Department of the Treasury

Internal Revenue Service

# **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.



A For the 2023 calendar year, or tax year beginning and ending C Name of organization D Employer identification number В Check if applicable Address change GATES PHILANTHROPY PARTNERS Name 47-3290897 Doing business as change Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated P.O. BOX 23350 (206) 709-3100 132,373,771. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended SEATTLE, WA 98102 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JENNIFER DEGER Yes X No for subordinates? ..... SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.GATESPHILANTHROPYPARTNERS.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation L Year of formation: 2015 M State of legal domicile: WA Trust Association Other Part I Summary Briefly describe the organization's mission or most significant activities: GRANTMAKING & CHARITABLE 1 Activities & Governance ACTIVITIES TO PROMOTE GLOBAL DEVELOPMENT. GLOBAL HEALTH & EDUCATION 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 4 3 Number of voting members of the governing body (Part VI, line 1a) 3 0 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 0 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 5 0 Total number of volunteers (estimate if necessary) 6 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 Ο. 7h Prior Year **Current Year** 15,564,668, 132,346,638. Contributions and grants (Part VIII, line 1h) 8 Revenue 0 Ο. 9 Program service revenue (Part VIII, line 2g) 31,118 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 27 133. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 590 0. 11 15,596,376 132,373 771 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 31,426,988 40,929,884. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ο. Ο. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Ο. Ο. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0. b Total fundraising expenses (Part IX, column (D), line 25) 495,296. 712,917. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 31,922,284. 41,642,801. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 -16,325,908. 90,730,970. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year P 116,246,113. 22,461,718 20 Total assets (Part X, line 16) 150,368. 850,813. 21 Total liabilities (Part X, line 26) let 22,311,350. 115,395,300. Net assets or fund balances. Subtract line 21 from line 20 22 Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	$\frown \cdot \land$	A		Date		
Here	JENNIFER DEGER, TREASURER	Jennefer	Deper		11/8/24		
	Type or print name and title	v <u> </u>	8				
	Print/Type preparer's name	Preparer's signature,		Date	Check	PTIN	
Paid	ANNE FULTON	anne J	ulton	11/6/24	if self-employed	P00941863	
Preparer	Firm's name DELOITTE TAX LLP				Firm's EIN 86	-1065772	
Use Only	Firm's address 50 SOUTH SIXTH STREET						
	MINNEAPOLIS, MN 55402				Phone no.612-3	97-4000	
May the II	RS discuss this return with the preparer shown ab	ove? See instructions				X Yes	No
LHA For	Paperwork Reduction Act Notice, see the sep	arate instructions.	332001 12-21-23			Form <b>990</b>	(2023)

Form	990 (2023) GATES PHILANTHROPY PARTNERS	47-3290897	Page <b>2</b>
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?	Υ	'es 🔟 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?	Y	'es 🗴 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 n	neasured by expens	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses	s, and
	revenue, if any, for each program service reported.	- -	
4a	(Code:) (Expenses \$28,346,057. including grants of \$28,346,057. ) (Revenu	e\$	)
	GLOBAL DEVELOPMENT: EXPANDING ACCESS TO CRITICAL HEALTH COVERAGE AND		,
	ACCELERATING THE DELIVERY OF HIGH-IMPACT HEALTH PRODUCTS AND SERVICES		
	TO COMMUNITIES THAT NEED IT MOST. THIS INCLUDES OUR SUPPORT FOR GLOBAL		
	POLIO ERADICATION EFFORTS, WHICH AIM TO END POLIO ONCE AND FOR ALL.		
4b	(Code:) (Expenses \$10,483,333. including grants of \$10,483,333. (Revenue)		)
	GLOBAL HEALTH: ADDRESSING INEQUITIES IN HEALTH BY DEVELOPING NEW TOOLS		,
	AND STRATEGIES TO REDUCE THE BURDEN OF INFECTIOUS DISEASES, LIKE HIV		
	AND TUBERCULOSIS, AND THE LEADING CAUSES OF CHILD MORTALITY IN		
	DEVELOPING COUNTRIES.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue)	ie\$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 2,657,417. including grants of \$ 2,100,493.) (Revenue \$	)	
4e	Total program service expenses 41,486,807.		
		For	m <b>990</b> (2023)

## PUBLIC DISCLOSURE COPY

Form 990 (2023) GATES PHILANTHROPY
Part IV Checklist of Required Schedules GATES PHILANTHROPY PARTNERS

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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?			v
	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,			v
	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			x
-	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
Ь	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		
u	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		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. 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			
	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? If "Yes,"			v
•	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	Х	

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GATES PHILANTHROPY PARTNERS

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
214	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No." go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		240		
لم	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	0.51		v
~~	Schedule L, Part I	25b		Х
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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	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		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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	x	
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		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
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	x	
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	_		
~	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c		

Form 990 (2023)

	990 (2023)GATES PHILANTHROPY PARTNERS47-32908	397	Р	<sub>age</sub> 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	Зb		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	9 7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b	_		
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
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		х
	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 (2023) GATES PHILANTHROPY PARTNERS		47-3290			age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough	7b below, and fo	ra "No" i	respor	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					X
Sec	tion A. Governing Body and Management					
		I	1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a		4		
	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	X	
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			-		X X
5	Did the organization become aware during the year of a significant diversion of the organization's asso				x	•
6 7-	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			7-	x	
b	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, sto			7a	- 21	
D	persons other then the sourceing had ()			7b	x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			75		
a	The governing body?	-	-	8a	x	
b	Each committee with authority to act on behalf of the governing body?				x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
-	organization's mailing address? <i>If "Yes." provide the names and addresses on Schedule O</i>			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-					
		0.100	00001		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			. 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	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			. <b>12</b> b	X	
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	X	
13	Did the organization have a written whistleblower policy?				X	
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?			45		v
a h	The organization's CEO, Executive Director, or top management official					X X
b	Other officers or key employees of the organization			15b		
16-2	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent w	ith a			
100	taxable entity during the year?			16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			TOA		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate	-	-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			10.5		
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)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			. ,/		
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
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.					
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					
332006	12-21-23 SEE SCHEDULE O FOR FULL LIST OF STATES			Forn	1 <b>990</b>	(2023)

Form 990 (	2023) GATES PHILANTHROPY PARTNERS	47-3290897	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compens	sated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending with or w	vithin the organization's	tax year.
● Liet a	all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless,	of amount of company	ation

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)	(B)	(C)		(D)	(F)					
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless perso					compensation	compensation	amount of
	week		cer ar	nd a d	Irecto	or/trus	itee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	96			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		98	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		hold	t con		1099-INEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ALLAN GOLSTON	1.00	-	_		-					
BOARD CHAIR (START 5/23) & DIRECTOR	40.00	x						0.	982,785.	78,876.
(2) GARGEE GHOSH	1.00									
DIRECTOR (START 5/23)	40.00	Х						0.	823,973.	90,974.
(3) CONNIE COLLINGSWORTH	1.00									
DIRECTOR & BOARD CHAIR (END 4/23)	40.00	X						0.	745,129.	78,421.
(4) KEITH MATTHEWS	1.00									
SECRETARY (START 5/23)	40.00			X				0.	489,009.	90,854.
(5) ROBERT ROSEN	3.00									
EXECUTIVE DIRECTOR	40.00	X		Х				0.	403,173.	89,272.
(6) JENNIFER DEGER	1.00									
TREASURER (START 5/23)	40.00			Х				0.	410,690.	65,242.
(7) JONATHAN CASTRODALE	1.00									
TREASURER (END 5/23)	40.00			X				0.	368,769.	91,939.
(8) LISA JOHNSEN	1.00									
SECRETARY (END 3/23) & DIRECTOR	40.00	X		X				0.	86,641.	19,403.
		-								
		1								
		-								
		-								
				-						
	L		L	1	1	1	1	1		000

Form	990 (2023) GATES PHILAN	THROPY PART	NER	S						47-329	0897		P	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	(do box offic	not c , unle:		C) ition more rson i	) than o	one n an	<b>(D)</b> Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	5/	fro orga anc	oensa om th anizat I relat nizati	e ion ed
			-											
			-		-	-								
			-											
			-											
			-											
1b	Subtotal								0.	4,310,10			604,	981.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.	4,310,10	0. 59.		604,	0. 981.
2	Total number of individuals (including but n								eceived more than \$100,				,	
	compensation from the organization												Yes	0 <b>No</b>
3	Did the organization list any former officer,				•	•								
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> For any individual listed on line 1a, is the su										📑	3		X
•	and related organizations greater than \$150	),000? If "Yes,	" со	mple	ete S	Sche	dule	e J f	for such individual		🗳	4	x	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com											5		x
Sec	tion B. Independent Contractors		- 0 10	<u>JI 51</u>		0015	011				<u> </u>			
1	Complete this table for your five highest con the organization. Report compensation for t	•	•								nsatior	ו fro	m	
	(A)	<b>*</b>			ig w			<u>u m</u>	(B)			(C		~
SUMM	Name and business ERY, INC., 2269 CHESTNUT STREET,								Description of s			iper	isatio	11
	SAN FRANCISCO, CA 94123								TECH., PROCESS & IN	T. STRAT.			150,	300.
	VA GLOBAL INC EAST LANCASTER AVE., PAOLI, PA	19301							STRATEGY EXECUTION				144.	185.
NEWT	ON STREET PUBLIC RELATIONS, LLC												,	
162	NEWTON STREET, SEATTLE, WA 98109								STRATEGY EXECUTION				139,	425.
2	Total number of independent contractors (in \$100.000 of compensation from the organia		ot lin	nited	d to		se lis 3	ted	above) who received mo	pre than				

			2020)	ES PI	HILANT	HROPY	PARTNERS			47-329089	7 Page 9
Pa	rt V	/	Statement of Re	even	ue						
			Check if Schedule O	conta	ains a re	sponse	or note to any line	e in this Part VIII			
						•		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<u>ເ</u>	1	а	Federated campaigns		1	а					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			b					
ΩĘ			Fundraising events			с					
arA			Related organizations			d	668,655.				
s, G			Government grants (cont			е					
rsi		f	All other contributions, gifts,	, grant	ts, and						
the			similar amounts not included	d abov	/e 1	f	131,677,983.				
d d i		g	Noncash contributions included in	n lines 1	1a-1f <b>1</b>	g \$					
аS		h	Total. Add lines 1a-1f					132,346,638.			
							Business Code				
ø	2	а									
e ri		b									
am Ser		С									
Program Service Revenue		d									
ю́н		е									
e		f	All other program service								
		g	Total. Add lines 2a-2f								
	3		Investment income (inclu	ding	dividend	s, inter	est, and				
								27,133.			27,133
	4		Income from investment		•						
	5		Royalties								
					(I) F	Real	(ii) Personal				
	6	а	Gross rents								
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6c							
			Net rental income or (loss				(1) Others				
	7	а	Gross amount from sales of		(I) Sec	urities	(ii) Other				
		_	assets other than inventory	7a							
		b	Less: cost or other basis								
enue			and sales expenses								
§ ∣			Gain or (loss)								
Other R			Net gain or (loss)								
the	8	а	Gross income from fundrais including \$								
0			including \$ contributions reported or			of					
			Part IV, line 18		-						
		b	Less: direct expenses								
			Net income or (loss) from								
			Gross income from gamir								
	Ŭ	u	Part IV, line 19				a				
		b	Less: direct expenses								
			Net income or (loss) from				<b>.</b>				
			Gross sales of inventory,								
	-		and allowances			10	a				
		b	Less: cost of goods sold								
			Net income or (loss) from			····	-				
							Business Code				
Miscellaneous Revenue	11	а									
ane		b									
scellaneo Revenue		с									
Alisc		d	All other revenue								
۲			Total. Add lines 11a-11d								
	12		Total revenue. See instructi	ions				132,373,771.	0.	0.	27,133.

GATES PHILANTHROPY PARTNERS

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response		•	1 ()	
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	10 146 546	10 146 546		
	and domestic governments. See Part IV, line 21	18,146,546.	18,146,546.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	22,783,338.	22,783,338.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	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				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
		24,464.		24,464.	
b		23,212.		23,212.	
	Accounting	25,212.		25,212.	
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.)	441,013.	375,223.	65,790.	
12	Advertising and promotion				
13	Office expenses	13,221.		13,221.	
14	Information technology	181,700.	181,700.		
15	Royalties				
16	Occupancy				
17					
	F				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	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),				
	amount, list line 24e expenses on Schedule 0.)				
а	DONATION PROCESSING FEE	29,147.		29,147.	
b	DUES AND FEES	92.		92.	
с С	CURRENCY CONVERSION - L	68.		68.	
-					
d					
e	All other expenses	41 640 001	41 400 000	165 004	^
25	Total functional expenses. Add lines 1 through 24e	41,642,801.	41,486,807.	155,994.	0.
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 here if following SOP 98-2 (ASC 958-720)				
					000

		Check if Schedule O contains a response or i	note to any line in this Part X			
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		2	26,970,690.	
	3	Pledges and grants receivable, net		3	89,275,423.	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, su				
		controlled entity or family member of any of the			5	
	6	Loans and other receivables from other disqu				
		under section 4958(f)(1)), and persons describ			6	
ŝ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment: cost or othe				
		basis. Complete Part VI of Schedule D				
	ь	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, lin			12	
	13	Investments - program-related. See Part IV, III			13	
	14				13	
	15	Intangible assets		15		
	16	Other assets. See Part IV, line 11			16	116,246,113.
	17	Total assets. Add lines 1 through 15 (must e			17	813.
	18	Accounts payable and accrued expenses		•	17	850,000.
	19	Grants payable Deferred revenue			19	
	20				20	
		Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
Liabilities	22	Loans and other payables to any current or for				
jiit		trustee, key employee, creator or founder, su			00	
Lial		controlled entity or family member of any of the			22	
_	23	Secured mortgages and notes payable to un			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X		0.5	
					25	950 912
	26	Total liabilities. Add lines 17 through 25	heck here X	150,368.	26	850,813.
ŷ		Organizations that follow FASB ASC 958, c				
ЭС		and complete lines 27, 28, 32, and 33.		2 447 674		1 271 020
alaı	27			10 000 070	27	1,371,020.
ä	28			. 19,863,676.	28	114,024,280.
Ĩ		Organizations that do not follow FASB ASC	5 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.				
ts c	29	Capital stock or trust principal, or current fun			29	
sse	30	Paid-in or capital surplus, or land, building, or			30	
ťΑ	31	Retained earnings, endowment, accumulated			31	
Re	32	Total net assets or fund balances			32	115,395,300.
	33	Total liabilities and net assets/fund balances		. 22,461,718.	33	116,246,113.

PUBLIC DISCLOSURE COPY

Form **990** (2023)

Form 990 (2023)
Part X Balance Sheet

Form	990 (2023) GATES PHILANTHROPY PARTNERS	47-329089	7	Pa	<sub>ge</sub> 12
	rt XI Reconciliation of Net Assets				<u>.</u>
	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	132,	373,	771.
2	Total expenses (must equal Part IX, column (A), line 25)	2	41,	642,	801.
3	Revenue less expenses. Subtract line 2 from line 1	3	90,	730,	970.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,	311,	350.
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,	352,	980.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	115,	395,	300.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
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	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	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	audit,			
	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 Sche	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		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				000	

Form **990** (2023)

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.

#### Ν

Nam	Name of the organization Employer identification number								
			PHILANTHROPY PA						47-3290897
Pa	rt I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.	
The o	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only (	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)( <sup>-</sup>	1)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	ו 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	l or operate	ed by a go	overnmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	Х	An organization that normal	lly receives a substa	ntial part of its support fi	om a gove	ernmental	unit or from th	e 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		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	eor
		university:							
10		An organization that normal							
		activities related to its exem							-
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor							
11		An organization organized a	-	•	•				
12		An organization organized a	-	•	-			•	
		more publicly supported org	-						Check the box on
		lines 12a through 12d that o	• •					-	
а		<b>Type I.</b> A supporting orga	-		•	-			
		the supported organizatio			majority o	of the direc	ctors or trustee	es of the su	upporting
	_	organization. You must c						/ \	
b		<b>Type II.</b> A supporting org	-				-		-
		control or management o			ame perso	ns that co	ntroi or manaç	je the sup	ροπεα
		organization(s). You mus	-		in connect	ion with		l. intograto	
С		J Type III functionally inter						ly integrate	ed with,
لم		its supported organization		-				tod organi	-otion(o)
d		J Type III non-functionally						-	
		that is not functionally inter requirement (see instruction	•	<b>e</b> ,	•		•	anallenin	veness
•		¬ · ·		•					
е		Check this box if the orga functionally integrated, or					турет, турет	i, iype iii	
f	Ento	er the number of supported o		, , , , , , , , , , , , , , , , , , , ,	0 0	ation.			
		vide the following information	•	d organization(s)					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	in your governi <b>Yes</b>	No	support (see in	structions)	support (see instructions)
					100				
Tota									

OMB No. 1545-0047

2023

**Open to Public** 

Inspection

Part II

Page 2

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.)

#### Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 170,518,845. 30,131,382. 15,564,668. 132,346,638. 367,992,276. 19,430,743. 2 Tax revenues levied for the organization'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 19 430 743. 170,518,845. 30,131,382. 15,564,668. 132,346,638. 367,992,276. 4 Total. Add lines 1 through 3 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) 192,195,442. 175,796,834. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 19,430,743. 170,518,845. 30,131,382. 15,564,668. 132,346,638. 367,992,276. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 72,630 11,540. 24,165. 31,118, 27,133. 166,586. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on **10** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 590 590 368,159,452. **11 Total support.** Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 47.75 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 % 15 Public support percentage from 2022 Schedule A, Part II, line 14 54.69 15 % 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2023

### PUBLIC DISCLOSURE COPY

# Schedule A (Form 990) 2023 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.)

Sec	LION A. Fublic Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support	<u> </u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	he organization's fi	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here	-		<u></u>	<u></u>	-	
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2023 (	line 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2022	2 Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Invest	stment Income	e Percentage				
17	Investment income percentage for 2	023 (line 10c, colui	mn (f), divided by l	ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the	e organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2022. If the	-	•				nd
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization			-		-	
	3 12-21-23		· ·				(Form 990) 2023

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.)

Schedule A (Form 990) 2023 GATES PHILANTHROPY PARTNERS	47-3290897	Pa	age <b>5</b>
Part IV Supporting Organizations (continued)			
		Yes	No
11 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>b</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	r 11c, provide		
detail in Part VI.	11c		
Section B. Type I Supporting Organizations			
		Yes	No

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? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> <i>supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>
2	Did the organization operate for the benefit of any supported organization other than the supported

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

#### supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

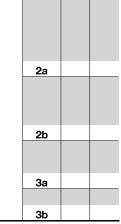
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)* 

	organization(3).	
Section D. All T	ype 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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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			
	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.*
- c 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.*



Yes No

1

2

1

Yes No

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Schedule A (Form 990) 2023

_	edule A (Form 990) 2023 GATES PHILANTHROPY PARTNERS			47-3290897 Pag
Pa	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		•	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
ect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion 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 <b>Part VI</b> ):			
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		
Sect	tion 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		

Schedule A (Form 990) 2023

instructions).

_	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	rager
Secti	on D - Distributions		(oontant		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				

GATES PHILANTHROPY PARTNERS

Schedule A (Form 990) 2023

d Excess from 2022 e Excess from 2023

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Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023 GATES PHILANTHROPY PARTNERS	47-3290897	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this (See instructions.)	V, Section B, lines 1 and 2; Part IV, Section Part V, line 1; Part V, Section B, line 1e; Par	C,

## Identification of Excess Contributions Included on Part II, Line 5

## 2023

192,195,442.

# \*\* Do Not File \*\* \*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
CHAN ZUCKERBERG FOUNDATION	47,501,909.	40,138,720.
BYTETEAM LTD	10,000,000.	2,636,811.
HOPE ALDRICH	25,000,000.	17,636,811.
MASTERCARD IMPACT FUND	17,000,000.	9,636,811.
MICHAEL & SUSAN DELL FOUNDATION	20,000,000.	12,636,811.
THE ELMA FOUNDATION	10,000,000.	2,636,811.
ALWALEED PHILANTHROPIES	9,000,000.	1,636,811.
BLOOMBERG FAMILY FOUNDATION	47,275,423.	39,912,234.
DALIO FAMILY FUND INC	10,000,000.	2,636,811.
GOOD VENTURES FOUNDATION	70,050,000.	62,686,811.

SCHEDULE C	
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Department of the Treasury

Internal Revenue Service

(Form 990)

# Political Campaign and Lobbying Activities

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

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

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

• Section 527 organizations: Complete Part I-A only.

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

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

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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of organization			En	ployer identification number
	GATES PHII	47-3290897			
Pa	rt I-A Complete if the or	ganization is exempt unde	er section 501(c)	or is a section 527 of	organization.
2	Provide a description of the organ Political campaign activity expend Volunteer hours for political campa	itures			\$
Pa	rt I-B Complete if the or	ganization is exempt unde	er section 501(c)	(3).	
	Enter the amount of any excise tax				\$
2	Enter the amount of any excise tax				
3	If the organization incurred a secti				
	Was a correction made?				
	If "Yes." describe in Part IV.				
Pa	rt I-C Complete if the or	ganization is exempt unde	er section 501(c),	except section 501	(c)(3).
1	Enter the amount directly expende	ed by the filing organization for sec	tion 527 exempt func	tion activities	\$
2	Enter the amount of the filing orga	nization's funds contributed to oth	ner organizations for s	ection 527	
	exempt function activities				\$
3	Total exempt function expenditure	s. Add lines 1 and 2. Enter here a	nd on Form 1120-POL	-,	
	line 17b				
4	Did the filing organization file Form	n 1120-POL for this year?			Yes No
5	Enter the names, addresses, and a made payments. For each organiz contributions received that were p political action committee (PAC). I	ation listed, enter the amount paic romptly and directly delivered to a	I from the filing organi separate political org	zation's funds. Also enter anization, such as a separ	the amount of political
	<b>(a)</b> Name	(b) Address	<b>(c)</b> EIN	(d) Amount paid fron filing organization's funds. If none, enter -0	contributions received and
_					

OMB No. 1545-0047

2023

Open to Public

Inspection

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Part II-A Complete if the orga	anization is exem	pt under section	501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)).					
	-	• • •	Part IV each affiliated	group member's name	e, address, EIN,
	e of excess lobbying e	. ,			
B Check if the filing organizat	ion checked box A an	d "limited control" pro	visions apply.		
	s on Lobbying Expen itures" means amou	ditures nts paid or incurred.)		<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influe	ence public opinion (g	rassroots lobbying)			
<b>b</b> Total lobbying expenditures to influe	ence a legislative bod	y (direct lobbying)			
c Total lobbying expenditures (add lin					
d Other exempt purpose expenditures	3			41,642,801.	
e Total exempt purpose expenditures	(add lines 1c and 1d)			41,642,801.	
f Lobbying nontaxable amount. Enter	the amount from the	following table in both	n columns.	1,000,000.	
If the amount on line 1e, column (a) or	(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	0,000, \$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
over \$1,500,000 but not over \$17,0	00,000, \$225,00	0 plus 5% of the exces	ss over \$1,500,000.		
over \$17,000,000,	\$1,000,0	000.			
g Grassroots nontaxable amount (ent	er 25% of line 1f)			250,000.	
<b>h</b> Subtract line 1g from line 1a. If zero				0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than zero		ne 1i, did the organiza	tion file Form 4720	г	<b>—</b>
reporting section 4911 tax for this y				L	Yes No
(Some organizations the		raging Period Under	.,	of the five columns be	low
		te instructions for lin	•		10.00
	•	ditures During 4-Yea			
	, , , ,	0			
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures					
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount	200,000.	200,000.	200,000.	200,000.	_,000,000
(150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

# 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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	of the lobbying activity.			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?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
ر ام	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to not be 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				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5)	, or sec	tion	
				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?				
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 ' answered "Yes."	n 501(c)(5) 'No" OR (b	) Part I		3, is
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		2c		
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	olitical			
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		. 5		
Par	t IV Supplemental Information				
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	

Provide 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 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Department of the Treasury Internal Revenue Service	Go to w	ww.irs.gov/Forn	Open to Public Inspection			
Name of the organization					Employer ider	tification number
GATES PHILANTHROPY PA	RTNERS				47-329089	7
		ctivities Out	side the United States. Compl	ete if the organ		
Form 990, Part						
-	-		ds to substantiate the amount of its gra the selection criteria used to award the			K Yes No
United States.		C .	procedures for monitoring the use of its		her assistance ou	utside the
			an be duplicated if additional space is r			(0) <b>T</b> - t - t
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING	GRANTMAKING	3	250,000.
SOUTH AMERICA	0	0	GRANTMAKING	GRANTMAKING	3	100,000.
SOUTH ASIA	0	0	GRANTMAKING	GRANTMAKING	}	11,550,005.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	GRANTMAKING	}	10,883,333.
<b>3 a</b> Subtotal	0	0				22,783,338.
<b>b</b> Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	0				22,783,338.

**Statement of Activities Outside the United States** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

Schedule F (Form 990) 2023

OMB No. 1545-0047

**Open to Public** 

SCHEDULE F (Form 990)

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	<b>(d)</b> Purpose of grant	<b>(e)</b> 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)
					ELECTRONIC			
		EAST ASIA AND THE			FUND/WIRE			
		PACIFIC	TOBACCO CONTROL	250,000.	TRANSFER	0.		
			DISCOVERY AND		ELECTRONIC			
			TRANSLATIONAL		FUND/WIRE			
			SCIENCES	100,000.	TRANSFER	0.		
					ELECTRONIC			
					FUND/WIRE			
		SOUTH ASIA	EMERGENCY RESPONSE	350,000.	TRANSFER	0.		
					ELECTRONIC			
			PUBLIC AWARENESS AND		FUND/WIRE			
		SOUTH ASIA	ANALYSIS	11,200,005.		0.		
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	TOBACCO CONTROL	200,000.	TRANSFER	0.		
					ELECTRONIC			
		SUB-SAHARAN	RESEARCH AND LEARNING		FUND/WIRE			
		AFRICA	OPPORTUNITIES	501,231.	TRANSFER	Ο.		
			GLOBAL HEALTH AND					
			DEVELOPMENT PUBLIC		ELECTRONIC			
		SUB-SAHARAN	AWARENESS AND		FUND/WIRE			
		AFRICA	ANALYSIS	3,200,000.	TRANSFER	0.		
					ELECTRONIC			
		SUB-SAHARAN	RESEARCH AND LEARNING		FUND/WIRE			
			OPPORTUNITIES		TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) 2023

7 5

Schedule F (Form 990)		HILANTHROPY PARTN			47-329			Page
•	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9			
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(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	Cash disbuisement	assistance	assistance	appraisal, other)
					ELECTRONIC			
		SUB-SAHARAN	RESEARCH AND LEARNING		FUND/WIRE	_		
		AFRICA	OPPORTUNITIES	666,567.	TRANSFER	0.		
			GLOBAL HEALTH AND					
			DEVELOPMENT PUBLIC		ELECTRONIC			
		SUB-SAHARAN	AWARENESS AND		FUND/WIRE			
		AFRICA	ANALYSIS	3,000,000.	TRANSFER	0.		
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	TOBACCO CONTROL	50 000	TRANSFER	Ο.		
		AFRICA		50,000.	TRANSFER	0.		
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	TUBERCULOSIS	1,000,000.		ο.		
				,,				
					ELECTRONIC			
		SUB-SAHARAN	AGRICULTURAL		FUND/WIRE			
		AFRICA	DEVELOPMENT	750 000	TRANSFER	ο.		
			GLOBAL HEALTH AND	,,				
			DEVELOPMENT PUBLIC		ELECTRONIC			
		SUB-SAHARAN	AWARENESS AND		FUND/WIRE			
		AFRICA	ANALYSIS; NEGLECTED	850 000	TRANSFER	Ο.		
		AFRICA	ANALIDIS; MEGLECIED	0.000,000.	TRANSFER	•.		

GATES PHILANTHROPY PARTNERS

47-3290897

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2023

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 the Instructions for Form 926)</i>	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)</i>	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 the 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 the Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2023

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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 II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: GLOBAL HEALTH AND DEVELOPMENT PUBLIC AWARENESS AND

ANALYSIS; NEGLECTED TROPICAL DISEASES

PART II, LINE 1(A):

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 I, LINE 3:

GRANTS ARE REPORTED ON ACCRUAL BASIS OF ACCOUNTING.

#### 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.

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.

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.						
Comp						Open to Public
	Go to www.irs	s.gov/Form990 for	the latest information	ation.		Inspection
ROPY PARTNERS						Employer identification number 47-3290897
nd Assistance						
tance?	oring the use of grant	funds in the United	States.		· · · · · · · · · · · · · · · · · · ·	Yes No
<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
27-1067272	501(C)(3)	350,493.	0.			U.S. ECONOMIC MOBILITY & OPPORTUNITY
83-0963735	501(C)(3)	500,000.	0.			POSTSECONDARY EDUCATION; RESEARCH AND LEARNING OPPORTUNITIES; U.S. ECONOMIC MOBILITY &
27-3941186	501(C)(3)	500,000.	0.			NEGLECTED TROPICAL DISEASES
13-1760110	501(C)(3)	16,796,052.	0.			PUBLIC AWARENESS AND ANALYSIS
	ROPY PARTNERS nd Assistance o substantiate the stance? Domestic Organiz 05,000. Part II can (b) EIN 27-1067272 83-0963735 27-3941186 13-1760110	Governments, ar         Complete if the organization         Go to www.irs         AG Assistance         o substantiate the amount of the grants         coedures for monitoring the use of grant         Domestic Organizations and Domestic         OS (c) IRC section (if applicable)         27-1067272       501(c)(3)         83-0963735       501(c)(3)         27-3941186       501(c)(3)         13-1760110       501(c)(3)	Governments, and Individual Complete if the organization answered "Yes" Attach to Form Go to www.irs.gov/Form990 for         HATCH INTERS         INDEPT PARTNERS         IND Assistance         o substantiate the amount of the grants or assistance, the extance?         Domestic Organizations and Domestic Governments. CO         ODMESTIC Organizations and Domestic Governments. CO         55,000. Part II can be duplicated if additional space is needed         (b) EIN       (c) IRC section (if applicable)       (d) Amount of cash grant         27-1067272       501(C)(3)       350,493.         83-0963735       501(C)(3)       500,000.         27-3941186       501(C)(3)       500,000.	Governments, and Individuals in the Unit         Complete if the organization answered "Yes" on Form 990, Parl Attach to Form 990.         Go to www.irs.gov/Form990 for the latest inform         ROPY PARTNERS         Ind Assistance         o substantiate the amount of the grants or assistance, the grantees' eligibility tance?         coedures for monitoring the use of grant funds in the United States.         Domestic Organizations and Domestic Governments. Complete if the org. 55,000. Part II can be duplicated if additional space is needed.         (b) EIN       (c) IRC section (if applicable)       (d) Amount of cash grant       (e) Amount of noncash assistance         27-1067272       501(C)(3)       350,493.       0.         83-0963735       501(C)(3)       500,000.       0.         13-1760110       501(C)(3)       16,796,052.       0.         Ison of cash grant	Governments, and Individuals in the United States         Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.         Attach to Form 990.         Go to www.irs.gov/Form990 for the latest information.         TROPY PARTNERS         IROPY PARTNERS         Md Assistance         output the set of grant funds in the United States.         Domestic Organizations and Domestic Governments. Complete if the organization answered "Nos, 50.00. Part II can be duplicated if additional space is needed.         (b) EIN       (c) IRC section (ff applicable)       (d) Amount of cash grant       (f) Method of valuation (book, FMV, appraisal, assistance         27-1067272       501(c)(3)       350,493.       0.         27-3941186       501(c)(3)       500,000.       0.         13-1760110       501(c)(3)       16,796,052.       0.	Governments, and Individuals in the United States         Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Natch to Form 990.         Attach to Form 990.         Go to www.irs.gov/Form990 for the latest information.         ROPY PARTNERS         Masistance         o substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selectinators?         Complete of grant funds in the United States.         Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part 11 can be duplicated if additional space is needed.         (b) EIN       (c) IFC section       (d) Amount of noncash assistance       (f) Method of valuation (book, cash grant is assistance       (g) Description of noncash assistance         27-1067272       501(C) (3)       350,493.       0.       Image: Section (f) apprisal, other)       (g) Description of noncash assistance         27-3941186       501(C) (3)       500,000.       0.       Image: Section (f) apprisal, other)       Image: Section (f) apprisal, other)

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023 GATES PHILA

GATES PHILANTHROPY PARTNERS

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

				<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	
<b>Supplemental Information.</b> Provide the information	required in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
I, LINE 2:					

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

#### 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.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: COLERIDGE INITIATIVE INCORPORATED

(H) PURPOSE OF GRANT OR ASSISTANCE: POSTSECONDARY EDUCATION; RESEARCH

AND LEARNING OPPORTUNITIES; U.S. ECONOMIC MOBILITY & OPPORTUNITY

SCHEDULE J (Form 990)		Compensation Information	OMB N	OMB No. 1545-0047		
		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	2			
_		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.	Oper	to Pub	lic	
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Ins	pection		
Nam	e of the organizatior	1	Employer identification	ation nu	mber	
		GATES PHILANTHROPY PARTNERS	47-3290897			
Pa	rt I Question	s Regarding Compensation				
				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,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re-	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee				
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		b		
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		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		compensation consultant Compensation survey or study				
	Form 990 of o	ther organizations Approval by the board or compensation c	ommittee			
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	•				
		e payment or change-of-control payment?			x	
	-	eive payment from a supplemental nonqualified retirement plan?			X	
с		eive payment from an equity-based compensation arrangement?		C	A	
	If "Yes" to any of lin	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	0.1					
-		(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n l			
_	contingent on the re		-	-	v	
	The organization?	ation0	_		x	
a	Any related organiz			U	A	
~		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	лт — — — — — — — — — — — — — — — — — — —			
-	contingent on the n	-			x	
a ⊾	Any related arrest	ation 0			X	
b		ation?	61	U	A	
7		or 6b, describe in Part III.				
1	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		,	v	
<u> </u>		nes 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	
<u> </u>				) 	A	
9		id the organization also follow the rebuttable presumption procedure described in				
<b>F</b>		1 53.4958-6(c)?			1 00000	
⊢or I	-aperwork Reducti	ion Act Notice, see the Instructions for Form 990.	Schedule J (Fo	orm 990	) 2023	

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.

		(B) Breakdown of W	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) ALLAN GOLSTON	(i)	0.	0.	0.	0.	0.	0.	0.	
BOARD CHAIR (START 5/23) & DIRECTOR	(ii)	933,287.	Ο.	49,498.	49,500.	29,376.	1,061,661.	0.	
(2) GARGEE GHOSH	(i)	0.	0.	0.	0.	0.	0.	0.	
DIRECTOR (START 5/23)	(ii)	784,201.	0.	39,772.	49,500.	41,474.	914,947.	0.	
(3) CONNIE COLLINGSWORTH	(i)	0.	0.	0.	0.	0.	0.	0.	
DIRECTOR & BOARD CHAIR (END 4/23)	(ii)	671,575.	0.	73,554.	49,500.	28,921.	823,550.	0.	
(4) KEITH MATTHEWS	(i)	0.	0.	0.	0.	0.	0.	0.	
SECRETARY (START 5/23)	(ii)	477,126.	0.	11,883.	49,500.	41,354.	579,863.	0.	
(5) ROBERT ROSEN	(i)	0.	0.	0.	0.	0.	0.	0.	
EXECUTIVE DIRECTOR	(ii)	375,836.	0.	27,337.	49,500.	39,772.	492,445.	0.	
(6) JENNIFER DEGER	(i)	0.	0.	0.	0.	0.	0.	0.	
TREASURER (START 5/23)	(ii)	380,314.	0.	30,376.	49,500.	15,742.	475,932.	0.	
(7) JONATHAN CASTRODALE	(i)	0.	0.	0.	0.	0.	0.	0.	
TREASURER (END 5/23)	(ii)	341,086.	268.	27,415.	49,500.	42,439.	460,708.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

332113 11-06-23

THE TOP MANAGEMENT OFFICIAL IS UNCOMPENSATED BY THE REPORTING ORGANIZATION.

THE REPORTING ORGANIZATION RELIES ON BILL & MELINDA GATES FOUNDATION, ITS

SOLE MEMBER, TO ESTABLISH COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL.

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection
Name of the organizatio	n GATES PHILANTHROPY PARTNERS		identification number
FORM 990, PART III	, LINE 4D, OTHER PROGRAM SERVICES:		
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 \$ 2,657,4	17. INCLUDING GRANTS OF \$ 2,100,493. REVENUE \$ 0.		
FORM 990, PART VI,	SECTION A, LINE 2:		
ALLAN GOLSTON, GAR	GEE GHOSH, CONNIE COLLINGSWORTH, KEITH MATTHEWS, ROBERT		
ROSEN, JENNIFER DE	GER, JONATHAN CASTRODALE, AND LISA JOHNSEN HAVE A		
BUSINESS RELATIONS	HIP AS CURRENT OR FORMER EMPLOYEES OF THE BILL & MELINDA		
GATES FOUNDATION.			
FORM 990, PART VI,	SECTION A, LINE 6:		
THE SOLE MEMBER OF	GATES PHILANTHROPY PARTNERS IS BILL & MELINDA GATES		
FOUNDATION.			

Schedule O (Form 990) 2023	Page
Name of the organization GATES PHILANTHROPY PARTNERS	Employer identification number 47-3290897
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.	
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	Schodulo () (Earm 000) 000
PUBLIC DISCLOSURE COPY	Schedule O (Form 990) 2023

Page 2

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization	Employer identification number
GATES PHILANTHROPY PARTNERS	47-3290897
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,

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

VA,WA,WI,WV

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization GATES PHILANTHROPY PARTNERS	Employer identification number 47-3290897
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         2,352,980.	

SCH	EDULE R
<b>/</b>	

### (Form 990)

## **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

Name of the organization

Department of the Treasury Internal Revenue Service

GATES PHILANTHROPY PARTNERS

5

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	Section 5 contr ent	olled
				501(c)(3))		Yes	No
BILL & MELINDA GATES FOUNDATION (BMGF) -							
56-2618866, P.O. BOX 23350, SEATTLE, WA							
98102	GRANTMAKING FOUNDATION	WASHINGTON	501(C)(3)	PF	N/A		х
BILL & MELINDA GATES MEDICAL RESEARCH							
INSTITUTE - 82-1808476, ONE KENDALL SQ, BLDG					BILL & MELINDA		
600, CAMBRIDGE, MA 02139	MEDICAL RESEARCH	WASHINGTON	501(C)(3)	4	GATES FOUNDATION	x	
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) 2023

332161 09-28-23 LHA

OMB No. 1545-0047

**ZUZ3** 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	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disprop alloca		Code V-UBI amount in box 20 of Schedule	managi partne	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
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		x	N/A	x	N/A
GREENBRIAR AS HOLDINGS L.P											
98-1208908, 555 THEODRORE											
FREMD AVE, STE A-201, RYE, NY	INVESTMENT OF	CAYMAN									
10580	BMGFT	ISLANDS	N/A	N/A	N/A	N/A		x	N/A	x	N/A
GREENBRIAR EQUITY FUND III											
AIV MM NV LP - 81-1112433,											
555 THEODRORE 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
GREENBRIAR EQUITY FUND III											
AIV NV L.P 98-1208417, 555											
THEODRORE 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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(	(i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512( cont	(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	MAURITIUS	N/A	C CORP	N/A	N/A	N/A	Х	
GREENBRIAR AS, LP - 98-1208754									
555 THEODRORE FREMD AVE, STE A-201		CAYMAN							
RYE, NY 10580	INVESTMENT OF BMGFT	ISLANDS	N/A	C CORP	N/A	N/A	N/A		x
CHROMIUM FUND LP - 87-1458828									
712 FIFTH AVENUE, SUITE 17F		CAYMAN							
NEW YORK, NY 10019	INVESTMENT OF BMGFT	ISLANDS	N/A	C CORP	N/A	N/A	N/A		x
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		x
CHROMIUM FUND 2 LP - 98-1763978									
712 FIFTH AVENUE, SUITE 17F		CAYMAN							
NEW YORK, NY 10019	INVESTMENT OF BMGFT	ISLANDS	N/A	C CORP	N/A	N/A	N/A		x

332162 09-28-23

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

(a)	(b)	(c) Legal	(d)	(e)	(f)	(g)	(h		(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disprop ate alloc		Code V-UBI amount in box 20 of Schedule	mana	ging o	ercentage wnership
, i i i i i i i i i i i i i i i i i i i		foreign country)	-	excluded from tax under sections 512-514)		assets	Yes		20 of Schedule K-1 (Form 1065)	parti		•
GREENBRIAR EQUITY FUND III-A		country)					103	NO		103		
AIV WFCI, L.P 98-1219020,	-											
555 THEODRORE FREMD AVE, STE	INVESTMENT OF	CAYMAN										
A-201, RYE, NY 10580	BMGFT	ISLANDS	N/A	N/A	N/A	N/A		х	N/A		ζ.	N/A
GREENBRIAR EQUITY FUND III-A,												
L.P 46-1543216, 555	_											
THEODRORE FREMD AVE, STE	INVESTMENT OF											
A-201, RYE, NY 10580	BMGFT	DE	N/A	N/A	N/A	N/A		х	N/A		ζ.	N/A
THE GLOBAL GOOD FUND I LLC -	-											
27-2796838, 3150 139TH AVE	INVESTMENT OF											
SE, BELLEVUE, WA 98005	BMGFT	DE	N/A	N/A	N/A	N/A		х	N/A		ζ.	N/A
MR COBALT OFFSHORE FUND CB												
03, LP - 87-1411521, 712	-											
FIFTH AVE, SUITE 17F, NEW	INVESTMENT OF	CAYMAN										
YORK, NY 10019	BMGFT	ISLANDS	N/A	N/A	N/A	N/A		x	N/A		c l	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.

Note:	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 following transactions with one or more related organizations listed in Parts II-IV?			
аF	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		x
<b>b</b> (	Gift, grant, or capital contribution to related organization(s)	1b		x
	Gift, grant, or capital contribution from related organization(s)	1c	Х	
	Loans or loan guarantees to or for related organization(s)	1d		X
	_oans or loan guarantees by related organization(s)	1e		x
f	Dividends from related organization(s)	1f		x
g S	Sale of assets to related organization(s)	1g		x
	Purchase of assets from related organization(s)	1h		x
	Exchange of assets with related organization(s)	1i		x
jL	_ease of facilities, equipment, or other assets to related organization(s)	1j		x
k L	ease of facilities, equipment, or other assets from related organization(s)	1k		x
I F	Performance of services or membership or fundraising solicitations for related organization(s)	11		x
m F	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Х	
n S	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
	Sharing of paid employees with related organization(s)	10	Х	
рF	Reimbursement paid to related organization(s) for expenses	1p		x
qF	Reimbursement paid by related organization(s) for expenses	1q		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)	1s		X
<b>2</b> 1	f the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

Na	(a) ame of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

#### Schedule R (Form 990) 2023 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)	(h	)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	ec. Share of total o income	Share of end-of-year assets	Dispro tiona allocati <b>Yes</b>	por- ite ons? <b>No</b>		General or managing partner? Yes NO	Percentage ownership
								_			
								_			
								_			

Schedule R (Form 990) 2023

Part VII	Supplemental Information
	Provide additional information for responses to questions on Schedule R. See instructions.

(Rev. January 2024)

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

Department of the Treasury Internal Revenue Service

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

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

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

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

Part I - Ide	entification		
Type or	Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number	(TIN)
Print			
	GATES PHILANTHROPY PARTNERS	47-3290897	
File by the due date for filing your return, See	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 23350		
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SEATTLE, WA 98102		_
Enter the F	Return Code for the return that this application is for (file a separate application for each return)		01

Enter the Return Code for the return that this application is for (the a separate application for each return)					
Application Is For		Application Is For	Return		
	Code		Code		
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09		
Form 4720 (individual)	03	Form 5227	10		
Form 990-PF	04	Form 6069	11		
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12		
Form 990-T (trust other than above)	06	Form 5330 (individual)	13		
Form 990-T (corporation)	07	Form 5330 (other than individual)	14		
Form 1041-A	08				

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

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

Plan Name			
Plan Number			
Plan Year Ending (MM/DD/YYYY)			
Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)			
The books are in the care of JENNIFER DEGER			
500 FIFTH AVENUE NORTH - SEATTLE, WA 98109			
Telephone No.         2067093100         Fax No.			_
• If the organization does not have an office or place of business in the United States, check this box			
• If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)	. If this is for	the whol	e group, check this
box If it is for part of the group, check this box and attach a list with the names and TII	Ns of all membe	ers the ex	tension is for.
1 I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 ,	to file the exem	pt organi	zation return for
the organization named above. The extension is for the organization's return for:			
Calendar year 20 23 or			
tax year beginning, 20, and ending			, 20
If the tax year entered in line 1 is for less than 12 months, check reason:     Initial return     Change in accounting period	Final return	١	
3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less			
any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
estimated tax payments made. Include any prior year overpayment allowed as a credit.	Зb	\$	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.

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

## PUBLIC DISCLOSURE COPY

Form 8868 (Rev. 1-2024)