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



	ernal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.								
_		e 2022 calendar year, or tax year beginning and e		Inspection					
	Check if pplicab			D Employer identif	ication number				
<u>е</u> Г	Addr	GATES PHILANTHROPY PARTNERS							
F	Nam			47-3290897					
Ē	Initia		Room/suite						
		P.O. BOY 23350	0.22	(206) 709-33					
	termi ated			G Gross receipts \$	15,596,376.				
	Amer returr	ded SEATTLE, WA 98102		H(a) Is this a group r					
	Appli tion	F Name and address of principal officer: ROBERT ROBERT		for subordinate					
_	pend	SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No				
	ax-e>	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	r 527	If "No," attach a	list. See instructions				
	Vebsi			H(c) Group exemption	on number				
K	orm o	forganization: X Corporation Trust Association Other	L Year	of formation: 2015	M State of legal domicile; WA				
Pa	art I	Summary	_						
¢1	1	Briefly describe the organization's mission or most significant activities: GRANTMA	KING & (CHARITABLE					
Ŭ		ACTIVITIES TO PROMOTE GLOBAL DEVELOPMENT, GLOBAL HEALTH & EDU	JCATION						
Governance	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.				
- No	3	Number of voting members of the governing body (Part VI, line 1a)		3	3				
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	0				
0	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	0				
iti	6	Total number of volunteers (estimate if necessary)			0				
Activities &	7 a			7a	0.				
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
				Prior Year	Current Year				
¢	8	Contributions and grants (Part VIII, line 1h)		30,131,382.	15,564,668.				
nu	9	Program service revenue (Part VIII, line 2g)		0.	0.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		24,165.	31,118.				
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	590.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	30,155,547.	15,596,376.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1	65,145,492.	31,426,988.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
<i>i</i> o	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0,	0.				
Jse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	Service Statistics	Tresses and a stress				
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		809,740.	495,296.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		65,955,232.	31,922,284.				
	19	Revenue less expenses, Subtract line 18 from line 12		-35,799,685.	-16,325,908.				
Ъ.				ginning of Current Year	End of Year				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		58,428,866.	22,461,718.				
Ass	21	Total liabilities (Part X, line 26)	17,489,044.	150,368.					
Net	22	Net assets or fund balances. Subtract line 21 from line 20		40,939,822.	22,311,350.				
Pa	rt II			· · · · · · · · · · · · · · · · · · ·	. , , .				
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules a	and statem	ents, and to the best of m	v knowledge and belief, it is				
		t, and complete. Deparation of preparer (other than officer) is based on all information of which			,				

	Pull 4	N			11	13	2023	
Sign	Signature of officer	r		j.	Date			
Here	ROBERT ROSEN,	EXECUTIVE DIRECTOR						
	Type or print name	and title	·					
	Print/Type preparer	r's name	Preparer's signature	Date 11/4/20		Check] PTIN	
Paid	ANNE FULTON		Preparent signature Jutton	11/4/20	123 [#]	i etf-employed	P00941863	
Preparer	Firm's name D	ELOITTE TAX LLP			Firm's E	EIN 86	-1065772	
Use Only	Firm's address 5	0 SOUTH SIXTH STREET						
	M	INNEAPOLIS, MN 55402			Phone r	10.612-3	97-4000	
May the I	RS discuss this ret	urn with the preparer shown abov	ve? See instructions				X Yes	No

Form	990 (2022) GATES PHILANTHROPY PARTNERS	47-3290897	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE MISSION OF GATES PHILANTHROPY PARTNERS IS TO WORK IN PARTNERSHIP		
	WITH THE BILL & MELINDA GATES FOUNDATION AND PHILANTHROPISTS TO		
	PROMOTE GLOBAL DEVELOPMENT, GLOBAL HEALTH, AND U.S. EDUCATION THROUGH		
	GRANTMAKING AND THE DIRECT CONDUCT OF CHARITABLE ACTIVITIES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expe	nses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	revenue, if any, for each program service reported.	,	,
4a	(Code:) (Expenses \$ 26,956,298. including grants of \$ 26,956,298.) (Revenue	\$)
	COMBATING COVID-19: CONTROLLING COVID-19 MEANS GETTING VACCINES TO		,
	EVERYONE, EVERYWHERE, WHILE MEETING BASIC HUMAN NEEDS SUCH AS ACCESS TO		
	MEDICAL OXYGEN AND EXPEDITING INNOVATIONS IN TESTING AND TREATMENT.		
	FUNDING WAS DIRECTED TO GRANTEE PARTNERS ON THE FRONT LINES WHO TRAINED		
	HEALTH WORKERS, PROVIDED COMMUNITIES WITH ACCESS TO CARE, AND DELIVERED		
	LIFESAVING TOOLS INCLUDING DIAGNOSTICS AND VACCINES. GRANTEES ALSO		
	SUPPORTED RESEARCH AND DEVELOPMENT TO RAPIDLY IDENTIFY NEW INNOVATIONS		
	INCLUDING THERAPEUTICS.		
4b	(Code:) (Expenses \$ 2,371,280. including grants of \$ 2,371,280.) (Revenue	\$)
	GLOBAL HEALTH INNOVATION: OUR GLOBAL HEALTH WORK IS ABOUT TACKLING		/
	PREVENTABLE DISEASES THAT IMPERIL THE LIVES OF PEOPLE IN THE POOREST		
	PARTS OF THE WORLD. OUR GRANTS IN GLOBAL HEALTH INNOVATION ACCELERATE		
	SCIENCE - THE DISCOVERY, DEVELOPMENT, AND DELIVERY OF VACCINES, DRUGS,		
	AND DIAGNOSTICS - TO PREVENT AND TREAT NEGLECTED DISEASES AND SAVE		
	LIVES.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 2,418,431. including grants of \$ 2,099,410.) (Revenue \$)	
4e	Total program service expenses 31,746,009.		
		F	orm 990 (2022)

GATES PHILANTHROPY PARTNERS Form 990 (2022) 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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		X
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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		X
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		v	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
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		v	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	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,			v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	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		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

FOR PUBLIC DISCLOSURE

Form **990** (2022)

Form	990	(2022)

GATES PHILANTHROPY PARTNERS

Pa	rt IV Checklist of Required Schedules (continued)		F	age ¬
			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		x
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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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		
25a	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		x
b	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			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		x
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	
	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		x
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		x
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	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	<u> </u>		
	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	0		
		0		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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1c

Form 990 (2022)

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Par	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	a 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 2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
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		x
b				x
c				
6a				
	any contributions that were not tax deductible as charitable contributions?			x
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).			
'a		e payor? 7a		x
b				
С	to file Form 8282?	70		x
ا م		<u>7c</u>		
d		70		x
e				x
f				
g				
h		98-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.			
а				
b		<u>9b</u>		
10	Section 501(c)(7) organizations. Enter:			
а				
b				
11	Section 501(c)(12) organizations. Enter:			
а	a Gross income from members or shareholders			
b				
	amounts due or received from them.)			
12a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	a Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
	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			
С	Enter the amount of reserves on hand			
14a	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
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		x
	If "Yes," see the 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		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form	990 (2022) GATES PHILANTHROPY PARTNERS		47-3290	397	Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and for	a "No" i	respon	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					Х
Sec	tion A. Governing Body and Management				-	
			1	_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	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	direc	t supervision			
						X
4	Did the organization make any significant changes to its governing documents since the prior Form 99		s filed?		х	
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			x	X
6	Did the organization have members or stockholders?			6	<u>л</u>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap				x	
	more members of the governing body?			<u>7a</u>	~	
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, ste			7b	x	
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			41		
			-	8a	x	
	The governing body? Each committee with authority to act on behalf of the governing body?			8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
Ŭ	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code)	¥		
		cinac	0000./		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha					
	and branches to answer their encretions are consistent with the experimetion's event purposed			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem			10-		x
	taxable entity during the year?			<u>16a</u>		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi			16h		
Sec	exempt status with respect to such arrangements?			16b		
17	List the states with which a copy of this Form 990 is required to be filedAL,AR,CA,FL,GA,HI,II	L.KS	KY, MA MD MI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an			3)s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.	2 000		, y)		
	X Own website Another's website X Upon request Other (explain	on Sc	chedule (0)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	nd finan	cial	
-	statements available to the public during the tax year.		, e, a			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records			
	JENNIFER DEGER - 2067093100					
	500 FIFTH AVENUE NORTH, SEATTLE, WA 98109					
232006	12-13-22 SEE SCHEDULE O FOR FULL LIST OF STATES			Forn	990	(2022)

Form 990 (2	2022) GATES PHILANTHROPY PARTNERS	47-3290897	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con	npensated	
	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		
	ete this table for all persons required to be listed. Report compensation for the calendar year ending w	0	,
 List a 	all of the organization's current officers, directors, trustees (whether individuals or organizations), rega	rdless of amount of compen	sation.

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

____ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average	(do	not c	Pos	C) itior) than o	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box, unless person is both an officer and a director/trustee)					n an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) CONNIE COLLINGSWORTH	1.00									
DIRECTOR & BOARD CHAIR	40.00	Х						٥.	1,010,449.	74,725.
(2) ALLAN GOLSTON	1.00									
DIRECTOR	40.00	Х						0.	944,130.	74,725.
(3) LISA JOHNSEN	1.00							_		
DIRECTOR & SECRETARY	40.00	х		X				0.	457,270.	73,102.
(4) ROBERT ROSEN	3.00			x				0.	274 426	04 700
EXECUTIVE DIRECTOR (5) JONATHAN CASTRODALE	40.00			~				U.	374,426.	84,780.
TREASURER	40.00			x				0.	349,357.	86,275.
	10.00							••	545,557.	
		1								
					<u> </u>					
		•								
	1	L	L	I	L	I		1		000

d Total (add lines 1b and 1c) 0. 3,135,632. 393,607 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization		990 (2022) GATES PHILAN	THROPY PART	NER	S						47-329	0897		P	age 8
Name and this Average Pourse weak my hours for related organization by median Pention median Reportable compensation form field organization (%2/1099/KC) Reportable rouganization form field organization (%2/1099/KC) Estimate organization (%2/1099/KC) Image	Par	t VII Section A. Officers, Directors, Trus	tees, Key Emr	oloy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)				
Nour for under organization (N271098-NEC) (N271098-NEC) (N271098-NEC) (N271098-NEC) (N271098-NEC) (N271098-NEC) (N271098-NEC) Image: New System (N271098-NEC) Image: New System (N271098-NEC) Image: New System (N271098-NEC) Image: New System (N271098-NEC) Image: New System (N271098-NEC) Image: New System (N271098-NEC) Image: New System (N271098-NEC) Image: New System (N271098-NEC) Image: New System (N271098-NEC) Image: New System (N271098-NEC) Image: New System (N271098-NEC) Image: New System (N271098-NEC) Image: New System (N271098-NEC) Image: New System (N271098-NEC) Image: New System (N271098-NEC) Image: New System (N271098-NEC) Image: New System (N271098-NEC) Image: New System (N271098-NEC) Image: New System (N271098-NEC) Image: New System (N271098-NEC) Image: New System (N271098-NEC) Image: New System (N271098-NEC) Image: New System (N271098-NEC) Image: New System (N271098-NEC) Image: New System (N271098-NEC) Image: New System (N271098-NEC) Image: New System (N271098-NEC) Image: New System (N271098-NEC) Image: New System (N271098-NEC) Image: New System (N271098-NEC) Image: New System (N271098-NEC) Image: New System (N271098-NEC) Image: New System (N271098-NEC) Image: New System (N271098-NEC) Image: New System (N271098-NEC) Image: New System (N271098-NEC) Imag			Average hours per	box	not cl , unles	Pos heck i ss per	i tion more rson i	than o s both	n an	Reportable compensation	Reportable compensatior	۱	an	timate nount	of
1 Control 0.			hours for related organizations below	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	organization (W-2/1099-MISC/	(W-2/1099-MIS		fr org and	om th anizat d relat	ie tion ted
0 0 0 0 0 0															
1 Control 0.															
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1 Control 0.															
d Total (add lines to and tc) 0 3,135,632 393,607 2 Total (add lines to and tc) 0 3,135,632 393,607 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from my unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensate address Description of services Compensation 1 Complete this table for your five highest compensa											3,135,6			393,	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes Note that the organization is any former officer, director, trustee, key employee, or highest compensated employee on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$100,000 of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual											3 1 3 5 6			303	0.
compensation from the organization Yes No 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization ard related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (B) (C) Complete A GLOBAL, INC. Image: Compensation of services Compensation 229,566 1 Strategy EXECUTION 229,566 229,566 2 Total number of independent contractors (including but not limited to those listed above) who received more than 229,566												52.		555,	
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) 1 Complete Auccaster AVE., PAOLI, PA 19301 STRATEGY EXECUTION 229,566 2 Total number of independent contractors (including but not limited to those listed above) who received more than 4 V								,		,	I				0
Iine 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 4 X 5 Did any person listed on line 1 arceive or accrue compensation from any unrelated organization or individual for services 5 X 5 Did any person listed on line 1 arceive or accrue compensation from any unrelated organization or individual for services 5 X 5 Section B. Independent Contractors 5 X 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) 1 Complete All USANCASTER AVE., PAOLI, PA 19301 STRATEGY EXECUTION 229,566 2 Total number of independent contractors (including but not limited to those listed above) who received more than 2												_		Yes	No
 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? // "Yes," complete Schedule J for such individual	3	. .	-			•	•		Ŭ						
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 5 X 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) Name and business address Description of services Compensation GENEVA GLOBAL, INC. 1536 EAST LANCASTER AVE, PAOLI, PA 19301 STRATEGY EXECUTION 229, 566 2 Total number of independent contractors (including but not limited to those listed above) who received more than 4 X												-	3		X
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Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation GENEVA GLOBAL, INC. 1536 EAST LANCASTER AVE., PAOLI, PA 19301 STRATEGY EXECUTION 229,566 1 1 1 1 1 2 Total number of independent contractors (including but not limited to those listed above) who received more than 1	Ū											🗖	5		x
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Name and business address Description of services Compensation GENEVA GLOBAL, INC. 1536 EAST LANCASTER AVE., PAOLI, PA 19301 STRATEGY EXECUTION 229,566 Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image: Strategy execution Image:			the calendar ye	ear e	ndin	ıg w	rith c	or wi	thin		ear.				
1536 EAST LANCASTER AVE., PAOLI, PA 19301 STRATEGY EXECUTION 229,566 Image: Contractor of independent contractors (including but not limited to those listed above) who received more than Image: Contractor of independent contractor of including but not limited to those listed above) who received more than		Name and business	address								ervices	Co			n
Total number of independent contractors (including but not limited to those listed above) who received more than			19301							STRATEGY EXECUTION				229.	566.
		, ,												,	
	2			ot lin	nitec	to t			ted	above) who received mo	ore than				

			S PHILANTHRO	PY PARTNERS			47-329089	7 Page 9
Pa	rt VI	II Statement of Rev	venue					
		Check if Schedule O c	ontains a respo	nse or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ς, γ	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b		1b					
٦, E	c							
ifts ar A	d	Related organizations		424,517.				
nie G	e	• · · · · · ·						
Sir	f	All other contributions, gifts, g	,					
her		similar amounts not included		15,140,151.				
ēĒ	g							
anc	h	Total. Add lines 1a-1f			15,564,668.			
				Business Code				
ė	2 a	ı						
Program Service Revenue	b							
	с							
am	d							
ŝ	е							
Å	f	All other program service r	revenue					
	g							
	3	Investment income (includ	ling dividends, i	nterest, and				
		other similar amounts)			31,118.			31,118.
	4	Income from investment o	f tax-exempt bo	nd proceeds				
	5	Royalties	·····					
			(i) Rea	l (ii) Personal				
	6 a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c		6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securit	ies (ii) Other				
		assets other than inventory	7a					
evenue	b	Less: cost or other basis						
			7b					
ivel	c	Gain or (loss)	7c					
Ě		Net gain or (loss)						
Other	8 a	Gross income from fundraisin						
ō			of					
		contributions reported on	-					
		Part IV, line 18						
	b	· · · · ·		8b				
	c							
	9 a	Gross income from gaming						
	l.	Part IV, line 19		9a 9b				
	b							
		Net income or (loss) from (s				
	10 a	Gross sales of inventory, le		10-				
	h	and allowances						
		Less: cost of goods soldNet income or (loss) from s		<u> </u>				
-+	<u> </u>		שונש טו ווועפוונט	Business Code				
sno	11 a	CURRENCY CONVERSION	_	900099	590.			590.
Miscellaneous Revenue	b				•			•
ella	c							
Be	d	All other revenue		-				
Σ	e	Total. Add lines 11a-11d			590.			
		Total revenue. See instructio			15,596,376.	0.	0.	31,708.

Form 990 (2022)

GATES PHILANTHROPY PARTNERS

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21	2,051,179.	2,051,179.		
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ŭ	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	29,375,809.	29,375,809.		
4	Benefits paid to or for members				
- 5					
5	Compensation of current officers, directors,				
6	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (nonemployees):				
а	Management	12.016		12.016	
b	Legal	13,816.		13,816.	
С	Accounting	33,098.		33,098.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	408,151.	319,021.	89,130.	
2	Advertising and promotion				
3	Office expenses	15,910.		15,910.	
4	Information technology				
15	Royalties				
6	Occupancy				
17	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.)	24,231.		24,231.	
	DUES AND FEES	90.		<u> </u>	
b		<i>.</i> .		<i>.</i>	
C					
d					
	All other expenses	21 022 204	31 746 000	176 275	
25	Total functional expenses. Add lines 1 through 24e	31,922,284.	31,746,009.	176,275.	(
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

		Check if Schedule O contains a response or note	e to any line in this Part X		<u></u>	
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		52,028,866.	2	22,461,718.
	3	Pledges and grants receivable, net		6,400,000.	3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
		controlled entity or family member of any of thes		5		
	6	Loans and other receivables from other disqualif	ied persons (as defined			
		under section 4958(f)(1)), and persons described		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation		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 1		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equa	58,428,866.	16	22,461,718.	
	17	Accounts payable and accrued expenses		17	368.	
	18	Grants payable	17,489,044.	18	150,000.	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
es	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subst				
lab.		controlled entity or family member of any of thes			22	
	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	, ,			
		of Schedule D		17,489,044.	25	150,368.
	26	Total liabilities. Add lines 17 through 25	ck here X	17,405,044.	26	130,300.
S		Organizations that follow FASB ASC 958, che				
nce	27	and complete lines 27, 28, 32, and 33.		-14,155,877.	27	2,447,674.
ala	27 28	Net assets without donor restrictions		55,095,699.	21	19,863,676.
Б	20	Net assets with donor restrictions Organizations that do not follow FASB ASC 99	59 ahaak hara		20	15,000,070;
5		and complete lines 29 through 33.				
م ا	29	Capital stock or trust principal, or current funds			29	
ets	29 30	Paid-in or capital surplus, or land, building, or eq			29 30	
Assi	31	Retained earnings, endowment, accumulated inc			30	
Net Assets or Fund Balances	32			40,939,822.	32	22,311,350.
Ż	33			58,428,866.	33	22,461,718.
				, , , _ _ •		Form 990 (2022)

 Form 990 (2022)
 GATES
 PHILANTHROPY
 PARTNERS

 Part X
 Balance Sheet

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Form	990 (2022) GATES PHILANTHROPY PARTNERS	47-3290897		Pa	_{ge} 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,	596,	376.
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,	922,	284.
3	Revenue less expenses. Subtract line 2 from line 1	3	-16,	325,	908.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	40,	939,	822.
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 on Schedule O)	9	-2,	302,	564.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	22,	311,	350.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
		-		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 on Schedule C	D.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	·····	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed o	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate I	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	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 on Scher	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	····· -	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2022)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

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
2022

Open to Public
Inspection

Nar	ne of t	the organization							identification number		
			PHILANTHROPY PA						47-3290897		
Pa	art I	Reason for Public C	Johanity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The	organ	ization is not a private found			•						
1		A church, convention of chu	-			on 170(b)(1	l)(A)(i).				
2		A school described in secti									
3		A hospital or a cooperative									
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:									
5				llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in		
		 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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)(v). 									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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									
7	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). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)						
9											
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or									
		university:									
10		An organization that normal	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from		
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fr	rom gross investment		
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)								
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50)9(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section &	5 09(a)(3). (Check the box on		
		_lines 12a through 12d that o	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.			
a		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving		
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting		
	 a 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. 										
b		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									
		 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 									
		organization(s). You mus	t complete Part IV,	Sections A and C.							
c	:	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,		
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.				
c		Type III non-functionally	vintegrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)		
		that is not functionally inte	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	veness		
		_ requirement (see instructi	,	• •							
e		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III			
		functionally integrated, or	Type III non-functior	nally integrated supporting	ng organiz	ation.					
f	Ente	er the number of supported o	organizations								
<u>ç</u>		vide the following information			(iv) Is the ora:	anization listed	(.) (
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount of support (see ir	-	(vi) Amount of other support (see instructions)		
		organization		above (see instructions))	Yes	No	support (see ii	istructions)			
<u>Tot</u>								- ·			
LHA	For F	Paperwork Reduction Act N	iotice, see the Instri	uctions for Form 990 or	990-EZ.	232021 12-	09-22	Sche	dule A (Form 990) 2022		

Page 2

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	23,424,174.	19,430,743.	170,518,845.	30,131,382.	15,564,668.	259,069,812.
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	23,424,174.	19,430,743.	170,518,845.	30,131,382.	15,564,668.	259,069,812.
5	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)						117,247,144.
6	Public support. Subtract line 5 from line 4.						141,822,668.
	tion B. Total Support						_ , , -
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	23,424,174.	19,430,743.	170,518,845.	30,131,382.	15,564,668.	259,069,812.
	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	109,919.	72,630.	11,540.	24,165.	31,118.	249,372.
a	Net income from unrelated business						
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)					590.	590.
44	Total support. Add lines 7 through 10						259,319,774.
			.no)			12	200,010,771
	Gross receipts from related activities, First 5 years. If the Form 990 is for the			iourth or fifth toy y	ant on a continue Fi		
13	-	-		· · ·			
Sec	organization, check this box and stor ction C. Computation of Publi				<u></u>	<u></u>	·····
	Public support percentage for 2022 (I		-	column (f))		14	54.69 %
	Public support percentage from 2021					15	52.49 %
	33 1/3% support test - 2022. If the c						//
104	stop here. The organization qualifies	-					X
Ь	33 1/3% support test - 2021. If the c		-		line 15 is 33 1/3%		
, D	and stop here. The organization qual						
17-	10% -facts-and-circumstances test		• •			and line 14 is 10%	
17 a							
	and if the organization meets the facts			-	-	vi now the organiz	
F	meets the facts-and-circumstances te	•	•		•	Ta and line 15 is	
a	10% -facts-and-circumstances test						
	more, and if the organization meets the						
40	organization meets the facts-and-circu		•				
18	Private foundation. If the organizatio	n did not check a t	oox on line 13, 16a	a, 100, 17a, 0r 17b	, check this box ai	iu see instructions	i

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 GATES PHILANTHROPY PARTNERS 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.)

Section A. Public a	support						
Calendar year (or fiscal ye	ar beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contri	butions, and						
membership fees re	eceived. (Do not						
include any "unusu	al grants.")						
2 Gross receipts from merchandise sold of formed, or facilities any activity that is r organization's tax-e	or services per- furnished in related to the						
3 Gross receipts from	n activities that						
are not an unrelated iness under section							
4 Tax revenues levied ization's benefit and or expended on its	d either paid to						
5 The value of service	es or facilities						
furnished by a gove							
the organization with							
6 Total. Add lines 1 t	•						
7a Amounts included	•						
3 received from dis							
b Amounts included on lines from other than disqualifie exceed the greater of \$5,0 amount on line 13 for the	s 2 and 3 received d persons that 00 or 1% of the						
c Add lines 7a and 7	o						
8 Public support. (Sul							
Section B. Total Su							
Calendar year (or fiscal ye	ar beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line	6						
10a Gross income from dividends, payment securities loans, rer and income from si	ts received on nts, royalties,						
b Unrelated business ta	xable income						
(less section 511 taxe acquired after June 30	,						
c Add lines 10a and ⁻							
11 Net income from ur activities not includ whether or not the regularly carried on	nrelated business ed on line 10b, business is						
12 Other income. Do r or loss from the sal assets (Explain in P	ot include gain e of capital						
13 Total support. (Add lin	,						
14 First 5 years. If the	Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	on,
check this box and	stop here	<u></u>		<u></u>	<u></u>	<u></u>	
Section C. Compu	tation of Publi	c Support Per	centage				
15 Public support perc	centage for 2022 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
16 Public support perc	centage from 2021	Schedule A, Part	III, line 15			16	%
Section D. Compu	tation of Inves	tment Income	e Percentage				
17 Investment income	percentage for 20)22 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income	percentage from 2	2021 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support te						3 1/3%, and line 1	7 is not
more than 33 1/3%							
b 33 1/3% support te		-	•				and
line 18 is not more		-					
20 Private foundation							
232023 12-09-22	<u> </u>		,				A (Form 990) 2022

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

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FOR PUBLIC DISCLOSURE

| 10b | | Schedule A (Form 990) 2022

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Yes

1

2

No

		Yes	No
1 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		1

Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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. Section 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			
	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			
		4		

the supported organization(s). Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, 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	2		
	supported organizations played in this regard	3		

Section 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 governmental entity (see instructions).	

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** 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.
- b Did the activities described on line 2a, above, 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a 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? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **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.*

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FOR PUBLIC DISCLOSURE

Schedule A (Form 990) 2022

Sche	dule A (Form 990) 2022 GATES PHILANTHROPY PARTNERS			47-3290897 Page
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualify			γ Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
ect	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		
ect	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		
b	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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		Type III supporting or	

Schedule A (Form 990) 2022

instructions).

				DPY PARTNERS			47-329089	7 Page 9
Pa	rt VII	Statement of Rev	venue					
		Check if Schedule O c	contains a respo	onse or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s S	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	•• • • • •	10 1b					
٦, E	c							
ifts ar A	d	Related organizations		424,517.				
э, G ili	е	• · · · · ·						
Sio	f	All other contributions, gifts,						
but		similar amounts not included	above 1f	15,140,151.				
d	g	Noncash contributions included in I	lines 1a-1f 1g	\$				
ရှိ ပိ	h	Total. Add lines 1a-1f			15,564,668.			
				Business Code				
e	2 a							
er vi	b							
gram Ser Revenue	c							
grar Bev	d							
Program Service Revenue	e	All other pregram convice	***					
-		All other program service I Total. Add lines 2a-2f						
	<u> </u>	Investment income (includ						
	U				31,118.			31,118.
	4	Income from investment o			,			, ,
	5	Royalties	-					
		,	(i) Rea	l (ii) Personal				
	6 a	Gross rents	6a					
	b	Less: rental expenses	6b					
	с	Rental income or (loss)	6c					
	d	Net rental income or (loss)) <u></u>					
	7 a	Gross amount from sales of	(i) Securit	ties (ii) Other				
		assets other than inventory	7a					
	b	Less: cost or other basis						
nue			7b					
evenue		Gain or (loss)	7c					
Ř		Net gain or (loss)						
Other	8 a	Gross income from fundraisir including \$	ig events (not					
0		contributions reported on						
		Part IV, line 18	-	8a				
	b							
	с							
	9 a	Gross income from gamin						
		Part IV, line 19		9a				
	b	Less: direct expenses		9b				
	С	Net income or (loss) from	gaming activitie	s				
	10 a	Gross sales of inventory, le	ess returns					
		and allowances						
		Less: cost of goods sold						
-+	С	Net income or (loss) from	sales of invento					
sn	44 -	CURRENCY CONVERSION		Business Code 900099	590.			590.
ue ol	-				550.			
scellaneo <u>Revenue</u>	b c							
Miscellaneous Revenue		All other revenue						
Σ		Total. Add lines 11a-11d			590.			
		Total revenue. See instructio			15,596,376.	0.	0.	31,708.

232009 12-13-22

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 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; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

CURRENCY CONVERSION - GAIN

2022 AMOUNT: \$ 590.

SCHEDULE C	Po	litical Campaign a	nd Lobbyin	g Activities		OMB No. 1545-0047
(Form 990)		anizations Exempt From Income	-	-	7	2022
Dependence of the Treesure	Complete i	if the organization is described b	elow. Attach to Fo	orm 990 or Form 990	-EZ.	Open to Public
Department of the Treasury Internal Revenue Service	Go	o to www.irs.gov/Form990 for in	structions and the la	test information.		Inspection
If the organization ans	wered "Yes," on	Form 990, Part IV, line 3, or For	m 990-EZ, Part V, lin	e 46 (Political Campa	aign Activ	vities), then
 Section 501(c)(3) org 	ganizations: Com	plete Parts I-A and B. Do not com	plete Part I-C.			
 Section 501(c) (othe 	r than section 50	1(c)(3)) organizations: Complete P	arts I-A and C below.	Do not complete Part	I-B.	
 Section 527 organiz 	•	•				
-		Form 990, Part IV, line 4, or For			••	
	•	nave filed Form 5768 (election und	·	•		
	•	nave NOT filed Form 5768 (election Form 990, Part IV, line 5 (Proxy				•
Tax) (See separate inst		Form 350, Fait IV, inte 5 (Froxy			990-LZ,	Fait V, IIIe SSC (FLOXY
<i>,</i> , ,		ions: Complete Part III.				
Name of organization	•	·			Employe	r identification number
		ANTHROPY PARTNERS				47-3290897
Part I-A Compl	ete if the org	anization is exempt under	r section 501(c) o	or is a section 52	7 orgar	nization.
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	n Part IV.		
2 Political campaign	activity expendit	ures			\$	
3 Volunteer hours for	political campai	gn activities				
Dout I D Comm	ata if tha are	onization is even nt under	continue E01(a)/2	01		
-	-	anization is exempt under			•	
	•	incurred by the organization under			\$	
		incurred by organization managers n 4955 tax, did it file Form 4720 fo				Yes No
b If "Yes," describe in						
		anization is exempt under	r section 501(c), o	except section 5	01(c)(3)	
1 Enter the amount d	lirectly expended	l by the filing organization for secti	on 527 exempt functi	on activities	\$	
		ization's funds contributed to othe				
exempt function ac	tivities				\$	
3 Total exempt funct	ion expenditures	. Add lines 1 and 2. Enter here and	d on Form 1120-POL,			
		1120-POL for this year?				Yes No
		ployer identification number (EIN)				
	-	tion listed, enter the amount paid to a sometry and directly delivered to a sometry delivered to a s				-
		additional space is needed, provid		•	parate se	gregated fulle of a
(a) Name		(b) Address	(c) EIN	(d) Amount paid f	rom	(e) Amount of political
(a) Name	-			filing organization	n's co	ntributions received and
				funds. If none, ente	er -0	promptly and directly
						delivered to a separate political organization.
						If none, enter -0
				-		
			l			

Schedule C (Form 990) 2022

			Y PARTNERS			290897 Page
Part II-A Complete if the orga section 501(h)).	anization	is exem	pt under section	501(c)(3) and file	d Form 5768 (ele	ction under
A Check if the filing organizat expenses, and share	e of excess	lobbying e	•	Part IV each affiliated	group member's name	e, address, EIN,
Limit	s on Lobby	ing Expen		νιδιοπό αμμιγ.	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public	opinion (a	rassroots lobbving)			
b Total lobbying expenditures to influ						
c Total lobbying expenditures (add lin	nes 1a and 1	1b)				
d Other exempt purpose expenditure					31,922,284.	
e Total exempt purpose expenditures	s (add lines ⁻	1c and 1d)			31,922,284.	
f Lobbying nontaxable amount. Enter	r the amour	nt from the	following table in both	n columns.	1,000,000.	
If the amount on line 1e, column (a) or	r (b) is:	The lob	oying nontaxable amo	ount is:		
Not over \$500,000		20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,000	,000	\$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000	\$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000		0 plus 5% of the exces	s over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
g Grassroots nontaxable amount (ent	ter 25% of li	ne 1f)			250,000.	
h Subtract line 1g from line 1a. If zero					0.	
i Subtract line 1f from line 1c. If zero	or less, ent				0.	
j If there is an amount other than zero	o on either l					
reporting section 4911 tax for this y	/ear?	<u></u>				Yes N
(Some organizations th	at made a	section 50	raging Period Under 11(h) election do not h te instructions for lin	nave to complete all o	f the five columns be	low.
	Lobby	ing Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 20)19	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	1,0	00,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))						6,000,000
c Total lobbying expenditures						
d Grassroots nontaxable amount	2	50,000.	250,000.	250,000.	250,000.	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))						1,500,000
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2022

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)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(t)
	e lobbying activity.	Yes	Νο	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
с	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)	, or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '				3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
	Current year				
b	Carryover from last year		. 2b		
с	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditures next year?		. 4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par					
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

Name of the organization					Employer identi	fication number
GATES PHILANTHROPY PAR	INERS				47-3290897	
GATES PHILANTHROPY PARTNERS 47-3290897 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices a grants, and inthe region in the region in the region in the region in the region (c) Activities conducted in the region (by type) (such as, fundraising, program service, describe specific type of service(s) in the region in the region in the region in the region (f) Total expenditure for and investment in the region in the re				Yes" on		
	•					
-	-		-			
the grantees' eligibility to	or the grants or a	issistance, and t	the selection criteria used to award the	grants or assis		Yes No
-	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance out	side the
				· · · · · · · · · · · · · · · · · · ·		-
(a) Region	offices	employees, agents, and independent contractors	(by type) (such as, fundraising, pro- gram services, investments, grants to	is a pro describe	gram service, e specific type	expenditures
EUROPE (INCLUDING						
	0	0	GRANTMAKING	GRANTMAKING	3	4,230,314.
		0				1 706 027
	0	U	GRANTMAKING	GRANTMAKING	.	1,786,937.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	GRANTMAKING	3	20,811,978.
SOUTH AMERICA	0	0	GRANTMAKING	GRANTMAKING	3	2,299,649.
SOUTH ASIA	0	0	GRANTMAKING	GRANTMAKING	3	348,110.
						,
MIDDLE EAST AND						150.000
NORTH AFRICA	0	0	GRANTMAKING	GRANTMAKING	3	150,000.
3 a Subtotal	0	0				29,626,988.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	0				29,626,988.

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

Schedule F (Form 990) 2022

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

GATES PHILANTHROPY PARTNERS

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)	(c) Region	(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)
			DISCOVERY AND		ELECTRONIC			
			TRANSLATIONAL		FUND/WIRE			
		SOUTH ASIA	SCIENCES	99,330.	TRANSFER	0.		
				,				
			DISCOVERY AND		ELECTRONIC			
		SUB-SAHARAN	TRANSLATIONAL		FUND/WIRE			
		AFRICA	SCIENCES	100,338.	TRANSFER	0.		
			DISCOVERY AND		ELECTRONIC			
		SUB-SAHARAN	TRANSLATIONAL		FUND/WIRE			
		AFRICA	SCIENCES	99,889.	TRANSFER	0.		
			DISCOVERY AND		ELECTRONIC			
			TRANSLATIONAL		FUND/WIRE			
		PACIFIC	SCIENCES	99,814.	TRANSFER	0.		
			DISCOVERY AND		ELECTRONIC			
			TRANSLATIONAL		FUND/WIRE			
				100 080		0		
		SOUTH ASIA	SCIENCES	100,089.	TRANSFER	0.		
			DISCOVERY AND		ELECTRONIC			
		SUB-SAHARAN	TRANSLATIONAL		FUND/WIRE			
		AFRICA	SCIENCES		TRANSFER	0.		
			DISCOVERY AND		ELECTRONIC			
		SUB-SAHARAN	TRANSLATIONAL		FUND/WIRE			
		AFRICA	SCIENCES	100,000.	TRANSFER	0.		
					ELECTRONIC			
			RESEARCH AND LEARNING		FUND/WIRE			
		AFRICA	OPPORTUNITIES	3,000,000.	TRANSFER	0.		

Schedule F (Form 990) 2022

SEE PART V FOR COLUMN (D) DESCRIPTIONS

chedule F (Form 990)		HILANTHROPY PARTNE			47-329			Page
Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
					ELECTRONIC			
		EAST ASIA AND THE	ENTERIC AND DIARRHEAL		FUND/WIRE			
		PACIFIC	DISEASES	799 410.	TRANSFER	٥.		
			GLOBAL HEALTH AND					
			DEVELOPMENT PUBLIC		ELECTRONIC			
		SUB-SAHARAN	AWARENESS AND		FUND/WIRE			
		AFRICA	ANALYSIS	7,659,286.		0.		
					EL ECHDONIC			
					ELECTRONIC			
			RESEARCH AND LEARNING	1 300 000	FUND/WIRE			
		AFRICA	OPPORTUNITIES	1,300,000.	TRANSFER	0.		
					ELECTRONIC			
		EAST ASIA AND THE	RESEARCH AND LEARNING		FUND/WIRE			
		PACIFIC	OPPORTUNITIES	500,031.	TRANSFER	0.		
					ELECTRONIC			
		SUB-SAHARAN	RESEARCH AND LEARNING		FUND/WIRE			
		AFRICA	OPPORTUNITIES	125,000.	TRANSFER	٥.		
					ELECTRONIC			
		SUB-SAHARAN	RESEARCH AND LEARNING		FUND/WIRE			
		AFRICA	OPPORTUNITIES	541,667.	TRANSFER	0.		
					ELECTRONIC			
			RESEARCH AND LEARNING		FUND/WIRE			
		SOUTH AMERICA	OPPORTUNITIES	2,000,000.		٥.		
			GLOBAL HEALTH AND					
			DEVELOPMENT PUBLIC		ELECTRONIC			
		SUB-SAHARAN	AWARENESS AND		FUND/WIRE			
		AFRICA	ANALYSIS	5,250,000.	TRANSFER	0.		
		EUROPE (INCLUDING			ELECTRONIC			
		ICELAND &		2 000 105	FUND/WIRE			
		GREENLAND)	VACCINE DEVELOPMENT	3,879,135.	TRANSFER	0.		

Schedule F (Form 990)	GATES PI	HILANTHROPY PARTNE	RS		47-3290	0897		Page 2
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SUB-SAHARAN AFRICA	EMERGENCY RESPONSE	350,000.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DISCOVERY AND TRANSLATIONAL SCIENCES	89,990.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DISCOVERY AND TRANSLATIONAL SCIENCES; VACCINE DEVELOPMENT	150,005.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DISCOVERY AND TRANSLATIONAL SCIENCES; VACCINE DEVELOPMENT	147,692.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		SOUTH ASIA	DISCOVERY AND TRANSLATIONAL SCIENCES; VACCINE DEVELOPMENT		ELECTRONIC FUND/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DISCOVERY AND TRANSLATIONAL SCIENCES; VACCINE DEVELOPMENT		ELECTRONIC FUND/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DISCOVERY AND TRANSLATIONAL SCIENCES; VACCINE DEVELOPMENT	150,000.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DISCOVERY AND TRANSLATIONAL SCIENCES; VACCINE DEVELOPMENT	150,000.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		SOUTH AMERICA	DISCOVERY AND TRANSLATIONAL SCIENCES; VACCINE DEVELOPMENT	149,908.	ELECTRONIC FUND/WIRE TRANSFER	0.		

hedule F (Form 990)		HILANTHROPY PARTNE			47-3290			Page
	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9			
a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FM
			grant	of cash grant	Casil dispursement	assistance	assistance	appraisal, other)
			DISCOVERY AND					
			TRANSLATIONAL		ELECTRONIC			
			SCIENCES; VACCINE		FUND/WIRE			
		SOUTH AMERICA	DEVELOPMENT	149,741.	TRANSFER	0.		
			DISCOVERY AND					
			TRANSLATIONAL		ELECTRONIC			
		SUB-SAHARAN	SCIENCES; VACCINE		FUND/WIRE			
		AFRICA	DEVELOPMENT	146,022.	TRANSFER	0.		
			DI GOUEDU AND					
			DISCOVERY AND		ELECTRONIC			
		SUB-SAHARAN	TRANSLATIONAL		FUND/WIRE			
		AFRICA	SCIENCES	89,889.	TRANSFER	0.		
					ELECTRONIC			
		MIDDLE EAST AND			FUND/WIRE			
		NORTH AFRICA	EMERGENCY RESPONSE	150 000	TRANSFER	Ο.		
		NORTH AFRICA	EMERGENCI RESPONSE	130,000.	I KANST EK	0.		
		EUROPE (INCLUDING			ELECTRONIC			
		ICELAND &	PUBLIC AWARENESS AND		FUND/WIRE			
		GREENLAND)	ANALYSIS	100 000	TRANSFER	0.		
		,	DISCOVERY AND	200,000				
			TRANSLATIONAL		ELECTRONIC			
		SUB-SAHARAN	SCIENCES; VACCINE		FUND/WIRE			
		AFRICA	DEVELOPMENT	150 000	TRANSFER	Ο.		
			EMERGENCY RESPONSE;	100,000.				
			GLOBAL HEALTH AND		ELECTRONIC			
		SUB-SAHARAN	DEVELOPMENT PUBLIC		FUND/WIRE			
		AFRICA	AWARENESS AND	1,200,000.		Ο.		
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	EMERGENCY RESPONSE	150,000.	TRANSFER	0.		
			DEVELOPMENT OF	, ,				
		EUROPE (INCLUDING	SOLUTIONS TO IMPROVE		ELECTRONIC			
		ICELAND &	GLOBAL HEALTH;		FUND/WIRE			
		GREENLAND)	RESEARCH AND LEARNING	251 179	TRANSFER	0.		

Part III can be duplicated if a	dditional space is needed	J.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022 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.

GATES PHILANTHROPY PARTNERS

47-3290897

Page 3

Schedule F (Form 990) 2022

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

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 I, LINE 2:

GATES PHILANTHROPY PARTNERS LEVERAGES THE PROCESS AND EXPERTISE OF BILL &

MELINDA GATES FOUNDATION FOR SOLICITING, ANALYZING, AND REVIEWING GRANT

PROPOSALS. GRANTEES SIGN WRITTEN AGREEMENTS THAT SPECIFY THE GRANT

PURPOSE, TIMING OF PERIODIC REPORTS, AND REQUIRE A FINAL REPORT THAT

ACCOUNTS FOR HOW 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 ACCRUAL BASIS OF ACCOUNTING.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: EMERGENCY RESPONSE; GLOBAL HEALTH AND DEVELOPMENT

PUBLIC AWARENESS AND ANALYSIS; VACCINE DEVELOPMENT

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: DEVELOPMENT OF SOLUTIONS TO IMPROVE GLOBAL HEALTH;

RESEARCH AND LEARNING OPPORTUNITIES

Schedule F (Form 990) 2022	GATES	PHILANTHROPY	PARTNERS
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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.

MULTIPLE GRANTS BENEFITTED MORE THAN ONE REGION AROUND THE WORLD. FOR

PURPOSES OF 990 REPORTING, THE REGION LISTED IS THE REGION THAT

RECEIVED A MAJORITY OF THE BENEFIT. THESE GRANTS ARE EXPECTED TO HAVE

A GLOBAL IMPACT IN FUTURE YEARS.

PART II, LINE 1:

Part V

GRANTS ARE REPORTED ON 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 F (Form 990) 2022

SCHEDULE I (Form 990)	Gov	irants and Oth vernments, ar ete if the organizatio	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury		U U	Attach to Form				Open to Public
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest information	ation.		Inspection
Name of the organization GATES PHILANTH	HROPY PARTNERS	1					Employer identification number 47-3290897
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro- 	stance?				•		on 🔀 Yes 🗌 No
Part II Grants and Other Assistance to I recipient that received more than \$	•				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE URBAN INSTITUTE 500 L'ENFANT PLAZA SOUTHWEST WASHINGTON, DC 20024 THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - OFFICE OF RESEARCH, UNIVERSITY OF CALIFORNIA 3227	52-0880375	501(C)(3)	800,000.	0.			U.S. ECONOMIC MOBILITY & OPPORTUNITY DEVELOPMENT OF SOLUTIONS TO IMPROVE GLOBAL HEALTH; RESEARCH AND LEARNING
UNIVERSITY OF CALIFORNIA, 3227 CHEADLE HALL, 3RD FLOOR - SANTA	95-6006145	501(C)(3)	100,000.	٥.			OPPORTUNITIES
REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY - SPONSORED PROJECTS OFFICE 1608 FOURTH STREET, SUITE 220 MAIL CODE 5940 -			, 100,000.	0.			DEVELOPMENT OF SOLUTIONS TO IMPROVE GLOBAL HEALTH; RESEARCH AND LEARNING OPPORTUNITIES
VIRGINIA COMMONWEALTH UNIVERSITY 800 EAST LEIGH STREET, SUITE 3200 T RICHMOND, VA 23219	B 54-6001758	501(C)(3)	550,000.	0.			DEVELOPMENT OF SOLUTIONS TO IMPROVE GLOBAL HEALTH; RESEARCH AND LEARNING OPPORTUNITIES
PANORAMA GLOBAL 2101 4TH AVENUE, SUITE 2100 SEATTLE, WA 98121	81-4204119	501(C)(3)	250,000.	0.			GLOBAL HEALTH AND DEVELOPMENT PUBLIC AWARENESS AND ANALYSIS
 2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations 	с с	·	e line 1 table				<u>5.</u>

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

MONITOR WHETHER THE GRANTEES ARE COMPLYING WITH THE TERMS OF THEIR GRANT

232102 10-31-22

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: GATES PHILANTHROPY PARTNERS LEVERAGES THE PROCESS AND EXPERTISE OF BILL & MELINDA GATES FOUNDATION FOR SOLICITING, ANALYZING, AND REVIEWING GRANT PROPOSALS. GRANTEES SIGN WRITTEN AGREEMENTS THAT SPECIFY THE GRANT PURPOSE, TIMING OF PERIODIC REFORTS, AND REQUIRE A FINAL REPORT THAT ACCOUNTS FOR HOW 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

 Schedule I (Form 990) 2022
 GATES PHILANTHROPY PARTNERS
 4

 Part III
 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 4

 Part III
 Art III can be duplicated if additional space is needed.
 5

Schedule I (Form 990) 2022

47-3290897

Part IV Supplemental Information

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.

SCHEDULE J (Form 990)		Compensation Information	OMB No	. 1545-004	17	
		For certain Officers, Directors, Trustees, Key Employees, and Highest	20	192)	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.			•	
	tment of the Treasury	Attach to Form 990.	-	to Publ ection	ic	
	al Revenue Service ne of the organization	Go to www.irs.gov/Form990 for instructions and the latest information.	-	ployer identification number		
- Null	le el trie organization	GATES PHILANTHROPY PARTNERS	47-3290897		noei	
Pa	rt I Question	s Regarding Compensation	1, 01,000,			
				Yes	No	
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990.			
		line 1a. Complete Part III to provide any relevant information regarding these items.	,			
	First-class or c		naluse			
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account Personal services (such as maid, chauffer	ur, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain	1b			
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?	2			
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's	;			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	committee Written employment contract				
	Independent of	ompensation consultant Compensation survey or study				
	Form 990 of o	ther organizations Approval by the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	Receive a severance	e payment or change-of-control payment?	4a		X	
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?	4b		X	
С	Participate in or rec	eive payment from an equity-based compensation arrangement?	4c		X	
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	evenues of:				
а	The organization?			_	X	
b		ation?	<u>5b</u>		X	
		r 5b, describe in Part III.				
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the n	-				
а	The organization?		<u>6a</u>		X	
b		ation?	6b		X	
		or 6b, describe in Part III.				
7	7 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				X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
					X	
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section					
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedule J (For	r m 990)	2022	

47-3290897

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.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CONNIE COLLINGSWORTH	(i)	0.	0.	0.	0.	0.	0.	٥.
DIRECTOR & BOARD CHAIR	(ii)	953,595.	0.	56,854.	45,750.	28,975.	1,085,174.	0.
(2) ALLAN GOLSTON	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	897,764.	0.	46,366.	45,750.	28,975.	1,018,855.	٥.
(3) LISA JOHNSEN	(i)	0.	0.	0.	0.	0.	0.	٥.
DIRECTOR & SECRETARY	(ii)	423,984.	5,132.	28,154.	45,750.	27,352.	530,372.	٥.
(4) ROBERT ROSEN	(i)	٥.	0.	0.	0.	0.	0.	٥.
EXECUTIVE DIRECTOR	(ii)	352,035.	0.	22,391.	45,750.	39,030.	459,206.	٥.
(5) JONATHAN CASTRODALE	(i)	٥.	0.	0.	0.	0.	0.	٥.
TREASURER	(ii)	321,224.	10,000.	18,133.	45,750.	40,525.	435,632.	٥.
	(i)					-		
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

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.

47-3290897

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	-EZ -	OMB No. 1545-0047	
Name of the organizatior			lentification number
FORM 990, PART III	GATES PHILANTHROPY PARTNERS , LINE 4D, OTHER PROGRAM SERVICES:	47-329	0897
GATES PHILANTHROPY	PARTNERS (GPP) LEVERAGES THE DEEP PROGRAMMATIC		
EXPERTISE AND ADMI	NISTRATIVE INFRASTRUCTURE OF ITS SOLE MEMBER, BILL &		
MELINDA GATES FOUN	DATION (THE FOUNDATION), TO DEPLOY DONOR		
CONTRIBUTIONS TO S	UPPORT STRONG, EXISTING FOUNDATION-FUNDED PROJECTS		
WHERE ADDITIONAL F	UNDS CAN ACHIEVE IMMEDIATE IMPACT. GPP PROJECTS FOCUS		
ON CORE THEMES OF	THE FOUNDATION, SUCH AS ELIMINATING DISEASES, CUTTING		
CHILDHOOD DEATHS I	N HALF, ACCELERATING PROGRESS FOR WOMEN AND GIRLS,		
AND FURTHERING INN	OVATION IN US EDUCATION. BY LEVERAGING THE		
FOUNDATION'S PROG	RAM AND FINANCIAL EXPERTISE, GPP CAN EVALUATE PROJECT		
OUTCOMES, ANALYZE	IMPACT, AND MEASURE PROGRESS IN AN EFFORT TO END		
INEQUITY AND IMPRO	VE THE LIVES OF THE WORLD'S POOREST PEOPLE. GPP'S		
APPROACH TO GRANTM	AKING EMPHASIZES COLLABORATION, INNOVATION,		
EVALUATION, AND, M	OST IMPORTANTLY, RESULTS.		
EXPENSES \$ 2,418,4	31. INCLUDING GRANTS OF \$ 2,099,410. REVENUE \$ 0.		
FORM 990, PART VI,	SECTION A, LINE 2:		
CONNIE COLLINGSWOR	TH, ROBERT ROSEN, LISA JOHNSEN, ALLAN GOLSTON, AND		
JONATHAN CASTRODAL	E HAVE A BUSINESS RELATIONSHIP AS EMPLOYEES OF THE BILL &		
MELINDA GATES FOUN	DATION.		
FORM 990, PART VI,	SECTION A, LINE 4:		
GATES PHILANTHROPY	PARTNERS ADOPTED AMENDED AND RESTATED BYLAWS IN 2022.		

SIGNIFICANT CHANGES INCLUDE THE FOLLOWING:

- CONFORM WITH THE NEW WASHINGTON STATE NONPROFIT CORPORATION ACT

- CHANGE THE TERM OF A DIRECTOR FROM THREE YEARS TO ONE YEAR

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

FOR PUBLIC DISCLOSURE

Schedule O (Form 990) 2022	Page 2
Name of the organization GATES PHILANTHROPY PARTNERS	Employer identification number 47-3290897
- AMEND THE TERMS OF ARTICLE 7 REGARDING INDEMNIFICATION OF DIRECTORS,	
- AMEND THE TEAMS OF ARTICLE / REGARDING INDEMNIFICATION OF DIRECTORS,	
OFFICERS, EMPLOYEES AND AGENTS, AND	
- ADD ARTICLE 8 REGARDING BOARD ACTION IN AN EMERGENCY.	
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	
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.	

FOR PUBLIC DISCLOSURE

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization GATES PHILANTHROPY PARTNERS	Employer identification number 47-3290897
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 THEIR PERSONAL	
INFLUENCE TO ENCOURAGE THE ORGANIZATION TO ENTER INTO THE COVERED	
TRANSACTION. ADDITIONALLY, THEY 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.	
FORM 990, PART VI, SECTION B, LINE 15:	
GATES PHILANTHROPY PARTNERS DID NOT COMPENSATE ITS EXECUTIVE DIRECTOR OR	
OTHER OFFICERS. THE ORGANIZATION HAD NO EMPLOYEES AND THE OFFICERS WERE	
COMPENSATED BY BILL & MELINDA GATES FOUNDATION, THE SOLE MEMBER OF GATES	
PHILANTHROPY PARTNERS. BILL & MELINDA GATES FOUNDATION HAS A PROCESS TO	

DETERMINE COMPENSATION WHICH INCLUDES APPROVAL BY INDEPENDENT PERSONS,

FOR PUBLIC DISCLOSURE

Schedule O (Form 990) 2022	Page 2
Name of the organization GATES PHILANTHROPY PARTNERS	Employer identification number 47-3290897
COMPARABILITY DATA, AND CONTEMPORANEOUS DOCUMENTATION.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, ND, NH, NJ, NM, NY, 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 INTEREST POLICY ARE	
AVAILABLE UPON REQUEST. GATES PHILANTHROPY PARTNERS' FINANCIAL STATEMENTS	
ARE CONSOLIDATED WITH BILL & MELINDA GATES FOUNDATION, AND THE CONSOLIDATED	
FINANCIAL STATEMENTS ARE AVAILABLE AT WWW.GATESFOUNDATION.ORG.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
GRANT REFUND 297,436.	
LOSS ON UNCOLLECTED PLEDGE -2,600,000.	
TOTAL TO FORM 990, PART XI, LINE 9 -2,302,564.	

Department of the Treasury Internal Revenue Service
Name of the organiz

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.

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

Name of the organization

SCHEDULE R (Form 990)

GATES PHILANTHROPY PARTNERS

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
BILL & MELINDA GATES FOUNDATION (BMGF) -							
56-2618866, PO BOX 23350, SEATTLE, WA 98102	GRANTMAKING FOUNDATION	WASHINGTON	501(C)(3)	PF	N/A		х
BILL & MELINDA GATES MEDICAL RESEARCH							
INSTITUTE - 82-1808476, ONE KENDALL SQ, BLDG]				BILL & MELINDA		
600, CAMBRIDGE, MA 02139	MEDICAL RESEARCH	WASHINGTON	501(C)(3)	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) 2022

OMB No. 1545-0047

2022 Open to Public

Employer identification number

47-3290897

Inspection

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.

(-)	(1.)	,	(.))	(-)	(1)	(-)			(1)		<u>,</u>	(1-)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(i	·	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated,	Share of total	Share of	1	ortionate	Code V-UBI amount in box	Gene mana		Percentage
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	alloca	itions?	20 of Schedule	parti	ner?	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
ACCELERATOR GPS SIDE CAR												
FUND, L.P 81-4667411, P.O.	PROGRAM RELATED											
BOX 13329, RESEARCH TRIANGLE	INVESTMENT OF											
PARK, NC 27709	BMGF	DE	N/A	N/A	N/A	N/A		х	N/A		x	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		х	N/A		x	N/A
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		х	N/A		x	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		х	N/A		x	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) Name, address, and EIN of related organization	(b) Primary activity			(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(cont	(i) ction (b)(13) trolled tity?
		country)				400010		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	
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		х
CHROMIUM FUND LP - 87-1458828									
712 FIFTH AVE, SUITE 17F	7	CAYMAN							
NEW YORK, NY 10019	INVESTMENT OF BMGFT	ISLANDS	N/A	C CORP	N/A	N/A	N/A		х
DERBY FUND 3 - 98-1693314									
712 FIFTH AVE, SUITE 17F		CAYMAN							
NEW YORK, NY 10119	INVESTMENT OF BMGFT	ISLANDS	N/A	C CORP	N/A	N/A	N/A		х
	_								
	-								

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	1)	(i)	(j))	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total income	Share of	Disprop		Code V-UBI amount in box 20 of Schedule	Gener mana		Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	ate alloc		20 of Schedule	partn	er?	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
GREENBRIAR EQUITY FUND III-A	-											
AIV WFCI, L.P 98-1219020,	l											
	INVESTMENT OF	CAYMAN		/-	/-	/-		L	/-			/-
A-201, RYE, NY 10580	BMGFT	ISLANDS	N/A	N/A	N/A	N/A		x	N/A		<u> </u>	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		x	N/A		x	N/A
	-											
THE GLOBAL GOOD FUND I LLC -	-											
, ,	INVESTMENT OF											
SE, BELLEVUE, WA 98005	BMGFT	DE	N/A	N/A	N/A	N/A		x	N/A		x	N/A
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this	schedule.					Yes	No
1 During the tax year, did the organization engage in any of the fe	ollowing transactions	with one or more re	ated organizations listed ir	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent fro	m a controlled entity				. 1a		Х
b Gift, grant, or capital contribution to related organization(s)							X
						х	
d Loans or loan guarantees to or for related organization(s)					. 1d		X
e Loans or loan guarantees by related organization(s)							X
f Dividends from related organization(s)					. 1f		x
g Sale of assets to related organization(s)							X
h Purchase of assets from related organization(s)							X
i Exchange of assets with related organization(s)							Х
j Lease of facilities, equipment, or other assets to related organiz	zation(s)				. <u>1j</u>		X
k Lease of facilities, equipment, or other assets from related orga	nization(s)				. 1k		x
I Performance of services or membership or fundraising solicitations for related organization(s)							X
m Performance of services or membership or fundraising solicitations by related organization(s)						X	
n Sharing of facilities, equipment, mailing lists, or other assets wi	th related organization	on(s)			. 1n	X	
o Sharing of paid employees with related organization(s)					. 10	X	_
p Reimbursement paid to related organization(s) for expenses					. 1p		x
${\bf q}~$ Reimbursement paid by related organization(s) for expenses \ldots							X
r Other transfer of cash or property to related organization(s)					. 1r		x
s Other transfer of cash or property from related organization(s)							Х
2 If the answer to any of the above is "Yes," see the instructions	for information on wh	no must complete th	s line, including covered re	elationships and transaction thresholds.			
(2)		(b)	(c)	(d)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
(6) 232163 09-14-22			Schedule R (Form 990) 2022

FOR PUBLIC DISCLOSURE

Schedule R (Form 990) 2022 GATES PHILANTHROPY PARTNERS

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)	(ר)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(e) Are a partners 501(c) orgs.	all s sec	Share of	Share of		opor- nate	Code V-UBI	General o	Percentage
of entity		(state or foreign	(related, unrelated,	501(c))(3)	total	end-of-year	tio alloca	nate tions?	amount in box 20	managin partner?	ownership
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes	No	income			No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes No	5
			· · · · ·									
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	-											
	-											

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 GATES Part VII Supplemental Information GATES PHILANTHROPY PARTNERS 47 - 3290897Provide additional information for responses to questions on Schedule R. See instructions.

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

Eilo a	conarato	application	for oach	roturn
· File a	separate	application	tor each	i return.

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

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

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

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

Type o print	Name of exempt organization or other filer, see instructions.					Taxpayer identification number (TIN)			
print	GATES PHILANTHROPY PARTNERS		47-3290897						
File by the due date t filing your	Number, street, and room or suite no. If a P.O. bo P.O. BOX 23350								
	turn. See Structions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. SEATTLE, WA 98102								
Enter th	ne Return Code for the return that this application is for	r (file a separat	te application for each return)			0 1			
Application Return Application						Return			
ls For		Code	Is For			Code			
Form 9	90 or Form 990-EZ	01	Form 1041-A			08			
Form 4	720 (individual)	03	Form 4720 (other than individual)	09					
Form 9	90-PF	04	Form 5227			10			
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069		1				
Form 9	90-T (trust other than above)	06	Form 8870						
Form 9	90-T (corporation)	07							
 If the If the box 1 the the<	phone No. ► 2067093100 e organization does not have an office or place of busin is is for a Group Return, enter the organization's four di . If it is for part of the group, check this box ► request an automatic 6-month extension of time until ne organization named above. The extension is for the ► all calendar year 2022 or ► tax year beginning the tax year entered in line 1 is for less than 12 month Change in accounting period	git Group Exe	mption Number (GEN) ich a list with the names and TINs of <u>R 15, 2023</u> , to fil return for: id ending	If this is fo all memb	r the whole ers the exte	group, check this			
	this application is for Forms 990-PF, 990-T, 4720, or 6 ny nonrefundable credits. See instructions.	3a	\$	0.					
b li	this application is for Forms 990-PF, 990-T, 4720, or 6			0.					
_	stimated tax payments made. Include any prior year ov	<u>3b</u>	\$	0.					
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$						0.			
					Ŧ				
instruct	 If you are going to make an electronic funds withdra tions. 	wai (direct del	on with this form 8868, see form 8	453-1 E an	u Form 8879	ere for payment			
LHA	For Privacy Act and Paperwork Reduction Act Noti	ce, see instru	ictions.		Form	8868 (Rev. 1-2022)			

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