							24	/			
Form 9	90-T	Ex	empt Organization (and proxy tax					etur 91	9	OMB No 1545-00	47
1		For cale	ndar year 2019 or other tax year begir	ining _	, 20	019, and endi	ng \	, 20	5 <u></u>	2019	
	of the Treasury enue Service		► Go to www irs gov/Form990							Open to Public Inspect	tion for
	Check box if	▶ Do	not enter SSN numbers on this form Name of organization (Check b	_	ny be made pub me changed and			a 501(c		Open to Public Inspect 501(c)(3) Organization yer identification nun	
	ddress changed		Name of organization (Check o	UX II II ai	ne urangeo ano	see manuchon	5)	-		yees' trust, see instructions	
B Exempt	under section	1	CHAN ZUCKERBERG INI	TIAT	IVE FOUN	DATION					
	(C()()3)	Print	Number, street, and room or suite no						45-50	002209	
408		or	,					}	E Unrelated business activity code		
408	· · · ·	Туре	314 LYTTON AVE						(See ins	structions)	
529			City or town, state or province, countr	y, and 2	ZIP or foreign pos	stal code					
C Book va	lue of all assets	1	PALO ALTO, CA 94301						52300	0	
at end o	f year	F Gro	up exemption number (See instruct	ions)	<u> </u>						
551	3014582.	G Che	eck organization type > 501	(c) co	rporation	X 501(c) trust		401(a) 1	rust Othe	er trust
		_	inization's unrelated trades or busine	esses	▶ 1				-	(or first) unrelated	
	or business hei									than one, describe	the
			end of the previous sentence, co	mplete	Parts I and II,	complete a S	chedule M	for eac	h addition	al	
	or business, th										
			corporation a subsidiary in an affil			nt-subsidiary o	controlled g	group?.		▶ ∐ Yes L	X No
			identifying number of the parent co PERCEN PARTNERS LLC	rporati	on 🕨	7	ie number	> 657	2 004	7100	
			or Business Income		/A) In		T				
			or Business income		(A) In	come	(B)	Expens	es	(C) Net	
	oss receipts or a returns and allowa		c Balance ▶	1c							
			ule A, line 7)								
	-		2 from line 1c	3							<u>'</u>
	•		ittach Schedule D)	4a							
			Part II, line 17) (attach Form 4797)								
	•		trusts				nternal l				
			r an S corporation (attach statement)	5		ř	(eceived	TUS)	gánk - t	ISB	
6 Re	nt income (Sch	edule C)		6				/ 203	$\overline{}$	<u> </u>	
7 Un	related debt-fi	nanced in	come (Schedule E)	7			//		, 000g	/	
8 Inte	rest, annuities, roy	alties, and re	ents from a controlled organization (Schedule F	8			NU	V Z	3 202 9		
9 Inve	stment income of a	section 50	1(c)(7), (9) or (17) organization (Schedule G)	9			<u>/</u>		/_		
10 Ex	ploited exempt	activity ii	ncome (Schedule I)	10			O	gder	1,01		
	_		dule J)	11		_/_					
			ctions, attach schedule)		<u> </u>						
			ough 12			0.) (F		L	
Part II			Taken Elsewhere (See inst ne unrelated business incom		ons for limit	ations on d	leauctior	ns) (L	eductio	ins must be dire	ctly
44 60					/					Г	
	•		directors, and trustees (Schedule K)	. 7					. 14		
16 Re	naires and main	tenance				Till	$\mathcal{O}($	·) · ·	. 15		
17 Ba	d debts	icriano.				110	· J	.	17		
18 Inte	erest (attach s	chedule)	(see instructions)		1	.)		• مستست	18		
									. 19		 ,
			4562)								
			on Schedule A and elsewhere on re						21b		1
22 De	pletion		/						. 22		
			ompensation plans								
24 Em	ployee benefit	programs	s						. 24		
25 Ex	cess exempt ex	genses (Schedule I)						. 25		
26 Ex	cess readership	costs (S	chedule J)						. 26		
			schedule)								
			s 14 through 27								·/^
	_		ole income before net operating							+*	
			g loss arising in tax years beginning								
31 Un	related busine	ss taxabl	e income Subtract line 30 from line Notice, see instructions	29 .	<u></u>			<u></u>	. 31		
rur rape	HOIK REGUCT	JOH ACT	TOUCE, SEE INSTRUCTIONS							Form 990- 1	(2019)

Form	990-T (201		43-300	2203	Pag	е.
Par	rt III	Total Unrelated Business Taxable Income				
32	Total of	f unrelated business taxable income computed from all unrelated trades or businesses (see				
	instruction	ons)	32			
33	Amounts	s paid for disallowed fringes	33			
34	Charitab	le contributions (see instructions for limitation rules)	34			
35	Total u	nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line				
	34 from	the sum of lines 32 and 33	35			0
36	Deduction	on for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instructi	ons)	36			
37	Total of	unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37			_
38	Specific	deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38			
39	Unrelate	d business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37,				
	enter the	smaller of zero or line 37	39			0
Par	rt IV	Tax Computation				_
-40	Organiz	ations Taxable as Corporations, Multiply line 39 by 21% (0 21)	40			
41	Trusts	Taxable at Trust Rates. See instructions for tax computation Income tax on				
	the amo	unt on line 39 from X Tax rate schedule or Schedule D (Form 1041), ▶				_
42	Proxy ta	x. See instructions				_
43	Alternati	ve minimum tax (trusts only),				_
44	Tax on f	Noncompliant Facility Income. See Instructions				_
45	Total. Ac	dd lines 42, 43, and 44 to line 40 or 41, whichever applies	45			
		Tax and Payments	, , , , , , , , , , , , , , , , , , ,			
,	_	tax credit (corporations attach Form 1118, trusts attach Form 1116)				
		edits (see instructions)				
		business credit Attach Form 3800 (see instructions)	\ \			
d	Credit fo	or prior year minimum tax (attach Form 8801 or 8827)]			
		edits. Add lines 46a through 46d				_
47		t line 46e from line 45	47			
48		es Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	, , , , , , , , , , , , , , , , , , ,			n
49	Total tax	x. Add lines 47 and 48 (see instructions)	49 50			-
50	2019 ne	t 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	30			_
		timated tax payments				
		osited with Form 8868				
		organizations Tax paid or withheld at source (see instructions)				
		withholding (see instructions)	 			
		or small employer health insurance premiums (attach Form 8941)				
		edits, adjustments, and payments Form 2439				
3		orm 4136 Other Total ▶ 51g	\ \			
52		syments. Add lines 51a through 51g	52			
53	•	ed tax penalty (see instructions). Check if Form 2220 is attached	53			
54		. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54			
55	Overpay	ment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55			
<u> 56.</u>		amount of line 55 you want	56			
Pai		Statements Regarding Certain Activities and Other Information (see instruction				
57		time during the 2019 calendar year, did the organization have an interest in or a signature or			Yes N	No.
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may				
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign co	ountry		
	here 🕨			<u> </u>	X	
58	During t	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	gn trust?.	· · ·	X	<u>. </u>
	· · · · · · · · · · · · · · · ·	see instructions for other forms the organization may have to file			-	
<u>59</u>		e amount of tax-exempt interest received or accrued during the tax year ▶ \$ der penalties of pegury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of my kn	owledge an	d helief	,,
C:-	l tru	der penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the de, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		-mouge all	. veitei,	
Sig	n Bi	RIAN MANCA 5/5//	y the IRS			
Her	. —		h the prep einstructions)?	_		ow No
		Prent/Type prename's name Prename's signature Date	T T	PTIN PES	ساا	
Paid	d t	11/12/2020 Check	mployed	P0000	8888	
Pre	parer	LANCE LLD		3-5565		_
Use	Only		336-			_

Form **990-T** (2019)



CHAN	ZUCKERBERG	INITIATIVE	FOUNDATION

Schedule A - Cost of Goods Sold. Enter method of inventory valuation 1
2 Purchases
2 Purchases
4 Additional section 263A costs (attach schedule)
(attach schedule)
b Other costs (attach schedule) . 4b
5 Total Add lines 1 through 4b . 5 to the organization? X Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1 Description of property (1) (2) (3) (4) 2 Rent received or accrued (a) From personal property (if the percentage of rent for personal property is more than 10% but not percentage of rent for personal property exceeds (b) From real and personal property (if the percentage of rent for personal property exceeds in columns 2(a) and 2(b) (attach schedule)
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1 Description of property (1) (2) (3) (4) 2 Rent received or accrued (a) From personal property (if the percentage of rent for personal property is more than 10% but not percentage of rent for personal property exceeds in columns 2(a) and 2(b) (attach schedule)
(see instructions) 1 Description of property (1) (2) (3) (4) 2 Rent received or accrued (a) From personal property (if the percentage of rent for personal property is more than 10% but not percentage of rent for personal property exceeds in columns 2(a) and 2(b) (attach schedule)
1 Description of property (1) (2) (3) (4) 2 Rent received or accrued (a) From personal property (if the percentage of rent for personal property is more than 10% but not percentage of rent for personal property exceeds in columns 2(a) and 2(b) (attach schedule)
(1) (2) (3) (4) 2 Rent received or accrued (a) From personal property (if the percentage of rent for personal property is more than 10% but not percentage of rent for personal property exceeds in columns 2(a) and 2(b) (attach schedule)
(2) (3) (4) 2 Rent received or accrued (a) From personal property (if the percentage of rent for personal property is more than 10% but not percentage of rent for personal property exceeds in columns 2(a) and 2(b) (attach schedule)
(3) (4) 2 Rent received or accrued (a) From personal property (if the percentage of rent for personal property is more than 10% but not percentage of rent for personal property exceeds in columns 2(a) and 2(b) (attach schedule)
(4) 2 Rent received or accrued (a) From personal property (if the percentage of rent for personal property is more than 10% but not percentage of rent for personal property exceeds (b) From real and personal property (if the percentage of rent for personal property exceeds in columns 2(a) and 2(b) (attach schedule)
2 Rent received or accrued (a) From personal property (if the percentage of rent for personal property is more than 10% but not percentage of rent for personal property exceeds (b) From real and personal property (if the percentage of rent for personal property exceeds in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not percentage of rent for personal property exceeds in columns 2(a) and 2(b) (attach schedule)
for personal property is more than 10% but not percentage of rent for personal property exceeds in columns 2(a) and 2(b) (attach schedule)
more than 50%) 50% or if the rent is based on profit or income)
(4)
Total Total (b) Total deductions
(c) Total income Add totals of columns 2(a) and 2(b) Enter Enter here and on page 1,
here and on page 1, Part I, line 6, column (A) Part I, line 6, column (B) Schedule E - Unrelated Debt-Financed Income (see instructions)
3 Deductions directly connected with or allocable to
2 Gross income from or debt-financed property
property (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule)
(1)
(2)
(3)
(4)
4 Amount of average 5 Average adjusted basis
acquisition debt on or of or allocable to 6 Column 7 Gross income reportable (column 6 x total of columns
allocable to debt-financed debt-financed property property (attach schedule) (attach schedule) 4 divided (column 2 x column 6) (column 6 x total of columns 3(a) and 3(b))
(1) %
(2) %
(3) %
(4) %
Enter here and on page 1, Enter here and on page 1,
Part I, line 7, column (A) Part I, line 7, column (B)

Form **990-T** (2019)

Total dividends-received deductions included in column 8

Schedule F – Interest, Ann	dities, Royaltie			ntrolled Or			zauons	(see	instructi	ons)	
Name of controlled organization	2 Employer identification numb	iei į		ated income	4 Total	of speci	fied inc	5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5	
(1)									•		
(2)											
(3)											
(4)						_					
Nonexempt Controlled Organiz	zations										_
7 Taxable Income	8 Net unrelated in (loss) (see instruc	I .		Total of specific ayments made		inc	Part of co luded in t anization's	he con	itrolling		Deductions directly nected with income in column 10
(1)											
(2)											
(3)											
(4)											
Totals			 :)(7).	 (9), or (17	► ') Orga	En Pa	dd columi ter here ar irt I, line 8	nd on p	page 1, nn (A)	En	dd columns 6 and 11 ter here and on page 1, rt I, line 8, column (B)
1 Description of income	2 Amount of			3 Deduction directly cortact school (attach school)	tions nected			4 Set	asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											•
(4)											
Totals	Enter here and Part I, line 9, c	olumn (A)									Enter here and on page 1 Part I, line 9, column (B)
Schedule I-Exploited Exe	empt Activity In	come, Oth	er Th	an Adverti	ising Ir	come	(see ir	nstruc	ctions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of area of the column and the colum		hat ed	6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)				
(1)		-			-						
(2)											
(3)											
(4)											
	Enter here and on page 1, Part I, line 10, col (A)	Enter here and page 1, Pa	rt I,	,			,		Enter here and on page 1, Part II, line 25		
Totals ▶ Schedule J- Advertising Ir	100mo (ccc :==+=	untions\		L							
				data d D							
Part I Income From Per	logicals Report	ed on a Co	onson	dated Bas	SIS						
1 Name of periodical	2 Gross advertising income	3 Directadvertising of	-	4 Adverting an or (los 2 minus col a gain, col cols 5 thro	s) (col ol 3) If mpute	5	Circulation income	n .	6 Reado cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	1				•			- i			-
(2)	 					-					+
(3)	 										
(4)											
<u>\''</u>	 										
Totals (carry to Part II, line (5))											Form 990-T (2019

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)				,	_	
(3)						
(4)					· ·	
Totals from Part I				,		
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	•			Enter here and on page 1, Part II, line 26
Totals, Part It (lines 1-5) ▶					ļ · .	
Schedule K - Compensatio	n of Officers. D	irectors, and Tr	ustees (see instri	uctions)	•	

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Form 990-T (2019)

45-5002209

ATTACHMENT 1

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

PASSTHROUGH INCOME FROM PARTNERSHIP INVESTMENTS