EXTENDED TO NOVEMBER

DELINE TO NOVERDER IS, 20.	
Exempt Organization Business Incom	e Tax Return
(and proxy tax under section 6033(e))	

OMB No. 1545-0687

Department of the Treasury Internal Revenue Service	•	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only	
A Check box if address changed		Name of organization (Check box if name changed and see instructions.)	(Emp	loyer identification number ployees' trust, see uctions)	
B Exempt under section	Print	THE WINTHROP ROCKEFELLER FOUNDATION	\perp _7	1-0285871	
501()(\) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 225 EAST MARKHAM STREET, NO. 200	E Unrelated business activity codes (See instructions)		
408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code	1		
529(a)		LITTLE ROCK, AR 72201	511	.130	
C Book value of all assets at end of year		F Group exemption number (See instructions.)			
141,195,7	08.	G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust	Other trust	
U Decembe the executivation	'e nrim	TNT/FCTMENTIC			

H Describe the organization's primary unrelated business activity. > INVESTMENTS X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ANDREA M. DOBSON Telephone number ► (501 376-6854 Part I Unrelated Trade or Business Income (A) income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance 10 Cost of goods sold (Schedule A, line 7) 2 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c 3,997 STMT 16 Income (loss) from partnerships and S corporations (attach statement) 5 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 12 Other income (See instructions; attach schedule) 12 3,997. Total. Combine lines 3 through 12 13

10	Total: Comunic trica o arrough te			-,
Pa	Tt II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)	114	3	
15	Salaries and wages	15		
16	Repairs and maintenance	964	, Ö	
17	Bad debts	491	iS.	
18	Interest (attach schedule)	1817	<u>.</u>	
19	Taxes and licenses	ار.		
20	Charitable contributions (See instructions for limitation rules)	20		
21	Depreciation (attach Form 4562)			
22	Less depreciation claimed on Schedule A and elsewhere on return	22b		
23	Depletion	23		
24	Contributions to deferred compensation plans	24		
25	Employee benefit programs	25		
26	Excess exempt expenses (Schedule I)	26		
27	Excess readership costs (Schedule J)	27		

28 Other deductions (attach schedule)

29 Total deductions. Add lines 14 through 28

30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 SEE STATEMENT 17

31 Net operating loss deduction (limited to the amount on line 30) Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or

Form 990-T

997.

000.

0.

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Form 990-T	T (2017)	THE WINTHROP ROCKEFELLER FOUNDATION		71-02	28587	71	Page 2
Part I	H	Tax Computation					
35	Orga	nizations Taxable as Corporations. See instructions for tax computation.					
	-	rolled group members (sections 1561 and 1563) check here See instructions at	nd:				
2		r your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that orde					
		\$ (2) \$ (3) \$. ,.	1		1	
, k		r organization's share of: (1) Additional 5% tax (not more than \$11,750)			- [
U		Additional 3% tax (not more than \$100,000)					
_	٠.				٥٠٠	j	0.
		me tax on the amount on line 34	l.ma 0.4		► 35c	 	
36	ITUSI	ts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	ON III 34	nour.	.		
		Tax rate schedule or Schedule D (Form 1041)	••••		36	 	
37		y tax. See instructions	•	,	37	 	
38		native minimum tax		•	38	 	
39		on Non-Compliant Facility Income. See instructions			39	 	
40		I. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			1 40	<u>.l</u>	0.
Part I		Tax and Payments				 _	
41a		gn tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a				
b	Othe	r credits (see instructions)	41b				
C	Gene	ral business credit. Attach Form 3800	41c		}		
d	Credi	it for prior year minimum tax (attach Form 8801 or 8827)	41d		_		
е	Total	credits. Add lines 41a through 41d			41e		
42	Subt	ract line 41e from line 40	•	•	42		0.
43	Othe	r taxes. Check if from: 🔲 Form 4255 🔲 Form 8611 🔲 Form 8697 🔲 Form 86	866 🔲	Other (attach schedule	a) <u>43</u>		
44	Total	tax. Add lines 42 and 43			44		0.
45 a	Рауп	nents: A 2016 overpayment credited to 2017	45a				
b	2017	estimated tax payments	45b				
C	Tax c	deposited with Form 8868	45c				
		gn organizations: Tax paid or withheld at source (see instructions)	45d			1	
		up withholding (see instructions)	45e。	5,182	\Box		
f		it for small employer health insurance premiums (Attach Form 8941)	45f		\neg		
g		r credits and payments: Form 2439	1				
		Form 4136 Other Total	450		-	Ţ	
46	_	payments. Add lines 45a through 45g	1081		46	1 5	, 182.
47		nated tax penalty (see instructions). Check if Form 2220 is attached			47		<u>, </u>
48		due. If line 46 is less than the total of lines 44 and 47, enter amount owed	•		▶ 48	 	
49		payment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	•		49		, 182.
50		· · · · · · · · · · · · · · · · · · ·	000.	Refunded	50		182.
Part V		Statements Regarding Certain Activities and Other Information			(30		, 1021
51		ly time during the 2017 calendar year, did the organization have an interest in or a signature		· · · · · · · · · · · · · · · · · · ·			Yes No
01		a financial account (bank, securities, or other) in a foreign country? If YES, the organization		-		<u> </u>	163 10
		EN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the	=				
			in eigh cut	unay		İ	x
52	here	·				 }	$-\frac{x}{x}$
52		ng the tax year, did the organization receive a distribution from, or was it the grantor of, or to	ransieror ti	o, a foreign trust?		ŀ	
50	_	S, see instructions for other forms the organization may have to file.				1	
53		the amount of tax-exempt interest received or accrued during the tax year > \$ the amount of perjury, I declare that I have examined this return, including accompanying schedules and st		ed to the best of my leas	ulodes sed	halaf itia biia	
Sign	C0	rices pensities of particly, it decists a trait mave examined this feltarn, including accompanying schedules and su prect, and complete. Decistration of preparer (other than taxpayer) is based on all information of which prepare	atements, an er has any kn	owledge owledge	wieage and	Devel, it is true,	
Here		Mad 100 M Dah 400 1 8/23/10 > 2010			May the II	RS discuss this r	eturn with
		Signature of officer Date COFO Title				rer shown below	
	_1′				instruction	ns)? X Yes	No
			ate	Check	If PT	IN	
Paid		muhale man		self- employ			
Prepa	arer		<u> 8/16/</u>			010644	
Use C	nly	Firm's name ► HOGANTAYLOR, LLP		Firm's EIN	<u> </u>	73-1413	<u> 1977 </u>
		11300 CANTRELL ROAD, SUITE 301					
		Firm's address ► LITTLE ROCK, AR 72212		Phone no.	501-	<u>-227-58</u>	
					-	Form 99	0-T (2017

Page 3

•									
Schedule A - Cost of Good	s Sold. Enter	method of inver	itory va	luation N/A					
1 Inventory at beginning of year	1		6	Inventory at end of yea	г		6		
2 Purchases	2		7	Cost of goods sold. Su	ubtract i	line 6			
3 Cost of labor	3]	from line 5. Enter here	1				
4a Additional section 263A costs			7	line 2		{	7_		
(attach schedule)	4a		8 Do the rules of section 263A (with respect to						s No
 Other costs (attach schedule) 	4b		property produced or acquired for resale) apply to						
5 Total. Add lines 1 through 4b	5]	the organization?					
Schedule C - Rent Income	(From Real	Property and	Pers	onal Property L	ease	d With Real Prop	erty)		
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	i of rent for p	personal p	nal property (if the percentagoroperty exceeds 50% or if d on profit or income)	ge	3(a) Deductions directly columns 2(a) an	connect d 2(b) (a	ted with the income ttach schedule)	·in
(1)		 				 			
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns	2(a) and 2(b). En	ter				(b) Total deductions.			
here and on page 1, Part I, line 6, column	n (A)	>			0.	Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstruc	tions)					
				Gross income from		Deductions directly con- to debt-finance			
1. Description of debt-fit	nanced property		or allocable to debt- financed property		(a) Straight line depreciation (attach schedule)			(b) Other deductions (attach schedule)	
			1			(attach schedola)	1	(attach schadul	9,
(1)			 				+-		
(2)			 				+-		
(3)			┼				+-		
(4)			 				+-	· · · · · · · ·	
4. Amount of average acquisition	5 Average	adjusted basis	-	Column 4 divided		7. Gross income	+-	8. Allocable dedu	ctions
debt on or allocable to debt-financed property (attach schedule)	of or a debt-final	illocable to nced property n schedule)		by column 5		reportable (column 2 x column 6)	(olumn 6 x total of 3(a) and 3(b)	enmulos
(1)			 	%			+-		
(2)	t		 	/ ₈			+-		
(3)	1		 	%			-		
(4)				%			+		
			•	<i>-</i> "-		nter here and on page 1, Part I, line 7, column (A)		inter here and on pa	
Totale					•		1	, , , +0.0011	
Totals Total dividends-received deductions of	neludad in column	ια		▶[0.	`		0.
. I SINGLE SELECTION DESCRIPTIONS IN	manner of Committee	1.13							U.

1 Nome of section and section		Exemp	t Controlled Organiza	tions			
 Name of controlled organ 	2. Employer identification (loss) (see instructions) pa		yments made incl	tal of specified ments made 5. Part of column 4 that is included in the controlling organization's gross income			
)						-+	
2)							
)							
)							
nexempt Controlled Orga	anizations						
7. Taxable Income	8. Net unrelated inc (see instruction		al of specified payments made	10. Part of column 9 to in the controlling org gross incor	anization's	11. Dec with	ductions directly connect income in column 10
)							
)							
)							
)				<u> </u>			
				Add columns 5 a Enter here and on pa Ine 8, column	ige 1, Part I,	Enter he	d columns 6 and 11 ere and on page 1, Part line 8, column (B)
als			_	<u> </u>	0.		
chedule G - Investm	nent Income of a	Section 501(c)	(7), (9), or (17) Or	ganization			
	escription of income		2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-	asides chedule)	5. Total deduction and set-aside (col 3 plus col
)			+	(attabilistics)	+		(00. 0)// 00.
)			- 	 			
)				 	 		†
)				 			
			Enter here and on page 1, Part I, line 9, column (A)				Enter here and on pa Part I, line 9, column
ala		1		4			t .
	:	<u></u> -	<u> </u>	<u></u>			
chedule I - Exploite	d Exempt Activit	y Income, Othe		ng Income			
hedule I - Exploite	•	· · · · · · · · · · · · · · · · · · ·	r Than Advertisi	ng Income			
tals chedule I - Exploite (see ins 1. Description of exploited activity	•	3. Expenses drectly connected with production of urrelated business income		5. Gross income from activity that is not unrelated business income	6. Exp attributi colur	able to	7. Excess exemy expenses (Colum 6 minus column 5 but not more that column 4)
(see ins 1. Description of exploited activity	2. Gross unrelated business income from	3. Expenses directly connected with production of unrelated	r Than Advertisi 4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5	5. Gross income from activity that is not unrelated	attribut	able to	7. Excess exemp expenses (column 6 minus column 5 but not more than
(see ins 1. Description of exploited activity	2. Gross unrelated business income from	3. Expenses directly connected with production of unrelated	r Than Advertisi 4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5	5. Gross income from activity that is not unrelated	attribut	able to	7. Excess exemy expenses (column 6 minus column 1 but not more tha
(see ins 1. Description of exploited activity	2. Gross unrelated business income from	3. Expenses directly connected with production of unrelated	r Than Advertisi 4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5	5. Gross income from activity that is not unrelated	attribut	able to	7. Excess exemp expenses (column 6 minus column 5 but not more than
chedule I - Exploiter (see ins 1. Description of exploited activity)	2. Gross unrelated business income from trade or business Enter here and on page 1, Part 1, line 10, col (A)	3. Expenses directly connected with production of urrelated business income Enter here and on page 1, Part 1, line 10, col (B)	r Than Advertisi 4. Net income (loss) from unrelated trade or business (column 2 minus column 3) fra gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated	attribut	able to	7. Excess exemy expenses (column 6 minus column 1 but not more the column 4) Enter here and on page 1, Part II, line 26
1. Description of exploited activity	2. Gross unrelated business income from trade or business Enter here and on page 1, Part 1, line 10, col (A)	3. Expenses directly connected with production of urrelated business income Enter here and on page 1, Part I, line 10, col. (B)	r Than Advertisi 4. Net income (loss) from unrelated trade or business (column 2 minus column 3) fra gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated	attribut	able to	7. Excess exem expenses (colum 6 minus column but not more the column 4) Enter here and on page 1,
1. Description of exploited activity 1. Description of exploited activity 1. Description of exploited activity 2. Description of exploited activity 3. Description of exploited activity 4. Description of exploited activity	Enter here and on page 1, Part 1, line 10, col (A) Sing Income (see	3. Expenses directly connected with production of urrelated business income Enter here and on page 1, Part 1, line 10, col (B)	r Than Advertisi 4. Net income (loss) from unrelated trade or business (column 2 minus column 3) fra gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated	attribut	able to	7. Excess exemy expenses (column 6 minus column 1 but not more the column 4) Enter here and on page 1, Part II, line 26
1. Description of exploited activity 1. Description of exploited activity 1. Description of exploited activity 2. Description of exploited activity 3. Description of exploited activity 4. Description of exploited activity	2. Gross unrelated business income from trade or business Enter here and on page 1, Part 1, line 10, col (A)	3. Expenses directly connected with production of urrelated business income Enter here and on page 1, Part 1, line 10, col (B)	r Than Advertisi 4. Net income (loss) from unrelated trade or business (column 2 minus column 3) fra gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated	attribut	able to	7. Excess exemy expenses (column 6 minus column 1 but not more the column 4) Enter here and on page 1, Part II, line 26
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1. Description of exploited activity 1. Description of exploited activity 2. Advertise art I Income From 1. Name of periodical	Enter here and on page 1, Part 1, Icne 10, col (A) Englishment (A) Enter here and on page 1, Part 1, Icne 10, col (A) Sing Income (see an Periodicals Report 1)	3. Expenses directly connected with production of urrelated business income Enter here and on page 1, Part 1, line 10, col (B) p instructions) corted on a Col 3. Direct	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) fra gain, compute cols 5 through 7 4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compc col 3) if a gain, compc col 3) if a gain, compc	5. Gross income from activity that is not unrelated business income	attribute colur	ership	expenses (column 6 minus column 1 but not more that column 4) Enter here and on page 1, Part II, line 26 7. Excess readerst costs (column 6 min column 5 min column 6 min column 5 min column 5 min column 6 min co
1. Description of exploited activity als chedule J - Advertisert I Income From 1. Name of periodical	Enter here and on page 1, Part 1, Icne 10, col (A) Englishment (A) Enter here and on page 1, Part 1, Icne 10, col (A) Sing Income (see an Periodicals Report 1)	3. Expenses directly connected with production of urrelated business income Enter here and on page 1, Part 1, line 10, col (B) p instructions) corted on a Col 3. Direct	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) fra gain, compute cols 5 through 7 4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compc col 3) if a gain, compc col 3) if a gain, compc	5. Gross income from activity that is not unrelated business income	attribute colur	ership	expenses (colum 6 minus column but not more the column 4) Enter here and on page 1, Part II, line 26 7. Excess readerst costs (column 6 min column 5 min column 6 min column 8 min column
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Form 990-T (2017) THE WINTH.								0 <u>28587</u>	1	Page 5
Part II Income From Perio			epara	ate Basis (For ea	ch peric	dical listed	d in Pa	rt II, fill in		
columns 2 through 7 on a	l line-by-line basis.	<u> </u>								
1. Name of periodical	2. Gross advertising income	3. Direct advertising co		Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		rculation come	6.	Readership costs	7. Excess reade costs (column 6 recolumn 5, but not than column 4	minus more
(1)										
(2)										
(3)										
(4)										
Totals from Part I	0.		0.	····						0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and page 1, Part line 11, col (tí,						Enter here an on page 1, Part II, line 2	
Totals, Part II (lines 1-5)	_ 0.		0.							0.
Schedule K - Compensation	n of Officers, L	Directors,	and	Trustees (see ii	nstructio	ns)		-		
1. Name				2. Title		3. Percer time devote busines	ed to		pensation attributable related business	
(1)							%			
(2)							%			
(3)							%			
(4)							%			
Total. Enter here and on page 1, Part II, I	me 14						•			0.

Form 99 0-T (2017)

Total. Enter here and on page 1, Part II, line 14

THE WINTHRO	71-0285871			
FORM 990-T	STATEMENT 16			
DESCRIPTION	N			AMOUNT
CNX MIDSTR	3,997.			
TOTAL TO F	3,997.			
FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 17
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/11 12/31/12	7,476. 39,722.	1,552.	5,924. 39,722.	5,924. 39,722.
NOL CARRYO	VER AVAILABLE THIS	YEAR	45,646.	45,646.