|            |   |            | EXTENDED TO NOVEMBER 15, 2024  |              | 1      | OMB No. 1545-0047  |
|------------|---|------------|--|--------------|--------|--|
| Form       | Form 990-T Exempt Organization Business Income Tax Return |            |  |              |        |  |
|            |   |            | (and proxy tax under section 6033(e))  |              |        | つつつつ   |
|            |   | For cal    | ndar year 2023 or other tax year beginning, and ending   |              | - ·    | 2023   |
|            | ent of the Treasury<br>Revenue Service                    |            | Go to www.irs.gov/Form990T for instructions and the latest information.<br>o not enter SSN numbers on this form as it may be made public if your organization is a 501(o | :)(3).       | ŀ      | Open to Public Inspection for 501(c)(3) Organizations Only |
| Δ          | Check box if  |            | Name of organization ( Check box if name changed and see instructions.)  |              |        | ployer identification number                               |
| ~          | address changed.  |            |  |              |        |  |
| B Exe      | mpt under section   | Print      | BILL & MELINDA GATES FOUNDATION TRUST  |              |        | 91-1663695   |
| X          | 501(c)(3)   | or<br>Type | Number, street, and room or suite no. If a P.O. box, see instructions.   | E            |        | up exemption number<br>e instructions)                     |
|            | 408(e) 220(e)   | l iypc     | P.O. BOX 23350   |              |        |  |
|            | 408A 530(a)   |            | City or town, state or province, country, and ZIP or foreign postal code   | ŀ            |        |  |
|            | 529(a) 529A   |            | SEATTLE, WA 98102<br>k value of all assets at end of vear  | <sup>F</sup> | F L    | Check box if   |
| G CI       | neck organization   |            | ok value of all assets at end of year         75,530,745,576.           501(c) corporation         X         501(c) trust         401(a) trust         Other trust       |              | State  | an amended return.<br>college/university                   |
| u ci       | leck organization   | туре       | = 6417(d)(1)(A) Applicable entity  |              | Jiale  | conege/university  |
| H Ch       | neck if filing only to                                    | o claim    |  | avment       | amo    | unt from Form 3800   |
|            |   |            | tion filing a consolidated return with a 501(c)(2) titleholding corporation  |              |        |  |
| -          |   |            | d Schedules A (Form 990-T)   |              |        | 1  |
| K Du       | uring the tax year,                                       | was the    | corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group  | ?            |        | Yes X No   |
|            |   |            | identifying number of the parent corporation   |              |        |  |
|            | e books are in ca   |            | JENNIFER DEGER Telephone number  | 20           | 6-70   | 9-3100   |
| Par        |   |            | Business Taxable Income  | <u> </u>     |        | 0  |
| 1          |   |            | ss taxable income computed from all unrelated trades or businesses (see instructions   | ′ F          | 1 2    | 0.   |
| 2<br>3     | Add lines 1 and 2   | -          |  | ····· [      | 2      |  |
| 4          |   |            | see instructions for limitation rules)   |              | 4      | 0.   |
| 5          |   |            | taxable income before net operating losses. Subtract line 4 from line 3  |              | 5      |  |
| 6          |   |            | ng loss. See instructions  | Г            | 6      | 0.   |
| 7          | Total of unrelated  | d busine   | ss taxable income before specific deduction and section 199A deduction.  | Γ            |        |  |
|            | Subtract line 6 fro                                       | om line    | 5  | [            | 7      |  |
| 8          |   |            | rally \$1,000, but see instructions for exceptions)  |              | 8      | 1,000.   |
| 9          |   |            | duction. See instructions  |              | 9      |  |
| 10         |   |            | nes 8 and 9  | ·····  -     | 10     | 1,000.   |
| 11<br>Part |   |            | able income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero   |              | 11     | 0.   |
| 1          |   | -          |  |              | 1      |  |
| 2          |   |            | s corporations. Multiply Part I, line 11 by 21% (0.21)   | ·····  -     |        |  |
| ~          |   | _          | Tax rate schedule or Schedule D (Form 1041)  |              | 2      | 0.   |
| 3          |   |            | ns   |              | 3      |  |
| 4          |   |            | nstructions  |              | 4      |  |
| 5          |   |            |  |              | 5      |  |
| 6          | Tax on noncomp  | pliant fa  | cility income. See instructions  |              | 6      |  |
| 7          |   |            | h 6 to line 1 or 2, whichever applies  | <u></u>      | 7      | 0.   |
| Parl       |   | -          |  |              |        |  |
| 1a<br>⊾    | Other credits (see  |            | rations attach Form 1118; trusts attach Form 1116) 1ations) 1b   | +            |        |  |
| b<br>c     | •   |            | tions) 1b 1c 1c  |              |        |  |
| d          |   |            | num tax (attach Form 8801 or 8827) 1d  |              |        |  |
| e          | Total credits. Ac   |            |  |              | 1e     |  |
| 2          |   |            | t II, line 7   |              | 2      | ٥.   |
| 3a         | Amount due from   | n Form     | 255  |              |        |  |
| b          | Amount due from   | n Form     | 611 <b>3b</b>  |              |        |  |
| С          | Amount due from   | n Form     | 697 <b>3</b> c   |              |        |  |
| d          | Amount due from   |            |  |              |        |  |
| e          | Other amounts d   | •          | · · · · · · · · · · · · · · · · · · ·  |              |        |  |
| f<br>4     |   |            | ines 3a through 3e   | ŀ            | 3f     | 0.   |
| 4          |   |            | d 3f (see instructions).   |              | 4      | 0.   |
| 5          |   |            | amount here<br>ty paid from Form 965-A, Part II, column (k)  |              | 4<br>5 | 0.   |
|            |   |            | n Act Notice, see instructions. 323701 11-20-23  |              |        | Form 990-T (2023)  |

(Rev. January 2024)

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

#### File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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.

| Part I - Ide  | entification   |             |                                   |            |        |  |
|---|--|-------------|-----------------------------------|------------|--------|--|
| Type or   | Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TII |             |                                   |            |        |  |
| Print   |  |             |                                   |            |        |  |
|   | BILL & MELINDA GATES FOUNDATION TRUST  |             |                                   | 91-1663695 |        |  |
| File by the<br>due date for<br>filing your<br>return. See | Number, street, and room or suite no. If a P.O. box, see instructions.<br>P.O. BOX 23350                     |             |                                   |            |        |  |
| instructions.   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.                     |             |                                   |            |        |  |
| Enter the I   | Return Code for the return that this application is for (file  | e a separat | e application for each return)    |            | 06     |  |
| Applicatio  | on Is For  | Return      | Application Is For                |            | Return |  |
|   |  | Code        |                                   |            | Code   |  |
| Form 990  | or Form 990-EZ   | 01          | Form 4720 (other than individual) |            | 09     |  |

| Form 990 or Form 990-EZ                  | 01 | Form 4720 (other than individual) | 09 |
|--|----|-----------------------------------|----|
| Form 4720 (individual)                   | 03 | Form 5227                         | 10 |
| Form 990-PF                              | 04 | Form 6069                         | 11 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 8870                         | 12 |
| Form 990-T (trust other than above)      | 06 | Form 5330 (individual)            | 13 |
| Form 990-T (corporation)                 | 07 | Form 5330 (other than individual) | 14 |
| Form 1041-A                              | 08 |                                   |    |

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

| Plan Name   |   |                  |            |                      |
|---|---|------------------|------------|----------------------|
|   |   |                  |            |                      |
| Plan Year Ending (MM/DD/YYYY)                           |   |                  |            |                      |
| Part II - Automatic Extension of Time To File for       | Exempt Organizations (see instructions)               |                  |            |                      |
| The books are in the care of                            | R   |                  |            |                      |
| 500 FIFTH AVE   | NUE NORTH - SEATTLE, WA 98109                         |                  |            |                      |
| Telephone No. 206-709-3100                              | Fax No  |                  |            | _                    |
| • If the organization does not have an office or pl     | lace of business in the United States, check this box |                  |            |                      |
| • If this is for a Group Return, enter the organizat    | tion's four-digit Group Exemption Number (GEN)        | . If this is for | r the who  | le group, check this |
| box If it is for part of the group, check t             | his box and attach a list with the names and TI       | Ns of all membe  | ers the ex | tension is for.      |
| <b>1</b> I request an automatic 6-month extension of    | f time until NOVEMBER 15 , 20 24 ,                    | to file the exem | ipt organi | zation return for    |
| the organization named above. The extension             |   |                  |            |                      |
| X calendar year 20 23 or                                |   |                  |            |                      |
|   | , 20 , and ending                                     |                  |            | , 20                 |
|   |   |                  |            |                      |
| 2 If the tax year entered in line 1 is for less that    | an 12 months, check reason: Initial return            | Final retur      | n          |                      |
| Change in accounting period                             |   |                  |            |                      |
| 3a If this application is for Forms 990-PF, 990-T       | , 4720, or 6069, enter the tentative tax, less        |                  |            |                      |
| any nonrefundable credits. See instructions.            |   | 3a               | \$         | 37,000.              |
| <b>b</b> If this application is for Forms 990-PF, 990-T | , 4720, or 6069, enter any refundable credits and     |                  |            |                      |
| estimated tax payments made. Include any                | prior year overpayment allowed as a credit.           | 3b               | \$         | 100,000.             |
| <b>c</b> Balance due. Subtract line 3b from line 3a.    | Include your payment with this form, if required, by  |                  |            |                      |
| using EFTPS (Electronic Federal Tax Payme               | nt System). See instructions.                         | 3c               | \$         | 0.                   |

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2024)

|      | 90 T (2023) III Tax and Payments (continued)   |                    |                   |           | F    | Page                |
|------|--|--------------------|-------------------|-----------|------|---------------------|
| 6 a  | Payments: Preceding year's overpayment credited to the current year                      | 6a                 | 100,000.          |           |      |                     |
| b    | Current year's estimated tax payments. Check if section 643(g) election                  |                    |                   |           |      |                     |
|      | applies  | 6b                 |                   |           |      |                     |
| с    | Tax deposited with Form 8868   |                    |                   |           |      |                     |
| d    | Foreign organizations: Tax paid or withheld at source (see instructions)                 |                    |                   |           |      |                     |
| е    | Backup withholding (see instructions)  |                    |                   |           |      |                     |
| f    | Credit for small employer health insurance premiums (attach Form 8941)                   |                    |                   |           |      |                     |
| g    | Elective payment election amount from Form 3800  | 6g                 |                   |           |      |                     |
| h    | Payment from Form 2439   |                    | ·                 |           |      |                     |
| i    | Credit from Form 4136  |                    |                   |           |      |                     |
| j    | Other (see instructions)   |                    |                   | 1.3       |      |                     |
| 7    | Total payments. Add lines 6a through 6j  |                    |                   | 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  | erpaid             |                   | 10        | 100, | 000                 |
| 11   | Enter the amount of line 10 you want: Credited to 2024 estimated tax                     | 100,000.           |                   | 11        |      | 0                   |
| Part | IV Statements Regarding Certain Activities and Other Information                         | ation (see inst    | ructions)         |           |      |                     |
| 1    | At any time during the 2023 calendar year, did the organization have an interest in      | or a signature or  | other authority   |           | Yes  | No                  |
|      | over a financial account (bank, securities, or other) in a foreign country? If "Yes," th | ne organization n  | nay have to file  |           |      | 1 2 1 1 1 1 1 1 1 1 |
|      | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter          | the name of the    | foreign country   |           |      |                     |
|      | here SEE STATEMENT 20  |                    |                   |           | X    |                     |
| 2    | During the tax year, did the organization receive a distribution from, or was it the g   | rantor of, or tran | sferor to, a      |           |      | 15 30184            |
|      | 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          |                    | \$                |           |      | 1                   |
| 4    | Enter available pre-2018 NOL carryovers here \$104,694. Do no                            | ot include any po  | st-2017 NOL can   | ryover    |      | 1                   |
|      | shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here b            |                    |                   |           |      |                     |
| 5    | Post-2017 NOL carryovers. Enter the Business Activity Code and available post-20         | 17 NOL carryove    | ers. Don't reduce |           |      | 100                 |
|      | the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17           | for the tax year.  | See instructions. |           |      |                     |
|      | Business Activity Code   | Available          | post-2017 NOL     | carryover |      | 1.1                 |
|      |  | \$                 |                   |           |      |                     |
|      |  | \$                 |                   |           |      |                     |
|      | · · · · · · · · · · · · · · · · · · ·  | \$                 |                   | -         | 1    |                     |
|      | · · · · · · · · · · · · · · · · · · ·  | \$                 |                   |           |      |                     |
| 6 a  | Reserved for future use  | • •                |                   |           |      |                     |
| b    | Reserved for future use  |                    |                   |           |      |                     |
| Part | V Supplemental Information   |                    |                   |           |      |                     |

Provide any additional information. See instructions.

|                  | nder penalties of perjury, I declare that I have examined<br>wrect, and complete. Declaration of preparer (other than<br>the second se |                           |              |              | owledge and belief, it is true,   |
|------------------|--|---------------------------|--------------|--------------|---|
| Here             | ignature of officer  | <u>снів</u><br>Date Title | FINANCIAL OF | FICER        | May the IRS discuss this return with<br>the preparer shown below (see<br>instructions)? X Yes N |
|                  | Print/Type preparer's name   | Preparer's signature      | Date         | Check        | if PTIN   |
| Paid<br>Preparer | ANNE FULTON  | anne Julton               | 11/7/24      | self-employe | ed P00941863  |
| Use Only         | Firm's name DELOITTE TAX LLP   |                           |              | Firm's EIN   | 86-1065772  |
|                  | 50 SOUTH SIXTH   | STREET                    |              |              |   |
|                  | Firm's address MINNEAPOLIS, M  | Phone no.                 | 612-397-4000 |              |   |

Form 990-T (2023)

323711 11-20-23

#### BILL & MELINDA GATES FOUNDATION TRUST

91-1663695

| FORM 990-T  | PRE-201            | 8 NET OPERATING               | LOSS DEDUCTION    | STATEMENT 19           |
|-------------|--------------------|-------------------------------|-------------------|------------------------|
| TAX YEAR    | LOSS SUSTAINED     | LOSS<br>PREVIOUSLY<br>APPLIED | LOSS<br>REMAINING | AVAILABLE<br>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.           | 158,746.                      | 87,019.           | 87,019.                |
| 12/31/16    | 9,384.             | 0.                            | 9,384.            | 9,384.                 |
| 12/31/17    | 8,291.             | 0.                            | 8,291.            | 8,291.                 |
| NOL CARRYOV | YER AVAILABLE THIS | YEAR                          | 104,694.          | 104,694.               |

| FORM 990-T | NAME OF FOREIGN COUNTRY IN WHICH   | STATEMENT 20 |
|------------|------------------------------------|--------------|
|            | ORGANIZATION HAS FINANCIAL INTERES | Т            |

#### NAME OF COUNTRY

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

#### **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 | Name of the organization |  |
|---|--------------------------|--|
|---|--------------------------|--|

| Α | Name of the organization<br>BILL & MELINDA GATES FOUNDATION TRUST | B Employer ident<br>91-166369 |   | n numb | er |  |
|---|---|-------------------------------|---|--------|----|--|
| c | Unrelated business activity code (see instructions) 901101        | <b>D</b> Sequence:            | 1 | of     | 1  |  |

#### Describe the unrelated trade or business INTEREST IN PASSIVE INVESTMENTS F

| 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 | -1.        |              | -1.      |
| с  | Capital loss deduction for trusts                                 | 4c |            |              |          |
| 5  | Income (loss) from a partnership or an S corporation (attach      |    |            |              |          |
|    | statement) STATEMENT 21   | 5  | 645,804.   |              | 645,804. |
| 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 | 645,803.   |              | 645,803. |

#### Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions 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  |            |        |             |            |                   |
| 5     | Interest (attach statement). See instructions                              | SEI        | E STA  | TEMENT 22   | 5          | 645,803.          |
| 6     | Taxes and licenses   |            |        |             | 6          | 300.              |
| 7     | Depreciation (attach Form 4562). See instructions                          |            |        |             |            |                   |
| 8     | Less depreciation claimed in Part III and elsewhere on return              |            | 8a     |             | 8b         |                   |
| 9     | Depletion  |            |        |             |            |                   |
| 10    | Contributions to deferred compensation plans                               |            |        |             |            |                   |
| 11    | Employee benefit programs  |            |        |             | 11         |                   |
| 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                                   |            |        |             |            | 646,103.          |
| 16    | Unrelated business income before net operating loss deduction. Subtract li | ne 15 from | n Part | l, line 13, |            |                   |
|       | column (C)   |            |        |             | 16         | -300.             |
| 17    | Deduction for net operating loss. See instructions                         |            |        |             | 17         | 0.                |
| 18    | Unrelated business taxable income. Subtract line 17 from line 16           |            |        |             |            | -300.             |
| For I | For Paperwork Reduction Act Notice, see instructions.                      |            |        |             | Schedule A | (Form 990-T) 2023 |

| Schod     | ule A (Form 990-T) 2023   |                           |                          |                 | 1<br>Page <b>2</b> |
|-----------|---|---------------------------|--------------------------|-----------------|--------------------|
| Part      |   | nod of inventory valuat   | ion                      |                 |                    |
| 1         | Inventory at beginning of year  |                           |                          | 1               |                    |
| 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<br>Part | Do the rules of section 263A (with respect to property p<br>IV Rent Income (From Real Property and  |                           |                          |                 |                    |
| 1         | Description of property (property street address, city, s A B C 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  |                           |                          |                 |                    |
| 4<br>5    | Deductions directly connected with the income<br>in lines 2a and 2b (attach statement)<br>Total deductions. Add line 4, columns A through D. En |                           | line 6, column (B)       |                 | 0.                 |
| Part      | V Unrelated Debt-Financed Income (set   | ee instructions)          |                          |                 |                    |
| 1         | Description of debt-financed property (street address, o  | city, state, ZIP code). C | heck if a dual-use. See  | e instructions. |                    |
|           | A   |                           |                          |                 |                    |
|           | в   |                           |                          |                 |                    |
|           | c   |                           |                          |                 |                    |
|           | D   | -                         | _                        | -               |                    |
| •         |   | Α                         | В                        | C               | D                  |
| 2         | Gross income from or allocable to debt-financed   |                           |                          |                 |                    |
| 3         | property<br>Deductions directly connected with or allocable   |                           |                          |                 |                    |
| Ū         | to debt-financed property   |                           |                          |                 |                    |
| а         | 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 to debt-financed property (attach statement)   |                           |                          |                 |                    |
| 5         | Average adjusted basis of or allocable to debt-   |                           |                          |                 |                    |
| Ŭ         | financed property (attach statement)  |                           |                          |                 |                    |
| 6         | Divide line 4 by line 5   |                           | %                        | 9               | 6 %                |
| 7         | Gross income reportable. Multiply line 2 by line 6  |                           |                          |                 |                    |
| 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   |                           |                          |                 | 0.                 |
| 11        | Total dividends-received deductions included in line  | IU                        |                          |                 | 0.                 |

Schedule A (Form 990-T) 2023

| Sched          | ule A (Form 990-T) 2023               | uities. Ro    | ovalties, and Re                                 | ents Fro                | m Contro   | lled O               | rganization  | S (s   | ee instruct                           | ions)                    |       | Page 3  |
|----------------|---------------------------------------|---------------|--|-------------------------|--|----------------------|--|--|---------------------------------------|--------------------------|-------|---|
| 1 urt          |                                       |               |  |                         |  |                      | Exempt Control   | ,  |                                       |                          |       |   |
|                | 1. Name of controlled<br>organization |               | <b>2.</b> Employer<br>identification<br>number   | 3. Net unrelated 4. Tot |  | <b>4.</b> Tota       | al of specified<br>nents made                          | 5. Part of column 4<br>that is included in the<br>controlling organiza-<br>tion's gross income |                                       | mn 4<br>in the<br>aniza- |       | Deductions directly connected with come in column 5                                   |
| (1)            |                                       |               |  |                         |  |                      |  |  |                                       |                          |       |   |
| (2)            |                                       |               |  |                         |  |                      |  |  |                                       |                          |       |   |
| (3)            |                                       |               |  |                         |  |                      |  |  |                                       |                          |       |   |
| (4)            |                                       |               |  |                         |  |                      |  |  |                                       |                          |       |   |
|                |                                       |               | No   |                         | Controlled O                                       | <u> </u>             | ions   |  |                                       |                          |       |   |
| 7              | 7. Taxable Income                     | in            | Net unrelated<br>Icome (loss)<br>e instructions) |                         | otal of specif<br>yments mad                       |                      | <b>10.</b> Part of that is inclusion controlling gross | luded  | in the<br>zation's                    |                          | coi   | ductions directly<br>nnected with<br>ne in column 10                                  |
| (1)            |                                       |               |  |                         |  |                      | 9  |  |                                       |                          |       |   |
| (2)            |                                       |               |  |                         |  |                      |  |  |                                       |                          |       |   |
| (3)            |                                       |               |  |                         |  |                      |  |  |                                       |                          |       |   |
| (4)            |                                       |               |  |                         |  |                      |  |  |                                       |                          |       |   |
| Totals<br>Part | VII Investment I                      |               | of a Section 50                                  | 1(2)/7) (               | 0) or (17)   | Orgor                | Add colum<br>Enter here<br>line 8, c                   | and or<br>olumn  | n Part I,<br>ı (A).<br><sup>0</sup> . | Ent                      | ter h | olumns 6 and 11.<br>ere and on Part I,<br>8, column (B).<br>0 .                       |
| ταιι           |                                       | cription of   |  | 1(0)(7), (              |  |                      | 1  |  | tructions)                            |                          |       | 5. Total deductions   |
|                | I. Dest                               |               | income   |                         | 2. Amou<br>incor                                   |                      | 3. Deduction<br>directly connection<br>(attach stater  | ected  | <b>4.</b> Set<br>(attach st           |                          | ,     | and set-asides<br>(add cols 3 and 4)  |
| (1)            |                                       |               |  |                         |  |                      |  |  |                                       |                          |       |   |
| (2)            |                                       |               |  |                         |  |                      |  |  |                                       |                          |       |   |
| (3)            |                                       |               |  |                         |  |                      |  |  |                                       |                          |       |   |
| (4)            |                                       |               |  |                         |  | ta in                |  |  |                                       |                          |       |   |
| Totals         |                                       |               |  |                         | Add amor<br>column 2<br>here and o<br>line 9, colu | . Enter<br>n Part I, |  |  |                                       |                          |       | Add amounts in<br>column 5. Enter<br>here and on Part I,<br>line 9, column (B).<br>0. |
| Part           | VIII Exploited E                      | xempt A       | ctivity Income                                   | Other 1                 | Than Adve  | ertising             | a Income   | (see in  | structions)                           |                          |       | - •   |
| 1              | Description of exploite               |               | <b>,</b> ,                                       | ,                       |  |                      | <b>9</b>   | 000 11   |                                       |                          |       |   |
| 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   |                         |  |                      |  |  |                                       | 7                        |       |   |

Schedule A (Form 990-T) 2023

| Sched<br>Part | ule A (Form 990-T) 2023<br>IX Advertising Income   |                                |                      |   | Page 4             |
|---------------|--|--------------------------------|----------------------|---|--------------------|
| 1             | Name(s) of periodical(s). Check box if reportin  | g two or more periodicals on a | consolidated basis   | 5.                                      |                    |
| Entor         | <b>D</b> amounts for each periodical listed above in the   | corresponding column           |                      |   |                    |
|               | amounts for each periodical listed above in the  |                                | В                    | С                                       | D                  |
| 2             | Gross advertising income   |                                |                      |   |                    |
|               | Add columns A through D. Enter here and on   |                                | •                    | •                                       | 0.                 |
| а             |  |                                |                      |   |                    |
| 3             | Direct advertising costs by periodical   |                                |                      |   |                    |
| а             | Add columns A through D. Enter here and on   | Part I, line 11, column (B)    |                      |   | 0.                 |
| 4             | Advartising asin (loss). Subtract line 2 from lin  |                                | I                    |   |                    |
| 4             | Advertising gain (loss). Subtract line 3 from lin<br>2. For any column in line 4 showing a gain, |                                |                      |   |                    |
|               | complete lines 5 through 8. For any column ir  | n                              |                      |   |                    |
|               | line 4 showing a loss or zero, do not complete   |                                |                      |   |                    |
|               | lines 5 through 7, and enter -0- 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 les  |                                |                      |   |                    |
| •             | than line 6, enter -0-   |                                |                      |   |                    |
| 8             | Excess readership costs allowed as a deduction. For each column showing a gain c                 | n l                            |                      |   |                    |
|               | line 4, enter the lesser of line 4 or line 7   |                                |                      |   |                    |
| а             | Add line 8, columns A through D. Enter the gr  |                                | al or -0- here and c | on                                      | I                  |
|               | Part II, line 13   |                                |                      |   | 0.                 |
| Part          | X Compensation of Officers, Dir  | ectors, and Trustees (s        | ee instructions)     |   |                    |
|               |  |                                |                      | 3. Percentage                           | 4. Compensation    |
|               | <b>1.</b> Name   | <b>2.</b> Title                |                      | of time devoted                         | attributable to    |
|               | SEE STATEMENT 23   |                                |                      | to business                             | unrelated business |
| ( <u>1</u> )  | SEE STATEMENT 25   |                                |                      | %                                       |                    |
| (2)<br>(3)    |  |                                |                      | %                                       |                    |
| (4)           |  |                                |                      | ///                                     |                    |
| <u></u>       | 1  |                                |                      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                    |
|               | . Enter here and on Part II, line 1  |                                |                      |   | 0.                 |
| Part          | XI Supplemental Information (se  | e instructions)                |                      |   |                    |
|               |  |                                |                      |   |                    |
|               |  |                                |                      |   |                    |
|               |  |                                |                      |   |                    |
|               |  |                                |                      |   |                    |
|               |  |                                |                      |   |                    |
|               |  |                                |                      |   |                    |
|               |  |                                |                      |   |                    |
|               |  |                                |                      |   |                    |
|               |  |                                |                      |   |                    |
|               |  |                                |                      |   |                    |
|               |  |                                |                      |   |                    |

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| FORM 990-T (A)  | INCOME (LOSS) FROM PARTNERSHI     | IPS STATEMENT 21                                 |
|---|-----------------------------------|--|
| DESCRIPTION   |                                   | NET INCOME<br>OR (LOSS)                          |
| TPG PARTNERS IX, LP -<br>TPG IX DE AIV I, LP -<br>TOWER SQUARE CAPITAL<br>SMB PRIVATE EDUCATION | - INTEREST INCOME<br>PARTNERS III | 28<br>160<br>645,615<br>1,861<br>1,431<br>-3,291 |
| TOTAL INCLUDED ON SCH   | IEDULE A, PART I, LINE 5          | 645,804  |
| FORM 990-T (A)  | INTEREST PAID                     | STATEMENT 22                                     |
| DESCRIPTION   |                                   | AMOUNT   |

| TPG IX, LP - INVESTMENT INTEREST EXPENSE           | 353,711.  |
|--|-----------|
| TPG IX DE AIV I, LP - INVESTMENT INTEREST EXPENSE  | 914,488.  |
| DISALLOWED INVESTMENT INTEREST EXPENSE - FORM 4952 | -622,396. |
|  |           |
| TOTAL TO SCHEDULE A, PART II, LINE 5               | 645,803.  |

| FORM 990-T (A) | PART X - COMPENSATION OF OFFICERS, | STATEMENT 23 |
|----------------|------------------------------------|--------------|
|                | DIRECTORS AND TRUSTEES             |              |

| NAME                             | TITLE            | PERCENT | COMPENSATION |
|----------------------------------|------------------|---------|--------------|
| WILLIAM H. GATES, III            | TRUSTEE AND CEO  | .00%    | 0.           |
| MELINDA FRENCH GATES             | TRUSTEE          | .00%    | 0.           |
| CAROLYN AINSLIE                  | CHIEF FINANCIAL  |         |              |
|                                  | OFFICER          | .00%    | 0.           |
| KEITH TRAVERSE                   | SECRETARY        | .00%    | 0.           |
| CONNIE COLLINGSWORTH             | ASSISTANT        |         |              |
|                                  | SECRETARY (END   |         |              |
|                                  | 1/12/2023)       | .00%    | 0.           |
| LAUREN BRIGHT                    | ASSISTANT        |         |              |
|                                  | SECRETARY (START |         |              |
|                                  | 1/12/2023)       | .008    | 0.           |
| TOTAL TO FORM 990-T, SCHEDULE A, | PART X           |         | 0.           |

| SCHE  | DULE  |  |
|-------|-------|--|
| (Form | 1041) |  |

# **Alternative Minimum Tax - Estates and Trusts**

Attach to Form 1041.

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

| -    |    |        |    |       |
|------|----|--------|----|-------|
| Name | of | estate | or | trust |

|       | 2023                       |
|-------|----------------------------|
| Emple | oyer identification number |
|       | 1.669.695                  |

| IVall |  |            |       |  |  |  |  |
|-------|--|------------|-------|--|--|--|--|
|       | L & MELINDA GATES FOUNDATION TRUST   | 91-1663695 |       |  |  |  |  |
| 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        | -300. |  |  |  |  |
| 2     | Interest   | 2          |       |  |  |  |  |
| 3     | Taxes  | 3          | 300.  |  |  |  |  |
| 4     | Refund of taxes  | 4          | ( )   |  |  |  |  |
| 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)  | 10         |       |  |  |  |  |
| 11    | Disposition of property (difference between AMT and regular tax gain or loss)  | 11         |       |  |  |  |  |
| 12    | Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)                               | . 12       |       |  |  |  |  |
| 13    | Passive activities (difference between AMT and regular tax income or loss)   | 13         |       |  |  |  |  |
| 14    | Loss limitations (difference between AMT and regular tax income or loss)   | 14         |       |  |  |  |  |
| 15    | Circulation costs (difference between regular tax and AMT)   | 15         |       |  |  |  |  |
| 16    | Long-term contracts (difference between AMT and regular tax income)  |            |       |  |  |  |  |
| 17    | Mining costs (difference between regular tax and AMT)  | 17         |       |  |  |  |  |
| 18    | Research and experimental costs (difference between regular tax and AMT)   | 18         |       |  |  |  |  |
| 19    | Income from certain installment sales before January 1, 1987   | 19         | ()    |  |  |  |  |
| 20    | Intangible drilling costs preference   | 20         |       |  |  |  |  |
| 21    | Other adjustments, including income-based related adjustments  | 21         |       |  |  |  |  |
| 22    | Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)                       | . 22       | ()    |  |  |  |  |
| 23    | Adjusted alternative minimum taxable income. Combine lines 1 through 22  | 23         |       |  |  |  |  |
|       | 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  |            |       |  |  |  |  |
| 27    | Estate's or trust's share of alternative minimum taxable income. Subtract line 26 from line 23                             | . 27       |       |  |  |  |  |
|       | If line 27 is:   |            |       |  |  |  |  |
|       | <ul> <li>\$28,400 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't</li> </ul> |            |       |  |  |  |  |
|       | liable for the alternative minimum tax.  |            |       |  |  |  |  |
|       | <ul> <li>Over \$28,400, but less than \$208,200, go to line 43.</li> </ul>   |            |       |  |  |  |  |
|       | <ul> <li>\$208,200 or more, enter the amount from line 27 on line 49 and go to line 50.</li> </ul>                         |            |       |  |  |  |  |
|       | ESBTs, see instructions.   |            |       |  |  |  |  |
| Pa    | 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  | 33         | ()    |  |  |  |  |

| 33 | Capital gains computed on a minimum tax basis included on line 23   | 33 | ( |
|----|---|----|---|
| 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         |    |   |
|    | or less, enter -0-  | 35 |   |
| 36 | Income required to be distributed currently (from Form 1041, Schedule B, line 9)                            | 36 |   |
| 37 | Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10) | 37 |   |
| 38 | Total distributions. Add lines 36 and 37  | 38 |   |
| 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 38               | 40 |   |

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

Schedule I (Form 1041) 2023

|          | lule E (Form 1040) 2023<br>(s) shown on return. Do not enter name and social secur   | ity number if shown                                    | on page 1   |  |                                      |                       | Attachment Sequer  |                 |                                     | Page 2                                       |
|----------|--|--|---|--|--------------------------------------|-----------------------|--|-----------------|-------------------------------------|--|
| Name     |  | ity number if shown                                    | on page 1.  |  |                                      |                       |  | YOU             | r social secu                       | ırity number                                 |
| BILI     | L & MELINDA GATES FOUNDATION TH  | NUST   |   |  |                                      |                       |  |                 | 91-16636                            | 95   |
|          | tion: The IRS compares amounts reporte   | ,  |   |  |                                      | chedi                 | ule(s) K-1.  |                 |                                     |  |
| Pa       | rt II Income or Loss From Pa<br>Note: If you report a loss, receiv<br>stock, or receive a loan repayme<br>computation. If you report a loss<br>line 28 and attach Form 6198. S | e a distribution<br>nt from an S co<br>from an at-risk | , dispose of<br>orporation, y<br>c activity for v | ou <b>must</b> c                                       | heck the                             | box<br>is <b>no</b> ʻ | in column <b>(e)</b> on line 28 a<br><b>t</b> at risk, you <b>must</b> check | and at<br>the b | tach the re<br>ox in colun          | quired basis<br>nn <b>(f)</b> on             |
| 27       | Are you reporting any loss not allowed i<br>passive activity (if that loss was not rep   |  |   |  |                                      |                       |  |                 |                                     |  |
|          | see instructions before completing this  | section  |   |  |                                      |                       |  |                 | Yes                                 | X No   |
| 28       | <b>(a)</b> Name  |  |   | (b) Enter P for<br>partnership; S<br>for S corporation | `if foreign                          | l id                  | (d) Employer<br>entification number  | basis           | Check if<br>computation<br>required | (f) Check if<br>any amount is<br>not at risk |
| <u>A</u> | SEE STATEMENT 25   |  |   |  |                                      | _                     |  |                 |                                     |  |
| B        |  |  |   |  |                                      |                       |  |                 |                                     |  |
| C<br>D   |  |  |   |  |                                      |                       |  |                 |                                     |  |
|          | Passive Income and I   | 055  |   |  |                                      |                       | Nonpassive Income and  | d Loss          | l                                   |  |
|          | (g) Passive loss allowed<br>(attach Form 8582 if required)   | (h) Passiv   | ve income<br>edule K-1                            | allov  | bassive los<br>ved (see<br>dule K-1) |                       | (j) Section 179 expense deduction from Form 4562                             | (k              | ) Nonpassiv<br>from <b>Scheo</b>    |  |
| Α        |  |  |   | Conc   |                                      |                       |  |                 |                                     |  |
| В        |  |  |   | 1  |                                      |                       |  |                 |                                     |  |
| С        |  |  |   |  |                                      |                       |  |                 |                                     |  |
| D        |  |  |   |  |                                      |                       |  |                 |                                     |  |
| 29a      | Totals   |  | 3,292.  |  |                                      |                       |  |                 |                                     |  |
| b        | Totals 3,29  | 1.   |   |  |                                      |                       |  |                 | 1                                   |  |
| 30       |  |  |   |  |                                      |                       |  | 30              | ļ                                   | 3,292.                                       |
| 31       | Add columns (g), (i), and (j) of line 29b  |  |   |  |                                      |                       |  | 31              | <u> </u>                            | 3,291.)                                      |
| 32       | Total partnership and S corporation i<br>rt III Income or Loss From Est  |  |   | lines 30 ar  | nd 31                                |                       |  | 32              | <u> </u>                            | 1.   |
| 33       |  |  | (a) Name  |  |                                      |                       |  |                 | <b>(b)</b> Em<br>identificatio      | nployer<br>on number                         |
| Α        |  |  |   |  |                                      |                       |  |                 |                                     |  |
| в        |  |  |   |  |                                      |                       |  |                 |                                     |  |
|          | Passive Inco   |  | 1   |  |                                      |                       | Nonpassive Inc   |                 |                                     |  |
|          | (c) Passive deduction or loss allov<br>(attach Form 8582 if required)  |  |   | ssive incor<br>Schedule K                              |                                      | •                     | e) Deduction or loss<br>from <b>Schedule K-1</b>                             | (f              | i) Other inco<br>Schedul            |  |
| Α        |  |  |   |  |                                      |                       |  |                 |                                     |  |
| в        |  |  |   |  |                                      |                       |  |                 |                                     |  |
| 34a      | Totals   |  |   |  |                                      |                       |  |                 |                                     |  |
| b        | Totals   |  |   |  |                                      |                       |  |                 | 1                                   |  |
| 35       | Add columns (d) and (f) of line 34a  |  |   |  |                                      |                       |  | 35              | (                                   |  |
| 36<br>37 | Add columns (c) and (e) of line 34b<br>Total estate and trust income or (loss  |  |   |  |                                      |                       |  | 36<br>37        |                                     | )  |
|          | rt IV Income or Loss From Rea  |  |   |  | nt Con                               | duit                  | s (REMICs) - Resid   |                 | lolder                              |  |
| 38       | <b>(a)</b> Name  | <b>(b)</b> Emp<br>identificatio                        | oloyer  | (c) Exce   | ss inclus                            | ion<br>, line         | (d) Taxable income   |                 | (e) Incom<br>Schedules (            |  |
|          |  |  |   |  |                                      |                       |  |                 |                                     |  |
| 39       | Combine columns (d) and (e) only. Ente   | r the result here                                      | e and include                                     | e in the tot:  | al on line                           | 41 b                  | elow   | 39              |                                     |  |
|          | rt V Summary   |  |   |  |                                      |                       |  |                 |                                     |  |
| 40       | Net farm rental income or (loss) from Fo   | orm 4835. Also   | , complete li                                     | ne 42 belo   | w                                    |                       |  | 40              |                                     |  |
| 41       | Total income or (loss). Combine lines 26, 3  | 2, 37, 39, and 40                                      | . Enter the res                                   | ult here and   | on Sched                             | ule 1                 | (Form 1040), line 5  | 41              |                                     | 1.   |
| 42       | Reconciliation of farming and fishing incom  |  | •   | •  |                                      |                       |  |                 |                                     |  |
|          | reported on Form 4835, line 7; Schedule K-1  |  |   |  |                                      |                       |  |                 |                                     |  |
|          | (Form 1120-S), box 17, code AN; and Sched  |  | ,   |  | structions.                          | 42                    |  |                 |                                     |  |
| 43       | Reconciliation for real estate profess   | •  |   |  |                                      |                       |  |                 |                                     |  |
|          | professional (see instructions), enter the   |  |   |  |                                      |                       |  |                 |                                     |  |
|          | on Form 1040, Form 1040-SR, or Form<br>in which you materially participated unc  |  |   |  | IVILLES                              | 43                    |  |                 |                                     |  |
| -        | , set field and  |  |   |  |                                      |                       |  |                 |                                     |  |

| SCHE  | DULE  |  |
|-------|-------|--|
| (Form | 1041) |  |

# **Alternative Minimum Tax - Estates and Trusts**

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

| OMB No. 1545-0092 |  |
|-------------------|--|
| 2023              |  |

| Employer identification numb | er |
|------------------------------|----|
|------------------------------|----|

| 91 | -1 | 6 | 6 | 3 | 6 | 9 | 5 |
|----|----|---|---|---|---|---|---|
|----|----|---|---|---|---|---|---|

| BIL | L & MELINDA GATES FOUNDATION TRUST  | 91-1663695 |    |
|-----|---|------------|----|
| 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                          |            |    |
|     | Interest  |            |    |
| 3   |   |            |    |
| 4   | Refund of taxes   |            | )  |
| 5   | Depletion (difference between regular tax and AMT)  |            |    |
| 6   | Net operating loss deduction. Enter as a positive amount STMT 27 STMT 30                                    |            |    |
| 7   | Interest from specified private activity bonds exempt from the regular tax                                  |            |    |
| 8   | Qualified small business stock (see instructions)   |            |    |
| 9   | Exercise of incentive stock options (excess of AMT income over regular tax income)                          | 9          |    |
| 10  | Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)                             | 10         |    |
| 11  | Disposition of property (difference between AMT and regular tax gain or loss)                               | 11         |    |
| 12  | Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)                | 12         |    |
| 13  | Passive activities (difference between AMT and regular tax income or loss) SEE STATEMENT 26                 | 13         | 0. |
| 14  | Loss limitations (difference between AMT and regular tax income or loss)                                    | 14         |    |
| 15  | Circulation costs (difference between regular tax and AMT)  |            |    |
| 16  | Long-term contracts (difference between AMT and regular tax income)   | 16         |    |
| 17  | Mining costs (difference between regular tax and AMT)   |            |    |
| 18  | Research and experimental costs (difference between regular tax and AMT)                                    | 18         |    |
| 19  | Income from certain installment sales before January 1, 1987  | 19 (       | )  |
| 20  | Intangible drilling costs preference  |            |    |
| 21  |   |            |    |
| 22  | Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)        |            | )  |
|     | Adjusted alternative minimum taxable income. Combine lines 1 through 22 STATEMENT 28                        |            |    |
|     | Complete Part II below before going to line 24.   |            |    |
| 24  | Income distribution deduction from Part II, line 42 N/A 24  |            |    |
| 25  |   |            |    |
| 26  | Add lines 24 and 25   | 26         |    |
| 27  | Estate's or trust's share of alternative minimum taxable income. Subtract line 26 from line 23              |            |    |
|     | If line 27 is:  |            |    |
|     | • \$28,400 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.   |            |    |
|     | <ul> <li>Over \$28,400, but less than \$208,200, go to line 43.</li> </ul>                                  |            |    |
|     | <ul> <li>\$208,200 or more, enter the amount from line 27 on line 49 and go to line 50.</li> </ul>          |            |    |
| _   | ESBTs, see instructions.  |            |    |
| Pa  | rt II Income Distribution Deduction on a Minimum Tax Basis N/A  | - I I      |    |
| 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-                       | 30         |    |
| 31  |   |            |    |
|     | purposes (from Form 1041, Schedule A, line 4)   |            |    |
| 32  | Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)    | 32         |    |
| 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         |            |    |
|     | or less, enter -0-  |            |    |
| 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  |            |    |
|     | 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         |    |

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

Schedule I (Form 1041) 2023

| Sche | dule I (Form 1041) 2023 BILL & MELINDA GATES FOUNDATION TRUST   |             |          |                | 9    | 91-1663695 | Page <b>2</b> |
|------|---|-------------|----------|----------------|------|------------|---------------|
| _    | rt II Income Distribution Deduction on a Minimum Tax Basis  | (contir     | nued)    |                | N/A  |            | U             |
| 41   | Tentative income distribution deduction on a minimum tax basis. Subtract line 29  | ,           | ,        |                |      |            |               |
|      | If zero or less, enter -0-  |             |          |                | 41   |            |               |
| 42   | Income distribution deduction on a minimum tax basis. Enter the smaller of li   |             |          |                |      |            |               |
|      | Enter here and on line 24   |             |          |                | . 42 |            |               |
| Pa   | rt III Alternative Minimum Tax  |             |          |                |      |            |               |
| 43   | Exemption amount  |             |          |                | . 43 | \$28,400   |               |
| 44   | Enter the amount from line 27   | 44          |          |                |      |            |               |
| 45   | Phase-out of exemption amount   | 45          |          | \$94,600       |      |            |               |
| 46   | Subtract line 45 from line 44. If zero or less, enter -0-   | 46          |          |                |      |            |               |
| 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   | ias a gain  | n on lir | nes 18a and 19 |      |            |               |
|      | of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise   | se, if line | 49 is:   |                |      |            |               |
|      | • \$220,700 or less, multiply line 49 by 26% (0.26).  |             |          |                |      |            |               |
|      | <ul> <li>Over \$220,700, multiply line 49 by 28% (0.28) and subtract \$4,414 from the res</li> </ul>  |             |          |                |      |            |               |
| 51   | 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 for   |             |          |                | 53   |            |               |
| 54   | Alternative minimum tax. Subtract line 53 from line 52. If zero or less, enter -0   | Enter h     | ere a    | nd on          |      |            |               |
|      | Form 1041, Schedule G, line 1c  |             | <u></u>  |                | . 54 |            |               |
|      | rt IV Line 50 Computation Using Maximum Capital Gains Rat   |             |          |                |      |            |               |
|      | tion: 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 in   | structior   | ns       |                |      |            |               |
|      | re completing this part.  |             |          |                |      |            |               |
|      | Enter the amount from line 49   |             |          |                | . 55 |            |               |
| 90   | 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          |          |                |      |            |               |
| 57   | Form 1041, whichever applies (as refigured for the AMT, if necessary)<br>Enter the amount from Schedule D (Form 1041), line 18b, column (2) | 56          |          |                | _    |            |               |
| 57   | (as refigured for the AMT, if necessary). If you didn't complete  |             |          |                |      |            |               |
|      | Schedule D for the regular tax or the AMT, enter -0-  | 57          |          |                |      |            |               |
| 58   | If you didn't complete a Schedule D Tax Worksheet for the regular tax or the  | - 57        |          |                |      |            |               |
| 00   | AMT, enter the amount from line 56. Otherwise, add lines 56 and 57 and enter  |             |          |                |      |            |               |
|      | the <b>smaller</b> of that result or the amount from line 10 of the Schedule D Tax  |             |          |                |      |            |               |
|      | Worksheet (as refigured for the AMT, if necessary)  | 58          |          |                |      |            |               |
| 59   | Enter the smaller of line 55 or line 58   |             |          |                | 59   |            |               |
| 60   | Subtract line 59 from line 55   |             |          |                |      |            |               |
|      | If line 60 is \$220,700 or less, multiply line 60 by 26% (0.26). Otherwise, multiply line   |             |          |                |      |            |               |
|      | 28% (0.28) and subtract \$4,414 from the result   | -           |          |                | 61   |            |               |
| 62   | Maximum amount subject to the 0% rate   | 1 1         |          | \$3,000        |      |            |               |
|      | 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   |             |          |                |      |            |               |
|      | 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   |             |          |                |      |            |               |
|      | 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 <b>smaller</b> of line 64 or line 65. This amount is taxed at 0%  | 66          |          |                |      |            |               |
| 67   |   | 67          |          |                |      |            |               |

319862 11-14-23

Schedule I (Form 1041) 2023

|    | edule I (Form 1041) 2023  |                        |                |    | Page 3 |
|----|---|------------------------|----------------|----|--------|
| Pa | Irt IV Line 50 Computation Using Maximum Capital Gains R                            | Rates <sub>(cont</sub> | tinued)        |    |        |
| 68 | Maximum amount subject to rates below 20%   | 68                     | \$14,650       |    |        |
| 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                     |                |    |        |
| 72 | Subtract line 71 from line 68. If zero or less, enter -0-                           | 72                     |                |    |        |
| 73 | Enter the <b>smaller</b> of line 67 or line 72                                      | 73                     |                |    |        |
| 74 | Multiply line 73 by 15% (0.15)  |                        |                | 74 |        |
| 75 | Add lines 66 and 73   | 75                     |                |    |        |
|    | 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)  |                        |                | 77 |        |
|    | 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  | 78                     |                |    |        |
| 79 | 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 \$220,700 or less, multiply line 55 by 26% (0.26). Otherwise, multipl |                        |                |    |        |
|    | and subtract \$4,414 from the result  |                        |                | 82 |        |
| 83 | Enter the <b>smaller</b> of line 81 or line 82 here and on line 50                  |                        |                |    |        |

Schedule I (Form 1041) 2023

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| SCHEDULE I   | PASSIVE    | ACTIVITY LO | OSS        | STATEMENT 26 |
|--|------------|-------------|------------|--------------|
|  |            | NET INCO    | OME (LOSS) |              |
| NAME OF ACTIVITY                                   | FORM       | AMT         | REGULAR    | ADJUSTMENT   |
| TOWER SQUARE CAPITAL<br>PARTNERS III               | FORM 4797  | -1          | -1.        |              |
| TOWER SQUARE CAPITAL<br>PARTNERS III               | SCH E      | 1,861       | . 1,861.   |              |
| SMB PRIVATE EDUCATION<br>LOAN TRUST                | SCH E      | 1,431       | . 1,431.   |              |
| DENHAM SUSTAINABLE<br>INFRASTRUCTURE FUND II<br>LP | SCH E<br>, | -3,291      | -3,291.    |              |
| TOTAL TO SCHEDULE I, L                             | INE 13     |             |            |              |

#### BILL & MELINDA GATES FOUNDATION TRUST

#### NET OPERATING LOSS CARRYOVER STATEMENT 27 SCHEDULE I LOSS PREVIOUSLY TAX YEAR LOSS SUSTAINED APPLIED AMOUNT 12/31/08 353. 353. Ο. 12/31/09 15,323. 15,323. Ο. 57,959. 57,959. Ο. 12/31/10 12/31/11 333. 333. Ο. 12/31/12 5,930. 5,930. Ο. 12/31/13 4,153. 4,153. Ο. 12/31/14 7,773. 7,773. Ο. 12/31/15 245,765. 158,746. 87,019. 12/31/16 9,384. Ο. 9,384. 8,291. Ο. 12/31/17 8,291. TOTAL TO SCHEDULE I, LINE 6 104,694.

\_\_\_\_

# 91-1663695

| SCHEDULE I | ALTERNATI                           | VE MINIMUM TAX                | NOL CARRYOVER | STATEMENT 28 |
|------------|-------------------------------------|-------------------------------|---------------|--------------|
| TAX YEAR   | LOSS SUSTAINED                      | LOSS<br>PREVIOUSLY<br>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.                            | 136,683.                      |               | 109,082.     |
| 12/31/16   | 9,384.                              | Ο.                            |               | 9,384.       |
| 12/31/17   | 8,291.                              | 0.                            |               | 8,291.       |
|            | CHEDULE I, LINE 22<br>TO LIMITATION |                               |               | 126,757.     |

# 91-1663695

| SCHEDULE I                                  |                 | NET OPERATING I<br>COMPUTATION OF |                           | STATEMENT 29                   |
|---|-----------------|-----------------------------------|---------------------------|--------------------------------|
| DESCRIPTION                                 |                 | TOTAL AMT NOL<br>CARRYFORWARD     | AMT NOL USED<br>THIS YEAR | UNUSED AMT NOL<br>CARRYFORWARD |
| AMT NOL CARRYF                              | ORWARD          | 126,757.                          |                           | 126,757.                       |
| TOTAL TO SCHED                              | OULE I, LINE 22 |                                   |                           | 126,757.                       |
|   |                 |                                   |                           |                                |
| SCHEDULE I                                  | NET OPERA       | TING LOSS DEDUCT                  | FION                      | STATEMENT 30                   |
| SCHEDULE I<br>DESCRIPTION                   | NET OPERA       | ATING LOSS DEDUCT                 | FION                      | STATEMENT 30<br>AMOUNT         |
| SCHEDULE I<br>DESCRIPTION<br>PRE-2018 NOL D |                 | TING LOSS DEDUCT                  | FION                      |                                |

| Form    | 2220                 |
|---------|----------------------|
| Departe | ment of the Treasury |

# **Underpayment of Estimated Tax by Corporations**

-**T** 

Internal Revenue Service Name

| Attach to the corporation's tax return. | FORM | 990 |
|---|------|-----|
|   |      |     |

Go to www.irs.gov/Form2220 for instructions and the latest information.

Employer identification number 91-1663695

| 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.

| F  | Part I Required Annual Payment   |          |                            |               |          |                       |      |     |
|----|--|----------|----------------------------|---------------|----------|-----------------------|------|-----|
| 1  | Total tax (see instructions)   |          |                            |               |          |                       | 1    |     |
|    |  |          |                            |               |          |                       |      |     |
|    | a Personal holding company tax (Schedule PH (Form 1120), line  |          |                            |               | 2a       |                       | -    |     |
| 1  | b Look-back interest included on line 1 under section 460(b)(2)<br>contracts or section 167(g) for depreciation under the income |          |                            |               | 26       |                       |      |     |
|    | contracts of section 167(g) for depreciation under the income  | lore     |                            |               | 2b       |                       | -    |     |
| (  | c Credit for federal tax paid on fuels (see instructions)  |          |                            |               | 2c       |                       |      |     |
|    | d Total. Add lines 2a through 2c   |          |                            |               |          |                       | 2d   |     |
| 3  | Subtract line 2d from line 1. If the result is less than \$500, do   |          |                            |               |          |                       |      |     |
|    | does not owe the penalty   |          |                            |               |          |                       | 3    |     |
| 4  | Enter the tax shown on the corporation's 2022 income tax retu  |          |                            |               |          |                       |      |     |
|    | or the tax year was for less than 12 months, skip this line and  | ente     | r the amount from line 3   | on line 5 😳   |          |                       | . 4  |     |
| _  |  |          |                            |               |          |                       |      |     |
| 5  | Required annual payment. Enter the smaller of line 3 or line   |          |                            |               | -        |                       |      |     |
|    | enter the amount from line 3<br>Part II Reasons for Filing - Check the boxes belo  | <br>w th | at annly. If any hoves are | checked th    |          | ration must file Form | 2220 |     |
|    | even if it does not owe a penalty. See instructions.   | vv tri   | at apply. If any boxes are | 611666664, 11 |          |                       | 2220 |     |
| 6  | The corporation is using the adjusted seasonal installr  | nent     | method.                    |               |          |                       |      |     |
| 7  | The corporation is using the annualized income install   |          |                            |               |          |                       |      |     |
| 8  | The corporation is a "large corporation" figuring its firs   |          |                            | n the prior   | year's t | ax.                   |      |     |
| F  | Part III Figuring the Underpayment   |          |                            |               |          |                       |      | -   |
|    |  |          | (a)                        |               | (b)      | (C)                   |      | (d) |
| 9  | Installment due dates. Enter in columns (a) through (d) the  |          |                            |               |          |                       |      |     |
|    | 15th day of the 4th (Form 990-PF filers: Use 5th month),   |          |                            |               |          |                       |      |     |
|    | 6th, 9th, and 12th months of the corporation's tax year $\dots$  | 9        |                            |               |          |                       |      |     |
| 10 | <b>Required installments.</b> If the box on line 6 and/or line 7   |          |                            |               |          |                       |      |     |
|    | above is checked, enter the amounts from Sch A, line 38. If  |          |                            |               |          |                       |      |     |
|    | the box on line 8 (but not 6 or 7) is checked, see instructions  |          |                            |               |          |                       |      |     |
|    | for the amounts to enter. If none of these boxes are checked,  | 10       |                            |               |          |                       |      |     |
| 11 | enter 25% (0.25) of line 5 above in each column<br>Estimated tax paid or credited for each period. For                           | 10       |                            |               |          |                       |      |     |
|    | column (a) only, enter the amount from line 11 on line 15.   |          |                            |               |          |                       |      |     |
|    | See instructions   | 11       |                            |               |          |                       |      |     |
|    | Complete lines 12 through 18 of one column   |          |                            |               |          |                       |      |     |
|    | before going to the next column.   |          |                            |               |          |                       |      |     |
| 12 | Enter amount, if any, from line 18 of the preceding column   | 12       |                            |               |          |                       |      |     |
|    | Add lines 11 and 12  | 13       |                            |               |          |                       |      |     |
| 14 | Add amounts on lines 16 and 17 of the preceding column   | 14       |                            |               |          |                       |      |     |
| 15 | Subtract line 14 from line 13. If zero or less, enter -0-  | 15       |                            |               |          |                       |      |     |
| 16 | If the amount on line 15 is zero, subtract line 13 from line   |          |                            |               |          |                       |      |     |
|    | 14. Otherwise, enter -0-   | 16       |                            |               |          |                       |      |     |
| 17 | Underpayment. If line 15 is less than or equal to line 10,   |          |                            |               |          |                       |      |     |
|    | subtract line 15 from line 10. Then go to line 12 of the next  |          |                            |               |          |                       |      |     |
|    | column. Otherwise, go to line 18   | 17       |                            |               |          |                       |      |     |
| 18 | <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10  |          |                            |               |          |                       |      |     |
|    | 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.

2023

## Part IV Figuring the Penalty

|   |   |        | (a)                   | (b)                     | (C) | (d) |  |
|---|---|--------|-----------------------|-------------------------|-----|-----|--|
| 9 | Enter the date of payment or the 15th day of the 4th month<br>after the close of the tax year, whichever is earlier.<br>(C corporations with tax years ending June 30<br>and S corporations: Use 3rd month instead of 4th month.<br>Form 990-PF and Form 990-T filers: Use 5th month<br>instead of 4th month.) See instructions | 19     |                       |                         |     |     |  |
| n | Instead of 4th month.) See instructions   | 19     |                       |                         |     |     |  |
| 0 | date shown on line 19   | 20     |                       |                         |     |     |  |
| 1 | Number of days on line 20 after 4/15/2023 and before 7/1/2023   | 21     |                       |                         |     |     |  |
| 2 | Underpayment on line 17 x Number of days on line 21 x 7% (0.07) 365   | 22     | \$                    | \$                      | \$  | \$  |  |
| } | Number of days on line 20 after 6/30/2023 and before 10/1/2023  | 23     |                       |                         |     |     |  |
| ļ | Underpayment on line 17 x Number of days on line 23 x 7% (0.07) 365   | 24     | \$                    | \$                      | \$  | \$  |  |
| 5 | Number of days on line 20 after 9/30/2023 and before 1/1/2024   | 25     |                       |                         |     |     |  |
| 6 | Underpayment on line 17 x Number of days on line 25 x 8% (0.08) 365   | 26     | \$                    | \$                      | \$  | \$  |  |
| 7 | Number of days on line 20 after 12/31/2023 and before 4/1/2024 $\hfill \ldots$  | 27     |                       |                         |     |     |  |
| 3 | Underpayment on line 17 x Number of days on line 27 x 8% (0.08) 366   | 28     | \$                    | \$                      | \$  | \$  |  |
| ) | Number of days on line 20 after 3/31/2024 and before 7/1/2024   | 29     |                       |                         |     |     |  |
| ) | Underpayment on line 17 x Number of days on line 29 x *%  | 30     | \$                    | \$                      | \$  | \$  |  |
|   | Number of days on line 20 after 6/30/2024 and before 10/1/2024 $\qquad \ldots$  | 31     |                       |                         |     |     |  |
| 2 | Underpayment on line 17 x Number of days on line 31 x *%  | 32     | \$                    | \$                      | \$  | \$  |  |
| 3 | Number of days on line 20 after 9/30/2024 and before 1/1/2025   | 33     |                       |                         |     |     |  |
| ļ | Underpayment on line 17 x Number of days on line 33 x *%  | 34     | \$                    | \$                      | \$  | \$  |  |
| 5 | Number of days on line 20 after 12/31/2024 and before 3/16/2025   | 35     |                       |                         |     |     |  |
| 3 | Underpayment on line 17 x Number of days on line 35 x *%  | 36     | \$                    | \$                      | \$  | \$  |  |
| , | Add lines 22, 24, 26, 28, 30, 32, 34, and 36  | 37     | \$                    | \$                      | \$  | \$  |  |
| } | <b>Penalty.</b> Add columns (a) through (d) of line 37. Enter the to line for other income tax returns  | tal he | ere and on Form 1120, | line 34; or the compara | ble |     |  |

<sup>^</sup> Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. 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 800-829-4933 to get interest rate information.

Form **2220** (2023)

| Form <b>8582</b> |
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Department of the Treasury Internal Revenue Service

# **Passive Activity Loss Limitations**

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041. Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

858

|      |      | Sequence No. |
|------|------|--------------|
| tify | /ing | number       |

|                     | INDA GATES FOUNDATION TRUST  |                    |           | 9         | 1-1663695 |
|---------------------|--|--------------------|-----------|-----------|-----------|
| Part I              | 2023 Passive Activity Loss   |                    |           |           |           |
|                     | Caution: Complete Parts IV and V before completing Part I.   |                    |           | _         |           |
| ental Real E        | <b>Estate Activities With Active Participation</b> (For the definition of active p                 | participation, see |           |           |           |
| pecial Allow        | vance for Rental Real Estate Activities in the instructions.)                                      |                    |           |           |           |
| a Activities        | with net income (enter the amount from Part IV, column (a))  | 1a                 |           |           |           |
| <b>b</b> Activities | with net loss (enter the amount from Part IV, column (b))  | 1b (               | )         |           |           |
| c Prior yea         | rs' unallowed losses (enter the amount from Part IV, column (c))                                   | 1c (               | )         |           |           |
| d Combine           | lines 1a, 1b, and 1c   |                    |           | 1d        |           |
|                     | sive Activities  |                    |           |           |           |
| 2a Activities       | with net income (enter the amount from Part V, column (a))   | 2a                 | 3,292.    |           |           |
|                     | with net loss (enter the amount from Part V, column (b))   |                    | 508,572.) |           |           |
| -                   | rs' unallowed losses (enter the amount from Part V, column (c))                                    |                    | )         |           |           |
|                     | lines 2a, 2b, and 2c<br>lines 1d and 2d and subtract any prior year unallowed CRD. See instruc     |                    |           | 2d        | -505,28   |
| Part II. Instea     | our filing status is married filing separately and you lived with your spous<br>ad, go to line 10. | -                  |           | not compl | ete       |
|                     | Special Allowance for Rental Real Estate Activities Wit  |                    | cipation  |           |           |
|                     | Note: Enter all numbers in Part II as positive amounts. See instructions                           | for an example.    |           |           |           |
| 4 Enter the         | e smaller of the loss on line 1d or the loss on line 3   |                    |           | 4         |           |
| 5 Enter \$1         | 50,000. If married filing separately, see instructions   | 5                  |           |           |           |
| Enter mo            | dified adjusted gross income, but not less than zero. See instructions                             | 6                  |           |           |           |
| Note: If I          | ine 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0-                         |                    |           |           |           |
|                     | . Otherwise, go to line 7.   |                    |           |           |           |
|                     | line 6 from line 5   | 7                  |           |           |           |
|                     | line 7 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing se                 |                    |           | 8         |           |
|                     | smaller of line 4 or line 8. If line 3 includes any CRD, see instructions                          |                    |           | 9         |           |
|                     | Total Losses Allowed   |                    |           | •         |           |
|                     |  |                    |           |           |           |
| 0 Add the           | income, if any, on lines 1a and 2a and enter the total   |                    |           | 10        | 3,29      |

SEE STATEMENT 75 out how to report the losses on your tax return

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

| Name of activity                             | Currer                             | nt year                          | Prior years                     | Overall gain or loss |          |  |
|--|------------------------------------|----------------------------------|---------------------------------|----------------------|----------|--|
| Name of activity                             | <b>(a)</b> Net income<br>(line 1a) | <b>(b)</b> Net loss<br>(line 1b) | (c) Unallowed<br>loss (line 1c) | <b>(d)</b> Gain      | (e) Loss |  |
|  |                                    |                                  |                                 |                      |          |  |
|  |                                    |                                  |                                 |                      |          |  |
|  |                                    |                                  |                                 |                      |          |  |
|  |                                    |                                  |                                 |                      |          |  |
|  |                                    |                                  |                                 |                      |          |  |
|  |                                    |                                  |                                 |                      |          |  |
| Total. Enter on Part I, lines 1a, 1b, and 1c |                                    |                                  |                                 |                      |          |  |

For Paperwork Reduction Act Notice, see instructions.

Form 8582 (2023)

3,292.

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# Form 8582 (2023) BILL & MELINDA GATES FOUNDATION TRUST

91–1663695 Page **2** 

|   | e Part I, Lines 2  | a, 20, a                                   | and zc. S                | see instruc          |                 |                                 |  |
|---|--|--|--------------------------|----------------------|-----------------|---------------------------------|--|
|   | Curre  | nt year                                    |                          | Prior ye             | ears            | Overa                           | III gain or loss                                     |
| Name of activity  |  |  | (c) Unallo<br>loss (line |                      | <b>(d)</b> Gain | (e) Loss                        |  |
|   |  |  |                          |                      |                 |                                 |  |
|   |  |  |                          |                      |                 |                                 |  |
|   | SEE ATTACHED   | STATEM:                                    | ENT FOR PA               | ART V                |                 |                                 |  |
| otal. Enter on Part I, lines 2a, 2b, and 2c               | 3,292.   |  | -508,572.                |                      |                 |                                 |  |
| Part VI Use This Part if an Amour                         |  | art II,                                    | Line 9. S                | see instruc          | ctions.         |                                 |  |
| Name of activity  | Form or schedule<br>and line number<br>to be reported on<br>(see instructions) | (a   | ) Loss                   | <b>(b)</b> Ra        | tio             | <b>(c)</b> Special<br>allowance | <b>(d)</b> Subtract<br>column (c)<br>from column (a) |
|   |  |  |                          |                      |                 |                                 |  |
|   |  |  |                          |                      |                 |                                 |  |
|   |  |  |                          |                      |                 |                                 |  |
|   |  |  |                          |                      |                 |                                 |  |
| Otal           Part VII         Allocation of Unallowed L | .osses. See instr  | l<br>uction:                               | S.                       |                      |                 |                                 |  |
|   | Form or scho<br>and line nur   |  |                          |                      |                 |                                 |  |
| Name of activity  | to be reporte<br>(see instruct   | ed on                                      | (a) l                    | LOSS                 |                 | (b) Ratio                       | (c) Unallowed loss                                   |
|   |  | ,  |                          |                      |                 |                                 |  |
|   |  |  |                          |                      |                 |                                 |  |
|   |  |  |                          |                      |                 |                                 |  |
|   | SEE ATTACHEI   |  | MENT FOR                 | PART VII             |                 |                                 |  |
|   | <b>I</b>   | ) STATE                                    | MENT FOR                 | PART VII<br>508,571. |                 |                                 | 505,280  |
| Fotal<br>Part VIII Allowed Losses. See instr              | <b>I</b>   | ) STATE                                    | MENT FOR                 |                      |                 |                                 | 505,280  |
|   | <b>I</b>   | ) STATE                                    | MENT FOR                 | 508,571.             | (b) U           | nallowed loss                   | 505,280<br>(c) Allowed loss                          |
| Part VIII Allowed Losses. See instr                       | Form or sche<br>and line nur<br>to be reporte                                  | ) STATE                                    |                          | 508,571.             | (b) U           | nallowed loss                   |  |
| Part VIII Allowed Losses. See instr                       | Form or sche<br>and line nur<br>to be reporte                                  | ) STATE                                    |                          | 508,571.             | (b) U           | nallowed loss                   |  |
| Part VIII Allowed Losses. See instr                       | Form or sche<br>and line nur<br>to be reporte                                  | ) STATE<br>edule<br>nber<br>ed on<br>ions) | (a) <sup>[</sup>         | 508,571.             |                 | nallowed loss                   |  |

Form **8582** (2023)

| Part IX Activities With Losses Repor<br>Name of activity:                    |       |     |           |                       |                       |
|--|-------|-----|-----------|-----------------------|-----------------------|
| Name of activity:  | (a)   | (b) | (c) Ratio | (d) Unallowed<br>loss | (e) Allowed loss      |
| Form or schedule and line number   |       |     |           |                       |                       |
| to be reported on (see   |       |     |           |                       |                       |
| instructions):   |       |     |           |                       |                       |
| 1a Net loss plus prior year unallowed loss from form or schedule             |       |     |           |                       |                       |
| b Net income from form or schedule   |       |     |           |                       |                       |
| c Subtract line 1b from line 1a. If zero or less, enter                      | er -0 |     |           |                       |                       |
| Form or schedule and line number   |       |     |           |                       |                       |
| to be reported on (see<br>instructions):                                     |       |     |           |                       |                       |
| 1a Net loss plus prior year unallowed loss from form or schedule             |       |     |           |                       |                       |
| <b>b</b> Net income from form or schedule                                    |       |     |           |                       |                       |
| c Subtract line 1b from line 1a. If zero or less, enter                      | ər -O |     |           |                       |                       |
| Form or schedule and line number<br>to be reported on (see<br>instructions): |       |     |           |                       |                       |
| 1a Net loss plus prior year unallowed loss from form or schedule             |       |     |           |                       |                       |
| b Net income from form or schedule   |       |     |           |                       |                       |
| c Subtract line 1b from line 1a. If zero or less, enter                      | er -0 |     |           |                       |                       |
| <b>T</b> -1-1  |       |     |           |                       |                       |
| Total  |       |     |           |                       | Form <b>8582</b> (20) |

| Form <b>8582</b> |
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## ALTERNATIVE MINIMUM TAX

# **Passive Activity Loss Limitations**

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041. Go to www.irs.gov/Form8582 for instructions and the latest information. OMB No. 1545-1008 3 l Attachment Sequence No. 858

| Department of the Treasury<br>Internal Revenue Service   | Go to www.  | Attach to Forn<br>irs.gov/Form8582 fo  | n 1040, 1040-SR<br>or instructions a                                   |                                   |                                 | on.     |         | Å        | Attachment<br>Sequence No. 858 |
|--|---|--|--|-----------------------------------|---------------------------------|---------|---------|----------|--------------------------------|
| Name(s) shown on return  |   |  |  |                                   |                                 |         | Ident   |          | number                         |
| BILL & MELINDA GAT   | ES FOUNDATION TRUST   |  |  |                                   |                                 |         |         | 91       | -1663695                       |
| Part I 2023 Pa   | ssive Activity Loss   |  |  |                                   |                                 |         |         |          |                                |
| Caution: (   | Complete Parts IV and V b   | efore completing Par   | tl.  |                                   |                                 |         |         |          |                                |
| Rental Real Estate Activ   | vities With Active Particip   | <b>pation</b> (For the defin   | nition of active pa  | rticip                            | ation, see                      |         |         |          |                                |
| Special Allowance for F  | Rental Real Estate Activit  | ies in the instructior   | ns.)   |                                   |                                 |         |         |          |                                |
| 1a Activities with net in  | come (enter the amount f  | rom Part IV, column  | (a))   | 1a                                |                                 |         |         |          |                                |
| <b>b</b> Activities with net lo  | oss (enter the amount from  | n Part IV, column (b))   |  | 1b                                | (                               | )       |         |          |                                |
| c Prior years' unallow   | ed losses (enter the amou   | nt from Part IV, colur   | mn (c))  | 1c                                | (                               | )       |         |          |                                |
| d Combine lines 1a, 1  | b, and 1c   |  |  |                                   |                                 |         | 1d      |          |                                |
| All Other Passive Activi   | ties  |  |  |                                   |                                 |         |         |          |                                |
| 2a Activities with net in  | come (enter the amount f  | rom Part V, column (   | a))  | 2a                                |                                 | 3,292.  |         |          |                                |
| <b>b</b> Activities with net lo  | oss (enter the amount from  | n Part V, column (b))  |  | 2b                                | ( 50                            | 8,572.) |         |          |                                |
| c Prior years' unallow   | ed losses (enter the amou   | nt from Part V, colun  | nn (c))  | 2c                                | (                               | )       |         |          |                                |
| d Combine lines 2a, 2  | b, and 2c   |  |  |                                   |                                 |         | 2d      |          | -505,280.                      |
| 3 Combine lines 1d ar  | nd 2d and subtract any pri  | ior year unallowed C   | RD. See instruction  | ons. I                            | If this line is zero o          | r       |         |          |                                |
| more, stop here and  | l include this form with yo   | ur return; all losses a  | re allowed, includ   | ding a                            | any prior year                  |         |         |          |                                |
| unallowed losses er  | ntered on line 1c or 2c. Re   | port the losses on th  | e forms and sche   | dules                             | s normally used                 |         | 3       |          | -505,280.                      |
| Part II. Instead, go to lin<br>Part II Special<br>Note: Enter<br>4 Enter the smaller of<br>5 Enter \$150,000. If m<br>6 Enter modified adjut<br>Note: If line 6 is gre<br>on line 9. Otherwise<br>7 Subtract line 6 from | Allowance for Renta<br>er all numbers in Part II as<br>f the loss on line 1d or the<br>narried filing separately, se<br>sted gross income, but no<br>ater than or equal to line 5<br>e, go to line 7. | al Real Estate A<br>positive amounts. Se<br>loss on line 3<br>e instructions<br>t less than zero. See<br>5, skip lines 7 and 8 a | ctivities With<br>ee instructions for<br>instructions<br>and enter -0- | <b>Act</b><br>an e<br>5<br>6<br>7 | tive Participati                | on      | not c   | omplet   | e                              |
| ., ,   | f line 4 or line 8. If line 3 in  |  | • •  |                                   |                                 |         | 0<br>9  |          |                                |
|  | sses Allowed  | ciddes any ond, see  |  | <u></u>                           |                                 |         | 3       | l        |                                |
|  | any, on lines 1a and 2a and   | d enter the total  |  |                                   |                                 |         | 10      |          | 3,292.                         |
|  | ed from all passive activit   |  | nes 9 and 10 Se  | <br>A inst                        | tructions to find               |         | 10      |          | ,                              |
|  |   |  |  |                                   |                                 |         | 11      |          | 3,292.                         |
| Part IV Comple   | ie losses on your tax retur<br><b>te This Part Before</b> l   | Part I, Lines 1a,  | 1b, and 1c.  | See                               | instructions.                   |         |         | I        | ,                              |
|  |   | Currer   |  | T                                 | Prior years                     |         | Ove     | erall ga | in or loss                     |
| Name c   | of activity   | (a) Net income<br>(line 1a)  | <b>(b)</b> Net loss<br>(line 1b)                                       |                                   | (c) Unallowed<br>loss (line 1c) | (d      | I) Gain |          | (e) Loss                       |
|  |   |  |  |                                   |                                 |         |         |          |                                |
|  |   |  |  |                                   |                                 |         |         |          |                                |
|  |   |  |  |                                   |                                 |         |         |          |                                |
|  |   |  |  |                                   |                                 |         |         |          |                                |
|  |   |  |  |                                   |                                 |         |         |          |                                |
|  |   |  |  | +                                 |                                 |         |         |          |                                |
| Total Enter on Part L lin  | es 1a 1h and 1c   |  |  |                                   |                                 |         |         |          |                                |
| Total. Enter on Part I, line   | on Act Notice, see instru   | ctions   | L  |                                   |                                 |         |         |          | Form <b>8582</b> (2023)        |
|  | on Act Notice, see instru   | 010113.  |  |                                   |                                 |         |         |          | i onn <b>0302</b> (2023)       |

Form 8582 (2023) BILL & MELINDA GATES FOUNDATION TRUST

91–1663695 Page **2** 

| Part V Complete This Part Before  | Part I, Lines 2a   | a, 2b, a     | and 2c. S          | See instru               | ctions.  |                                 |         |  |
|---|--|--------------|--------------------|--------------------------|----------|---------------------------------|---------|--|
| Name of activity  | Currer   | nt year      |                    | Prior ye                 | ears     | Overa                           | II gair | n or loss  |
| Name of activity  | (a) Net income<br>(line 2a)  |              | Net loss<br>ne 2b) | (c) Unalle<br>loss (line |          | (d) Gain                        |         | (e) Loss   |
|   |  |              |                    |                          |          |                                 |         |  |
|   |  |              |                    |                          |          |                                 |         |  |
|   |  |              |                    |                          |          |                                 |         |  |
|   |  |              |                    |                          |          |                                 |         |  |
|   | SEE ATTACHED   | STATE        | MENT FOR           | PART V                   |          |                                 |         |  |
|   |  |              |                    |                          |          |                                 |         |  |
| Total. Enter on Part I, lines 2a, 2b, and 2c           Part VI         Use This Part if an Amount | 3,292.   | ort II       | -508,572.          |                          | atione   |                                 |         |  |
| Part VI Use This Part II an Amount  |  | art II,      | Line 9. S          | see instruc              | ctions.  |                                 |         |  |
| Name of activity  | Form or schedule<br>and line number<br>to be reported on<br>(see instructions) | (a           | ) Loss             | <b>(b)</b> Ra            | tio      | <b>(c)</b> Special<br>allowance |         | <b>(d)</b> Subtract<br>column (c)<br>from column (a) |
|   |  |              |                    |                          |          |                                 |         |  |
|   |  |              |                    |                          |          |                                 | _       |  |
|   |  |              |                    |                          |          |                                 |         |  |
|   |  |              |                    |                          |          |                                 |         |  |
|   |  |              |                    |                          |          |                                 |         |  |
|   |  |              |                    |                          |          |                                 |         |  |
| Total Part VII Allocation of Unallowed Lo   |  |              | _                  |                          |          |                                 |         |  |
| Part VII Anocation of Onanowed Lo   |  |              | s.                 |                          |          |                                 |         |  |
| Name of activity  | Form or sche<br>and line nun<br>to be reporte<br>(see instructi                | nber<br>d on | (a) L              | _OSS                     |          | (b) Ratio                       | (c)     | Unallowed loss                                       |
|   |  |              |                    |                          |          |                                 |         |  |
|   |  |              |                    |                          |          |                                 |         |  |
|   |  |              |                    |                          |          |                                 |         |  |
|   |  |              |                    |                          |          |                                 |         |  |
|   | SEE ATTACHED   | STATE        | MENT FOR           | PART VII                 |          |                                 |         |  |
|   |  |              |                    |                          |          |                                 |         |  |
| Part VIII Allowed Losses. See instruct  |  |              |                    | 508,571.                 |          | 1.000000000                     |         | 505,280.   |
| Allowed Losses. See Institu   |  |              |                    |                          | <u> </u> |                                 |         |  |
| Name of activity  | Form or sche<br>and line nun<br>to be reporte<br>(see instructi                | nber<br>d on | (a) L              | _oss                     | (b) U    | Inallowed loss                  | (c      | e) Allowed loss                                      |
|   |  |              |                    |                          |          |                                 |         |  |
|   |  |              |                    |                          |          |                                 |         |  |
|   |  |              |                    |                          |          |                                 |         |  |
|   |  | 0.000        |                    | ידדע התגת                |          |                                 |         |  |
|   | SEE ATTACHED   | SIATE        | PIGNI FOR          | FARI VIII                |          |                                 |         |  |
| Total   |  |              |                    | 508,572.                 |          | 505,280.                        |         | 3,292.   |

Form **8582** (2023)

## ALTERNATIVE MINIMUM TAX

| Form 8582 (2023) BILL & MELINDA GATES FOUNI   |              | INIMUM TAX    |               | 91-1663                   | 695 Page <b>3</b> |
|---|--------------|---------------|---------------|---------------------------|-------------------|
| Part IX Activities With Losses Report   | ed on Two or | More Forms or | Schedules. Se | e instructions.           | •                 |
| Name of activity:   | (a)          | (b)           | (c) Ratio     | <b>(d)</b> Unallowed loss | (e) Allowed loss  |
| Form or schedule and line number<br>to be reported on (see<br>instructions):  |              |               |               |                           |                   |
| 1a Net loss plus prior year unallowed<br>loss from form or schedule   |              |               |               |                           |                   |
| <b>b</b> Net income from form or schedule   |              |               |               |                           |                   |
| c Subtract line 1b from line 1a. If zero or less, enter   | r -0         |               |               |                           |                   |
| Form or schedule and line number<br>to be reported on (see<br>instructions):<br>1a Net loss plus prior year unallowed |              | -             |               |                           |                   |
| loss from form or schedule  |              | -             |               |                           |                   |
| b Net income from form or schedule  |              |               |               |                           |                   |
| c Subtract line 1b from line 1a. If zero or less, enter   | r -0         |               |               |                           |                   |
| Form or schedule and line number<br>to be reported on (see<br>instructions):  |              |               |               |                           |                   |
| 1a Net loss plus prior year unallowed           loss from form or schedule  |              |               |               |                           |                   |
| <b>b</b> Net income from form or schedule   |              |               |               |                           |                   |
| c Subtract line 1b from line 1a. If zero or less, enter   | r -0         |               |               |                           |                   |
| Total   |              |               |               |                           |                   |

# BILL & MELINDA GATES FOUNDATION TRUST

91-1663695

| FORM 8582  | OTHER PASSIV          | E ACTIVITIE;                          | S – PART V                      | STA  | TEMENT 72   |
|--|-----------------------|---------------------------------------|---------------------------------|--|---|
| NAME OF ACTIVITY   | CURRENT<br>NET INCOME | YEAR<br>NET LOSS                      | PRIOR YEAR<br>UNALLOWED<br>LOSS | OVERALL GAT  | IN OR LOSS  |
| TOWER SQUARE CAPITAL<br>PARTNERS III   | 1,861.                | -1.                                   |                                 | 1,860.   |   |
| SMB PRIVATE EDUCATION<br>LOAN TRUST<br>DENHAM SUSTAINABLE<br>INFRASTRUCTURE FUND                             | 1,431.                | 0.                                    |                                 | 1,431.   |   |
| II, LP   | 0.                    | -508,571.                             |                                 |  | -508,571  |
| TOTALS   | 3,292.                | -508,572.                             |                                 | 3,291.   | -508,571  |
| FORM 8582 ALL  | OCATION OF U          | NALLOWED LO:                          | SSES - PART V                   | II STA'  | TEMENT 73   |
| FORM 8582 ALL  | OCATION OF U          | NALLOWED LO:                          | SSES - PART V                   | II STA'  | TEMENT 73   |
| NAME OF ACTIVITY   |                       | FORM<br>OR<br>SCHEDULE                | LOSS                            | RATIO  | UNALLOWEI<br>LOSS                                     |
| DENHAM SUSTAINABLE IN  | FRASTRUCTURE          | SCH E                                 | 508,571.                        | 1.000000000  | 505,280   |
| FUND II, LP  |                       |                                       |                                 |  |   |
|  |                       |                                       | 508,571.                        | 1.000000000  | 505,280   |
| TOTALS   | ALLOWED               | LOSSES - P                            |                                 | 1.000000000  | 505,280   |
| TOTALS   | ALLOWED               | LOSSES - PA                           |                                 | 1.000000000  |   |
| TOTALS<br>FORM 8582  | ALLOWED               | LOSSES - PA<br>FORM<br>OR<br>SCHEDULI | ART VIII                        | 1.000000000  | 505,280   |
| TOTALS<br>FORM 8582<br>NAME OF ACTIVITY<br>TOWER SQUARE CAPITAL<br>DENHAM SUSTAINABLE IN                     | PARTNERS III          | FORM<br>OR<br>SCHEDULI<br>SCH E       | ART VIII<br>E LOSS              | 1.00000000<br>STA<br>UNALLOWED<br>LOSS<br>0.             | 505,280<br>TEMENT 74<br>ALLOWED<br>LOSS               |
| FUND II, LP<br>TOTALS<br>FORM 8582<br>TOWER SQUARE CAPITAL<br>DENHAM SUSTAINABLE IN<br>FUND II, LP<br>TOTALS | PARTNERS III          | FORM<br>OR<br>SCHEDULI<br>SCH E       | ART VIII<br>E LOSS              | 1.00000000<br>STA<br>UNALLOWED<br>LOSS<br>0.<br>505,280. | 505,280<br>TEMENT 74<br>ALLOWED<br>LOSS<br>1<br>3,291 |

FORM 8582

R

- -

| R<br>E<br>A NAME                 | FORM<br>OR<br>SCHEDULE | GAIN/LOSS   | PRIOR<br>YEAR C/O | NET<br>GAIN/LOSS | UNALLOWED<br>LOSS | ALLOWED<br>LOSS |
|----------------------------------|------------------------|-------------|-------------------|------------------|-------------------|-----------------|
| TOWER SQUARE<br>CAPITAL PARTNERS | FORM 4797              | 7           |                   |                  |                   |                 |
| III                              |                        | -1.         |                   | -1.              |                   | 1.              |
| TOWER SQUARE<br>CAPITAL PARTNERS | SCH E                  |             |                   |                  |                   |                 |
| III                              |                        | 1,861.      |                   | 1,861.           |                   |                 |
| SMB PRIVATE                      | SCH E                  | 1,001.      |                   | 1,001.           |                   |                 |
| EDUCATION LOAN                   |                        |             |                   |                  |                   |                 |
| TRUST                            |                        | 1,431.      |                   | 1,431.           |                   |                 |
| DENHAM                           | SCH E                  |             |                   |                  |                   |                 |
| SUSTAINABLE                      |                        |             |                   |                  |                   |                 |
| INFRASTRUCTURE                   |                        |             |                   |                  |                   |                 |
| FUND II, LP                      |                        | -508,571.   |                   | -508,571.        | 505,280.          | 3,291.          |
| TOTALS                           |                        | -505,280.   |                   | -505,280.        | 505,280.          | 3,292.          |
| PRIOR YEAR CARRYOV               | ERS ALLOWI             | ED DUE TO ( | CURRENT YE        | AR NET ACTI      | VITY INCOME       |                 |

TOTAL TO FORM 8582, LINE 11

FORM 8582 ALTERNATIVE MINIMUM TAX STATEMENT 76 OTHER PASSIVE ACTIVITIES - PART V CURRENT YEAR PRIOR YEAR OVERALL GAIN OR LOSS UNALLOWED NAME OF ACTIVITY NET INCOME NET LOSS LOSS GAIN LOSS TOWER SQUARE CAPITAL PARTNERS III 1,861. -1. 1,860. SMB PRIVATE EDUCATION LOAN TRUST 1,431. Ο. 1,431. DENHAM SUSTAINABLE INFRASTRUCTURE FUND II, LP Ο. -508,571. -508,571. TOTALS 3,292. -508,572. 3,291. -508,571.

= =

SUMMARY OF PASSIVE ACTIVITIES

STATEMENT 75

3,292.

| FORM 8582                                       | ALTE<br>ALLOCATION OF | RNATIVE MINI<br>UNALLOWED L  | -        |             | ATEMENT 77        |
|---|-----------------------|------------------------------|----------|-------------|-------------------|
| NAME OF ACTIVITY                                |                       | FORM<br>OR<br>SCHEDULE       | LOSS     | RATIO       | UNALLOWED<br>LOSS |
| DENHAM SUSTAINABLE<br>INFRASTRUCTURE FUND<br>LP | II,                   | SCH E                        | 508,571. | 1.000000000 | 505,280.          |
| TOTALS  |                       | -                            | 508,571. | 1.000000000 | 505,280.          |
| FORM 8582                                       |                       | NATIVE MINIM<br>D LOSSES - P |          | ST.         | ATEMENT 78        |
|   |                       | FORM                         |          |             |                   |

| NAME OF ACTIVITY   | OR<br>SCHEDULE | LOSS     | UNALLOWED<br>LOSS | ALLOWED<br>LOSS |
|--|----------------|----------|-------------------|-----------------|
| TOWER SQUARE CAPITAL PARTNERS III<br>DENHAM SUSTAINABLE INFRASTRUCTURE | SCH E<br>SCH E | 1.       | 0.                | 1.              |
| FUND II, LP  |                | 508,571. | 505,280.          | 3,291.          |
| TOTALS   | -              | 508,572. | 505,280.          | 3,292.          |

| R<br>R<br>E<br>A NAME            | FORM<br>OR<br>SCHEDULE | GAIN/LOSS  | PRIOR<br>YEAR C/O | NET<br>GAIN/LOSS | UNALLOWED<br>LOSS | ALLOWED<br>LOSS |
|----------------------------------|------------------------|------------|-------------------|------------------|-------------------|-----------------|
| TOWER SQUARE                     | FORM 4797              |            |                   |                  |                   |                 |
| CAPITAL PARTNERS                 |                        | -1.        |                   | -1.              |                   | 1.              |
| TOWER SQUARE<br>CAPITAL PARTNERS | SCH E                  |            |                   |                  |                   |                 |
| III                              |                        | 1,861.     |                   | 1,861.           |                   |                 |
| SMB PRIVATE<br>EDUCATION LOAN    | SCH E                  |            |                   |                  |                   |                 |
| TRUST                            |                        | 1,431.     |                   | 1,431.           |                   |                 |
| DENHAM<br>SUSTAINABLE            | SCH E                  |            |                   |                  |                   |                 |
| INFRASTRUCTURE<br>FUND II, LP    |                        | -508,571.  |                   | -508,571.        | 505,280.          | 3,291.          |
| TOTALS                           | -                      | -505,280.  |                   | -505,280.        | 505,280.          | 3,292.          |
| PRIOR YEAR CARRYOV               | ERS ALLOWE             | D DUE TO ( | CURRENT YE        | AR NET ACTI      | VITY INCOME       |                 |

PUBLIC DISCLOSURE COPY

TOTAL TO FORM 8582AMT, LINE 11

| IKUSI       |       | 1,101. |
|-------------|-------|--------|
| DENHAM      | SCH E |        |
| SUSTAINABLE |       |        |

# FORM 8582AMT

91-1663695

SUMMARY OF PASSIVE ACTIVITIES - AMT

STATEMENT 79

3,292.

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

CHARITABLE CONTRIBUTION CARRYFORWARD SCHEDULE FOR THE YEAR ENDED DECEMBER 31, 2023

| <u>YEAR</u><br>END | CONTRIBUTIONS<br>SUBJECT TO 60%<br>LIMITATION | CONTRIBUTIONS<br>SUBJECT TO 50%<br>LIMITATION | CONTRIBUTIONS<br>SUBJECT TO 30%<br>LIMITATION | <u>CURRENT</u><br><u>YEAR</u><br><u>AMOUNT</u><br>UTILIZED | 50% LIMITATION<br>CARRYFORWARD | <u>30% LIMITATION</u><br>CARRYFORWARD | 60% LIMITATION<br>CARRYFORWARD | <u>TAX YEAR OF</u><br>EXPIRATION |
|--------------------|---|---|---|--|--------------------------------|---------------------------------------|--------------------------------|----------------------------------|
| 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                             |
| 12/31/23           | 30  |   | 6,708,165,714                                 |  |                                | 6,708,165,714                         | 30                             | 2028                             |
| TOTAL              |   |   |   | ş -  | \$ -                           | \$ 25,566,468,100                     | \$ 446                         |                                  |

TOTAL CARRYFORWARD TO 12/31/2024:

\$ 25,566,468,546

#### 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 | 2023 | 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  | -    | -    | 7,381 |

### 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 | 2023 | 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   |

| Form <b>3800</b>                                       |  |
|--|--|
| Department of the Treasury<br>Internal Revenue Service |  |

# **General Business Credit**

OMB No. 1545-0895

Go to www.irs.gov/Form3800 for instructions and the latest information. You must include all pages of Form 3800 with your return.

| 2023            |
|-----------------|
| Attachment      |
| Sequence No. 22 |

| Nam  | e(s) shown on return   |           |                          | Identifying | number   |
|------|--|-----------|--------------------------|-------------|----------|
|      |  |           |                          |             |          |
|      | L & MELINDA GATES FOUNDATION TRUST   |           |                          |             | -1663695 |
| Α    | Corporate Alternative Minimum Tax (CAMT) and Base Erosion Anti-Abuse Tax (                                       |           | •                        | •           |          |
|      | corporation" within the meaning of section 59(k)(1) for the CAMT, and (b) an "applica                            | ble taxp  | bayer" within the meanin |             |          |
| Do   | section 59A(e) for the BEAT? See instructions<br>Int I Current Year Credit for Credits Not Allowed Against Tenta | tivo M    | inimum Tox (TMT)         | X Y         | /es No   |
| Pa   | Go to Part III before Parts I and II. See instructions.  |           | Initiation Tax (TWT)     |             |          |
| 1    | Non-passive credits from Part III, line 2: combine column (e) with non-passive amoun                             | ts from   | column                   |             |          |
| •    | (g). See instructions  |           |                          | 1           | 7,381.   |
| 2    | Passive credits from Part III, line 2: combine column (f) with passive amounts                                   |           |                          |             | ,        |
| -    | in column (g). See instructions  | 2         |                          |             |          |
| 3    | Enter the applicable passive activity credits allowed for 2023. See instructions                                 |           |                          | 3           |          |
| 4    | Carryforward of general business credit to 2023. See instructions for statement to at                            |           |                          | 4           |          |
| •    | Check this box if the carryforward was changed or revised from the original reported                             |           |                          |             |          |
| 5    |  |           | ·                        | 5           |          |
| 6    | Add lines 1, 3, 4, and 5   |           |                          | 6           | 7,381.   |
| Pa   | rt II Allowable Credit   |           |                          | 1 1         | -        |
| 7    | Regular tax before credits:  |           |                          |             |          |
|      | <ul> <li>Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or</li> </ul>                        |           |                          |             |          |
|      | 1040-NR, line 16; and Schedule 2 (Form 1040), line 2.  |           |                          |             |          |
|      | • Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 1;                                     |           |                          |             |          |
|      | or the 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:   |           |                          |             |          |
|      | <ul> <li>Individuals. Enter the amount from Form 6251, line 11.</li> </ul>                                       |           |                          |             |          |
|      | Corporations. Enter the amount from Form 4626, Part II, line 13.   |           |                          | 8           | 0.       |
|      | • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54.                                     |           |                          |             |          |
|      |  |           |                          |             |          |
| 9    | Add lines 7 and 8  |           |                          | 9           |          |
| 10 a | Foreign tax credit   | 10a       | I                        |             |          |
|      | Certain allowable credits (see instructions)   |           |                          | -           |          |
|      | Add lines 10a and 10b  |           | I                        | 10c         |          |
| Ŭ    |  |           |                          |             |          |
| 11   | Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and e                           | enter -0- | on line 16               | 11          | 0.       |
|      |  |           |                          |             |          |
| 12   | Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-                                       | 12        |                          |             |          |
|      |  |           |                          |             |          |
| 13   | Enter 25% (0.25) of the excess, if any, of line 12 (line 11 for corporations) over                               |           |                          |             |          |
|      | \$25,000. See instructions   | 13        |                          |             |          |
| 14   | Tentative minimum tax:   |           |                          |             |          |
|      | <ul> <li>Individuals. Enter the amount from Form 6251, line 9.</li> </ul>  |           |                          |             |          |
|      | Corporations. Enter -0   | 14        |                          | _           |          |
|      | Estates and trusts. Enter the amount from Schedule I   |           |                          |             |          |
|      | (Form 1041), line 52.  |           |                          |             |          |
| 15   | Enter the greater of line 13 or line 14  |           |                          | 15          |          |
| 16   | Subtract line 15 from line 11. If zero or less, enter -0-  |           |                          | 16          | 0.       |
| 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                               | , acquis  | ition, or                |             |          |
|      | reorganization.  |           |                          |             |          |

For Paperwork Reduction Act Notice, see separate instructions.

|     | n 3800 (2023)   |        | Page <b>2</b> |
|-----|---|--------|---------------|
|     | Allowable Credit (continued)  |        |               |
| Not | e: If you are not required to report any amounts on line 22 or line 24 below, skip lines 18 through 25 and enter -0- on line  | ne 26. |               |
| 18  | Multiply line 14 by 75% (0.75). See instructions  | 18     |               |
| 19  | Enter the greater of line 13 or line 18   | 19     |               |
| 20  | Subtract line 19 from line 11. If zero or less, enter -0-   | 20     |               |
| 21  | Subtract line 17 from line 20. If zero or less, enter -0-   | 21     |               |
| 22  | Combine the amounts from line 3 of Part III, column (e), with the sum of the non-passive activity credit amounts in Part IV, line 3, column (e) plus column (f)   | 22     |               |
| 23  | Passive activity credit from line 3 of Part III, column (f) plus the sum of the passive activity credit amounts in Part IV, line 3, column (e) plus column (f) 23   |        |               |
| 24  | Enter the applicable passive activity credit allowed for 2023. 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     |               |
| 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 Part III: combine column (e) with non-passive amounts in column (g). See instructions  | 30     |               |
| 31  | Reserved  | 31     |               |
| 32  | Passive activity credits from line 5 of Part III: combine column (f) with passive amounts in column (g). See instructions 32  |        |               |
| 33  | Enter the applicable passive activity credits allowed for 2023. See instructions  | 33     |               |
| 34  | Carryforward of business credit to 2023. Enter the amount from line 5 of Part IV, column (f), and line 6 of Part IV, column (g). See instructions for statement to attach   | 34     |               |
| 35  | Carryback of business credit from 2024. Enter the amount from line 5 of Part IV, column (e). See instructions   | 35     |               |
| 36  | Add lines 30, 33, 34, and 35  | 36     |               |
| 37  | Enter the <b>smaller</b> of line 29 or line 36  | 37     |               |
| 38  | Credit allowed for the current year. Add lines 28 and 37.<br>Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36;<br>see instructions) as indicated below or on the applicable line of your return.<br>• Individuals. Schedule 3 (Form 1040), line 6a.<br>• Corporations. Form 1120, Schedule J, Part I, line 5c. | 38     | 0.            |
|     | • Estates and trusts. Form 1041. Schedule G. line 2b.   |        |               |

Form **3800** (2023)

#### Form 3800 (2023)

Page 3

Part III Current Year General Business Credits (GBCs) (see instructions). If there is more than one credit amount to report on lines 1a through 1zz, line 3, or lines 4a through 4z, enter the number of items you have for that line in column (c) and complete Part V.

| <b>(a)</b><br>Current year credits from:      | <b>(b)</b><br>Elective payment or<br>transfer registration<br>number | (c)<br>#<br>items | (d)<br>Pass-through<br>or transfer<br>credit entity<br>EIN | <b>(e)</b><br>Credits from<br>non-passive<br>activities | <b>(f)</b><br>Credits from<br>passive activities | (g)<br>Credit transfer<br>election amount<br>(enter amounts<br>transferred out as a<br>negative amount) | (h)<br>Gross elective<br>payment election<br>amount | (i)<br>Net elective<br>payment election<br>amount | (j)<br>Combine columns<br>(e), (f), and (g), less<br>column (i) |
|---|--|-------------------|--|---|--|---|---|---|---|
| 1a _ Form 3468, Part II                       |  |                   |  |   |  |   |   |   |   |
| <b>b</b> Form 7207                            |  |                   |  |   |  |   |   |   |   |
| <b>c</b> Form 6765                            |  |                   |  | 7,381.  |  |   |   |   | 7,381   |
| d Form 3468, Part III                         |  |                   |  |   |  |   |   |   |   |
| e Form 8826                                   |  |                   |  |   |  |   |   |   |   |
| f Form 8835, Part II                          |  |                   |  |   |  |   |   |   |   |
| g Form 7210                                   |  |                   |  |   |  |   |   |   |   |
| h Form 8820                                   |  |                   |  |   |  |   |   |   |   |
| i Form 8874                                   |  |                   |  |   |  |   |   |   |   |
| j Form 8881, Part I                           |  |                   |  |   |  |   |   |   |   |
| k Form 8882                                   |  |                   |  |   |  |   |   |   |   |
| Form 8864 (diesel)                            |  |                   |  |   |  |   |   |   |   |
| m Form 8896                                   |  |                   |  |   |  |   |   |   |   |
| n Form 8906                                   |  |                   |  |   |  |   |   |   |   |
| o Form 3468, Part IV                          |  |                   |  |   |  |   |   |   |   |
| p Form 8908                                   |  |                   |  |   |  |   |   |   |   |
| q Reserved (45Z)                              |  |                   |  |   |  |   |   |   |   |
| <b>r</b> Form 8910                            |  |                   |  |   |  |   |   |   |   |
| s Form 8911, Part II                          |  |                   |  |   |  |   |   |   |   |
| t Form 8830                                   |  |                   |  |   |  |   |   |   |   |
| u Form 7213, Part II                          |  |                   |  |   |  |   |   |   |   |
| v Form 3468, Part V                           |  |                   |  |   |  |   |   |   |   |
| w Form 8932                                   |  |                   |  |   |  |   |   |   |   |
| <b>x</b> Form 8933                            |  |                   |  |   |  |   |   |   |   |
| y Form 8936, Part II                          |  |                   |  |   |  |   |   |   |   |
| z Reserved                                    |  |                   |  |   |  |   |   |   |   |
| aa Form 8936, Part V                          |  |                   |  |   |  |   |   |   |   |
| bb Form 8904                                  |  |                   |  |   |  |   |   |   |   |
| cc Form 7213, Part I                          |  |                   |  |   |  |   |   |   |   |
| dd Form 8881, Part II                         |  |                   |  |   |  |   |   |   |   |
| ee Form 8881, Part III                        |  |                   |  |   |  |   |   |   |   |
| ff Form 8864, line 8                          |  |                   |  |   |  |   |   |   |   |
| gg Reserved (1gg)                             |  |                   |  |   |  |   |   |   |   |
| hh_Reserved (1hh)                             |  |                   |  |   |  |   |   |   |   |
| ii Reserved (1ii)                             |  |                   |  |   |  |   |   |   |   |
|   | •  |                   |  |   |  |   |   |   |   |
| jj <u>Reserved (1jj)</u>                      | •  |                   |  |   |  |   |   |   |   |
| zz Other credits                              | •  |                   |  | 7,381.  |  |   |   |   | 7,381   |
| 2 Add lines 1a through 1zz<br>4403<br>1-11-24 |  |                   |  | 1,501.  |  |   |   |   | Form <b>3800</b> (2023  |

Part III Current Year General Business Credits (GBCs) (see instructions). If there is more than one credit amount to report on lines 1a through 1zz, line 3, or lines 4a through 4z, enter the number of items you have for that line in column (c) and complete Part V. (continued)

| Cı | <b>(a)</b><br>urrent year credits from: | <b>(b)</b><br>Elective payment or<br>transfer registration<br>number | (c)<br>#<br>items | <b>(d)</b><br>Pass-through<br>or transfer<br>credit entity<br>EIN | <b>(e)</b><br>Credits from<br>non-passive<br>activities | <b>(f)</b><br>Credits from<br>passive activities | (g)<br>Credit transfer<br>election amount<br>(enter amounts<br>transferred out as a<br>negative amount) | <b>(h)</b><br>Gross elective<br>payment election<br>amount | (i)<br>Net elective<br>payment election<br>amount | (j)<br>Combine columns<br>(e), (f), and (g), less<br>column (i) |
|----|---|--|-------------------|---|---|--|---|--|---|---|
| 3  | Form 8844                               |  |                   |   |   |  |   |  |   |   |
| 4  | Specified credits:                      |  |                   |   |   |  |   |  |   |   |
| а  | Form 3468, Part VI                      |  |                   |   |   |  |   |  |   |   |
| b  | Form 5884                               |  |                   |   |   |  |   |  |   |   |
| С  | Form 6478                               |  |                   |   |   |  |   |  |   |   |
| d  | Form 8586                               |  |                   |   |   |  |   |  |   |   |
| е  | Form 8835, Part II                      |  |                   |   |   |  |   |  |   |   |
| f  | Form 8846                               |  |                   |   |   |  |   |  |   |   |
| g  | Form 8900                               |  |                   |   |   |  |   |  |   |   |
| h  | Form 8941                               |  |                   |   |   |  |   |  |   |   |
| i  | Form 6765 ESB credit                    |  |                   |   |   |  |   |  |   |   |
| j  | Form 8994                               |  |                   |   |   |  |   |  |   |   |
| k  | Form 3468, Part VII                     |  |                   |   |   |  |   |  |   |   |
| 1  | Reserved (4I)                           |  |                   |   |   |  |   |  |   |   |
| m  | Reserved (4m)                           |  |                   |   |   |  |   |  |   |   |
| z  | Other specified credits                 |  |                   |   |   |  |   |  |   |   |
| 5  | Add lines 4a through 4z                 |  |                   |   |   |  |   |  |   |   |
| 6  | Add lines 2, 3, and 5                   |  |                   |   | 7,381.  |  |   |  |   | 7,381.  |

Form **3800** (2023)

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

### FORM 8582-CR PART III: BOX C - GENERAL BUSINESS CREDIT CARRYFORWARD LIMITATION FROM PASSIVE ACTIVITIES

#### LINE 1C: INCREASING RESEARCH ACTIVITIES

|                  |            |      | TAX YEAR |      |      |      |      |      |      |      |      |      |       |
|------------------|------------|------|----------|------|------|------|------|------|------|------|------|------|-------|
| Investment       | EIN        | 2013 | 2014     | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | Total |
| Tower Square III | 41-2280127 | -    | -        | -    | -    | -    | -    | -    | -    | -    | -    | 103  | 103   |
| Totals           |            | -    | -        | -    | -    | -    | -    | -    | -    | -    | -    | 103  | 103   |

| Form <b>8582-CR</b>        |
|----------------------------|
| (Rev. December 2019)       |
| Department of the Treasury |
| Internal Revenue Service   |
| Name(s) shown on return    |

# **Passive Activity Credit Limitations**

► See separate instructions.

| Departm  | ecember 2019)<br>nent of the Treasury |  | Attachment<br>Sequence No. 89 |         |                     |
|----------|---------------------------------------|--|-------------------------------|---------|---------------------|
|          | Revenue Service ) shown on return     | ► Go to www.irs.gov/Form8582CR for the latest information.   | Identifying                   |         |                     |
| . ,      |                                       | GATES FOUNDATION TRUST   | 91-166                        |         |                     |
| Part     |                                       | Activity Credits   | 91-100                        | 309     | 5                   |
| i ai i   |                                       | If you have credits from a publicly traded partnership, see <b>Publicly Traded Partnership</b> , see <b>Publicly Traded Partnersh</b> | rtnerships                    | (PTP    | s) in the           |
|          | instructio                            |  |                               | (       | <b>cy cc</b>        |
| Cred     | dits From Rent                        | al Real Estate Activities With Active Participation (Other Than Rehabilitat  | ion                           |         |                     |
| Crea     | dits and Low-Ir                       | ncome Housing Credits) (See Lines 1a through 1c in the instructions.)  |                               |         |                     |
|          |                                       |  |                               |         |                     |
| 1a       | Credits from V                        | Vorksheet 1, column (a)  |                               |         |                     |
|          |                                       |  |                               |         |                     |
| b        | Prior year unal                       | lowed credits from Worksheet 1, column (b) 1b  |                               |         |                     |
|          |                                       |  |                               |         |                     |
|          | Add lines 1a a                        |  |                               | 1c      |                     |
|          |                                       | dits From Rental Real Estate Activities and Low-Income Housing Cre   |                               |         |                     |
|          |                                       | Service Before 1990 (or From Pass-Through Interests Acquired Before 199<br><i>ugh 2c</i> in the instructions.)   | (0)                           |         |                     |
| -        |                                       |  |                               |         |                     |
| Za       | Credits from v                        | Vorksheet 2, column (a)  |                               |         |                     |
| b        | Prior year unal                       | lowed credits from Worksheet 2, column (b).  |                               |         |                     |
| D        | r nor year una                        |  |                               |         |                     |
| С        | Add lines 2a a                        | nd 2b  |                               | 2c      |                     |
|          |                                       | ing Credits for Property Placed in Service After 1989 (See Lines 3a throu  | <b>gh 3c</b> in               |         |                     |
| the i    | nstructions.)                         |  | -                             |         |                     |
| 3a       | Credits from V                        | Vorksheet 3, column (a)  |                               |         |                     |
| b        | Prior year unal                       | lowed credits from Worksheet 3, column (b)   |                               |         |                     |
|          | Add lines 3a a                        |  |                               | 3c      |                     |
|          |                                       | Activity Credits (See Lines 4a through 4c in the instructions.)  |                               |         |                     |
| -        |                                       | Vorksheet 4, column (a)  | 103                           |         |                     |
| b        | •                                     | lowed credits from Worksheet 4, column (b)   |                               | 4.      | 100.00              |
|          | Add lines 4a a                        |  |                               | 4c<br>5 | 103.00              |
| 5<br>6   |                                       | 2c, 3c, and 4c       .   | H                             | 5<br>6  | 103.00              |
| 7        |                                       | from line 5. If line 6 is more than or equal to line 5, enter -0- and see instruction  | -                             | 7       | 103.00              |
| -        |                                       | atus is married filing separately and you lived with your spouse at any time du  | -                             | •       | 103.00              |
|          |                                       | mplete Part II, III, or IV. Instead, go to line 37.  | ling the                      |         |                     |
| Part     | Special                               | Allowance for Rental Real Estate Activities With Active Participatio   | n                             |         |                     |
|          |                                       | mplete this part only if you have an amount on line 1c. Otherwise, go to Part III.   |                               |         |                     |
| 8        |                                       | ler of line 1c or line 7   | [                             | 8       |                     |
| 9        |                                       | D. If married filing separately, see instructions       .       .       .       9  |                               |         |                     |
| 10       |                                       | d adjusted gross income, but not less than zero (see   |                               |         |                     |
|          |                                       | f line 10 is equal to or more than line 9, skip lines 11 through 15  |                               |         |                     |
|          |                                       | on line 16   |                               |         |                     |
| 11<br>12 |                                       | 0 from line 9  |                               |         |                     |
| 12       | • •                                   |  |                               |         |                     |
| 13a      |                                       | unt, if any, from line 10 of Form 8582   <b>13a</b>  |                               |         |                     |
| b        |                                       | unt, if any, from line 14 of Form 8582 <b>13b</b>  |                               |         |                     |
| C        |                                       | and 13b  |                               |         |                     |
| -        |                                       |  |                               |         |                     |
| 14       | Subtract line 1                       | 3c from line 12  |                               |         |                     |
| 15       | Enter the tax a                       | ttributable to the amount on line 14 (see instructions).   |                               | 15      |                     |
|          |                                       |  |                               |         |                     |
| 16       | Enter the sma                         | ller of line 8 or line 15  |                               | 16      |                     |
| For Pa   | perwork Reduct                        | ion Act Notice, see instructions.  | Form                          | 8582    | 2-CR (Rev. 12-2019) |
|          |                                       |  |                               |         |                     |

| Part       | Special Allowance for Rehabilitation Credits From Rental Real Es<br>Credits for Property Placed in Service Before 1990 (or From Pass-T   |   |                      |                             |
|------------|--|---|----------------------|-----------------------------|
|            | Note: Complete this part only if you have an amount on line 2c. Otherwise,   | go to Part IV.                            |                      |                             |
| 17         | Enter the amount from line 7   |   | 17                   |                             |
| 18         | Enter the amount from line 16  |   | 18                   |                             |
| 19         | Subtract line 18 from line 17. If zero, enter -0- here and on lines 30 and 36, and the   |   | 19                   |                             |
| 20         | Enter the <b>smaller</b> of line 2c or line 19   |   | 20                   |                             |
| 21         | Enter \$250,000. If married filing separately, see instructions to find out if you can skip lines 21 through 26  | 21  |                      |                             |
| 22         | Enter modified adjusted gross income, but not less than zero. (See instructions for line 10.) If line 22 is equal to or more than line 21, skip lines 23 through 29 and enter -0- on line 30   | 22  |                      |                             |
| 23         | Subtract line 22 from line 21  | 23  |                      |                             |
| 24         | Multiply line 23 by 50% (.50). Do not enter more than \$25,000. If married filing separately, see instructions   | 24  |                      |                             |
| 25a        | Enter the amount, if any, from line 10 of Form 8582 25a  |   |                      |                             |
| b          | Enter the amount, if any, from line 14 of Form 8582 25b  |   |                      |                             |
| С          | Add lines 25a and 25b  | 25c                                       |                      |                             |
| 26         | Subtract line 25c from line 24   | 26  |                      |                             |
| 27         | Enter the tax attributable to the amount on line 26 (see instructions)   | 27  | -                    |                             |
| 28<br>29   | Enter the amount, if any, from line 18   | 28  | 29                   |                             |
| 30<br>Part | <ul> <li>Enter the smaller of line 20 or line 29</li></ul>   | y Placed in Service                       | 30<br>After <i>'</i> | 1989                        |
| 31         | If you completed Part III, enter the amount from line 19. Otherwise, subtract line   | 16 from line 7                            | 31                   |                             |
| 32         | Enter the amount from line 30  |   | 32                   |                             |
| 33         | Subtract line 32 from line 31. If zero, enter -0- here and on line 36  |   | 33                   |                             |
| 34         | Enter the smaller of line 3c or line 33  |   | 34                   |                             |
| 35         | Tax attributable to the remaining special allowance (see instructions)   |   | 35                   |                             |
| 36         | Enter the <b>smaller</b> of line 34 or line 35   |   | 36                   |                             |
| Part       | V Passive Activity Credit Allowed  |   |                      |                             |
| 37         | <b>Passive Activity Credit Allowed.</b> Add lines 6, 16, 30, and 36. See instruction report the allowed credit on your tax return and how to allocate allowed and un have more than one credit or credits from more than one activity. If you have publicly traded partnership, see <b>Publicly Traded Partnerships (PTPs)</b> in the inst | allowed credits if you any credits from a | 37                   | 0.00                        |
| Part       | VI Election To Increase Basis of Credit Property   |   |                      |                             |
| 38<br>39   | If you disposed of your entire interest in a passive activity or former passive activity or former passive activity to increase your basis in credit property used in that activity by the unallor property, check this box. See instructions  | owed credit that reduc                    | ed you<br>           | r basis in the<br>· · · ► □ |
| 40         | Description of the credit property for which the election is being made  |   |                      |                             |
| 41         | Amount of unallowed credit that reduced your basis in the property   |   |                      |                             |
|            |  | For                                       | m <b>8582</b>        | 2-CR (Rev. 12-2019)         |

Form 8582-CR (Rev. 12-2019)