EXTENDED TO NOVEMBER 15, 2019

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Open to Public

OMB No. 1545-0047

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service and ending A For the 2018 calendar year, or tax year beginning C Name of organization D Employer identification number GATES PHILANTHROPY PARTNERS 47-3290897 Doing business as Room/suite E Telephone number Number and street (or P.O. box if mail is not delivered to street address) 206-709-3100 Final P.O. BOX 23350 term 23,534,093. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended SEATTLE, WA 98102 H(a) Is this a group return Applica-F Name and address of principal officer: ROBERT ROSEN for subordinates? L Yes X No pending H(b) Are all subordinates included? Yes SAME AS C ABOVE If "No," attach a list. (see instructions) Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 __ 501(c) () ◀ (insert no.) J Website: WWW.GATESFOUNDATION.ORG/PHILANTHROPYPARTNERS H(c) Group exemption number ▶ L Year of formation: 2015 M State of legal domicile; WA K Form of organization: X Corporation Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: GRANTMAKING & CHARITABLE ACTIVITIES TO PROMOTE GLOBAL DEVELOPMENT, GLOBAL HEALTH & EDUCATION Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 0 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 6 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 38 Prior Year Current Year 4.469.535 23,424,174. Contributions and grants (Part VIII, line 1h) 0. 0 Program service revenue (Part VIII, line 2g) 9 109 919. 3,550 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 23 534 093. 4,473,085, Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 19,508,000. 1,090,000 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) n 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 203,158, 515,676. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,293,158, 20,023,676. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,179,927. 3 510 417. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 6,777,581. 3,250,064, Total assets (Part X, line 16) 0 17,100. 21 Total liabilities (Part X, line 26) i je 3,250,064. 6,760,481. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 10/30 Signature of officer Date Sign ROBERT ROSEN, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Date Print/Type preparer's name P00235481 JOLENE G. COX Paid Firm's name DELOITTE TAX LLP 86-1065772 Firm's EIN Preparer

Phone no. (206) 716-7000

X Yes Form 990 (2018)

Firm's address > 925 FOURTH AVENUE, SUITE 3300

SEATTLE, WA 98104-1126

May the IRS discuss this return with the preparer shown above? (see instructions)

Use Only

47-3290897

Pa	rt III	Statement of Program Service Accomplishments	
		Check if Schedule O contains a response or note to any line in this Part III	
1	Brief	fly describe the organization's mission:	
		MISSION OF GATES PHILANTHROPY PARTNERS IS TO WORK IN PARTNERSHIP	
	WITI	H THE BILL & MELINDA GATES FOUNDATION AND OTHER PHILANTHROPISTS TO	
	PRO	MOTE GLOBAL DEVELOPMENT, GLOBAL HEALTH, AND U.S. EDUCATION THROUGH	
	GRAI	NTMAKING AND THE DIRECT CONDUCT OF CHARITABLE ACTIVITIES.	
2	Did t	the organization undertake any significant program services during the year which were not listed on the	
	prior	r Form 990 or 990-EZ?	Yes X No
		es," describe these new services on Schedule O.	
3	Did t	the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Y	es," describe these changes on Schedule O.	
4	Desc	cribe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
	Sect	tion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	penses, and
	reve	nue, if any, for each program service reported.	
4a	(Code	e:) (Expenses \$ 19,988,231. including grants of \$ 19,508,000.) (Revenue \$	0.)
	THE	PRIMARY PROGRAM ACTIVITY OF GATES PHILANTHROPY PARTNERS ("GPP") IS	
	GRAI	NTMAKING TO OTHER ORGANIZATIONS IN A MANNER THAT IS ALIGNED WITH ITS	
	SOLI	E MEMBER, BILL & MELINDA GATES FOUNDATION ("BMGF"). GPP LEVERAGES	
	THE	DEEP PROGRAMMATIC EXPERTISE AND ADMINISTRATIVE INFRASTRUCTURE OF	
	BMGI	F TO DEPLOY DONOR CONTRIBUTIONS IN A MANNER THAT ACHIEVES CHARITABLE	
	IMP	ACT. GPP FOCUSES ON TACKLING CRITICAL PROBLEMS IN GLOBAL	
	DEVI	ELOPMENT, GLOBAL HEALTH AND U.S. EDUCATION. SPECIFIC INITIATIVES	
	FOC	US ON HELPING THE WORLD'S POOREST PEOPLE LIFT THEMSELVES OUT OF	
	HUNG	GER AND POVERTY, HARNESSING ADVANCES IN SCIENCE AND TECHNOLOGY TO	
	SAVI	E LIVES IN DEVELOPING COUNTRIES, AND IMPROVING POSTSECONDARY	
	EDU	CATION IN THE U.S. GPP'S APPROACH TO GRANTMAKING EMPHASIZES	
	COLI	LABORATION, INNOVATION, RISK-TAKING, AND, MOST IMPORTANTLY, RESULTS.	
4b	(Code	e:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code	e:) (Expenses \$ including grants of \$) (Revenue \$)
	•		·
4d	Othe	er program services (Describe in Schedule O.)	
		enses \$ including grants of \$) (Revenue \$)
4e	•	al program service expenses 19,988,231.	,
			Form 990 (2018)

47-3290897

Form 990 (2018) GATES PHILANTHROPY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

Form 990 (2018)

GATES PHILANTHROPY PARTNERS

Part IV Checklist of Required Schedules (continued)

			Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on							
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current							
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete							
	Schedule J	23	Х					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the							
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete							
	Schedule K. If "No," go to line 25a	24a		Х				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease							
	any tax-exempt bonds?	24c						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit							
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х				
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and							
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete							
	, ,	25b		х				
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230						
20								
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	26		х				
07	complete Schedule L, Part II	20						
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial							
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x				
00	of any of these persons? If "Yes," complete Schedule L, Part III	27						
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV							
	instructions for applicable filing thresholds, conditions, and exceptions):			v				
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X				
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х				
С	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,							
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV							
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation							
	contributions? If "Yes," complete Schedule M	30		Х				
31	Did the organization liquidate, terminate, or dissolve and cease operations?							
	If "Yes," complete Schedule N, Part I	31		Х				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete							
	Schedule N, Part II	32		Х				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations							
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and							
	Part V, line 1	34	Х					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х					
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity							
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?							
	If "Yes," complete Schedule R, Part V, line 2	36		Х				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization							
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI							
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?							
	Note. All Form 990 filers are required to complete Schedule O	38	х					
Par								
	Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable							
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable							
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
J	(gambling) winnings to prize winners?	1c						
		-						

Form	990 (2018) GATES PHILANTHROPY PARTNERS 47-329089	17	Р	age 5					
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
b	If "Yes," enter the name of the foreign country: ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7с		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
٥	Spansoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								

	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
h	Gross income from other sources (Do not net amounts due or paid to other sources against					

sponsoring organization have excess business holdings at any time during the year?

Did the sponsoring organization make any taxable distributions under section 4966?

Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

Sponsoring organizations maintaining donor advised funds.

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

13a

Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

c Enter the amount of reserves on hand

13c

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

15 If "Yes," see instructions and file Form 4720, Schedule N.

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

16 X

Form **990** (2018)

If "Yes," complete Form 4720, Schedule O.

b

10

Form 990 (2018) GATES PHILANTHROPY PARTNERS 47-3290897 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below to lines 2 through 7b below to line 2 through to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	3					
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	0					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
_	officer, director, trustee, or key employee?	2	х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
_	of officers, directors, or trustees, or key employees to a management company or other person?	3		х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х			
6	Did the organization have members or stockholders?	6	х				
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
, a		7a	x				
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74					
D		7b	x				
۰	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	70					
8		0-	х				
	The governing body? Each committee with authority to act on behalf of the governing body?	8a 8b	X				
		ab	A				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			х			
800	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses in Schedule O</i>	9		Λ			
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	NI -			
40-	Did the constitution have been been been been been as of filled to 0	40-	Yes	No X			
	Did the organization have local chapters, branches, or affiliates?	10a		Λ			
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401					
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	х				
	 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any used by the organization to review this Form 990. 						
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		.,				
	in Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13	X				
14	Did the organization have a written document retention and destruction policy?	14	Х				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official	15a		Х			
b	Other officers or key employees of the organization	15b		Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CO, FL, GA, HI, IL, KS, KY, MA, MD						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3	s only)	availat	ole			
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	ial				
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
	JENNIFER DEGER - 206-709-3100						
	500 FIFTH AVENUE N., SEATTLE, WA 98109						

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than s bot	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SUSAN DESMOND-HELLMANN	1.00									
DIRECTOR	40.00	Х						0.	1,424,916.	64,862.
(2) MARK SUZMAN	1.00									
DIRECTOR (2) CONNIE COLLINGGWODEN	40.00	Х						0.	917,651.	77,811.
(3) CONNIE COLLINGSWORTH DIRECTOR & SECRETARY	1.00	x		x				0.	677 707	76 070
(4) JIM BROMLEY	1.00	^		Λ				0.	677,707.	76,979.
TREASURER (END 5/21/2018)	40.00	1		Х				0.	254,464.	53,857.
(5) GREG FERRANTE	1.00							· ·	231,101.	33,037
TREASURER (START 5/22/2018)	40.00	1		х				0.	201,133.	45,793
(6) ROBERT ROSEN	3.00									
EXECUTIVE DIRECTOR	40.00			х				0.	331,793.	74,571.
		-								
		-								

Par	T VII Section A. Officers, Directors, Trus		oloy	ees,	and	Hi ₀	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average	(C) Position					(D) Reportable	(E) Reportable		Fs	(F) stimate	ed	
	ramo ana mio	hours per week	box	, unle	ss pe	rson i	than o is both or/trus	an	compensation	compensatio	n		nount	of
		WCCK					,	from the	from related organization:		com	other pensa		
		hours for related	Individual trustee or director	ee			ated		organization	(W-2/1099-MIS	3C)		om th	
		organizations	trustee	Institutional trustee		yee	Highest compensated employee		(W-2/1099-MISC)			_	anizat d relat	
		below	vidual	itution	Je.	Key employee	nest co	ner				orga	anizati	ons
		line)	ig i	Insti	Officer	Key	High	Former						
			-											
			1											
-														
			-											
			1											
			-											
			-											
1b	Sub-total		l					 >	0.	3,807,6	664.		393,	873.
	Total from continuation sheets to Part V							•	0.	, ,	0.			0.
	Total (add lines 1b and 1c)							<u> </u>	0.	3,807,6	664.		393,	873.
2	Total number of individuals (including but i	not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable)			
	compensation from the organization												V	0
•	Did the conservation that are former of the					1 -					Г		Yes	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s				•	•	•		•			3		х
4	For any individual listed on line 1a, is the s											3		
·	and related organizations greater than \$15	•								•		4	х	
5	Did any person listed on line 1a receive or													
	rendered to the organization? If "Yes." con	nplete Schedule	e J fo	or su	ıch į	oers	on .				<u></u>	5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										ensati	ion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin		ear.		((`	
	(A) Name and busines:	s address							(B) Description of s	ervices	Cc		ر) nsatio	n
PILC	T LAB, LLC								·			-		
1201	10TH AVE SUITE C, SEATTLE , WA	98122						(CONTENT AND CREATI	VE SERVICES			250,	867.
	VA GLOBAL, INC.													
1536	EAST LANCASTER AVE., PAOLI, PA	19301							STRATEGY EXECUTION				200,	484.

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

		(2010)	HILANTHROPY	PARTNERS			47-329083	Page 3
Par	t VI	II Statement of Reven	iue					
		Check if Schedule O conta	ains a response	or note to any line	in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c c e f	A Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grants) Similar amounts not included above Noncash contributions included in lines Total. Add lines 1a-1f	1b 1c 1d 1d 1e 1s, and ve 1f 1a-1f: \$	496,358.	23,424,174.			
Program Service Revenue	2 a b c c c e f	a	nue	Business Code				
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties	dividends, inter	est, and	109,919.			109,919.
	6 a	a Gross rents b Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	7 a	a Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securities	(ii) Other				
enne	c	Net gain or (loss) Gross income from fundraising including \$	g events (not	>				
Other Revenue		contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from fund	£					
	9 a	a Gross income from gaming ac Part IV, line 19 Less: direct expenses	tivities. See					
	10 a	Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold	returns a					
-	C	Net income or (loss) from sales						
-	11 a	Miscellaneous Revenue		Business Code				
	ıı a	a o						
	c							
		d All other revenue						
	-	Total Add lines 11a 11d						

23,534,093.

Total revenue. See instructions

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 250,000. 250,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 19,258,000. 19,258,000. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (non-employees): Management а 12,122. 12,122. Legal 17,770. 17,770. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 219,834. 219,834. column (A) amount, list line 11g expenses on Sch O.) 54,682. 54,682. Advertising and promotion 12 5,463. 5,463. Office expenses 13 205,715. 205,715. Information technology 14 Royalties 15 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 22 Depreciation, depletion, and amortization 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) DUES AND FEES 90. 90. b С d All other expenses Total functional expenses. Add lines 1 through 24e 20,023,676, 19,988,231, 35,445 0. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2018) Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		2,899,752.	2	1,725,195.
	3	Pledges and grants receivable, net		350,312.	3	5,052,386.
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensa	ated employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualit				
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
Ø		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9	B			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal		3,250,064.	16	6,777,581.
	17	Accounts payable and accrued expenses		0.	17	17,100.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete I			21	
S	22	Loans and other payables to current and former	officers, directors, trustees,			
Liabilities		key employees, highest compensated employee				
abi		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	s 17-24). Complete Part X of			
		Schedule D			25	
	26			0.	26	17,100.
		Organizations that follow SFAS 117 (ASC 958				
es		complete lines 27 through 29, and lines 33 an				
Š	27	Unrestricted net assets		1,258,064.	27	808,095.
3ale	28			1,992,000.	28	5,952,386.
Ē	29				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶∟			
ō		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or ed			31	
et,	32	Retained earnings, endowment, accumulated in		2 252 25:	32	C 750 101
z	33	Total net assets or fund balances		3,250,064.	33	6,760,481.
	34	Total liabilities and net assets/fund balances		3,250,064.	34	6,777,581.

Form **990** (2018)

Pa	Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,	534,	093.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,	023,	676.			
3	Revenue less expenses. Subtract line 2 from line 1	3	3,	510,	417.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,	250,	064.			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B)) 10							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	, , ,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **Employer identification number** GATES PHILANTHROPY PARTNERS 47-3290897 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")		0.	3,588,650.	4,469,535.	23,424,174.	31,482,359.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3		0.	3,588,650.	4,469,535.	23,424,174.	31,482,359.				
	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)						15,828,369.				
6	Public support. Subtract line 5 from line 4.						15,653,990.				
Section B. Total Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
	Amounts from line 4	, ,	0.	3,588,650.	4,469,535.	23,424,174.	31,482,359.				
	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources		0.	0.	3,550.	109,919.	113,469.				
9	Net income from unrelated business				,	,	· · · · · · · · · · · · · · · · · · ·				
•	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)										
11	Total support. Add lines 7 through 10						31,595,828.				
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	· · · · · · · · · · · · · · · · · · ·				
13	First five years. If the Form 990 is for	· · ·		d. fourth, or fifth ta	x vear as a section	501(c)(3)					
	organization, check this box and stor	here			-		X				
Sec	tion C. Computation of Publi	c Support Per	centage								
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%				
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	%				
16a	33 1/3% support test - 2018. If the	organization did no	ot check the box or	n line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and				
	stop here. The organization qualifies	as a publicly supp	orted organization								
b	33 1/3% support test - 2017. If the	organization did no	ot check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box				
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			▶□				
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,				
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	ere. Explain in Par	t VI how the organ	ization				
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		>				
b	10% -facts-and-circumstances test	- 2017. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or				
	more, and if the organization meets the	ne "facts-and-circui	mstances" test, ch	eck this box and	stop here. Explain	in Part VI how the					
	organization meets the "facts-and-circ	umstances" test.	The organization q	ualifies as a public	ly supported orgar	nization	▶□				
18	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Private foundation.										

Schedule A (Form 990 or 990-EZ) 2018

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ıx year as a sectioi	n 501(c)(3) organiza	ation,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2018 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2017					16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)18 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2017 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	▶□
k	33 1/3% support tests - 2017. If the	organization did r	not check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization						

Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0		
9a		
9b		
9c		
10a		
10b		
n 990 or 99	10-EZ)	2018

Par	TIV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	а		
b	A family member of a person described in (a) above?	b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	С		
	tion B. Type I Supporting Organizations	·		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	,		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
Sec	tion D. All Type III Supporting Organizations			
	and by the transfer and organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
2	, , , , , , , , , , , , , , , , , , , ,			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	,		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction)			
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	а		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	o		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	b		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (explain in F	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must	complete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-function		d Type III supporting orga	nization (see
	instructions).	, ,	5	,

Schedule A (Form 990 or 990-EZ) 2018

Par	I ype III Non-Functionally integrated 509	a)(3) Supporting Orga	nizations (continued)	T.
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018 GATES PHILANTHROPY PARTNERS	47-3290897	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ac (See instructions.)	nes 1 and 2; Part IV, Section Part V, Section B, line 1e; Pa	C,
	(CEC HIGH GENERAL)		

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2018
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	(see separate instructions), then	iona: Camplete Bort III			
	Section 501(c)(4), (5), or (6) organizat	lons. Complete Part III.		Emr	oloyer identification number
	· ·	ANTHROPY PARTNERS			47-3290897
Pa		anization is exempt unde	er section 501(c)	or is a section 527 or	
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ation's direct and indirect politica	al campaign activities i	n Part IV.	
Pa	rt I-B Complete if the org	anization is exempt unde	er section 501(c)(3).	
1 2 3 4a b Pa 1 2 3 4	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section was a correction made? If "Yes," describe in Part IV. Int I-C Complete if the org Enter the amount directly expended Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and en made payments. For each organization received that were presented to the section of the section	incurred by the organization und incurred by organization manage in 4955 tax, did it file Form 4720 manization is exempt under by the filing organization for sectization's funds contributed to other. Add lines 1 and 2. Enter here an all the filing organization for sectization for the filing organization for sectization's funds contributed to other funds. Add lines 1 and 2. Enter here an all the filing organization for	er section 4955 ers under section 4955 for this year? er section 501(c), ction 527 exempt funct ner organizations for section 507 po d from the filing organization organizati	except section 501(action activities ection 527	\$ No Yes No No C)(3). \$ Yes No
	political action committee (PAC). If (a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2018

reporting section 4911 tax for this year?

No

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ if the filing organization checked box A and "limited control" provisions apply.

		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence publi	0.		
b	Total lobbying expenditures to influence a leg	islative body (direct lobbying)	0.	
С	Total lobbying expenditures (add lines 1a and	0.		
d	Other exempt purpose expenditures	20,023,676.		
е	Total exempt purpose expenditures (add lines	20,023,676.		
f	Lobbying nontaxable amount. Enter the amou	int from the following table in both columns.	1,000,000.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% of	line 1f)	250,000.	
h	Subtract line 1g from line 1a. If zero or less, e	nter -0-	0.	
i	Subtract line 1f from line 1c. If zero or less, er	iter -0-	0.	
j	If there is an amount other than zero on either	line 1h or line 1i, did the organization file Form 4720		

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	0.	325,926.	204,316.	1,000,000.	1,530,242.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,295,363.
c Total lobbying expenditures	0.	0.	0.	0.	
d Grassroots nontaxable amount	0.	81,482.	51,079.	250,000.	382,561.
e Grassroots ceiling amount (150% of line 2d, column (e))					573,842.
f Grassroots lobbying expenditures					_

Schedule C (Form 990 or 990-EZ) 2018

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

local legis	octivity	(b)		
local legis	Yes Yes	No	Amo	ount
local legis	year, did the filing organization attempt to influence foreign, national, state, or			
	ation, including any attempt to influence public opinion on a legislative matter			
	dum, through the use of:			
	.?			
	or management (include compensation in expenses reported on lines 1c through 1i)?			
	ertisements?			
	o members, legislators, or the public?			
	ns, or published or broadcast statements?			
	other organizations for lobbying purposes?			
	tact with legislators, their staffs, government officials, or a legislative body?			
	monstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other acti				
i Total. Add	lines 1c through 1i			
	tivities in line 1 cause the organization to be not described in section 501(c)(3)?			
	nter the amount of any tax incurred under section 4912			
	nter the amount of any tax incurred by organization managers under section 4912			
	organization incurred a section 4912 tax, did it file Form 4720 for this year?			
art III-A	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5),	or sec	tion	
	601(c)(6).			
5			Yes	N
5			103	
	stantially all (90% or more) dues received nondeductible by members?	1	163	
Were subs	stantially all (90% or more) dues received nondeductible by members?		103	
Were subsequently Were subsequ	ganization make only in-house lobbying expenditures of \$2,000 or less? ganization agree to carry over lobbying and political campaign activity expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 601(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b)	2 3 or sec	tion	e 3, is
Were subsection Were subsectin Were subsection Were subsection Were subsection Were subsection	ganization make only in-house lobbying expenditures of \$2,000 or less? ganization agree to carry over lobbying and political campaign activity expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 601(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) answered "Yes."	2 3 or sec) Part	tion	e 3, is
Were subsite of the organization of the organi	ganization make only in-house lobbying expenditures of \$2,000 or less? ganization agree to carry over lobbying and political campaign activity expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 601(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) answered "Yes." Ressments and similar amounts from members	2 3 or sec	tion	e 3, is
Were subsite of the organic line of the organi	ganization make only in-house lobbying expenditures of \$2,000 or less? ganization agree to carry over lobbying and political campaign activity expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), solice (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) answered "Yes." Description of the prior year? Description of the prior year. Description of the prior year. Description of t	2 3 or sec) Part	tion	e 3, is
Were subsite of the organic line of the organi	ganization make only in-house lobbying expenditures of \$2,000 or less? ganization agree to carry over lobbying and political campaign activity expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), solid (c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) answered "Yes." Resements and similar amounts from members 62(e) nondeductible lobbying and political expenditures (do not include amounts of political for which the section 527(f) tax was paid).	2 3 or sec) Part	tion	e 3, is
Were substance of the control of the	ganization make only in-house lobbying expenditures of \$2,000 or less? ganization agree to carry over lobbying and political campaign activity expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), solice (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) answered "Yes." The essments and similar amounts from members (52(e) nondeductible lobbying and political expenditures (do not include amounts of political for which the section 527(f) tax was paid).	2 3 or sec) Part	tion	e 3, is
Were substance of the control of the	ganization make only in-house lobbying expenditures of \$2,000 or less? ganization agree to carry over lobbying and political campaign activity expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), socion 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) answered "Yes." Ressments and similar amounts from members S2(e) nondeductible lobbying and political expenditures (do not include amounts of political for which the section 527(f) tax was paid). For which the section 527(f) tax was paid). Form last year	2 3 or sec) Part	tion	e 3, is
Were subsized in the organization of the organ	ganization make only in-house lobbying expenditures of \$2,000 or less? ganization agree to carry over lobbying and political campaign activity expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), solice (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) answered "Yes." Dessments and similar amounts from members (20(e) nondeductible lobbying and political expenditures (do not include amounts of political for which the section 527(f) tax was paid). Description of the section 527(f) tax was paid). Description of the section 527(f) tax was paid).	2 3 or sec) Part	tion	e 3, is
Were subset of the organization of the organiz	ganization make only in-house lobbying expenditures of \$2,000 or less? ganization agree to carry over lobbying and political campaign activity expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), solice (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) answered "Yes." Resements and similar amounts from members 62(e) nondeductible lobbying and political expenditures (do not include amounts of political for which the section 527(f) tax was paid). Fair from last year	2 3 or sec) Part	tion	e 3, is
Were subsized in the organization of the organ	ganization make only in-house lobbying expenditures of \$2,000 or less? ganization agree to carry over lobbying and political campaign activity expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), solice of 101(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) answered "Yes." Resements and similar amounts from members S2(e) nondeductible lobbying and political expenditures (do not include amounts of political for which the section 527(f) tax was paid). Formulast year Pamount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues Were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	2 3 or sec) Part	tion	e 3, is
Were subsite of the organization of the organi	ganization make only in-house lobbying expenditures of \$2,000 or less? ganization agree to carry over lobbying and political campaign activity expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), section 501(c)(5), and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) answered "Yes." The essments and similar amounts from members section of the section 527(f) tax was paid). The estion 527(f) tax was paid). The estion 527(f) tax was paid). The estion for which the section 527(f) tax was paid). The estion for which the section for the excess of the amount on line 2 cexceeds the amount on line 3, what portion of the excess organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures.	2 3 or sec) Part	tion	e 3, is
Were subsized in the organization of the organ	ganization make only in-house lobbying expenditures of \$2,000 or less? ganization agree to carry over lobbying and political campaign activity expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), solice of 101(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) answered "Yes." Resements and similar amounts from members S2(e) nondeductible lobbying and political expenditures (do not include amounts of political for which the section 527(f) tax was paid). Formulast year Pamount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues Were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	2 3 or sec) Part	tion	e 3, is

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2018
Open to Public Inspection

Name of the organization

Employer identification number

GATE	S PHILANTHROPY PART	INERS			47-3290897	
Pai	rt I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "	Yes" on
	Form 990, Part IV			·	<u> </u>	
1	For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra		
	the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance? X	Yes No
2	For grantmakers. Description United States.	ribe in Part V the	organization's p	procedures for monitoring the use of its	s grants and other assistance outs	side the
3		ne following Part	I. line 3 table ca	an be duplicated if additional space is n	eeded.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region		(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SOUT	'H ASIA	0	0	GRANTMAKING TO RECIPIENTS LOCATED IN THE REGION	GRANTMAKING	15,000,000.
				GRANTMAKING TO RECIPIENTS		
SUB-	SAHARAN AFRICA	0	0	LOCATED IN THE REGION	GRANTMAKING	4,258,000.
3 a	Subtotal	0	0			19,258,000.
b	Total from continuation sheets to Part I	0	0			0.
С	Totals (add lines 3a and 3b)	0	0			19,258,000.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018 GATES PHILANTHROPY PARTNERS 47-3290897 Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASES	500,000.	ELECTRONIC FUND TRANSFER	0.		
		SUB-SAHARAN		500.000	ELECTRONIC			
		AFRICA	POLIO ERADICATION	500,000.	FUND TRANSFER	0.		
		SUB-SAHARAN AFRICA	FAMILY PLANNING	962,000.	ELECTRONIC FUND TRANSFER	0.		
		SUB-SAHARAN AFRICA	FAMILY PLANNING	1,000,000.	ELECTRONIC FUND TRANSFER	0.		
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASES	300 000	ELECTRONIC FUND TRANSFER	0.		
		SUB-SAHARAN	JISMALE .	300,000.	ELECTRONIC	•		
		AFRICA	FAMILY PLANNING	996,000.	FUND TRANSFER	0.		
		SOUTH ASIA	PUBLIC HEALTH	15,000,000.	ELECTRONIC FUND TRANSFER	0.		

1 Schedule F (Form 990) 2018

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2018 GATES PHILANTHROPY PARTNERS 47-3290897 Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (d) Amount of (e) Manner of (f) Amount of (g) Description of (c) Number of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash assistance noncash assistance

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the		
	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to separately file Form 3520. Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund		
	(see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2018

Page 5

Schedule F (Form 990) 2018 Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART 1, LINE 2:

GATES PHILANTHROPY PARTNERS LEVERAGES THE PROCESS AND EXPERTISE OF BILL

& MELINDA GATES FOUNDATION FOR SOLICITING AND REVIEWING GRANT

PROPOSALS. BEFORE ANY GRANTS ARE MADE, GATES PHILANTHROPY PARTNERS

MAKES INQUIRIES ABOUT THE PURPOSE AND ACTIVITIES OF THE RECIPIENT

ORGANIZATION TO EVALUATE THE GRANTEE'S PLANNED USES, PROGRAMS,

FINANCIAL SYSTEMS, AND LEADERSHIP. IN SOME INSTANCES, SITE VISITS ARE

CONDUCTED AS WELL. GRANTEES SIGN WRITTEN AGREEMENTS THAT SPECIFY THE

GRANT PURPOSE, TIMING OF PERIODIC REPORTS, AND REQUIRE A FINAL WRITTEN

REPORTING AND ACCOUNTING FOR HOW THE GRANT FUNDS WERE SPENT. GATES

PHILANTHOPY PARTNERS HAS THE AUTHORITY TO WITHHOLD AND/OR RECOVER ANY

GRANT FUNDS THAT ARE, OR APPEAR TO BE, MISUSED. FROM TIME TO TIME, SPOT

AUDITS ARE CONDUCTED ON SELECTED GRANTEES TO MONITOR WHETHER THE

GRANTEES ARE COMPLYING WITH THE TERMS OF THEIR GRANT AGREEMENTS.

ADDITIONALLY, OUTSIDE EXPERTS ARE PERIODICALLY ENGAGED TO PERFORM

EVALUATION OF SELECTED GRANTEES TO ENSURE THE FUNDS ARE BEING USED FOR

THE PURPOSES OF THE GRANT.

PART I, LINE 3:

GRANTS ARE REPORTED ON THE ACCRUAL BASIS OF ACCOUNTING

PART II, LINE 1(A):

THE \$15,000,000 PUBLIC HEALTH GRANT BENEFITTED VARIOUS REGIONS AROUND

THE WORLD. THE SOUTH ASIA REGION RECEIVED A MAJORITY OF THE BENEFIT

FOLLOWED BY THE REGIONS OF EAST ASIA AND THE PACIFIC AND SUB-SAHARAN

AFRICA. THIS GRANT IS EXPECTED TO HAVE A GLOBAL IMPACT IN FUTURE YEARS.

Schedule F (Form 990) 2018

Part V Supplemental Information	
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)	
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.	
PART II, LINE 1:	
THE II, DIND I.	
GRANTS ARE REPORTED ON THE ACCRUAL BASIS OF ACCOUNTING	
SCHEDULE F, PART IV, LINE 1	
THERE WERE TRANSFERS OF CASH TO FOREIGN CORPORATIONS, BUT THEY WERE NOT	
·	
OF THE TYPE DESCRIBED IN SECTION 6038B(A)(1)(A), 367(D), OR 367(E) SO	
NO FORM 926 WAS REQUIRED TO BE FILED.	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
	THROPY PARTNERS	S					47-3290897
Part I General Information on Grants							
1 Does the organization maintain records							
criteria used to award the grants or ass	sistance?						Yes No
2 Describe in Part IV the organization's p							
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than					(f) Method of	T	
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CHARGED THAN THE							
CHARTER FUND INC 10901 WEST 120TH AVENUE, SUITE 45	0						CHARTER SCHOOL GROWTH
BROOMFIELD, CO 80021	05-0620063	4942(JT) (3)	250,000.	0.			FUND
BROOMFIELD, CO 00021	03 0020003	1912(0)(3)	250,000.	٠.			FOND
2 Enter total number of section 501(c)(3)	and government or	ganizations listed in th	e line 1 table				> 1.
3 Enter total number of other organizatio	ns listed in the line	1 table					0 .
LHA For Paperwork Reduction Act Notic	e, see the Instructi	ions for Form 990.					Schedule I (Form 990) (2018)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information	on required in Part I, lin	e 2; Part III, columr	n (b); and any other ac	Iditional information.	
PART I, LINE 2:					
GATES PHILANTHROPY PARTNERS LEVERAGES THE PROC	ESS AND EXPERTISE	OF BILL			
& MELINDA GATES FOUNDATION FOR SOLICITING AND	REVIEWING GRANT				
PROPOSALS. BEFORE ANY GRANTS ARE MADE, GATES F	PHILANTHROPY PARTN	ERS			
MAKES INQUIRIES ABOUT THE PURPOSE AND ACTIVITI	ES OF THE RECIPIE	nt			
ORGANIZATION TO EVALUATE THE GRANTEE'S PLANNED) USES PROGRAMS				
	, ,				
FINANCIAL SYSTEMS, AND LEADERSHIP. IN SOME INS	TANCES, SITE VISI	TS ARE			
CONDUCTED AS WELL. GRANTEES SIGN WRITTEN AGREE	EMENTS THAT SPECIF	Y THE			
GRANT PURPOSE, TIMING OF PERIODIC REPORTS, AND	REQUIRE A FINAL	WRITTEN			

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018

Open to Public Inspection

Name of the organization

Department of the Treasury

GATES PHILANTHROPY PARTNERS

Employer identification number 47-3290897

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х a Receive a severance payment or change-of-control payment? 4a Х **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? X 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: Х a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 GATES PHILANTHROPY PARTNERS 47-3290897 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(I)-(U)	reported as deferred on prior Form 990
(1) SUSAN DESMOND-HELLMANN	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	1,167,912.	132,188.	124,816.	41,250.	23,612.	1,489,778.	0.
(2) MARK SUZMAN	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	862,200.	20,000.	35,451.	41,250.	36,561.	995,462.	0.
(3) CONNIE COLLINGSWORTH	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR & SECRETARY	(ii)	617,050.	20,000.	40,657.	41,250.	35,729.	754,686.	0.
(4) JIM BROMLEY	(i)	0.	0.	0.	0.	0.	0.	0.
TREASURER (END 5/21/2018)	(ii)	231,917.	0.	22,547.	37,563.	16,294.	308,321.	0.
(5) GREG FERRANTE	(i)	0.	0.	0.	0.	0.	0.	0.
TREASURER (START 5/22/2018)	(ii)	188,149.	0.	12,984.	25,202.	20,591.	246,926.	0.
(6) ROBERT ROSEN	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR	(ii)	327,413.	0.	4,380.	41,250.	33,321.	406,364.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
THE TOP MANAGEMENT OFFICIAL IS UNCOMPENSATED BY THE REPORTING
ORGANIZATION. THE REPORTING ORGANIZATION RELIES ON BILL & MELINDA GATES
FOUNDATION, ITS SOLE MEMBER, TO ESTABLISH COMPENSATION FOR THE TOP
MANAGEMENT OFFICIAL.

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GATES PHILANTHROPY PARTNERS

Employer identification number 47-3290897

FORM 990, PART VI, SECTION A, LINE 2:
SUSAN DESMOND-HELLMANN, MARK SUZMAN, CONNIE COLLINGSWORTH, GREG FERRANTE,
AND ROBERT ROSEN HAVE A BUSINESS RELATIONSHIP AS EMPLOYEES OF THE BILL &
MELINDA GATES FOUNDATION. JIM BROMLEY, FORMER OFFICER, HAD A BUSINESS
RELATIONSHIP AS AN EMPLOYEE OF THE BILL & MELINDA GATES FOUNDATION DURING
THE 2018 TAX YEAR.
FORM 990, PART VI, SECTION A, LINE 6:
THE SOLE MEMBER OF GATES PHILANTHROPY PARTNERS IS BILL & MELINDA GATES
FOUNDATION.
FORM 990, PART VI, SECTION A, LINE 7A:
BILL & MELINDA GATES FOUNDATION, THE SOLE MEMBER OF GATES PHILANTHROPY
PARTNERS, HAS THE AUTHORITY TO APPOINT AND REMOVE DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 7B:
BILL & MELINDA GATES FOUNDATION, THE SOLE MEMBER OF GATES PHILANTHROPY
PARTNERS, HAS THE AUTHORITY TO AMEND THE ARTICLES OF INCORPORATION, ADOPT A
PLAN OF MERGER OR CONSOLIDATION, AUTHORIZE THE SALE, LEASE, OR EXCHANGE OF
ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE ORGANIZATION, AUTHORIZE THE
VOLUNTARY DISSOLUTION OF THE ORGANIZATION AND ADOPTION OF A PLAN FOR THE
DISTRIBUTION OF THE ASSETS OF THE ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PREPARED BY A THIRD-PARTY ACCOUNTANT. AFTER PREPARATION, IT
IS REVIEWED IN DETAIL BY THE TREASURER OF GATES PHILANTHROPY PARTNERS. AND

Name of the organization GATES PHILANTHROPY PARTNERS	Employer identification number 47-3290897
THE TAX TEAM AND CONTROLLER OF BILL & MELINDA GATES FOUNDATION, THE SOLE	
MEMBER OF GATES PHILANTHROPY PARTNERS. A COPY OF THE FORM 990 IS PROVIDED	
TO THE ENTIRE BOARD OF GATES PHILANTHROPY PARTNERS PRIOR TO FILING WITH THE	
INTERNAL REVENUE SERVICE.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE CONSIDERED "COVERED PERSONS"	
FOR THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, AND AS SUCH, ARE	
REQUIRED TO ANNUALLY DISCLOSE ANY RELATIONSHIPS THAT COULD GIVE RISE TO	
CONFLICTS OF INTEREST INVOLVING THE ORGANIZATION. IN ADDITION, ANY	
TRANSACTIONS BETWEEN THE ORGANIZATION AND ANY OF THESE INDIVIDUALS (OR	
THEIR FAMILY MEMBERS OR AN AFFILIATED ENTITY) MUST BE DISCLOSED TO THE	
SECRETARY. IF THE SECRETARY HAS A POTENTIAL CONFLICT OF INTEREST, IT MUST	
BE DISCLOSED TO THE EXECUTIVE DIRECTOR. THE SECRETARY AND EXECUTIVE	
DIRECTOR ARE RESPONSIBLE FOR REVIEWING THE ANNUAL CONFLICT OF INTEREST	
DISCLOSURES AND RESOLVING ANY POTENTIAL CONFLICT OF INTERESTS THAT MAY	
ARISE. THE COVERED PERSON IS REQUIRED TO REFRAIN FROM USING HIS OR HER	
PERSONAL INFLUENCE TO ENCOURAGE THE ORGANIZATION TO ENTER INTO THE COVERED	
TRANSACTION. ADDITIONALLY, HE OR SHE MUST NOT PARTICIPATE IN ANY	
DISCUSSIONS REGARDING THE COVERED TRANSACTIONS WITH OFFICERS, DIRECTORS AND	
EMPLOYEES OF THE ORGANIZATION, EXCEPT TO RESPOND TO REQUESTS FOR	
INFORMATION. IF THE TRANSACTION IS DEEMED TO BE REASONABLE BY THE	
DISINTERESTED DIRECTORS (IN THE CASE OF A CONFLICT INVOLVING A DIRECTOR OR	
THE EXECUTIVE DIRECTOR) OR EXECUTIVE DIRECTOR (IN THE CASE OF A CONFLICT	
INVOLVING ANOTHER OFFICER OR KEY EMPLOYEE), THE ORGANIZATION MAY ENTER INTO	
THE TRANSACTION, AS LONG AS IT IS FAIR AND REASONABLE TO THE ORGANIZATION.	

Name of the organization GATES PHILANTHROPY PARTNERS		Employer identification number 47-3290897
GATES PHILANTHROPY PARTNERS DID NOT COMPENSATE ITS EXECUTIVE	DIRECTOR OR	
OTHER OFFICERS. THE ORGANIZATION HAD NO EMPLOYEES AND THE OFF	FICERS WERE	
COMPENSATED BY BILL & MELINDA GATES FOUNDATION, THE SOLE MEM	BER OF GATES	
PHILANTHROPY PARTNERS. BILL & MELINDA GATES FOUNDATION HAS A	PROCESS TO	
DETERMINE COMPENSATION WHICH INCLUDES APPROVAL BY INDEPENDENT	PERSONS,	
COMPARABILITY DATA, AND CONTEMPORANEOUS DOCUMENTATION.		
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF	FORM 990:	
AL,AR,CA,CO,FL,GA,HI,IL,KS,KY,MA,MD,MI,MN,MS,NC,NH,NJ,NM,NY,C	OH,OR,PA,RI,SC	
TN,UT,VA,WA,WI,WV		
FORM 990, PART VI, SECTION C, LINE 19:		
THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTERE	EST POLICY ARE	
AVAILABLE UPON REQUEST. GATES PHILANTHROPY PARTNERS' FINANCIA	AL STATEMENTS	
ARE CONSOLIDATED WITH BILL & MELINDA GATES FOUNDATION, AND THE	HE CONSOLIDATED	
FINANCIAL STATEMENTS ARE AVAILABLE AT WWW.GATESFOUNDATION.ORG	3.	
FORM 990, PART IX, LINE 11G, OTHER FEES:		
STRATEGY EXECUTION EXPENSES:		
PROGRAM SERVICE EXPENSES	219,834.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	219,834.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	219,834.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	GATES PHILANTHROPY PARTNERS								
Part I	Identification of Disregarded Entities. Comple	ete if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	r Total incor	(e) me End-of-year	assets Direct of	(f) controlling ntity		
Part II	Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one o	or more related tax-exe	mpt		
	(a)	(b)	(c)	(d)	(e)	(f)	(g) Section 512(b)(13)		

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti	512(b)(13) trolled htity?	
BILL & MELINDA GATES FOUNDATION (BMGF) -						1.00		
56-2618866, P.O. BOX 23350, SEATTLE, WA								
98102	GRANTMAKING FOUNDATION	WASHINGTON	501(C)(3)	PF	N/A		х	
BILL & MELINDA GATES MEDICAL RESEARCH								
INSTITUTE - 82-1808476, 245 MAIN STREET,					BILL & MELINDA			
CAMBRIDGE, MA 02142	MEDICAL RESEARCH	WASHINGTON	501(C)(3)	LINE 4	GATES FOUNDATION	х		
BILL & MELINDA GATES FOUNDATION TRUST								
(BMGFT) - 91-1663695, P.O. BOX 23350,								
SEATTLE, WA 98102	GRANTMAKING FOUNDATION	WASHINGTON	501(C)(3)	PF	N/A		х	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(i	ո)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disprop	ortionate tions?	Code V-UBI amount in box 20 of Schedule	managing partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
ACCELERATOR GPS SIDE CAR											
FUND, L.P 81-4667411,	PROGRAM RELATED										
P.O. BOX 13329, RESEARCH	INVESTMENT OF										
TRIANGLE PARK, NC 27709	BMGF	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
GREENBRIAR AS HOLDINGS, L.P.											
- 98-1208908, 555 THEODORE											
FREMD AVE, STE. A-201, RYE,	INVESTMENT OF	CAYMAN									
NY 10580	BMGFT	ISLANDS	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
GREENBRIAR COINVESTMENT - TP,											
L.P 46-3257147, 555											
THEODORE FREMD AVE, STE.	INVESTMENT OF										
A-201, RYE, NY 10580	BMGFT	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
GREENBRIAR EQUITY FUND II-A,											
L.P 26-0438001, 555											
THEODORE FREMD AVE, STE.	INVESTMENT OF										
A-201, RYE, NY 10580	BMGFT	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	()	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b contr	b)(13) rolled tity?
		country)		,				Yes	No
AFRICAN AGRICULTURAL CAPITAL FUND LLC -									
98-1017696, 6TH FLOOR, TOWER A, 1 CYBERCITY,	PROGRAM RELATED								
EBENE, MAURITIUS	INVESTMENT OF BMGF	MAURITIUS	N/A	C CORP	N/A	N/A	N/A	Х	
JOINT FUND SPV 1 LLC - 98-1434108									
P.O. BOX 10008, WILLOW HOUSE,	PROGRAM RELATED	CAYMAN							
CRICKET SQUARE, GRAND CAYMAN, CAYMAN ISLANDS	INVESTMENT OF BMGF	ISLANDS	N/A	C CORP	N/A	N/A	N/A	Х	
JOINT FUND SPV 2 LLC - 98-1434482									
P.O. BOX 10008, WILLOW HOUSE,	PROGRAM RELATED	CAYMAN							
CRICKET SQUARE, GRAND CAYMAN, CAYMAN ISLANDS	INVESTMENT OF BMGF	ISLANDS	N/A	C CORP	N/A	N/A	N/A	Х	
GREENBRIAR AS, LP - 98-1208754									
555 THEODORE FREMD AVE, STE. A-201		CAYMAN							
RYE, NY 10580	INVESTMENT OF BMGFT	ISLANDS	N/A	C CORP	N/A	N/A	N/A		X

Schedule R (Form 990) GATES PHILANTHROPY PARTNERS 47-3290897

Part III | Continuation of Identification of Related Organizations Taxable as a Partnership

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal	Direct controlling	Predominant income	Share of total	Share of	1 -	portion-	Code V-UBI	General o	Percentage
of related organization		domicile (state or	entity	(related, unrelated, excluded from tax under	income	end-of-year		cations?	amount in box 20 of Schedule	managing partner?	ownership
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)		
GREENBRIAR EQUITY FUND III											
AIV MM NV LP - 81-1112433,											
555 THEODORE FREMD AVE, STE.	INVESTMENT OF										
A-201, RYE, NY 10580	BMGFT	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
GREENBRIAR EQUITY FUND III											
AIV NV L.P 98-1208417, 555											
THEODORE FREMD AVE, STE.	INVESTMENT OF	CAYMAN									
A-201, RYE, NY 10580	BMGFT	ISLANDS	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
GREENBRIAR EQUITY FUND III											
AIV SK NV, L.P 47-3805287,											
555 THEODORE FREMD AVE, STE.	INVESTMENT OF										
A-201, RYE, NY 10580	BMGFT	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
GREENBRIAR EQUITY FUND III-A											
AIV WFCI, L.P 98-1219020,											
555 THEODORE FREMD AVE, STE.	INVESTMENT OF	CAYMAN									
A-201, RYE, NY 10580	BMGFT	ISLANDS	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
GREENBRIAR EQUITY FUND III-A,											
L.P 46-1543216, 555											
THEODORE FREMD AVE, STE.	INVESTMENT OF										
A-201, RYE, NY 10580	BMGFT	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
THE GLOBAL GOOD FUND I LLC -											
27-2796838, 3150 139TH AVE	INVESTMENT OF										
SE, BELLEVUE, WA 98005	BMGFT	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A

Part V	Transactions With Related Organizations.	Complete if the organization answered "	'Yes" on Form 990, Part IV, line 34, 35b, or 36.
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(2) (3) (4) (5)	Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No					
Diff.grant, or capital contribution to related organization(s) 16	-	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
C Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) 1	а									
Communication Communicatio	b	Gift, grant, or capital contribution to related organization(s)	1b		Х					
d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees to ye for related organization(s) 1	С									
1 Dividents from related organization(s) 9 Sale of assets to related organization(s) 1 19			1d		Х					
f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets throm related organization(s) 1 Exchange of assets with related organization(s) 1 Lease of facilities, equipment, or other assets from related organization(s) 1 Lease of facilities, equipment, or other assets from related organization(s) 1 Lease of facilities, equipment, or other assets from related organization(s) 1 Performance of services or membership or fundraising solicitations by related organization(s) 1 Performance of services or membership or fundraising solicitations by related organization(s) 1 Name of facilities, equipment, mailing lists, or other assets with related organization(s) 5 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 7 Perimbursement paid to related organization(s) for expenses 9 Reimbursement paid to related organization(s) for expenses 10 Perimbursement paid by related organization(s) for expenses 11 V V V V V V V V V V V V V V V V V V	е									
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In Performance of services or membership or fundraising solicitations for related organization(s) In Performance of services or membership or fundraising solicitations by related organization(s) In Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) Property and the related organization(s) for expenses q Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) 10										
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m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property to related organization(s) 1 to X 1 to X 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) Name of related organization (b) Transaction type (a-s) (c) Amount involved Method of determining amount involved (d) Method of determining amount involved (1) (2) (3) (4)	- 1		11		Х					
o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses 10	m		1m	Х						
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 1	n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х						
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q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 1	р	p Reimbursement paid to related organization(s) for expenses								
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S Other transfer of cash or property from related organization(s) 1										
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) Name of related organization (b) Transaction type (a-s) (c) Amount involved Method of determining amount involved (1) (2) (3) (4) (5)	r Other transfer of cash or property to related organization(s)									
1 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) Name of related organization Name of related organization (b) Transaction type (a-s) (b) Amount involved Method of determining amount involved (1) (2) (3) (4) (5) (6) Amount involved Method of determining amount involved (6) (6) Method of determining amount involved (7) (8) (9) (9) (1) (9) (1) (1) (1) (2) (3) (4) (4) (5)										
Name of related organization Transaction type (a-s) (1) (2) (4) (5)										
(2) (3) (4) (5)		Name of related organization Transaction Amount involved Method of determining amount involved	lved							
(3) (4) (5)	(1)									
(4) (5)	(2)									
(5)	(3)									
(5)	(4)									
	`,									
(6)	(5)									
	(6)									

Schedule R (Form 990) 2018 GATES PHILANTHROPY PARTNERS 47-3290897 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) (f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	ners sec. Share of	Share of	Dispropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or	Percentage
of entity		(state or foreign	(related, unrelated, 50)	ners sec. Share of 1(c)(3) rgs.? total	end-of-year	allocations?	amount in box 20	managing partner?	ownership
		country)	sections 512-514)	s No income	assets	Yes No	(Form 1065)	Yes No	
		-	16:	5 140		163 140	(* 2**** * 2 2 2)	163 140	
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Department of the Treasury Internal Revenue Service Ogden UT 84201

Notice	CP211A
Tax period	December 31, 2018
Notice date	May 20, 2019
Employer ID number	47-3290897
To contact us	Phone 877-829-5500
	FAX 877-792-2864

Page 1 of 1

GATES PHILANTHROPY PARTNERS % LISA L JOHNSEN PO BOX 23350 SEATTLE WA 98102-0650



257273

Important information about your December 31, 2018 Form 990

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

We approved the Form 8868 for your December 31, 2018 Form 990.

Your new due date is November 15, 2019.

What you need to do

File your December 31, 2018 Form 990 by November 15, 2019. We encourage you to use electronic filing—the fastest and easiest way to file.

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

Additional information

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

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