. Check type of return to be filed (File by the return. See instructions. Check type of return to be filed (File by the return. See instructions. Check type of return to be filed (File by the return. See instructions. Check type of return to be filed (File by the return. See instructions. Check type of return to be filed (File by the return. See instructions. Form 990 Form 990-BL Form 990-EZ Form 990-FF STOP: Do not complete Part II if you If the organization does not have If this is for a Group Return, entered for the whole group, check this boom names and ElNs of all members the service of the whole group, check this boom names and ElNs of all members the service of the whole group, check this boom names and ElNs of all members the service of the whole group, check this boom names and ElNs of all members the service of the whole group, check this boom names and ElNs of all members the service of the whole group, check this boom names and ElNs of all members the service of the whole group, check this boom names and ElNs of all members the service of the whole group, check this boom names and ElNs of all members the service of the whole group, check this boom names and ElNs of all members the service of the whole group, check this boom names and ElNs of all members the service of the whole group, check this boom names and ElNs of all members the service of the whole group, check this boom names and ElNs of all members the service of the group of o	3-Month Extension, complete only Part I (on partic) 3-Month Extension of Time—Must ration oundation oundation or suite no. If a P.O. box, see instructions. ate, and ZIP code. For a foreign address, see instructions. le a separate application for each return):	page 1). File Original	and One Co	
Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.	Part II Additional (not auto Type or print Bill & Melinda Gates is Bill & Melinda Gates is Bill & Melinda Gates is Number, street, and roo PO Box 23350 City, town or post office, seattle, WA 98102 Check type of return to be filed (File of Form 990 Form 990-BL Form 990-EZ Form 990-FF STOP: Do not complete Part II if yo Telephone No. ► (206) If the organization does not have If this is for a Group Return, enter for the whole group, check this box names and EINs of all members the a larguest an additional 3-mont for the whole group, check this box names and EINs of all members the a complete and accurate retained in the care of the whole group, check this box names and EINs of all members the a larguest an additional 3-mont for Form calendar year 2005, or other in the care of the whole group, check this box names and EINs of all members the all this is for a Group Return, enter for the whole group, check this box names and EINs of all members the all this is for a Group Return, enter for the whole group, check this box names and EINs of all members the accurate retained in the whole group, check this box names and EINs of all members the accurate retained in the whole group, check this box names and EINs of all members the accurate retained in the whole group, check this box names and EINs of all members the accurate retained in the whole group is the group	matic) 3-Month Extension of Time—Must ration oundation n or suite no. If a P.O. box, see instructions. ate, and ZIP code. For a foreign address, see instructions. le a separate application for each return):	File Original	Employer iden	
Name of Exempt Organization Simple Method Sates Foundation Simple Method Sates States PO Box 23350 Otto, Itom or south on, It a P.O. box, see instructions. Souther Sates, and room or suite no, If a P.O. box, see instructions. Souther Sates, and room or suite no, If a P.O. box, see instructions. Souther Sates Souther Sate	Name of Exempt Organi Bill & Melinda Gates I Number, street, and roo PO Box 23350 City, town or post office, s Seattle, WA 98102 Check type of return to be filed (F Form 990 Form 990-BL Form 990-EZ Form 990-PF STOP: Do not complete Part II if yo Telephone No. ► (206) If the organization does not have If this is for a Group Return, enter for the whole group, check this bornames and EINs of all members the data in detail why you need the a complete and accurate ret I request an additional 3-mont for calendar year 2005, or ot for this tax year is for less than the accurate ret 8a If this application is for Form shore fundable credits. See inset in detail why you need the accurate ret 8a If this application is for Form shore fundable credits. See inset in the care of the whole group, check this bornames and EINs of all members the group of the whole group, check this bornames and EINs of all members the shore and service in the whole group, check this bornames and EINs of all members the group, check this bornames and EINs of all members the shore and service in the whole group, check this bornames and EINs of all members the group of the group of the group of the shore and accurate ret 8a If this application is for Form shore and accurate ret 8a If this application is for Form shore and accurate ret 8a If this application is for Form shore and accurate ret 8b If this application is for Form shore and accurate ret 8a If this application is for Form shore and accurate ret 8b If this application is for Form shore and accurate ret 8a If this application is for Form shore and accurate ret 8b If this application is for Form shore and accurate ret 8a If this application is for Form shore and accurate ret 8b If the organization is for Form shore and accurate ret 8b If the organization is for Form shore and accurate ret 8c Balance Due. Subtract line shore and that I have it is true, correct, and form accurate ret 9c Brown shore and accurate in the correct in the correct in the correct in the	eation oundation n or suite no. If a P.O. box, see instructions. ate, and ZIP code. For a foreign address, see instructions. le a separate application for each return):		Employer iden	
Print Bill & Mellinda Gates Foundation 91; 1653695	Bill & Melinda Gates In Number, street, and roo PO Box 23350 City, town or post office, see instructions. Check type of return to be filed (Filed Form 990 Form 990 Form 990-BL Form 990-EZ Form 990-PF STOP: Do not complete Part II if younger of the whole group, check this box names and EINs of all members the street in detail why you need the acomplete and accurate return to be filed (Filed Form 990-PF) Telephone No. ► (206) If the organization does not have If this is for a Group Return, entered for the whole group, check this box names and EINs of all members the form the whole group, check this box names and EINs of all members the form the whole group, check this box names and EINs of all members the form the whole group, check this box names and EINs of all members the form the whole group, check this box names and EINs of all members the form the whole group, check this box names and EINs of all members the form the whole group, check this box names and EINs of all members the form the whole group, check this box names and EINs of all members the form the whole group, check this box names and EINs of all members the form the whole group, check this box names and EINs of all members the form the whole group, check this box names and EINs of all members the form the whole group, check this box names and EINs of all members the form the whole group, check this box names and EINs of all members the form the whole group, check this box names and EINs of all members the form the whole group, check this box names and EINs of all members the form the whole group, check this box names and EINs of all members the form the whole group, check this box names and EINs of all members the form the whole group, check this box names and EINs of all members the form the whole group, check this application the whole group, check this box names and EINs of all members the form the whole group, check this box names and EINs of all members the form the whole group, check this box names and EINs of all members the form	oundation n or suite no. If a P.O. box, see instructions. ate, and ZIP code. For a foreign address, see instructions. le a separate application for each return):			
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Form 8868 (Rev. December 2004) Department of the Yreasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you a	tre filing for an Automatic 3-Month Extension, complete only Part I and check this bo	x	▶ ☑
Do not co	re filing for an Additional (not automatic) 3-Month Extension, complete only Part II (market Part II unless you have already been granted an automatic 3-month extension on a	on page 2 :	of this form).
Part 1	Automatic 3-Month Extension of Time—Only submit original (no copies ne	eded)	iled Form odda,
Form 990	I-T corporations requesting an automatic 6-month extension—check this box and comp	olete Part I	only ▶ 🗍
All other	corporations (including Form 990-C filers) must use Form 7004 to request an extension of ips, REMICs, and trusts must use Form 8736 to request an extension of time to file Form	f time to fil	è income tax returns
returns no (not autor	c Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic exted below (6 months for corporate Form 990-T filers). However, you cannot file it electronatic) 3-month extension, instead you must submit the fully completed signed page 2 (at the electronic filing of this form, visit www.irs.gov/efile.	oleally if yo	u want the additional
Type or print	Name of Exempt Organization Bill & Melinda Gates Foundation	•	identification number 1663695
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions.		
return, See Instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Seattle, WA 98102		
	pe of return to be filed (file a separate application for each return):		
Form			Form 4720
	990-BL		Form 5227
-	990-EZ Form 990-T (trust other than above)	닏	Form 6069
Z Form	990-PF	Ц	Form 8870
Telepho If the or If this is	oks are in the care of ▶ Gwen Sherman, Director of Administration & Controller ne No. ▶ (206) 709-3118 FAX No. ▶ (206) 709-3186 ganization does not have an office or place of business in the United States, check this for a Group Return, enter the organization's four digit Group Exemption Number (GE) whole group, check this box ▶ ☐ If it is for part of the group, check this box ▶ ☐ d EINs of all members the extension will cover.	V)(V	If this
to fil	uest an automatic 3-month (6-months for a Form 990-T corporation) extension of time unes the exempt organization return for the organization named above. The extension is for the calendar year 20	organizati	
	s tax year is for less than 12 months, check reason: Initial return Final return		
3a if thi	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative ta efundable credits. See instructions	x, less any	<u>\$ 22,279,376.04</u>
	s application is for Form 990-PF or 990-T, enter any refundable credits and estimated ta b. Include any prior year overpayment allowed as a credit	payments	\$ 23,986,711.89
with instri	nce Due. Subtract line 3b from line 3a. Include your payment with this form, or, if require FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Systems).	stem). See	. \$ 0
	f you are going to make an electronic fund withdrawal with this Form 8868, see Form 846 nt instructions.	53-EO and	Form 8879-EO

30.

BILL & MELINDA GATES FOUNDATION EIN 91-1663695

FORM 990-PF

FOR THE YEAR-ENDED DECEMBER 31, 2005

INDEX OF STATEMENTS AND ATTACHMENTS

STATEMENT	1	PART I - OTHER INCOME
STATEMENT	2	PART I - LEGAL FEES
STATEMENT	3	PART I - ACCOUNTING FEES
STATEMENT	4	PART I - OTHER PROFESSIONAL FEES
STATEMENT	5	PART I - TAXES
STATEMENT	6	PART I - OTHER EXPENSES
STATEMENT	7	PART II - US AND STATE OBLIGATIONS
STATEMENT	8	PART II - CORPORATE STOCK
STATEMENT	9	PART II - CORPORATE BONDS
STATEMENT	10	PART II - OTHER INVESTMENTS
STATEMENT	11	PART II - OTHER ASSETS
STATEMENT	12	PART II - OTHER LIABILITIES
STATEMENT	13	PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES
STATEMENT	14	PART VIII - LIST OF OFFICERS, DIRECTORS AND TRUSTEES
STATEMENT	15	PART VIII - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES
STATEMENT	16	PART VIII - COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALS
STATEMENT	17	PART XV - NAME, ADDRESS, AND PHONE FOR APPLICATIONS
ATTACHMENT	Α	NOT USED - NO CHANGE TO ORGANIZATION DOCUMENTS
ATTACHMENT	В	LAND, BUILDING & EQUIPMENT
ATTACHMENT	С	SUMMARY OF GRANTS PAID
ATTACHMENT	D	2005 GRANTS PAID
ATTACHMENT	E	2005 EMPLOYEE MATCHING GIFTS
ATTACHMENT	F	EXPENDITURE RESPONSIBILITY REPORTS
ATTACHMENT	G	SUMMARY OF GRANTS APPROVED FOR FUTURE PAYMENT
ATTACHMENT	Н	2005 GRANTS APPROVED FOR FUTURE PAYMENT
ATTACHMENT	I	CORPORATE STOCKS DETAIL
ATTACHMENT	J	CORPORATE BONDS DETAIL
ATTACHMENT	К	INVESTMENTS OTHER DETAIL
ATTACHMENT	L	SUMMARY OF INVESTMENT GAINS/LOSSES
ATTACHMENT	M	GAINS/LOSSES - EQUITIES
ATTACHMENT	N	GAINS/LOSSES - FIXED INCOME
ATTACHMENT	0	GAINS/LOSSES - CASH EQUIVALENTS