			EXTENDED TO NOVEMBER 15, 2023		
Form	990-T	E	Exempt Organization Business Income Tax Retur (and proxy tax under section 6033(e))	'n	OMB No. 1545-0047
			0000		
		For cal	endar year 2022 or other tax year beginning, and ending		2022
Depar Interna	tment of the Treasury al Revenue Service	[Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)).	Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEmpl	loyer identification number
B E	xempt under section	Print	BILL & MELINDA GATES FOUNDATION TRUST		91-1663695
X	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 23350	EGrou (see	p exemption number instructions)
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA 98102	F	Check box if
		С Во	ok value of all assets at end of year		an amended return.
G	Check organization		501(c) corporation X 501(c) trust 401(a) trust Other trust	State	college/university
H	Check if filing only to	2	Claim credit from Form 8941 Claim a refund shown on Form 2439		
Ι (Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		
JI	Enter the number of	attache	ed Schedules A (Form 990-T)		1
ĸ	During the tax year,	was the	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
I	If "Yes," enter the na	ame an	d identifying number of the parent corporation.		
Ľ	The books are in ca		JENNIFER DEGER Telephone number	206-70	09-3100
Pa	rt I Total Unr	elate	d Business Taxable Income		
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)			1	38,966.
2	Reserved			2	
3	Add lines 1 and 2			3	38,966.
4	Charitable contrib	utions (see instructions for limitation rules)	. 4	0.
5	Total unrelated bu	siness	taxable income before net operating losses. Subtract line 4 from line 3	. 5	38,966.
6	Deduction for net	operati	ng loss. See instructions STATEMENT 19	6	38,966.
7	Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 fro	m line 5	5	7	
8	Specific deduction	n (genei	rally \$1,000, but see instructions for exceptions) STATEMENT 20	. 8	1,000.
9			duction. See instructions	9	
10	Total deductions	. Add lii	nes 8 and 9	10	1,000.
11	Unrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
	enter zero			11	0.
Pa	rt II Tax Com	putati	on		
1	Organizations tax	cable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	. 1	
2	Trusts taxable at	trust ra	ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from	1: X	Tax rate schedule or Schedule D (Form 1041)	. 2	0.
3	Proxy tax. See ins	structio	ns	3	
4	Other tax amounts	s. See ii	nstructions	4	
5	Alternative minimu	um tax (trusts only)	5	
6	Tax on noncomp	liant fa	cility income. See instructions	. 6	
7	Total. Add lines 3	throug	h 6 to line 1 or 2, whichever applies	. 7	0.
LHA	For Paperwork	Reduct	ion Act Notice, see instructions.		Form 990-T (2022)

pristant and a second	90-T (2022)			Page 2
Part			Later and Later	
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)			
C	General business credit. Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
e	Total credits. Add lines 1a through 1d		10	505.00 ⁻
2	Subtract line 1e from Part II, line 7		2	0.
3			3	
4	Total tax. Add lines 2 and 3 (see instructions). Check if includes tax pre	Execute Activity and the constant of the state of the state of the		
	section 1294. Enter tax amount here		4	0.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5	0.
6a	Payments: A 2021 overpayment credited to 2022	6a 100,000.	1.000	
b	2022 estimated tax payments. Check if section 643(g) election applies	6b		
С	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)			
е	Backup withholding (see instructions)		Sold State	
f	Credit for small employer health insurance premiums (attach Form 8941)			
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Tot	al <u>6g</u>	200	
7	Total payments. Add lines 6a through 6g		7	100,000.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached		8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	rpaid	10	100,000.
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax	100,000. Refunded	11	٥.
Part	IV Statements Regarding Certain Activities and Other Information	tion (see instructions)		
1	At any time during the 2022 calendar year, did the organization have an interest in o	or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter th			in the second
	here SEE STATEMENT 22			x
2	During the tax year, did the organization receive a distribution from, or was it the gra	antor of, or transferor to, a		012 SE
	foreign trust?			x
	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year	\$		和新生育 的
4	Enter available pre-2018 NOL carryovers here \$ 143,660. Do not	t include any post-2017 NOL ca	rryover	-
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by			
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-201	25 7 4		
1	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fe			
5 	Business Activity Code	Available post-2017 NOL of		
		\$, any or on	
		\$	<u></u>	管理 見た
	Did the organization change its method of accounting? (see instructions)	*		x
oa b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990	PE or Form 11282 If "No."	*****************	· Catha Million
, u	explain in Part V			Sector Sector Sector Sector
Part				

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury. I declare that I have exam correct, and complete. Declaration of preparer (other Carolyn Quast Signature of officer	than taxpayer) is based on all information of w		ge. CER d	adge and belief, it is true, Aay the IRS discuss this return with he preparer shown below (see Instructions)? X Yes No
Paid Preparer	Print/Type preparer's name	Preparer's signature Anne Fulton	Date 11/4/2023	Check setf- employed	if PTIN P00941863
Use Only	Firm's name DBLOITTE TAX LL	Firm's EIN 86-1065772			
	50 SOUTH SIX Firm's address MINNEAPOLIS,	Phone no. 6	512-397-4000		
223711 01-16-2	3				Form 990-T (2022)

ORM 990-T	PRE 2018 NOL SCHEDULE	STATEMENT 19
PRE-2018 NOL CARRY FO PRE-2018 NOL DEDUCTIO	RWARD FROM PRIOR YEAR N INCLUDED IN PART I, LINE 6	143,660. 38,966.
SCHEDULE A PORTION OF SCHEDULE A ENTITY	PRE-2018 NOL SCHEDULE A SHARE	
1	0.	
TOTAL SCHEDULE A SHAR NET OPERATING DEDUCTIO BALANCE AFTER PRE-2013 EXPIRING NET OPERATINO CARRY FORWARD OF NET O	ON 8 NOL DEDUCTION G LOSSES	0. 38,966. 0. 0. 104,694.
ORM 990-T	SPECIFIC DEDUCTION - OTHER	STATEMENT 20
AME	GROSS UBTI	SPECIFIC DEDUCTION
		1,000
OTALS TO FORM 990-T,	PAGE 1, LINE 8	1,000

FORM 990-T	PRE-201	8 NET OPERATING	LOSS DEDUCTION	STATEMENT 21
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/08	353.	353.	0.	0.
12/31/09	15,323.	15,323.	0.	0.
12/31/10	57,959.	57,959.	0.	0.
12/31/11	333.	333.	0.	0.
12/31/12	5,930.	5,930.	0.	0.
12/31/13	4,153.	4,153.	0.	0.
12/31/14	7,773.	7,773.	0.	0.
12/31/15	245,765.	119,780.	125,985.	125,985.
12/31/16	9,384.	0.	9,384.	9,384.
12/31/17	8,291.	0.	8,291.	8,291.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	143,660.	143,660.

FORM 990-T	NAME OF FOREIGN	COUNTRY IN WHICH	STATEMENT 22
	ORGANIZATION HAS	FINANCIAL INTEREST	

NAME OF COUNTRY

ARGENTINA BRAZIL CHILE CHINA COLOMBIA CZECH REPUBLIC DENMARK EGYPT GHANA GREECE HONG KONG HUNGARY INDIA INDONESIA ISRAEL JAPAN KOREA (SOUTH) MALAYSIA PHILIPPINES POLAND OATAR TAIWAN THAILAND TURKEY UNITED KINGDOM URUGUAY VIETNAM

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

Open to Public Inspection for 501(c)(3) Organizations Only

Α

Α	Name of the organization BILL & MELINDA GATES FOUNDATION TRUST	B	Employer identif 91-1663695		n numbei		
с	Unrelated business activity code (see instructions) 901101	D	Sequence:	1	of	1	

Describe the unrelated trade or business INTEREST IN PASSIVE INVESTMENTS

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) STATEMENT 23	5	39,863.		39,863.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	39,863.		39,863.
Pa		ons for	limitations on ded	uctions. Deduction	s must be

directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1			
2	Salaries and wages				
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	897.
7	Depreciation (attach Form 4562). See instructions				
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)				
14	Other deductions (attach statement)				
15	Total deductions. Add lines 1 through 14				897.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from) Part	I, line 13,		
	column (C)			16	38,966.
17	Deduction for net operating loss. See instructions	17	0.		
18	Unrelated business taxable income. Subtract line 17 from line 16		38,966.		
LHA	For Paperwork Reduction Act Notice, see instructions.			Schedu	le A (Form 990-T) 2022

Schod	ule A (Form 990-T) 2022				1 Page 2
Part		hod of inventory valuat	ion		Page 2
1	Inventory at beginning of year				
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter I				
9 Part	Do the rules of section 263A (with respect to property p IV Rent Income (From Real Property and				Yes No
1	Description of property (property street address, city, s		-		
•	A				
	в 🗌				
	c 🗌				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
•	Tatal wants wassingd an assured Add line Os askurana A	thusuah D. Fatau have	and an David Line C. a		0.
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I, line 6, c	oiumn (A)	<u>.</u>
4	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Er	iter here and on Part I	line 6. column (B)		0.
Part					
1	Description of debt-financed property (street address, o		heck if a dual-use. See	e instructions.	
	A	••••••			
	в 🗌				
	c 🗌				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
с	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
5	to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-				
5	financed property (attach statement)				
6	Divide line 4 by line 5		%	9	6 %
7	Gross income reportable. Multiply line 2 by line 6	/0	/0	/	//
8	Total gross income (add line 7, columns A through D)	. Enter here and on Pa	rt I. line 7. column (A)		0.
-			, ,		
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr	ough D. Enter here and	d on Part I, line 7, colu	mn (B)	0.
11	Total dividends-received deductions included in line				

Sched Part	ule A (Form 990-T) 2022	ities Ro	ovalties, and Re	ents fror	n Control	led Or	ganization	S (s	ee instruct	ione)		Page 3
1 411							Exempt Contro	,		,		
1. Name of controlled organization		2. Employer identification number	3. Net unrelated 4. Total		al of specified nents made controlling org		art of colur s included	lumn 4 ed in the ganiza-		eductions directly connected with come in column 5		
(1)									<u>3 gr033 inc</u>	onic		
(2)												
(3)												
(4)												
		_	No	nexempt (Controlled O	rganizati	ions					
7	'. Taxable Income	in	Net unrelated Icome (loss) e instructions)		otal of specif yments mad		10. Part that is included controlling gross	cluded	in the zation's	11. Deductions direct connected with income in column 10		nected with
(1)												
(2)												
(3)												
(4)												
Add columns 5 and 10. Enter here and on Part I, line 8, column (A)						n Part I, n (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)					
Totals Part	VII Investment I	ncome	of a Section 50	1(c)(7) ((17)	Organ	l nization (*		0. tructions)			0.
		cription of		<u>1(0)(1); (</u>	2. Amou incon	nt of	3. Deduction directly conn (attach state)	ons ected	4. Set- (attach st		, 1	5. Total deductions and set-asides (add cols 3 and 4)
(1)												
(2)												
(3)												
(4)												
Totals					Add amou column 2 here and of line 9, colu	. Enter n Part I,						Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0.
Part	VIII Exploited E	xempt A	ctivity Income,	Other 1	han Adve	ertising	a Income	(see in	structions)			
1	Description of exploite		,					(000 111				
2	Gross unrelated busin		e from trade or busi	ness. Ente	r here and o	n Part I.	line 10. colum	n (A)		2		
3	Expenses directly con											
			•							3		
4	Net income (loss) from											
	lines 5 through 7									4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expension											
	4. Enter here and on P	Part II, line	12			<u></u>				7		

Schedule A (Form 990-T) 2022

	ule A (Form 990-T) 2022				Page 4
Part	•				
1	Name(s) of periodical(s). Check box if reportin	ig two or more periodicals on a	consolidated basis	5.	
	B				
	в С				
	D				
Entor					
	amounts for each periodical listed above in the		В	С	D
2	Gross advertising income			v	
2	Add columns A through D. Enter here and on	-	I		0.
•	Add coldmins A through D. Enter here and on				
а З	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on		I		0.
u	Add columns A through D. Enter here and on				
4	Advertising gain (loss). Subtract line 3 from lir				
•	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column ir				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le	SS			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain o	n			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g	reater of the line 8a, columns to	tal or zero here and	d on	
	Part II, line 13				0.
Part	X Compensation of Officers, Dir	ectors, and Trustees (s	see instructions)	,	
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
<u>(1)</u>	SEE STATEMENT 24			%	
(2)				%	
(3)				%	
(4)				%	
					•
Part	. Enter here and on Part II, line 1 XI Supplemental Information (se	· · · · ·			0.
Fart		e instructions)			

1

FORM 990-T (A)	INCOME (LOSS)	FROM PARTNERSHIPS	STATEMENT 23
DESCRIPTION			NET INCOME OR (LOSS)
TOWER SQUARE CAPITAL SMB PRIVATE EDUCATIO			38,712. 1,151.
TOTAL INCLUDED ON SC	CHEDULE A, PART I	, LINE 5	39,863.

	COMPENSATION OF OFFICE CTORS AND TRUSTEES	:RS,	STATEMENT 24
NAME	TITLE	PERCENT	COMPENSATION
WILLIAM H. GATES, III	TRUSTEE AND CEO	.00%	0.
MELINDA FRENCH GATES	TRUSTEE	.008	0.
CAROLYN AINSLIE	CHIEF FINANCIAL		
	OFFICER	.008	0.
KEITH TRAVERSE	SECRETARY	.00%	0.
CONNIE COLLINGSWORTH	ASSISTANT		
	SECRETARY	.008	0.
TOTAL TO FORM 990-T, SCHEDULE	A, PART X		0.

SCHE	DULE
(Form	1041)

Alternative Minimum Tax - Estates and Trusts

OMB No. 1545-0092

2022

Attach to Form 1041.

Go to www.irs.gov/Form1041 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Nam	e of estate or trust	Employer ider	ntification number
	L & MELINDA GATES FOUNDATION TRUST	91-1663	695
Pa	rt I Estate's or Trust's Share of Alternative Minimum Taxable Income		
1	Adjusted total income or (loss) (from Form 1041, line 17). ESBTs, see instructions	1	38,966.
2	Interest		
3	Taxes		
4	Refund of taxes)
5	Depletion (difference between regular tax and AMT)		
6	Net operating loss deduction. Enter as a positive amount	6	
7	Interest from specified private activity bonds exempt from the regular tax	. 7	
8	Qualified small business stock (see instructions)	. 8	
9	Exercise of incentive stock options (excess of AMT income over regular tax income)	. 9	
10	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)		
11	Disposition of property (difference between AMT and regular tax gain or loss)		
12	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)		
13	Passive activities (difference between AMT and regular tax income or loss)	13	
14	Loss limitations (difference between AMT and regular tax income or loss)	14	
15	Circulation costs (difference between regular tax and AMT)	. 15	
16	Long-term contracts (difference between AMT and regular tax income)		
17	Mining costs (difference between regular tax and AMT)	. 17	
18	Research and experimental costs (difference between regular tax and AMT)		
19	Income from certain installment sales before January 1, 1987)
20	Intangible drilling costs preference		
21	Other adjustments, including income-based related adjustments		
22	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.))
23	Adjusted alternative minimum taxable income. Combine lines 1 through 22	23	38,966.
	Note: Complete Part II below before going to line 24.		
24	Income distribution deduction from Part II, line 42 N/A 24	_	
25	Estate tax deduction (from Form 1041, line 19) N/A 25		
26	Add lines 24 and 25	26	38,966.
27	Estate's or trust's share of alternative minimum taxable income. Subtract line 26 from line 23	27	30,900.
	If line 27 is:		
	• \$26,500 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't		
	liable for the alternative minimum tax.		
	 Over \$26,500, but less than \$194,300, go to line 43. \$194,300 or more, enter the amount from line 27 on line 49 and go to line 50. 		
	 FISH, SOU OF THORE, ETTER THE ATTOUNT THOM THE 27 OF THE 49 and go to the So. ESBTs, see instructions. 		
Pa	rt II Income Distribution Deduction on a Minimum Tax Basis N/A		
28	Adjusted alternative minimum taxable income (see instructions)	28	
29	Adjusted tax-exempt interest (other than amounts included on line 7)		
30	Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-		
31	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable		
	purposes (from Form 1041, Schedule A, line 4)	31	
32	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)		
33	Capital gains computed on a minimum tax basis included on line 23)
34	Capital losses computed on a minimum tax basis included on line 23. Enter as a positive amount		<u>/</u>
35	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 28 through 34. If zero		
-	or less, enter -0-	35	
36	Income required to be distributed currently (from Form 1041, Schedule B, line 9)		
37	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)		
38	Total distributions. Add lines 36 and 37		
39	Tax-exempt income included on line 38 (other than amounts included on line 7)		
40	Tentative income distribution deduction on a minimum tax basis. Subtract line 39 from line 38		

40 Tentative income distribution deduction on a minimum tax basis. Subtract line 39 from line 38 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule I (Form 1041) 2022

	Jule E (Form 1040) 2022 (s) shown on return. Do not enter name and social securit	umber if shown on page 1				Attachment Sequen	-		Page 2
Marrie	(5) Shown offretum. Do not enter hame and social security	riumber it snown on page 1.					You	r social seci	urity number
BIL	L & MELINDA GATES FOUNDATION TRU	JST						91-16636	595
Cau	tion: The IRS compares amounts reported	on your tax return with a	mounts sho	wn on Sc	hedu	ule(s) K-1.			
Pa	rt II Income or Loss From Par Note: If you report a loss, receive stock, or receive a loan repaymen computation. If you report a loss t line 28 and attach Form 6198. Se	a distribution, dispose of t from an S corporation, rom an at-risk activity for	r vou must d	heck the	box i s not	in column (e) on line 28 a t at risk, you must check	and at the b	ttach the re	equired basis nn (f) on
27	Are you reporting any loss not allowed in passive activity (if that loss was not repo				,				
	see instructions before completing this s	ection	<u></u>				<u></u>	Yes	X No
28	(a) Name		(b) Enter P for partnership; S for S corporation	`if foreign	id	(d) Employer entification number	basis	Check if s computation is required	(f) Check if any amount is not at risk
Α	SMB PRIVATE EDUCATION LOAN TRU	ST	Р						
В	TOWER SQUARE CAPITAL PARTNERS	III	P						
<u>c</u>									
D									
	Passive Income and Lo		(i) Non	bassive loss		Nonpassive Income and			
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	allov Sche	wed (see dule K-1)		(j) Section 179 expense deduction from Form 4562		() Nonpassi from Sche	
<u>A</u>		1,151	_						
B		38,712	·						
c									
<u>D</u>	Tatala	39,863							
29a b	Totals	55,003	•						
30	Add columns (h) and (k) of line 29a						30	1	39,863.
31	Add columns (g), (i), and (j) of line 29b						31	()
32	Total partnership and S corporation in	come or (loss). Combine	e lines 30 ar	nd 31			32		39,863.
	rt III Income or Loss From Esta								
33		(a) Name							nployer on number
Α									
В									
	Passive Incon	ne and Loss				Nonpassive Inc	come	and Loss	
	(c) Passive deduction or loss allows (attach Form 8582 if required)		assive incor Schedule k			e) Deduction or loss from Schedule K-1	(1	f) Other inc Schedul	
	(attach Form osoz in required)		Schedule r	<u>- 1</u>	-	Tom Schedule K-1		Schedu	
<u>A</u>									
<u>B</u>	Tatala			-					
34a b	Totals Totals								
35	Add columns (d) and (f) of line 34a						35		
36	Add columna (a) and (a) of line 24b						36	()
37	Total estate and trust income or (loss)						37	<u> </u>	<u>.</u>
Pa	rt IV Income or Loss From Rea	Estate Mortgage I	nvestme	nt Conc	duite	s (REMICs) - Resid	ual I	lolder	
38	(a) Name	(b) Employer identification number	fròm Sch	ess inclusion edules Q, instruction	line	(d) Taxable income (net loss) from Schedules Q, line 1b	s	(e) Incom Schedules	
39 Pa	Combine columns (d) and (e) only. Enter	the result here and incluc	le in the tot	al on line 4	41 be	elow	39		
40	Net farm rental income or (loss) from For	m 4835. Also, complete	line 42 belo	w			40		
41	Total income or (loss). Combine lines 26, 32,	· ·					41		39,863.
42	Reconciliation of farming and fishing income	. Enter your gross farming	and fishing i	ncome					
	reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B	; Schedule K	1					
	(Form 1120-S), box 17, code AD; and Schedu	le K-1 (Form 1041), box 14,	code F. See in	structions.	42				
43	Reconciliation for real estate profession								
	professional (see instructions), enter the		•	·					
	on Form 1040, Form 1040-SR, or Form 1				40				
	in which you materially participated under	a the bassive activity ioss	siules	1	43	1			

SCHE	DULE
(Form	1041)

Alternative Minimum Tax - Estates and Trusts

OMB No. 1545-0092

2022

Attach to Form 1041.

Go to www.irs.gov/Form1041 for instructions and the latest information.

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

Nam	e of estate or trust	Employer ider	tification number
BIL	L & MELINDA GATES FOUNDATION TRUST	91-1663	695
Pa	rt I Estate's or Trust's Share of Alternative Minimum Taxable Income	·	
1	Adjusted total income or (loss) (from Form 1041, line 17). ESBTs, see instructions	1	
	Interest		
3	Taxes		897.
4	Refund of taxes)
5	Depletion (difference between regular tax and AMT)		
6	Net operating loss deduction. Enter as a positive amount STMT 25 STMT 28		38,966.
7	Interest from specified private activity bonds exempt from the regular tax	7	
8	Qualified small business stock (see instructions)	8	
9	Exercise of incentive stock options (excess of AMT income over regular tax income)	9	
10	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	10	
11	Disposition of property (difference between AMT and regular tax gain or loss)		
12	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)		
13	Passive activities (difference between AMT and regular tax income or loss)		
14	Loss limitations (difference between AMT and regular tax income or loss)		
15	Circulation costs (difference between regular tax and AMT)		
16	Long-term contracts (difference between AMT and regular tax income)		
17	Mining costs (difference between regular tax and AMT)	17	
18	Research and experimental costs (difference between regular tax and AMT)		
19	Income from certain installment sales before January 1, 1987)
20	Intangible drilling costs preference		
21	Other adjustments, including income-based related adjustments		
22	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)		35,877.)
23	Adjusted alternative minimum taxable income. Combine lines 1 through 22 STATEMENT 26	23	3,986.
	Note: Complete Part II below before going to line 24.		
24		_	
25	Estate tax deduction (from Form 1041, line 19)		
26	Add lines 24 and 25		
27	Estate's or trust's share of alternative minimum taxable income. Subtract line 26 from line 23	27	3,986.
	If line 27 is:		
	• \$26,500 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't		
	liable for the alternative minimum tax.		
	• Over \$26,500, but less than \$194,300, go to line 43.		
	 \$194,300 or more, enter the amount from line 27 on line 49 and go to line 50. 		
Dr	ESBTs, see instructions. Income Distribution Deduction on a Minimum Tax Basis N/A		
28	Adjusted alternative minimum taxable income (see instructions)		
29	Adjusted tax-exempt interest (other than amounts included on line 7)		
30	Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-	30	
31	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable		
~~	purposes (from Form 1041, Schedule A, line 4)		
32	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)		
33	Capital gains computed on a minimum tax basis included on line 23)
34	Capital losses computed on a minimum tax basis included on line 23. Enter as a positive amount	34	
35	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 28 through 34. If zero	05	
~~	or less, enter -0-		
36	Income required to be distributed currently (from Form 1041, Schedule B, line 9)	07	
37	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)		
38	Total distributions. Add lines 36 and 37		
39	Tax-exempt income included on line 38 (other than amounts included on line 7)	39	

40 Tentative income distribution deduction on a minimum tax basis. Subtract line 39 from line 3

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

Schedule I (Form 1041) 2022

40

Sche	dule (Form 1041) 2022 BILL & MELINDA GATES FOUNDATION TRUST			91	-1663695	Page 2
_	t II Income Distribution Deduction on a Minimum Tax Basis	(contir	ued)	N/A		U U
41	Tentative income distribution deduction on a minimum tax basis. Subtract line 29	,	,			
	f zero or less, enter -0-			41		
	Income distribution deduction on a minimum tax basis. Enter the smaller of lin					
	Enter here and on line 24			. 42		
Par	t III Alternative Minimum Tax					
43	Exemption amount			. 43	\$26,500	
	Enter the amount from line 27	44				
	Phase-out of exemption amount	45	\$88,300			
	Subtract line 45 from line 44. If zero or less, enter -0-					
47	Multiply line 46 by 25% (0.25)			. 47		
	Subtract line 47 from line 43. If zero or less, enter -0-					
49	Subtract line 48 from line 44			. 49		
50	Go to Part IV of Schedule I to figure line 50 if the estate or trust has qualified dividends or h	as a gain	on lines 18a and 19			
	of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwis	se, if line	49 is:			
	● \$206,100 or less, multiply line 49 by 26% (0.26).					
	 Over \$206,100, multiply line 49 by 28% (0.28) and subtract \$4,122 from the residue of the residue of the second sec					
	Alternative minimum foreign tax credit (see instructions)			. 51		
	Tentative minimum tax. Subtract line 51 from line 50					
	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit fr			53		
	Alternative minimum tax. Subtract line 53 from line 52. If zero or less, enter -0	Enter h	ere and on			
	Form 1041, Schedule G, line 1c					
	t IV Line 50 Computation Using Maximum Capital Gains Rate					
	ion: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tax					
	e Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the instructions for Form 1	struction	IS			
	e completing this part.					
	Enter the amount from line 49			. 55		
	Enter the amount from line 26 of Schedule D (Form 1041), line 13 of the Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for					
		56				
	-orm 1041, whichever applies (as refigured for the AMT, if necessary)	50				
	(as refigured for the AMT, if necessary). If you didn't complete					
	Schedule D for the regular tax or the AMT, enter -0-	57				
	f you didn't complete a Schedule D Tax Worksheet for the regular tax or the					
	AMT, enter the amount from line 56. Otherwise, add lines 56 and 57 and enter					
	the smaller of that result or the amount from line 10 of the Schedule D Tax					
	Worksheet (as refigured for the AMT, if necessary)	58				
	Enter the smaller of line 55 or line 58			59		
	Subtract line 59 from line 55					
	f line 60 is \$206,100 or less, multiply line 60 by 26% (0.26). Otherwise, multiply lir					
	28% (0.28) and subtract \$4,122 from the result	-		61		
	Maximum amount subject to the 0% rate	62	\$2,800			
	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D					
	Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions					
t	for Form 1041, whichever applies (as figured for the regular tax). If you didn't					
	complete Schedule D or either worksheet for the regular tax, enter the amount					
t	from Form 1041, line 23; if zero or less, enter -0-	63				
64	Subtract line 63 from line 62. If zero or less, enter -0-	64				
65	Enter the smaller of line 55 or line 56	65				
66	Enter the smaller of line 64 or line 65. This amount is taxed at 0%	66				
67	Subtract line 66 from line 65	67				

219862 12-09-22

Schedule I (Form 1041) 2022

Sch	edule I (Form 1041) 2022				Page 3
Pa	Irt IV Line 50 Computation Using Maximum Capital Gains F	Rates _{(cont}	tinued)		
68	Maximum amount subject to rates below 20%	68	\$13,700		
69	Enter the amount from line 64	69			
70	Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the				
	Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax				
	Worksheet, whichever applies (as figured for the regular tax). If you				
	didn't complete Schedule D or either worksheet for the regular tax, enter				
	the amount from Form 1041, line 23; if zero or less, enter -0-	70			
71	Add line 69 and line 70	71			
	Subtract line 71 from line 68. If zero or less, enter -0-				
73	Enter the smaller of line 67 or line 72				
74	Multiply line 73 by 15% (0.15)			74	
75	Add lines 66 and 73				
	If lines 75 and 55 are the same, skip lines 76 through 80 and go to line 81.	. Otherwise,	go to line 76.		
76	Subtract line 75 from line 65	76			
	Multiply line 76 by 20% (0.20)				
	If line 57 is zero or blank, skip lines 78 through 80 and go to line 81. Other				
78	Add lines 60, 75, and 76				
	Subtract line 78 from line 55				
80	Multiply line 79 by 25% (0.25)			80	
81	Add lines 61, 74, 77, and 80				
	If line 55 is \$206,100 or less, multiply line 55 by 26% (0.26). Otherwise, multip				
	and subtract \$4,122 from the result			82	
83	Enter the smaller of line 81 or line 82 here and on line 50				

Schedule I (Form 1041) 2022

BILL & MELINDA GATES FOUNDATION TRUST

STATEMENT 25 SCHEDULE I NET OPERATING LOSS CARRYOVER LOSS PREVIOUSLY TAX YEAR LOSS SUSTAINED APPLIED AMOUNT 12/31/08 353. 353. Ο. 12/31/09 15,323. 15,323. Ο. Ο. 57,959. 57,959. 12/31/10 12/31/11 333. 333. Ο. 12/31/12 5,930. 5,930. Ο. Ο. 12/31/13 4,153. 4,153. 7,773. 7,773. 12/31/14 Ο. 12/31/15 245,765. 119,780. 125,985. 12/31/16 9,384. Ο. 9,384. 8,291. Ο. 12/31/17 8,291. TOTAL TO SCHEDULE I, LINE 6 143,660.

SCHEDULE I	ALTERNAT	IVE MINIMUM TAX N	OL CARRYOVER	STATEMENT 26
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED		AMOUNT
12/31/08	353.	353.		0
12/31/09	15,323.	15,323.		0
12/31/10	57,959.	57,959.		0
12/31/11	333.	333.		0
12/31/12	5,930.	5,930.		0
12/31/13	4,153.	4,153.		0
12/31/14	7,773.	7,773.		0
12/31/15	245,765.	100,806.		144,959
12/31/16	9,384.	Ο.		9,384
12/31/17	8,291.	0.		8,291
	CHEDULE I, LINE 23			162,634

* SUBJECT TO LIMITATION

91-1663695

L AMT NOL RYFORWARD	AMT NOL USED	UNUSED AMT NOL
A I F OKWARD	THIS YEAR	CARRYFORWARD
162,634.	35,877.	126,757.
	35,877.	126,757.
	162,634.	· · · · · · · · · · · · · · · · · · ·

DESCRIPTION	AMOUNT
PRE-2018 NOL DEDUCTION	143,660.
TOTAL TO SCHEDULE I, LINE 6	143,660.

Form	2220
Departe	ment of the Treasury

Underpayment of Estimated Tax by Corporations

Internal Revenue Service Name

Attach to the corporation's tax return.	FORM	990-
Go to www.irs.gov/Form2220 for instructions and the latest info	ormation.	

Employer identification number

91-1663695

OMB No. 1545-0123 2022

BILL	&	MELINDA	GATES	FOUNDATION	TRUST	

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 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual P	ayment						
 Total tay (and instructions) 							
1 Total tax (see instructions)						1	
2 a Personal holding company tax (Sched	ule PH (Form 1120), line 26) in	cluded on line 1		2a			
b Look-back interest included on line 1 u							
contracts or section 167(g) for deprec	iation under the income forecas	st method		2b			
c Credit for federal tax paid on fuels (see				2c			
d Total. Add lines 2a through 2c						2d	
3 Subtract line 2d from line 1. If the resu	ult is less than \$500, do not cor	mplete or file this form	. The corpora	tion			
does not owe the penalty						3	
4 Enter the tax shown on the corporation							
or the tax year was for less than 12 m	onuis, skip uns inte and enter u	le alliount nom me 3	on nine 5			4	
5 Required annual payment. Enter the	smaller of line 3 or line 4. If the	e cornoration is require	ed to skin line	<u>م</u>			
		•	•			5	
	- Check the boxes below that a	apply. If any boxes are	checked, the	corporatio	n must file Form 2		
even if it does not owe a per	nalty. See instructions.						
6 The corporation is using the a	djusted seasonal installment me	ethod.					
7 The corporation is using the a	nnualized income installment m	iethod.					
	poration" figuring its first requi	red installment based o	on the prior y	ear's tax.			
Part III Figuring the Under	payment						
		(a)	(b)	(0)		(d)
9 Installment due dates. Enter in colum							
15th day of the 4th (Form 990-PF file							
6th, 9th, and 12th months of the corpo							
10 Required installments. If the box on							
above is checked, enter the amounts f	rom Sch A, line 38. If						
the box on line 8 (but not 6 or 7) is ch	ecked, see instructions						
for the amounts to enter. If none of the	ese boxes are checked,						
enter 25% (0.25) of line 5 above in eac	ch column 10						
11 Estimated tax paid or credited for each							
column (a) only, enter the amount from	m line 11 on line 15.						
See instructions							
Complete lines 12 through 18 of one	column						
before going to the next column.							
12 Enter amount, if any, from line 18 of the							
13 Add lines 11 and 12							
14 Add amounts on lines 16 and 17 of the							
15 Subtract line 14 from line 13. If zero o							
16 If the amount on line 15 is zero, subtra							
14. Otherwise, enter -0-							
17 Underpayment. If line 15 is less than							
subtract line 15 from line 10. Then go							
18 Overpayment. If line 10 is less than line							
from line 15. Then go to line 12 of the	next column 18						

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions. LHA

Form 2220 (2022)

Part IV Figuring the Penalty

			(a)	(b)	(C)	(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19				
20	Number of days from due date of installment on line 9 to the					
	date shown on line 19	20				
21	Number of days on line 20 after 4/15/2022 and before 7/1/2022	21				
22	Underpayment on line 17 x Number of days on line 21 x 4% (0.04) 365	22	\$	\$	\$	\$
23	Number of days on line 20 after 6/30/2022 and before 10/1/2022	23				
24	Underpayment on line 17 x Number of days on line 23 x 5% (0.05) 365	24	\$	\$	\$	\$
25	Number of days on line 20 after 9/30/2022 and before 1/1/2023	25				
26	Underpayment on line 17 x Number of days on line 25 x 6% (0.06) 365	26	\$	\$	\$	\$
27	Number of days on line 20 after 12/31/2022 and before 4/1/2023	27				
28	Underpayment on line 17 x Number of days on line 27 x 7% (0.07) 365	28	\$	\$	\$	\$
29	Number of days on line 20 after 3/31/2023 and before 7/1/2023	29				
30	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$
31	Number of days on line 20 after 6/30/2023 and before 10/1/2023	31				
32	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	\$
33	Number of days on line 20 after 9/30/2023 and before 1/1/2024	33				
34	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	\$
35	Number of days on line 20 after 12/31/2023 and before 3/16/2024	35				
36	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$
38	Penalty. Add columns (a) through (d) of line 37. Enter the to line for other income tax returns	tal he	ere and on Form 1120, lin	e 34; or the comparable		\$ 0

These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov**. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2022)

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

CHARITABLE CONTRIBUTION CARRYFORWARD SCHEDULE FOR THE YEAR ENDED DECEMBER 31, 2022

<u>YEAR</u> END	CONTRIBUTIONS SUBJECT TO 60% LIMITATION	CONTRIBUTIONS SUBJECT TO 50% LIMITATION	CONTRIBUTIONS SUBJECT TO 30% LIMITATION	<u>CURRENT</u> <u>YEAR</u> <u>AMOUNT</u> <u>UTILIZED</u>	50% LIMITATION CARRYFORWARD	<u>30% LIMITATION</u> CARRYFORWARD	60% LIMITATION CARRYFORWARD	<u>TAX YEAR OF</u> EXPIRATION
12/31/17		135	2,502,000,000	-	135	2,502,000,000	-	2022
12/31/18	32		2,835,000,000		-	2,835,000,000	32	2023
12/31/19	57		5,237,250,000		-	5,237,250,000	57	2024
12/31/20	118		5,849,455,600		-	5,849,455,600	118	2025
12/31/21	151		5,518,530,000		-	5,518,530,000	151	2026
12/31/22	88		6,126,232,500		-	6,126,232,500	88	2027
TOTAL				\$ -	\$ 135	\$ 28,068,468,100	\$ 446	-

TOTAL CARRYFORWARD TO 12/31/2023:

28,068,468,681

\$

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

FORM 3800

PART III: BOX C - GENERAL BUSINESS CREDIT CARRYFORWARD FROM PASSIVE ACTIVITIES

LINE 1C: INCREASING RESEARCH ACTIVITIES

			TAX YEAR															
Investment	EIN	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Total
Tower Square II	30-0336246	73	-	133	263	-	-	-	-	-	-	-	-	-	-	-	-	469
Tower Square III	41-2280127	-	153	385	656	1,176	772	835	496	552	812	358	464	-	105	148	-	6,912
Totals		73	153	518	919	1,176	772	835	496	552	812	358	464	-	105	148	-	7381

LINE 4B: WORK OPPORTUNITY CREDIT

			TAX YEAR															
Investment	EIN	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Total
Tower Square II	30-0336246	-	-	-	-	-	1	12	16	-	-	-	-	-	-	-	-	29
Tower Square III	41-2280127	-	-	156	-	-	-	-	-	-	-	67	-	-	-	-	-	223
Totals		-	-	156	-	-	1	12	16	-	-	67	-	-	-	-	-	252

General Business Credit

Go to www.irs.gov/Form3800 for instructions and the latest information.

You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

Sequence No.

OMB No. 1545-0895

22

BTL	L & MELINDA GATES FOUNDATION TRUST	91 -1	663695
	rt I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)		
14	(See instructions and complete Part(s) III before Parts I and II.)		
1	General business credit from line 2 of all Parts III with box A checked	1	
2			
2	Passive activity credits from line 2 of all Parts III with box B checked 2 Enter the applicable passive activity credits allowed for 2022. See instructions	3	
		3	
4	Carryforward of general business credit to 2022. Enter the amount from line 2 of Part III with box C		7,381.
	checked. See instructions for statement to attach Check this box if the carryforward was changed or revised from the original reported amount	4	,,301.
-			
5	Carryback of general business credit from 2023. Enter the amount from line 2 of Part III with box D	-	
~		5	7,381.
Pa	Add lines 1, 3, 4, and 5 rt II Allowable Credit	6	7,501.
'	Regular tax before credits:		
	• Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR,		
	line 16, and Schedule 2 (Form 1040), line 2		
	• Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the	-	0.
	applicable line of your return	7	0.
	• Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G,		
	lines 1a and 1b, plus any Form 8978 amount included on line 1d; or the amount from		
•	the applicable line of your return		
8	Alternative minimum tax:		
	Individuals. Enter the amount from Form 6251, line 11		0.
	Corporations. Enter -0-	8	0.
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54		
•		0	
9	Add lines 7 and 8	9	
10.0	Eprojan tay prodit		
	Foreign tax credit 10a		
	Certain allowable credits (see instructions)	10-	
С	Add lines 10a and 10b	10c	
	Net in some ten. Ochtweet ling 10e from ling 0. If some skin lings 10 kknowsk 15 and enter 0. en ling 10		0.
	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	
40	Net regular tex. Subtract line 10e from line 7. If zero er less, optar 0.		
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-		
40	Enter $250/(0.25)$ of the evenes, if any of line 10 ever $225,000$. See		
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See		
44	instructions 13		
14	Tentative minimum tax:		
	Individuals. Enter the amount from Form 6251, line 9		
	Corporations. Enter -0- Estates and trusts. Enter the amount from Schedule I (Form 1041),		
45	line 52	45	
	Enter the greater of line 13 or line 14	15	0.
16 17	Subtract line 15 from line 11. If zero or less, enter -0-	16	υ.
17	Enter the smaller of line 6 or line 16	17	
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or		
	reorganization.		Eorm 2800 (2022)

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 3800 (2022)

	m 3800 (2022)		Page 2
Pa	art II Allowable Credit (continued)		
Not	te: If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on lin	ne 26.	
18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
10			
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
20		20	
~	Orderset line 17 from line 00. If some ordere 0		
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked 23		
24	Enter the applicable passive activity credit allowed for 2022. See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21		
	or line 25	26	0.
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	0.
28	Add lines 17 and 26	28	
20		20	
~~	Culture time 00 from line 07. If now on loss other 0	00	0.
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	0.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Reserved	. 31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32		
33	Enter the applicable passive activity credits allowed for 2022. See instructions	33	
34	Carryforward of business credit to 2022. Enter the amount from line 5 of Part III with box C checked		
	and line 6 of Part III with box G checked. See instructions for statement to attach	34	
	Check this box if the carryforward was changed or revised from the original reported amount		
	, , , , , , , , , , , , , , , , , , , ,		
35	Carryback of business credit from 2023. Enter the amount from line 5 of Part III with box D checked.		
	See instructions	35	
36	Add lines 30, 33, 34, and 35	36	
50			
07	Enter the enterlay of line 00 or line 00	07	
37	Enter the smaller of line 29 or line 36	37	
38	Credit allowed for the current year. Add lines 28 and 37.		
	Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36,		
	see instructions) as indicated below or on the applicable line of your return.		
	● Individuals. Schedule 3 (Form 1040), line 6		
	Corporations. Form 1120, Schedule J, Part I, line 5c	38	0.
	• Estates and trusts. Form 1041, Schedule G, line 2b		

Form **3800** (2022)

	3800 (2022)			Page 3
	s) shown on return			Identifying number
	& MELINDA GATES FOUNDATION TRUST			91-1663695
Pa	rt III General Business Credits or Eligible Small Business Cre	dits (see	e instructions)	
Com	plete a separate Part III for each box checked below. See instructions.			
Α	General Business Credit From a Non-Passive Activity	served		
В	General Business Credit From a Passive Activity F	served		
С	🗴 General Business Credit Carryforwards G 📃 Elig	ible Smal	I Business Credit Carryfo	rwards
D	General Business Credit Carrybacks H	served		
L	If you are filing more than one Part III with box A or B checked, complete and attac	h first an	additional Part III combin	ing amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III			
	(a) Description of credit On any line where the credit is from more than one source, a separate Part III is n ach pass-through entity.	eeded	(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Advanced manufacturing production (Form 7207)			
c	Increasing research activities (Form 6765)			7,381.
d	Low-income housing (carryforward only) (see instructions)			,
e	Disabled access (Form 8826)*			
f	Renewable electricity production (Form 8835)			
g	Indian employment (Form 8845)			
9 h	Orphan drug (Form 8820)			
i	New markets (Form 8874)			
j	Small employer pension plan startup costs and auto-enrollment (Form 8881)			
, k	Employer-provided child care facilities and services (Form 8882)*			
I	Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)			
m	Low sulfur diesel fuel production (Form 8896)			
n	Distilled spirits (Form 8906)			
0	Nonconventional source fuel (carryforward only)			
p	Energy efficient home (Form 8908)			
q	Energy efficient appliance (carryforward only)			
۹ r	Alternative motor vehicle (Form 8910)			
s	Alternative fuel vehicle refueling property (Form 8911)			
t	Enhanced oil recovery credit (Form 8830)			
u	Mine rescue team training (Form 8923)			
v	Agricultural chemicals security (carryforward only)			
w	Employer differential wage payments (Form 8932)			
x	Carbon oxide sequestration (Form 8933)			
v	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)			
- aa	Employee retention (Form 5884-A)			
bb				
	Other. Oil and gas production from marginal wells (Form 8904) and certain other			
	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I			7,381.
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)			
b	Work opportunity (Form 5884)			
с	Biofuel producer (Form 6478)			
d	Low-income housing (Form 8586)			
e	Renewable electricity production (Form 8835)			
f	Employer social security and Medicare taxes paid on certain employee			
	tips (Form 8846)	4f		
g	Qualified railroad track maintenance (Form 8900)			
h	Small employer health insurance premiums (Form 8941)			
i	Increasing research activities (Form 6765)			
j	Employer credit for paid family and medical leave (Form 8994)			
, z	Other			
5	Add lines 4a through 4z and enter here and on the applicable line of Part II			
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II			7,381.

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

Eile e	concrete	application	for oach	roturn
File a	separate	application	tor each	return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru-	ructions.		Taxpayer identification number (TIN)						
print	BILL & MELINDA GATES FOUNDATION TRUST				91-1663695					
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 23350									
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SEATTLE, WA 98102									
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			06				
Application		Return	Application			Return				
Is For		Code	Is For			Code				
Form 990 or Form 990-EZ		01	Form 1041-A			08				
Form 4720 (individual)		03	Form 4720 (other than individual)			09				
Form 990-PF		04	Form 5227			10				
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form 990-T (trust other than above)		06	Form 8870			12				
Form 990	-T (corporation) JENNIFER DEGER	07								
 If the o If this is box ▶ [1 I rec the ▶ [2 If th 	one No. ▶ 206-709-3100 organization does not have an office or place of business s for a Group Return, enter the organization's four digit (Group Exe and atta NOVEMBE anization's , an neck reaso	mption Number (GEN) I <u>ch a list with the names and TINs of</u> <u>R 15, 2023</u> , to file return for: d ending on: Initial return	f this is fo all membe	r the whole ers the ext npt organiz	e group, check this				
	3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.				\$	37,000.				
	is application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and									
	timated tax payments made. Include any prior year overpayment allowed as a credit.					100,000.				
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by						· · · ·				
using EFTPS (Electronic Federal Tax Payment System). See instructions.				3c	\$	Ο.				
Caution: instructior	If you are going to make an electronic funds withdrawal	(direct det	bit) with this Form 8868, see Form 84			79-TE for payment				