	000 T	Evon	ot Organization Busine	ee Ind	om.	Tay Poturn		4a.v	· C022(-)\	OMB N	o. 1545-0687
Form	990-T	_	_							9	MA
	tment of the Treasury		For calendar year 2008 or othe ending	r tax ye , 20	ar beg			, 2008,a nstructions.	na	Open to F	Public Inspection Organizations Only
Τ,					x if nar	ne changed and see in			D Emp		organizations Only ation number
A L	address changed							,	(Empl		structions for Block D
B Exe	empt under section	1	BILL & MELINDA	СДТІ	7 G F	י∩ דיים מחוזוסי	TPIIGT		on pa	ge 3.)	
	501(C)(3)	Print	Number, street, and room or su					3.	91_	1663695	
21	408(e) 220(e)	or		<u> </u>							ss activity codes
	408A 530(a)	iype	PO BOX 23350						(See	instructions for E	Block E on page 9.)
	529(a)		City or town, state, and ZIP cod	e							
C Bo	ok value of all assets	1	SEATTLE, WA 98	102					523	000	
at (end of year	F Gro	up exemption number (See i		ons fo	or Block F on page 9.) 🕨		, 020		
2.9	673548843.		eck organization type			poration X		c) trust	401(a	ı) trust	Other trust
		•	rimary unrelated business ac			<u> </u>		MENT 1		,	
			corporation a subsidiary in a						n?	•	Yes X No
			identifying number of the par		_		oralar y c	orni olioa groa	P·	′ ∟	
			GWEN SHERMAN				elephon	e number ►	206-70	9-3100	
Pai			or Business Income			(A) Income		(B) Exp			(C) Net
1 a		sales									
b	Less returns and allowa			ance ►	1 c						
2			ule A, line 7)		2						
3	•	•	2 from line 1c		3						
4 a			attach Schedule D)		4a	71,8	37.				71,837.
b			Part II, line 17) (attach Form 4797)		4b	,					,
С			trusts		4 c						
5			ps and S corporations (attach stat		5	-103,7	69.	STMT 2)		-103,769.
6					6	,					•
7			come (Schedule E)		7						
8			ties, and rents from cont								
		•			8						
9			section 501(c)(7), (9), or								
					9						
10			ncome (Schedule I)		10						
11			dule J)		11						
12			of the instructions; attach schedu		12						
13	Total. Combine li	nes 3 thr	ough 12	[13	-31,9	32.				-31,932.
Pa	t II Deduction	ns Not	t Taken Elsewhere (Se	e pag	e 11	of the instruction	ons fo	r limitations	on dedu	ıctions.)	
	(Except f	or cont	tributions, deductions n	nust b	e dir	ectly connected	with t	he unrelate	d busine	ss income	e.)
14	Compensation of	officers,	directors, and trustees (Scheo	dule K)					14	ı İ	NONE
15										5	
16										3	
17										,	
18	Interest (attach so	chedule)							18	3	
19)	
20	Charitable contrib	outions (S	See page 13 of the instruction	ns for li	mitatio	on rules.)			20)	
21	Depreciation (atta	ach Form	4562)			21		1	IONE		
22	Less depreciation	n claimed	on Schedule A and elsewher	re on re	turn	22a			22	b	NONE
23	Depletion								23	3	
24	Contributions to	deferred	compensation plans						24	ı	
25	Employee benefit	programs	s						25	5	
26	Excess exempt ex	cpenses (Schedule I)						26	3	
27	Excess readership	costs (S	schedule J)						27	,	
28	Other deductions	(attach s	schedule)						28	3	
29	Total deductions.	. Add line	es 14 through 28						29)	NONE
30	Unrelated busine	ss taxabl	e income before net operatir	ng loss	dedu	ction. Subtract line 2	9 from I	line 13	30)	-31 , 932.
31			ion (limited to the amount on								
32	Unrelated busine	ss taxabl	e income before specific de	duction	. Subt	ract line 31 from line	30		32	2	-31 , 932.
33	Specific deductio	n (Gener	ally \$1,000, but see line 33	instruct	ions fo	or exceptions.)			33	3	1,000.
34			le income. Subtract line 33 f			•					
	32, enter the sma	aller of ze	ro or line 32						34	ı	-31,932.

Form 990-T (2008) 91-1663695 Page **2**

Par	∄ ∏	Tax Computati	ion										
35	Organizat	tions Taxable a	s Corporations.	See inst	ructions	s for	tax compi	utation	on page 15				
	Controlled	d group members (s	sections 1561 and 1	563) check h	ere ►	See	instructions	s and:					
а		-	50,000, \$25,000,						that order):				
	(1)	·	(2)	. ,		(3)		,	,				
b	Enter orga		(1) Additional 5% ta			11,750)			_				
			ore than \$100,000)										
с 36			n line 34 Rates. See instru										
	the amou	nt on line 34 from:	X Tax rate sched	lule or	Scl	hedule D	(Form 1041))	•	36			
37			e instructions										
39	Total. Add	l lines 37 and 38 to	line 35c or 36, whi	chever applie	es					39			
Par		ax and Payme								•			
40 a	Foreign ta	ax credit (corporatio	ons attach Form 111	8; trusts atta	ch Forn	n 1116)	40	а					
b	Other cre	dits (see page 17 of	f the instructions)				40	b					
			ached Form 3800					С					
			n tax (attach Form 8					d					
			through 40d							40e			
41			9 <u></u>										
42			Form 4255 Form										
43			2				_						
									117,623				
			ent credited to 2008						90,000				
			S						<i>30,</i> 000	-			
			38				I						
	_	-	aid or withheld at sou				I						
		- ·	ructions)					e					
f		dits and payments:		orm 2439					7.0				
4.5		m 4136		ther					78			207	701
45			4a through 44f							1		207 ,	701.
46			age 4 of the instruct						_	46			21021
47			n the total of lines 4										NONE
48			rger than the total o							48		207 ,	701.
49 Par		<u> </u>	egarding Certa						Refunded (see instruction		200 19)		—
Fall			<u> </u>									.,	Г
1	•	· ·	calendar year, did t	•				·		•		Yes	No
			other) in a foreign co							, Report	or Foreign		
•			. If YES, enter the na									X	
2			organization receive					or, or tra	ansteror to, a for	eign trus	SI ?		X
_		. •	ructions for other for	•		•			004 410				
3 Sob			mpt interest received						,234,412.				
			ods Sold. Enter	method of	invento			1 . 6					
1	•	at beginning of year							Outstand San				
2							_		Subtract line				
3		bor							here and in				
4 a		section 263A costs										.,	
		hedule)							ection 263A (v		•	Yes	No
		ts (attach schedule)							r acquired fo				
		l lines 1 through 4b		.d 46:a4 :	- al. dia a	to tr	ne organizati	on?				haliaf it	in Amin
٥.	correct a	enanies of perjury, I dec and complete. Declaration	clare that I have examine of preparer (other than tax	cu this return, ii payer) is based o	nciuding on all info	accompanyi rmation of w	ng schedules a hich preparer ha	nd stateme as any know	nus, and to the best rledge.	ot my kr	iowieage and	peliet, it	is true,
Sign				1		1				•	RS discuss th		
Here							CFO				rer shown be		<u>;</u>
	Signatu	re of officer			Date		Title	<u> </u>	L	nstruction	, I X I I		No
Paid		Preparer's					Date		heck if	Prep	arer's SSN or	HIIN	
	arer's	signature							elf-employed] :	P000005	65	
•	Only	Firm's name (or yours if self-employed	d), CLARK NU	BER P.S					EIN 91	-119	4016		
	,	address, and ZIP cod		4TH, S	UITE	1700			Phone no. 425	454-			
			BELLEVUE	, WA 9	8004						Form 9	90-T	(2008)

Form 990-T (2008) 91-1663695 Page **3**

Schedule C - Rent Income (see instructions on page 2)		operty a	and Personal Prope	erty	Leas	sed Wi	th Real Prope	erty	')	
1 Description of property										
<u>(1)</u>										
(2)										
(2)										
(4)										
	2 Rent receive	d or accru	ed							
(a) From personal property (if the for personal property is more the more than 50%)	From real and personal pro tage of rent for personal pro r if the rent is based on pro	perty	exceed					nected with the income in attach schedule)		
(1)										
(2)										
(3)										
(4)										
		Total								
Total							(b) Total deduc			
(c) Total income. Add totals of c	. , . ,						Enter here and o			_
here and on page 1, Part I, line 6			:	1	0)		Part I, line 6, colu	וווווו	(B).	· • •
Schedule E - Unrelated D	ept-Financed ind	come (s	ee instructions on pa	ge 1	9)	2 Dodu	ctions directly coni	nocto	od with	or allocable to
4 Description of de	h		2 Gross income from			3 Dedu	debt-finance			or allocable to
1 Description of debt-financed property			allocable to debt-finance property	ced			ht line depreciation ch schedule)		(b) Other deductions (attach schedule)	
(1)										
(2)										
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	4 Amount of average acquisition debt on or allocable to debt-financed 5 Average adjusted basis of or allocable to debt-financed property						ome reportable x column 6)	((columi	locable deductions n 6 x total of columns 3(a) and 3(b))
(1)				%						
(2)				%						
(3)				%						
(4)				%						
Totals	ione included in colu	ımn 8		•	Part	I, line 7	and on page 1, , column (A).			ere and on page 1, ine 7, column (B).
Schedule F - Interest, Ani			Pents From Contro	llod	Oras	anizati	one (see instru	ıctic	ne or	nage 20)
Schedule 1 - Interest, Am	luities, ixoyaities		xempt Controlled Or				ons (see msuc	JULIU) 113 UI	i page 20)
Name of controlled organization	2 Employer identification numl		3 Net unrelated income (loss) (see instructions)	4 T	4 Total of spe				olling	6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organ	nizations									
7 Taxable Income	8 Net unrelated (loss) (see instru		9 Total of specifie payments made			include	of column 9 that is			1 Deductions directly nected with income in
(1)		•				organiza	ation's gross income	5		column 10
(1)					-					
(2)										
(3)					_					
(4)										
Totals					E	nter here	ns 5 and 10. and on page 1, 8, column (A).		Enter I	olumns 6 and 11. here and on page 1, line 8, column (B).
I otals	 	<u></u>	<u> </u>							

Form **990-T** (2008)

Form 990-T (2008) 91-1663695 Page **4**

Schedule G - Investment In	ncome of a Sec	ction 501(c	(7),	(9), or (17) Orga	nizati	ion (see inst	ructi	ons on pag	ge 21)
1 Description of income	2 Amount o	f income		3 Deductions directly connected (attach schedule)		4 Set (attach			5 Total deductions and set-asides (col. 3 plus col. 4)
(1)									
(2)									
(3)									
(4)									
	Enter here and Part I, line 9, co								Enter here and on page 1, Part I, line 9, column (B).
Totals ▶									
Schedule I - Exploited Exe	mpt Activity In	come, Othe	r Th	an Advertising In	com	e (see instru	ctior	s on page	21)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly conne with productic unrelated busi income	cted on of	trade or business (column 2 minus column 3) If a gain is not		not unrelated attributab		Expenses tributable 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 an page 1, Par line 10, col.	tI,						Enter here and on page 1, Part II, line 26.
Totals				4)					
Schedule J - Advertising In	<u> </u>			<u> </u>					
Part I Income From Per	iodicals Repor	ted on a Co	nsol	dated Basis					
1 Name of periodical	2 Gross advertising income	3 Direct advertising c	osts	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5	Circulation income	6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)									
(2)				_					
(3)				-					_
				_					
(4)									
Part II Income From Per through 7 on a line			para	te Basis (For ea	ch pe	eriodical list	ed ir	n Part II, fi	Il in columns 2
1 Name of periodical	2 Gross advertising income	3 Direct advertising c	osts	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5	Circulation income	6	Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
(5) Totals from Part I									
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	Enter here an page 1, Par line 11, col.	t I	_					Enter here and on page 1, Part II, line 27.
Schedule K - Compensation	n of Officers C)irectors, ar	nd Tr	rustees (see instru	ıction	s on page 22	2)		
1 Name	o. oo.o.o, <u>.</u>			2 Title		3 Percent of time devoted to business			nsation attributable to elated business
STMT 4						มนอแกะออ	%		
OILI 4							% %		
					+				
							%		
Total. Enter here and on page 1, F	Part II, line 14						% . ▶		NONE

Form 8868 (Re	v. 4-2008)			Page 2	
	filing for an Additional (Not Automatic) 3-Month Extension, complete				
	complete Part II if you have already been granted an automatic 3-month exten		viously filed Fo	m 8868.	
	filing for an Automatic 3-Month Extension, complete only Part I (on pa			***************************************	
Part II	Additional (Not Automatic) 3-Month Extension of Time. You mu	st file origin			
Туре ог	Name of Exempt Organization	No.		ntification number	
print	Bill & Melinda Gates Foundation Trust	revenda Git	91	1663695	
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use of	nly	
extended due date for	1551 Eastlake Avenue East	9 9 9			
filing the return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		eran eran eran eran eran eran eran eran	ger (1964-1957) Nordania	
instructions.	Seattle, WA 98102				
Check type	of return to be filed (File a separate application for each return):				
Form 99	00	rm 1041-A	☐ Fo	orm 6069	
Form 99	0-BL	rm 4720		orm 8870	
Form 99	The state of the s	rm 5227			
STOP! Do n	ot complete Part II if you were not already granted an automatic 3-month	extension o	n a previously	filed Form 8868.	
	s are in the care of > Gwen Sherman, Director of Finance & Administra				
Tolophone	No. ► (206) 709-3118 FAX No. ► (206)	709-318	36		
				, m	
	inization does not have an office or place of business in the United States				
	or a Group Return, enter the organization's four digit Group Exemption Nu				
	le group, check this box ▶ □ . If it is for part of the group, che	CK this Dox.	▶ 📙 8	ing attach a	
ist with the	names and EINs of all members the extension is for.		. 00		
4 I reque	est an additional 3-month extension of time until November 16		20_09		
	lendar year .2008 , or other tax year beginning, 20				
6 If this:	tax year is for less than 12 months, check reason: 🔲 Initial return 🔘 I	Final return L	J Change in	accounting period	
7 State i	n detail why you need the extension Additional time is required to gathe	er the necess	sary informat	ion	
to ass	sure preparation of a complete and accurate tax return.				

		····			
8a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	tentative tax			
less ar	ny nonrefundable credits. See instructions,		8a \$	43,750	
b if this	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundab	le credits and	d		
	ted tax payments made. Include any prior year overpayment allowed as a c				
amoun	t paid previously with Form 8868.		8b \$	207,623	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit					
	D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). S			0	
	Signature and Verification				
	s of perjury, I declare that I have examined this form, including accompanying schedules and s	tatements, and t	the best of my	knowledge and belief,	
it is true, correc	ct, and complete, and that I am authorized to prepare this form.				
	ΔU_{i} , ΔU_{i}	1 4 1	^		
Signature >	TIWM/ Muman THE Divector, Fin	? Adm	Date ► ()	Ma. 12, 2004	
				9969 (5.	
			Form	8868 (Rev. 4-2008)	

(Rev. April 2008)

Department of the Treasury 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 are	filing for an Automatic 3-Month Extension, complete only Part I and check this box. filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on uplete Part II unless you have already been granted an automatic 3-month extension on a previous previous previous formula of the statement of	page 2 d	of this for	rm).
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed			
A corporati Part I only	on required to file Form 990-T and requesting an automatic 6-month extension—check th			
	orporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 700 income tax returns.	4 to req	uest an e	extension of
one of the electronical returns, or a	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month autom returns noted below (6 months for a corporation required to file Form 990-T). However, by if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990 composite or consolidated Form 990-T. Instead, you must submit the fully completed and shore details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for the submit was a submit the fully completed and shore details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for the submit was a submit the fully completed and submit was a submit w	you ca 90-BL, 6 igned pa	nnot file 1069, or f Ige 2 (Pai	Form 8868 8870, group rt II) of Form
Type or	Name of Exempt Organization En	nployer i	dentificat	ion number
print	Bill & Melinda Gates Foundation Trust	91	166	3695
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.			
filing your	1551 Eastlake Avenue East			
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Seattle, WA 98102			
Check type	of return to be filed (file a separate application for each return):			
Form 99	Form 990-T (corporation)		Form 47	'20
☐ Form 99	00-BL		Form 52	:27
Form 99		Form 60	69	
Form 99	00-PF		Form 88	70
Telephon If the org If this is for the who	s are in the care of Gwen Sherman, Director of Finance & Administration No. (206, 709-3118) Anization does not have an office or place of business in the United States, check this boor a Group Return, enter the organization's four digit Group Exemption Number (GEN) le group, check this box	×	If	► □ this is attach
until for the	uest an automatic 3-month (6 months for a corporation required to file Form August 17 ,09 , to file the exempt organization return for the organization name organization's return for: calendar year 2008 or tax year beginning, 20, and ending	ned abo	ve. The e	extension is
2 If this	tax year is for less than 12 months, check reason: Initial return Final return	Change	in accou	nting period
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, ny nonrefundable credits. See instructions.	3a	\$	43,750
	application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax ents made. Include any prior year overpayment allowed as a credit.	3b	\$	207,623
depos	ce Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, it with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment n). See instructions.	3с	\$	0
	you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453- t instructions.	EO and	Form 88	79-EO
For Privacy	Act and Paperwork Reduction Act Notice, see Instructions. Cat. No. 27916D	Fo	rm 8868	Rev. 4-2008)

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

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

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

BILL & MELINDA GATES FOUNDATION TRUST'S SHARE OF INCOME AND DEDUCTIONS FROM AN UNRELATED TRADE OR BUSINESS CONDUCTED BY PARTNERSHIPS IN WHICH THE FOUNDATION HOLDS AN INTEREST:

ORDINARY LOSS - CSFB STRATEGIC PARTNERS II	-60,226.
ORDINARY INC - TOWER SQUARE CAPITAL PARTNERS II	20,060.
ORDINARY LOSS -TOWER SQUARE CAPITAL PARTNERS III	-4,191.
ORDINARY LOSS - WINTERGREEN PARTNERS FUND	-47,830.
NET RENTAL LOSS - CSFB STRATEGIC PARTNERS II	-21,680.
INTEREST INCOME - CSFB STRATEGIC PARTNERS II	4,467.
DIVIDEND INCOME - CSFB STRATEGIC PARTNERS II	1,040.
ROYALTIES - CSFB STRATEGIC PARTNERS II	23.
OTHER PORTFOLIO INCOME - CSFB STRATEGIC PTNRS II	16,094.
PORTFOLIO DEDUCTIONS - CSFB STRATEGIC PTNRS II	-11,314.
INVEST INT EXPENSE - CSFB STRATEGIC PARTNERS II	-212.
	100 500
INCOME (LOSS) FROM PARTNERSHIPS	-103 , 769.

			=====		===	======	-======		=======
FORM	990T	_	LINE	44	_	OTHER	CREDITS	AND	PAYMENTS

FEDERAL TAX WH - COLOMBUS EXTENDED MARKET K-1 78.

TOTAL LINE 44 - OTHER CREDITS AND PAYMENTS

=========

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE ====	BUSINESS PERCENT ======	COMPENSATION
WILLIAM H GATES, III 1551 EASTLAKE AVENUE EAST SEATTLE, WA 98102	TRUSTEE AND CEO	NONE	NONE
MELINDA FRENCH GATES 1551 EASTLAKE AVENUE EAST SEATTLE, WA 98102	TRUSTEE	NONE	NONE
CONNIE COLLINGSWORTH 1551 EASTLAKE AVENUE EAST SEATTLE, WA 98102	SECRETARY	NONE	NONE
ALEXANDER S FRIEDMAN 1551 EASTLAKE AVENUE EAST SEATTLE, WA 98102	CHIEF FINANCIAL OFFICER	NONE	NONE
TOTAL COMPENSATION			NONE

BILL & MELINDA GATES FOUNDATION TRUST

EIN: 91-1663695

CHARITABLE CONTRIBUTION CARRY FORWARD SCHEDULE FOR THE YEAR ENDED DECEMBER 31, 2008

	Contributions		Amount	50% Limitation	20% Limitation
Year End	Subject to 50% Limitation	Subject to 30% Limitation	<u>Amount</u> Utilized	50% Limitation Carryforward	30% Limitation Carryforward
Tear End	Limitation	Limitation	Otmzed	Carrytorward	Carrytorward
12/31/04	1,185,353,229	10,000,000	519,430	1,184,833,799	10,000,000
,,	_,,		0 = 7 / = 0 0	_,,,	
12/31/05	1,226,331,586	6,000,000	1,284,045	1,225,047,541	6,000,000
12/31/06	1,304,822,187	10,200,000	1,574,740	1,303,247,447	10,200,000
12/31/07	-	1,887,999,259	7,213	-	1,887,992,046
12/31/08		1,851,998,519			1,851,998,519
12/31/06	-	1,001,990,019	-	-	1,001,990,019
TOTAL				3,713,128,787	3,766,190,565

TOTAL CARRYFORWARD TO 12/31/2009:

\$7,479,319,353

BILL & MELINDA GATES FOUNDATION TRUST

EIN: 91-1663695

FORM 990-T

FOR THE YEAR ENDED DECEMBER 31, 2008

STATEMENT FOR PART V, LINE 1 - FOREIGN COUNTRIES WITH BANK ACCOUNTS

1.	Argentina
2.	Australia
3.	Austria
	Belgium
5.	Brazil
6.	Canada
7.	Chile
8.	China
9.	Columbia
10.	Czech Republic
11.	Denmark
	Egypt
13.	Euroclear
14.	Finland
15.	France
16.	Germany
17.	Greece
18.	Hong Kong
19.	Hungary
20.	Iceland
21.	India
22.	Indonesia
23.	Ireland
24.	Israel

25.	Italy
26.	Japan
27.	Lativa
28.	Malaysia
29.	Mexico
30.	Netherlands
31.	New Zealand
32.	Norway
33.	Pakistan
34.	Peru
35.	Philippines
36.	Poland
37.	Portugal
38.	Russia
39.	Singapore
40.	South Africa
41.	South Korea
42.	Spain
	Sweden
44.	Switzerland
45.	Taiwan
46.	Thailand
47.	Turkey
	United Kingdom
49.	Luxembourg

BILL & MELINDA GATES FOUNDATION TRUST 91-1663695

ELECTION TO WAIVE CARRYBACK PERIOD

FORM 990-T PART II, LINE 30 - NET OPERATING LOSS

The taxpayer elects to waive the entire NOL carryback period under Section 172(b)(3) of the Internal Revenue Code.

Year End	Amount Generated	Amount <u>Utilized</u>	Amount Carryforward
12/31/08	(31,932)	-	(31,932)
TOTAL	(31,932)		(31,932)

TOTAL NOL CARRYFORWARD TO 12/31/2009: \$ (31,932)

BILL & MELINDA GATES FOUNDATION TRUST

91-1663695

ELECTION TO CARRYFORWARD UNUSED BUSINESS CREDITS

FORM 990-T

Pursuant to IRC Section 39(a), the taxpayer hereby elects under 38(a), to relinquish the entire carryback period specified in IRC Section 39(a) with respect to the unused business credits for the year ended December 31, 2008 and to carryforward such unused business credits to future years.

	Type of Credit			2008 Amount
	Increasing Research Activities Credit from	om flow through en	tities	1,055
	Work Opportunity Credit			26
	Other Credits			12
	TOTAL UNUSED	BUSINESS CREDIT	S FOR 2008:	1,093
		Amount	Amount	Amount
1/ E	T (C 1:	C 1 1	T T. 11 1	C (1

		<u>Amount</u>	<u>Amount</u>	<u>Amount</u>
<u>Year End</u>	Type of Credit	<u>Generated</u>	<u>Utilized</u>	<u>Carryforward</u>
12/31/07	Increasing Research Activities Credit	1,811	1,340	471
	Work Opportunity Credit	51	-	51
	Other Credits	12	-	12
12/31/08	See Above	1,093	-	1,093
TOTAL		2,967	1,340	1,627

TOTAL BUSINESS CREDIT CARRYFORWARD TO 12/31/2009: \$ 1,627

SCHEDULE D (Form 1041)

Capital Gains and Losses

OMB No. 1545-0092

Employer identification number

Department of the Treasury Internal Revenue Service Name of estate or trust

► Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

	BILL & MELINDA GATES FOUNDATI				91-1	6636	595
_	e: Form 5227 filers need to complete only F						
Pai	(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other (see page 4 of instructions)	the	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					instructions)	'	Subtract (e) IIOIII (u)
b	Enter the short-term gain or (loss), if any,	from Schedule D	-1, line 1b			1 b	-10.
2	Short-term capital gain or (loss) from For	ms 4684, 6252,	6781, and 882	4		2	
3 4	Net short-term gain or (loss) from partner Short-term capital loss carryover. Enter the					3	
5	Carryover Worksheet Net short-term gain or (loss). Combine lii	nes 1a through 4	in column (f).	Enter here and on lin	e 13,	4	()
Pai	column (3) on the back					5	-10.
	(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other (see page 4 of instructions)	the	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a							
b	Enter the long-term gain or (loss), if any,	from Schedule D-	1, line 6b			6b	-24,410.
7	Long-term capital gain or (loss) from Fore	ms 2439, 4684,	6252, 6781, ar	nd 8824		7	
8	Net long-term gain or (loss) from partners	ships, S corporat	ions, and other	estates or trusts		8	
9	Capital gain distributions					9	
10 11	Gain from Form 4797, Part I Long-term capital loss carryover. Enter the	e amount, if any	, from line 14 c	of the 2007 Capital Los	ss s	10	96,257.
12	Carryover Worksheet Net long-term gain or (loss). Combine line					11	()
	column (3) on the back					12	71,847.

Sche	dule D (Form 1041) 2008			Page 2
Pai	t III Summary of Parts I and II	(1) Beneficiaries'	(2) Estate's	(2) Total
	Caution: Read the instructions before completing this part.	(see page 5)	or trust's	(3) Total
13	Net short-term gain or (loss)13	-10.		-10.
14	Net long-term gain or (loss):			
а	Total for year14a	71,847.		71,847.
	Unrecaptured section 1250 gain (see line 18 of the wrksht.) 14b			
	28% rate gain 14c	T1 00F		
15 Not	Total net gain or (loss). Combine lines 13 and 14a ▶ 15	71,837.	- 44	71,837.
	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990- ort V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV a			
	t IV Capital Loss Limitation	•	•	
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line	ne 4c, if a trust), the sn	naller of:	
а		•)
Note	The loss on line 15, column (3) or b \$3,000 If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line to the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line to the loss of the line to the line to the loss of the line to the loss of the line to the loss of t	e 22 (or Form 990-T, lii	ne 34), is a loss, comp	lete the Capital Loss
	Tax Computation Using Maximum Capital Gains Rates			
	n 1041 filers. Complete this part only if both lines 14a and 15 in column (2) are gains or an am	ount is entered in F	Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than		ount is entered in r	art ror rart ir and
	tion: Skip this part and complete the worksheet on page 8 of the instructions			
	ither line 14b, col. (2) or line 14c, col. (2) is more than zero, or			
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.			
	n 990-T trusts. Complete this part only if both lines 14a and 15 are gain orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part and			
	er line 14b, col. (2) or line 14c, col. (2) is more than zero.	complete the works	meet on page o or	the matructions ii
		47		
17 18	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) Enter the smaller of line 14a or 15 in column (2)	17		
10	but not less than zero			
19	Enter the estate's or trust's qualified dividends			
	from Form 1041, line 2b(2) (or enter the qualified			
	dividends included in income in Part I of Form 990-T)			
20	Add lines 18 and 19 20			
21	If the estate or trust is filing Form 4952, enter the			
	amount from line 4g; otherwise, enter -0- ▶ 21			
22	Subtract line 21 from line 20. If zero or less, enter -0-	22		
23	Subtract line 22 from line 17. If zero or less, enter -0-	23		
24		24		
25	Is the amount on line 23 equal to or more than the amount on line 24?			
	Yes. Skip lines 25 and 26; go to line 27 and check the "No" box.			
	No. Enter the amount from line 23			
26	Subtract line 25 from line 24 Are the amounts on lines 22 and 26 the same?	26		
27	Yes. Skip lines 27 thru 30; go to line 31. No. Enter the smaller of line 17 or line 22	27		
	NO. Enter the smaller of line 17 or line 22	21		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	28		
20	Enter the amount nom line 20 (ii line 20 is blank, enter -0-)	20		
29	Subtract line 28 from line 27	29		
30	Multiply line 29 by 15% (.15)		30	
31	Figure the tax on the amount on line 23. Use the 2008 Tax Rate Schedul	e for Estates and Tru		

Schedule D (Form 1041) 2008

31

32

33

34

the Schedule Ginstructions)

Add lines 30 and 31

Figure the tax on the amount on line 17. Use the 2008 Tax Rate Schedule for Estates and Trusts (see

the Schedule Ginstructions)

Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on line 1a of

Schedule G, Form 1041 (or line 36 of Form 990-T).......

SCHEDULE D-1 (Form 1041)

Continuation Sheet for Schedule D
(Form 1041)

► See instructions for Schedule D (Form 1041).

▶ See instructions for Schedule D (Form 1041).
 ▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

OMB No. 1545-0092

91-1663695

2008

Department of the Treasury Internal Revenue Service Name of estate or trust

BILL & MELINDA GATES FOUNDATION TRUST

Employer identification number

Part I						
	Short-Term Capital Gains an (a) Description of property (Example: 100 sh. 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
1a						
CSFB	STRATEGIC PARTNERS	VARIOUS	VARIOUS	NONE	10.	-10.
-						

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

1b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 1b

Schedule D-1 (Form 1041) 2008

-10.

Schedule D-1 (Form 1041) 2008 Page **2**

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side

Employer identification number

Part II	art II Long-Term Capital Gains and Losses - Assets Held More Than One Year							
	(a) Description of property (Example: 100 sh. 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)		
6a CSFB	STRATEGIC PARTNERS	VARIOUS	VARIOUS	NONE	24,410.	-24,410.		
6b Total.	Combine the amounts in column	(f). Enter here and	d on Schedule D. li	ine 6b		-24,410.		



General Business Credit

► See separate instructions.

► Attach to your tax return.

OMB No. 1545-0895 Attachment Sequence No. 22

Department of the Treasury Internal Revenue Service (99)

Identifying number 91-1663695 BILL & MELINDA GATES FOUNDATION TRUST

Part I **Current Year Credit**

Important: You may not be required to complete and file a separate credit form (shown in parentheses below) to claim the credit. For details, see the instructions. 1a **1a** Investment credit (Form 3468, Part II only) (attach Form 3468) 1b **b** Welfare-to-work credit (Form 8861) 1,055 1c c Credit for increasing research activities (Form 6765) d Low-income housing credit (Form 8586, Part I only) (enter EIN if claiming this credit from a 1d 1e e Disabled access credit (Form 8826) (do not enter more than \$5,000) 1f Renewable electricity production credit (Form 8835, Part I only) . . . 1g Indian employment credit (Form 8845) Orphan drug credit (Form 8820) 1h New markets credit (Form 8874) (enter EIN if claiming this credit from a pass-through entity: 1i 1j Credit for small employer pension plan startup costs (Form 8881) (do not enter more than \$500) k Credit for employer-provided child care facilities and services (Form 8882) (enter EIN if claiming 1k 11 ı Biodiesel and renewable diesel fuels credit (attach Form 8864) 1m m Low sulfur diesel fuel production credit (Form 8896) Distilled spirits credit (Form 8906) 10 1p Energy efficient home credit (Form 8908) 1q Alternative motor vehicle credit (Form 8910) (enter EIN if claiming this credit from a pass-through 1r Alternative fuel vehicle refueling property credit (Form 8911) 1s 1t Credits for affected Midwestern disaster area employers (Form 5884-A) 1u Agricultural chemicals security credit (Form 8931) 1v 1w Credit for employer differential wage payments (Form 8932) 1x 1y Credit for contributions to selected community development corporations (Form 8847) 1z General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) . . . 1,055 2 2 3 Passive activity credits included on line 2 (see instructions) 3 1,055 4 Subtract line 3 from line 2 5 Passive activity credits allowed for 2008 (see instructions) . . . 5 534 6 Carryforward of general business credit to 2008. See instructions for the schedule to attach 6 Carryback of general business credit from 2009 (see instructions) 7 1,589 Current year credit. Add lines 4 through 7. 8

For Paperwork Reduction Act Notice, see separate instructions.

Form **3800** (2008)

Form 3800 (2008) Page **2**

Par	t II	Allowable Credit	
9	IndiCor appEsta	ar tax before credits: viduals. Enter the amount from Form 1040, line 44 or Form 1040N porations. Enter the amount from Form 1120, Schedule J, line 2; o licable line of your return	or the
10	IndiCor	ative minimum tax: viduals. Enter the amount from Form 6251, line 36 porations. Enter the amount from Form 4626, line 14 ates and trusts. Enter the amount from Schedule I (Form 1041), lin	10
11	Add li	nes 9 and 10	
b c d	Perso 1040N Credit Non-b Non-b	nal credits from Form 1040, lines 48 through 54 (or Form NR, lines 45 through 49)	12a 12b 12c 12d 12e
f	Add li	nes 12a through 12e	
13	Net in	come tax. Subtract line 12f from line 11. If zero, skip lines 14 through 17 a	and enter -0- on line 18a
14 15		25% (.25) of the excess, if any, of line 14 over \$25,000 (see	14
16	Tenta Indi Cor Esta	tive minimum tax: viduals. Enter the amount from Form 6251, line 34)	16
17	Enter	the greater of line 15 or line 16	
b	For a attribu	act line 17 from line 13. If zero or less, enter -0	us depreciation amount
·	Auu II		
19a	Indivi C cor	the smaller of line 8 or line 18c	
b		the smaller of line 8 or line 18a. If you made an entry on line 18b, go	
С	•	ne 19c 	

Form **3800** (2008)

19c

Form 3800 (2008) Page **3**

Part II Allowable Credit (Continued)

	/ mondate electric (electric de la contraction)	
Note	. If you are not filing Form 8844, skip lines 20 through 24 and enter -0-	on line 25.
20	Multiply line 16 by 75%	
21	Enter the greater of line 15 or line 20	
22	Subtract line 21 from line 13. If zero or less, enter -0	
23	Subtract line 19b from line 22. If zero or less, enter -0	
24	Enter the amount from Form 8844, line 10 or line 12	
25	Empowerment zone and renewal community employment credit allower line 23 or line 24	red. Enter the smaller of
26	Subtract line 15 from line 13. If zero or less, enter -0	
27	Add lines 19b and 25	
28	Subtract line 27 from line 26. If zero or less, enter -0	
29a	Enter the investment credit from Form 3468, Part III, line 18 (attach Form 3468)	29a
b	Enter the work opportunity credit from Form 5884, line 10 or line 12	29b 26
С	Enter the alcohol and cellulosic biofuel fuels credit from Form 6478, line 15 or line 17	29c
d	Enter the low-income housing credit from Form 8586, Part II, line 18 or line 20	29d
е	Enter the renewable electricity, refined coal, and Indian coal production credit from Form 8835, Part II, line 36 or line 38	29e
f	Enter the credit for employer social security and Medicare taxes paid on certain employee tips from Form 8846, line 12	29f
g	Enter the qualified railroad track maintenance credit from Form 8900, line 12	29g
30	Add lines 29a through 29g	
31	Enter the smaller of line 28 or line 30	
32	Credit allowed for the current year. Add lines 27 and 31.	
	Report the amount from line 32 (if smaller than the sum of lines 8, 24, as indicated below or on the applicable line of your return:	and 30, see instructions)
	 Individuals. Form 1040, line 54 or Form 1040NR, line 49 Corporations. Form 1120, Schedule J, line 5c Estates and trusts. Form 1041, Schedule G, line 2c 	

Form **3800** (2008)

Form **4797**

(99)

Department of the Treasury

Internal Revenue Service

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts

Also Involuntary Conversions and Recapture Amount Under Sections 179 and 280F(b)(2))

► Attach to your tax return.

► See separate instructions.

OMB No. 1545-0184

2008

Attachment 27

Name(s) shown on return Identifying number BILL & MELINDA GATES FOUNDATION TRUST 91-1663695 Enter the gross proceeds from sales or exchanges reported to you for 2008 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (a) Gain or (loss) 2 (a) Description (b) Date acquired (c) Date sold (d) Gross allowed or basis, plus Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) improvements and sales price allowable since sum of (d) and (e) acquisition expense of sale SEE STATEMENT 96,257. Gain, if any, from Form 4684, line 45 Section 1231 gain from installment sales from Form 6252, line 26 or 37 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 Gain, if any, from line 32, from other than casualty or theft 6 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: 96,257. 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, 9, 11, and 12 below. Nonrecaptured net section 1231 losses from prior years (see instructions) Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 Gain, if any, from line 31 13 13 Net gain or (loss) from Form 4684, lines 37 and 44a Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 Combine lines 10 through 16 17 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below: a If the loss on line 11 includes a loss from Form 4684, line 41, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040,

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2008)

Form 4797 (2008) 91–1663695 Page **2**

Part III Gain From Disposition of Property (see instructions)	/ Ur	nder Sections 124	15, 1250, 125	2, 1	254, and 125	5	
19 (a) Description of section 1245, 1250, 1252, 1254, or	1255	property:			(b) Date acquire (mo., day, yr.)	ed	(c) Date sold (mo., day, yr.)
A					(, 3,3)		, ,,,,
В							
С							
D							
		Property A	Property B		Property C	.	Property D
These columns relate to the properties on lines 19A through 19D	. ▶	Froperty A	Froperty B		Froperty C		Froperty D
20 Gross sales price (Note: See line 1 before completing.) 2	20						
21 Cost or other basis plus expense of sale2	21						
22 Depreciation (or depletion) allowed or allowable 2	22						
23 Adjusted basis. Subtract line 22 from line 21 2	23						
24 Total gain. Subtract line 23 from line 20 2	24						
25 If section 1245 property:							
a Depreciation allowed or allowable from line 22	5a						
b Enter the smaller of line 24 or 25a	5b						
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
a Additional depreciation after 1975 (see instructions)	6a						
b Applicable percentage multiplied by the smaller of							
line 24 or line 26a (see instructions)	6b						
c Subtract line 26a from line 24. If residential rental property							
or line 24 is not more than line 26a, skip lines 26d and 26e . 2	6c						
d Additional depreciation after 1969 and before 1976 <u>2</u>	6d						
e Enter the smaller of line 26c or 26d 2	6e						
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	6f						
g Add lines 26b, 26e, and 26f	6g						
27 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).							
a Soil, water, and land clearing expenses	7a						
b Line 27a multiplied by applicable percentage (see instructions)	7b						
c Enter the smaller of line 24 or 27b	7с						
	8a						
b Enter the smaller of line 24 or 28a	8b						
29 If section 1255 property:							
Applicable percentage of payments excluded from							
income under section 126 (see instructions)							
b Enter the smaller of line 24 or 29a (see instructions) 2		A thursian F	A there was lines	20h	hafara gaina	ta lin	20
Summary of Part III Gains. Complete property	COI	umns A through L	through line	290	before going	to III	ie 30.
OO Tatal asias for all group office. Add group office all groups Add		ala D. liana 0.4				, ,	
Total gains for all properties. Add property columns A toAdd property columns A through D, lines 25b, 26g, 27c						30	
31 Add property columns A through D, lines 25b, 26g, 27d32 Subtract line 31 from line 30. Enter the portion from ca			_			31	
						,	
Part IV Recapture Amounts Under Section (see instructions)	ıs 1	79 and 280F(b)(2) When Busir	ness	Use Drops to	32 50°	% or Less
((a) Section 179		(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowal	ble ir	prior years		33			
O.4 Decemented decementation (see instructions)				34			
35 Recapture amount. Subtract line 34 from line 33. See				35			

BILL & MELINDA GATES FOUNDATION TRUST Supplement to Form 4797 Part I Detail

	Date	Date	Gross Sales	Depreciation Allowed	Cost or Other	Gain or (Loss)
Description	Acquired	Sold	Price	or Allowable	Basis	for entire year
CSFB STRATEGIC PTNRS	VARIOUS	VARIOUS	96,257	•		for entire year 96, 257
Totals	· · · · · · · · · · · · · · · · · · ·					96,257



(Rev. May 2009) Department of the Treasury **Work Opportunity Credit**

OMB No. 1545-0219

Attachment Sequence No. 77

Attach to your tax return.

Internal Revenue Service Identifying number Name(s) shown on return 91-1663695 BILL & MELINDA GATES FOUNDATION TRUST 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 (if required) as members of a targeted group. a Qualified first-year wages of employees who worked for you at least 120 hours but fewer than 400 hours \$_____ × 25% (.25) 1a Qualified first-year wages of employees who worked for you at least 400 hours 1b Qualified second-year wages of employees certified as long-term family assistance recipients . 1c 0 2 Add lines 1a, 1b, and 1c. See instructions for the adjustment you must make to salaries and wages 2 26 3 Work opportunity credit from partnerships, S corporations, cooperatives, estates, and trusts 3 4 Add lines 2 and 3. Partnerships and S corporations, report this amount on Schedule K; all 26 4 others, go to line 5 5 Work opportunity credit included on line 4 from passive activities (see instructions) 5 6 26 6 Subtract line 5 from line 4 7 Work opportunity credit allowed for 2008 from a passive activity (see instructions) 7 8 Carryforward of any work opportunity credit that originated in a tax year that began after 2006 and carryforward from 2007 of the New York Liberty Zone business employee credit 8 9 Carryback of the work opportunity credit from 2009 (see instructions) . . . 9 10 Add lines 6 through 9. Cooperatives, estates, and trusts, continue on to line 11. All others, report 26 this amount on Form 3800, line 29b . . 10 11 Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see 11 Cooperatives, estates, and trusts, subtract line 11 from line 10. Report this amount on Form

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

What's New

- The period for hiring a Hurricane Katrina employee is extended from a 2- to a 4-year period beginning on August 28,
- Food stamp recipients are now referred to as Supplemental Nutrition Assistance Program (SNAP) recipients.
- The tax liability limit is no longer figured on this form; instead, it must be figured on Form 3800, General Business Credit.
- The American Recovery and Reinvestment Act of 2009 added two targeted groups for certain unemployed veterans and

disconnected youth who begin work after 2008 and before 2011.

Purpose of Form

Use Form 5884 to claim the work opportunity credit for qualified first- or second-year wages you paid to or incurred for targeted group employees during the tax year. Your business does not have to be located in an empowerment zone, renewal community, or rural renewal county to qualify for this credit.

You can claim or elect not to claim the work opportunity credit any time within 3 years from the due date of your return on either your original return or an amended return.

26

STF XPBL1002.1

02-0782928 COLUMBUS EXTENDED MARKET FUND, LLC SCH K-1 SUPPORTING SCHEDULES PARTNER # 15 BILL & MELINDA GATES ITEM L - CAPITAL CONTRIBUTIONS 2,099,313. CASH CONTRIBUTIONS 2,099,313. TOTAL CAPITAL CONTRIBUTIONS --------------LINE 15 - CREDITS ------P OTHER CREDITS _____ 78. FEDERAL INCOME TAX WITHHELD 78. TOTAL BOX P

PARTNER FOOTNOTES

NONE OF THE INCOME REPORTED ON SCHEDULE K-1 SHOULD BE CONSIDERED UNRELATED BUSINESS INCOME.