DLN: 93493316021398 OMB No 1545-0047 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 Department of the Treasur ▶ Information about Form 990 and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a> Internal Revenue Service

Inspection For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017 C Name of organization D Employer identification number B Check if applicable WINROCK INTERNATIONAL INSTITUTE FOR AGRICULTURAL DEVELOPMENT ☐ Address change 71-0603560 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) 2101 RIVERFRONT DRIVE ☐ Amended return ☐ Application pending (501) 280-3000 City or town, state or province, country, and ZIP or foreign postal code LITTLE ROCK, AR  $\,$  72202 G Gross receipts \$ 110,565,300 Name and address of principal officer H(a) Is this a group return for MIKE MYERS □Yes ☑No subordinates? 2101 RIVERFRONT DRIVE H(b) Are all subordinates LITTLE ROCK, AR 72202 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) ☐ 501(c)( ) **◄** (Insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW WINROCK ORG L Year of formation 1984 M State of legal domicile AR Summary 1 Briefly describe the organization's mission or most significant activities WINROCK INTERNATIONAL IS A RECOGNIZED LEADER IN U.S. AND INTERNATIONAL DEVELOPMENT, PROVIDING SOLUTIONS TO SOME OF THE WORLD'S MOST COMPLEX SOCIAL, AGRICULTURAL AND ENVIRONMENTAL CHALLENGES. WINROCK'S MISSION IS TO EMPOWER THE DISADVANTAGED, INCREASE ECONOMIC OPPORTUNITY AND SUSTAIN NATURAL RESOURCES. WINROCK MANAGES A PORTFOLIO OF Activities & Governance MORE THAN 100 AGRICULTURE, ENVIRONMENT AND SOCIAL DEVELOPMENT PROJECTS IN MANY COUNTRIES WINROCK COMBINES TECHNICAL EXPERTISE WITH ENTREPRENEURIAL INNOVATION TO IMPROVE LIVES AROUND THE GLOBE Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 14 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 268 189 **6** Total number of volunteers (estimate if necessary) . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 -6,007 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 106,567,328 94,772,810 Program service revenue (Part VIII, line 2g) . C 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 2,150,639 5,675,605 3.549 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 108,717,967 100,451,964 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 55,951 239,432 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 47,924,813 47,031,303 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 62,098,260 51,159,137 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 98,429,872 110,079,024 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . -1,361,057 Net Assets or Fund Balances **Beginning of Current Year** End of Year 84,258,442 20 Total assets (Part X, line 16) . 24,793,421 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances Subtract line 21 from line 20 59,465,021 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 2018-11-07 Signature of officer Date Sign

2,022,092 96,543,155 33,727,241 62,815,914 Here MIKE MYERS SR VP - CFO & TREASURER Type or print name and title Print/Type preparer's name MICHELLE MANN Preparer's signature MICHELLE MANN Date PTIN Check | If 2018-11-05 P01064483 Paid self-employed Firm's name HOGANTAYLOR LLP Firm's EIN ▶ 73-1413977 Preparer Firm's address ▶ 11300 CANTRELL ROAD SUITE 301 Phone no (501) 227-5800 Use Only LITTLE ROCK, AR 72212 May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017) Cat No 11282Y

Form	990 (2017)					Page <b>2</b>
Par	t IIII Statement	of Program Servi	ce Accomplis	hments		
	Check If Sched	dule O contains a resp	onse or note to a	any line in this Part III		🗆
1	Briefly describe the or	rganızatıon's mıssıon				
WIN	ROCK'S MISSION IS TO	EMPOWER THE DISA	DVANTAGED, IN	CREASE ECONOMIC OPPO	ORTUNITY AND SUSTAIN NATURAL	RESOURCES
2	Did the organization i	undertake anv signific	ant program serv	vices during the year whi	ch were not listed on	
_	the prior Form 990 or					☐ Yes ☑ No
	If "Yes," describe the					
3	Did the organization of	cease conducting, or r	nake significant i	changes in how it conduc	ts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	se changes on Schedu	le O			
4		d 501(c)(4) organizati	ons are required	to report the amount of	irgest program services, as measur grants and allocations to others, th	
4a	(Code	) (Expenses \$	85,752,765	ıncludıng grants of \$	239,432 ) (Revenue \$	0)
	See Additional Data					
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
	-					
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
70	(couc	/ (Expenses #		including grants or \$	/ (Nevende \$	,
	-					
4d	Other program servic					
	(Expenses \$		luding grants of		) (Revenue \$	)
40	Total program serv	ice evnenses 🕨	85 752 7	65		

**Checklist of Required Schedules** 

Page 3

No

Nο

Nο

No

Νo

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 . . .

to provide advice on the distribution or investment of amounts in such funds or accounts?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Yes

4 5 6

7

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Nο

Nο

No

Nο

Νo

Nο

No

Nο

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11b

11c

11d

11e

11f

12a

12b

13

14a

14h

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a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 11a

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

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 . . . . . . . . . . . . .

12a Did the organization obtain separate, independent audited financial statements for the tax year? 

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💆 . . . . . . . . .

Did the organization maintain collections of works of art, historical treasures, or other similar assets? Nο 8 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 No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable

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Form	orm 990 (2017)								
Par	Checklist of Required Schedules (continued)								
		Yes	No						
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No						
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20b								
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes							
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		No						
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	Yes							
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	Yes							
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b		No						
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d		No						
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		No						

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

instructions for applicable filing thresholds, conditions, and exceptions)

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or

former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 🔧

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Yes 

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. 38

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25b

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28a

28b

28c

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35a

35b

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Yes

Yes

Yes

Nο

Νo

No

Νo

Νo

Nο

Nο

Nο

Nο

Νo

No

Nο

Par	t 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	•		<u> </u>
	5 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 174  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
	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	2b	Yes	
	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	163	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	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	Yes	
b	BG , BR , UV , CB , CA , CH , BH , MZ , GH , LA , GV , ID ,  KE , LI , ML , MI , BM , NP , NI , PK , RP , SG , TZ , TH , VM  If "Yes," enter the name of the foreign country ▶, ZA , CF , GG , SU			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	<b>6</b> a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7</b> b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<b>-</b> '-		INO
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form			
	1098-C?	7h		
	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		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter  Initiation foos and sanital contributions included on Part VIII. June 12			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
2a	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for			
b	additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in	13a		
	which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
		14a		No
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14b		

Par	t VI	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	nes
		Check if Schedule O contains a response or note to any line in this Part VI			<b>✓</b>
Se	ction	A. Governing Body and Management			
				Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year  13			
	body,	ere are material differences in voting rights among members of the governing , or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O			
b	Enter	the number of voting members included in line 1a, above, who are independent  1b			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other ir, director, trustee, or key employee?	2	Yes	
3		he organization delegate control over management duties customarily performed by or under the direct supervision icers, directors or trustees, or key employees to a management company or other person?    .	3		No
4	Did th	he organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did th	he organization become aware during the year of a significant diversion of the organization's assets?	5		No
6		he organization have members or stockholders?	6		No
		he organization have members, stockholders, or other persons who had the power to elect or appoint one or more			
	meml	bers of the governing body?	7a 7b		No
	perso	ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ons other than the governing body?	/b		No
8		he organization contemporaneously document the meetings held or written actions undertaken during the year by ollowing			
а	The g	poverning body?	8a	Yes	
b	Each	committee with authority to act on behalf of the governing body?	8b	Yes	
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	P.)	
				Yes	No
10a	Did th	he organization have local chapters, branches, or affiliates?	10a		No
b		es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, pranches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has t	he organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes	
b	Descr	ribe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did th	he organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to cts?	12b	Yes	
c		he organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in dule O how this was done</i>	12c	Yes	
13		he organization have a written whistleblower policy?	13	Yes	
14		he organization have a written document retention and destruction policy?	14	Yes	
15		the process for determining compensation of the following persons include a review and approval by independent		. 03	
	perso	ons, comparability data, and contemporaneous substantiation of the deliberation and decision?		V	
		organization's CEO, Executive Director, or top management official	15a	Yes	
D		r officers or key employees of the organization	15b	Yes	
		es" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	taxab	he organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a ble entity during the year?	16a		No
b	ın joir	es," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt is with respect to such arrangements?	16b		
Se	ction	C. Disclosure			
17		he States with which a copy of this Form 990 is required to be filed►  AR			
18		on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) able for public inspection. Indicate how you made these available. Check all that apply			
		Own website 🗹 Another's website 🗹 Upon request 🔲 Other (explain in Schedule O)			
19	Descr policy	ribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest /, and financial statements available to the public during the tax year			
20		the name, address, and telephone number of the person who possesses the organization's books and records E MYERS 2101 RIVERFRONT DRIVE LITTLE ROCK, AR 72202 (501) 280-3000			

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

- year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- organization and any related organizations

organization and any related organizations											
• List all of the organization's <b>former</b> officers, of reportable compensation from the organization					pen	sated	emp	oloyees who receive	ed more than \$100	,000	
• List all of the organization's <b>former directo</b> organization, more than \$10,000 of reportable co	rs or trustees	that red	eive	d, ın							
List persons in the following order individual trus compensated employees, and former such perso		rs, ınstı	tutio	nal t	rust	ees,	office	ers, key employees	s, highest		
$\square$ Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	any o	current officer, dire	ctor, or trustee		
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	Position that pers	n (do an on on is	(C) o no e bo botl	) t che ox, u h an		ore er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)		
(1) RODNEY FERGUSON PRESIDENT AND CEO	40 00	x		х				521,514	0	49,048	
(2) PETER O'NEILL BOARD MEMBER	1 00	х						0	0	0	
(3) JASON BORDOFF BOARD MEMBER	1 00	х						0	0	0	
(4) WILLIAM M BUMPERS BOARD MEMBER	1 00	х						0	0	0	
(5) DAVID BRAMAN BOARD MEMBER	1 00	х						0	0	0	
(6) MELISSA S DANN BOARD MEMBER	1 00	х						0	0	0	
(7) EARL DEVANEY BOARD MEMBER	1 00	х						0	0	0	
(8) JUDE KEARNEY BOARD MEMBER	1 00	х						0	0	0	
(9) RICK LEACH BOARD MEMBER	1 00	х						0	0	0	
(10) JOHN M NEES	1 00	×						0	0	0	

BOARD MEMBER 1 00 (11) SAMAR S ALI 0 0 BOARD MEMBER

1 00 (12) F BRONSON VAN WYCK Х 0 0 CHAIR 1 00 (13) SUZANNE E SISKEL Χ 0 VICE CHAIR 1 00 (14) JERRY B ADAMS 0 0 Х BOARD MEMBER 1 00 (15) WILLIAM ROCKEFELLER Х 0

0 0 0 0 BOARD MEMBER 0 40 00 (16) MICHAEL MYERS Χ 271,634 39,851 SR VP - CFO & TREASURER 40 00 (17) JOYJIT DEB ROY Х 260,330 39,278 SR VICE PRES, PROGRAMS Form **990** (2017)

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Form 990 (2017)											Page <b>8</b>
Part VIII Section A. Officers, Directors	, Trustees, K	ey Em	ploy	ees	, an	d Hig	jhes	st Compensated	Employees (con	tınued)	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unle: ficer rust	ss pers and a ee)	son	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	Estima amount o compen from organizat	ated of other sation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)		ed ations
(18) AMY CARRASQUILLO SECRETARY	40 00	l		×				101,636	0		17,846
(19) ELISABETH WHITBECK	40.00										
	40 00	<b>.</b>		×				21,204	0		3,972
SECRETARY (20) CURTIS HUNDLEY											
CAMBODIA CHIEF OF PARTY	40 00					×		265,764	0		28,467
(21) PHILLIP BROUGHTON	40 00							270.042	0		26.072
NEPAL CHIEF OF PARTY	•••					×		278,942	0		36,872
(22) JOHN ADAM DORR	40 00					l x		276,201	0		37,979
BANGLADESH CHIEF OF PARTY		····						2,0,201			
(23) CHRISTOPHER GALLAGHER	40 00					l x		277,991	0		34,712
SVP BUS DEV & EXTERNAL AFF								277,551			34,712
(24) BRAULIO OLIVEIRA	40 00					l x		260,075	0		35,797
CHIEF INFORMATION OFFICER		••••						200,073			
4h Cub Takal					Ц	<u> </u>					
1b Sub-Total			•	•	,						
d Total (add lines 1b and 1c)					,	-		2,535,291	0		323,822
2 Total number of individuals (including but	t not limited to	those li			/e) v	vho re	ceiv	ed more than \$100	,000		
of reportable compensation from the orga	anızatıon ► 100										
3 Did the organization list any <b>former</b> offic line 1a? <i>If "Yes," complete Schedule J for</i>			key e	emp	loye •	e, or h	nighe	est compensated er	mployee on 3	Yes	No No
For any individual listed on line 1a, is the organization and related organizations grandividual									he 4	Yes	
5 Did any person listed on line 1a receive o services rendered to the organization? If '					•			ganızatıon or ındıvıd	dual for 5		No
Section B. Independent Contractors	i										
Complete this table for your five highest from the organization. Report compensation.										sation	
· · · · · · · · · · · · · · · · · · ·	(A)								(B)	(C	
Name and b	ousiness address							Descript LAW SERVICES	tion of services	Compen	186,000
								DAW SERVICES	•		100,000
40 N MAIN ST STE 1700 DAYTON, OH 45423											
KONINGS PETER JOHANNES MARIA								CLEAN ENERGY	CONSULTANT		157,000
VOLDERSDREEF 98 MAASTRICHT 6226TG NL											
HUDSON CISNE CO LLP								ACCOUNTING S	SERVICES		139,000
11025 ANDERSON DRIVE STE 300											
LITTLE ROCK, AR 72212 MISSION CRITICAL DEVELOPMENT INC								PROGRAM CON	ISULTANT		124,000
3736 SW ROSE ST SEATTLE, WA 98126											

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 4

	90 (2017)							Page <b>9</b>
Part	<del></del>							
	Check if Schedul	le O contains a r	respon	se or note to any	line in this Part VIII  (A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a Federated campaign	ns	1a		·			•
ant	<b>b</b> Membership dues		1b					
Gr.	<b>c</b> Fundraising events	L	1c					
ffs. r A	d Related organizatio	ns	1d					
ig Sila	e Government grants (co	ontributions)	1e	84,684,215				
tions, Gifts, Grants er Similar Amounts	f All other contributions, and similar amounts no above	ot included	1f	10,088,595				
Contributions, Gifts, Grants and Other Similar Amounts	g Noncash contribution in lines 1a-1f \$		206,0	83				
Contand	h Total.Add lines 1a-1	lf		•	94,772,810			
<u>ı</u>				Business	Code			
Program Service Revenue	2a							
á	b —							
ارد	c ———		,					
Ž.	d		•					
Ξ	e							
ogra	<b>f</b> All other program se	rvice revenue						
ğ	<b>9 Total.</b> Add lines 2a-2f	f	<b>&gt;</b>					
	3 Investment income (ii	ncluding dividen	ıds, ınt	erest, and other	1 200 405			1 200 402
	•			<b>•</b>	1,380,493	3		1,380,493
	4 Income from investme							
	<b>5</b> Royalties	(ı) Real	<del></del>	(II) Personal	<u> </u> 			
	<b>6a</b> Gross rents	(I) Real		(II) Personal	-			
					_			
ļ	<b>b</b> Less rental expenses							
ļ	c Rental income or (loss)							
	<b>d</b> Net rental income o	r (loss)		• • •	1			
		(ı) Securitie	s	(II) Other	_			
	<b>7a</b> Gross amount from sales of assets other than inventory	14,408	3,448					
	<b>b</b> Less cost or other basis and	10,113	1,336					
	sales expenses	4,295	112		-			
	<ul><li>C Gain or (loss)</li><li>d Net gain or (loss)</li></ul>	·		<b>•</b>	]   4,295,112	2		4,295,112
	8a Gross income from fi		_		1		+	
Other Revenue		of ed on line 1c)						
e	<b>b</b> Less direct expense:		Ь		-			
<u>-</u> ت	c Net income or (loss)			nts •	J			
the	<b>9a</b> Gross income from g		_		1			
0	See Part IV, line 19							
			a		_			
	<b>b</b> Less direct expense. <b>c</b> Net income or (loss)		<b>b</b>	<u> </u>	]			
	10aGross sales of invent			<u> </u>	1			
	returns and allowand	ces	a					
	<b>b</b> Less cost of goods s	sold	ь		]			
	<b>c</b> Net income or (loss)		ventor					
	Miscellaneous	Revenue		Business Code				
	11a <sub>VAN</sub> POOL FEES			999999	3,549	9		3,549
	ь		$\dashv$					
	с		7					
	1.011		$\bot$					4
	d All other revenue . e Total. Add lines 11a		L					+
					3,549	9		
	12 Total revenue. See	instructions .	•	• • • •	100,451,964	1	0	0 5,679,154 Form <b>990</b> (2017)

Form 990 (2017)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete	all columns All other orga	nızatıons must comp	lete column (A)	
Check if Schedule O contains a response or note to	any line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	239,432	239,432		
<b>2</b> Grants and other assistance to domestic individuals See F IV, line 22	Part			
<b>3</b> Grants and other assistance to foreign organizations, fore governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,326,313	1,326,313		
<b>6</b> Compensation not included above, to disqualified persons defined under section 4958(f)(1)) and persons described section 4958(c)(3)(B)	(as n			
7 Other salaries and wages	42,046,812	34,724,084	7,322,728	
8 Pension plan accruals and contributions (include section 4 (k) and 403(b) employer contributions)	01 2,034,026	1,755,903	278,123	
9 Other employee benefits	28,261	28,261		
<b>10</b> Payroll taxes	1,595,891	1,328,324	267,567	
11 Fees for services (non-employees)				
a Management				
b Legal	542,600	248,428	294,172	
c Accounting	197,028	69,528	127,500	
-	107,044	95,244	11,800	
d Lobbying	107,044	33,244	11,000	
e Professional fundraising services See Part IV, line 17	220.062		220.062	
f Investment management fees	329,863	2.542.000	329,863	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)		3,642,903	409,571	
12 Advertising and promotion	17,977	17,977		
<b>13</b> Office expenses	3,406,588	2,834,105	572,483	
<b>14</b> Information technology	55,725	54,525	1,200	
15 Royalties				
<b>16</b> Occupancy	2,797,367	2,712,274	85,093	
<b>17</b> Travel	6,412,731	5,984,283	428,448	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	1,319,994	1,213,754	106,240	
<b>20</b> Interest	174,402		174,402	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	713,462		713,462	
23 Insurance	492,185	375,429	116,756	
24 Other expenses Itemize expenses not covered above (Lis miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	t			
a SUBCONTRACTS	21,135,958	21,135,958		
b PROCUREMENT	3,105,176	3,044,418	60,758	
c FELLOWSHIPS	1,943,719	1,937,374	6,345	
d VEHICLES	462,116	461,450	666	
e All other expenses	3,892,728	2,522,798	1,369,930	
25 Total functional expenses. Add lines 1 through 24e	98,429,872	85,752,765	12,677,107	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				

Form **990** (2017)

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

14

15

27

28

29

31

32

33

34

Assets or 30

Net

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Intangible assets . . . . .

Other assets See Part IV, line 11 .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

End of year

14

15

48.807.175

10.657.846

59,465,021

84.258.442

27

28

29

30

31

32

33

34

Page **11** 

325,000

53.181.349

9,634,565

62,815,914

96.543.155

Form **990** (2017)

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

1	Cash-non-interest-bearing	7,469,316	1	9,572,277
2	Savings and temporary cash investments	2,166,211	2	2,419,828
3	Pledges and grants receivable, net	25,250	3	7,380
4	Accounts receivable, net	15,408,112	4	12,876,469

Beginning of year

15,408,112 Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5 II of Schedule L . . . . . . Loans and other receivables from other disqualified persons (as defined under

section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets Notes and loans receivable, net . Inventories for sale or use . 8 661.787 9 436,937 Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other 15,597,555 10a basis Complete Part VI of Schedule D 7,734,756 8.067.860 10c 7,862,799 b Less accumulated depreciation 10b 29.290.771 37.330.003 11 Investments—publicly traded securities . 11 18,162,832 13,339,734 12 12 Investments—other securities See Part IV, line 11 . 3.006.303 12.372.728 13 13 Investments—program-related See Part IV, line 11

84.258.442 96.543.155 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . . 16 17 Accounts payable and accrued expenses 8,704,603 17 9.017,931 18 18 Grants payable . . . 19 9,783,512 19 19,127,552 Deferred revenue . . . Tax-exempt bond liabilities . . . . . . 20 4,099,020 20 3,922,724 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 22

321.474 280.340 23 23 Secured mortgages and notes payable to unrelated third parties . . . 159.562 O 24 24 Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties, 1.725.250 25 1.378.694 25 and other liabilities not included on lines 17-24) Complete Part X of Schedule D 24,793,421 26 Total liabilities. Add lines 17 through 25 . 26 33,727,241 Fund Balances Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . . . .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c 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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Form 990 (2017)

**Reconcilliation of Net Assets** 

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

**Financial Statements and Reporting** 

Part XI

5

Part XII

Schedule O

☐ Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

2,022,092 59,465,021 1,330,630

4 5 6 7

8

9

10

-1,829 62,815,914

Yes

Yes

Yes

Yes

Yes (2017)

2a

2b

2c

3a

3b

No

Nο

Page **12** 

## **Additional Data**

### Software Version: **EIN:** 71-0603560

Software ID:

Name: WINROCK INTERNATIONAL INSTITUTE FOR AGRICULTURAL DEVELOPMENT

Form 990 (2017)

Form 990, Part III, Line 4a: SEE ABOVE STATEMENT OF EXEMPT PURPOSE

efil	e GR	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 93	3493316021398				
SCI	HED	ULE A		Public 6	Charity Statu	s and Pul	olic Supp	ort	OMB No 1545-0047				
	m 99		Cor		rganization is a sect			<b>I</b>	2017				
990E	EZ)				4947(a)(1) nonexe  ▶ Attach to Form				201/				
•		the Treasury	<b>▶</b> Inf	ormation abou	ıt Schedule A (Form			ctions is at	Open to Public Inspection				
		<b>he organiza</b> TERNATIONAL						Employer identific	Employer identification number				
		TURAL DEVELO			4411			71-0603560					
	rt I				<b>us</b> (All organization			see instructions.					
1	/r gariii≥		•		ssociation of churches	<b>J</b> ,	, ,	(A)(i)					
2		•		•				(A)(I).					
					1)(A)(ii). (Attach Sch	•	• •						
3		·	•	•	vice organization desc			-					
4		name, city,	and state _		ed in conjunction with								
5		(b)(1)(A)	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170</b> (b)(1)(A)(iv). (Complete Part II )										
6		A federal, s	tate, or loca	l government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	ı)(v).					
7	<b>✓</b>			rmally receives <b>(vi).</b> (Complete	a substantial part of it Part II )	s support from a	governmental u	nit or from the genera	al public described in				
8		A communi	ty trust desc	rıbed ın <b>sectior</b>	170(b)(1)(A)(vi)	(Complete Part I	I)						
9					escribed in <b>170(b)(1)</b> ee instructions Enter				ege or university or a				
10		An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)											
11					d exclusively to test fo	r public safety S	ee section 509	(a)(4).					
12		more public	ly supported	l organizations d	d exclusively for the be described in <b>section 5</b> the type of supporting	09(a)(1) or sec	ction 509(a)(2	). See <mark>section 509(a</mark>					
a		<b>Type I.</b> A so	upporting or n(s) the pow	ganızatıon oper	ated, supervised, or cappoint or elect a major	ontrolled by its s	upported organiz	zation(s), typically by					
b		<b>Type II.</b> A manageme	supporting on t of the sup	organization sup porting organiza	ervised or controlled i ation vested in the sar								
c		Type III fo	ınctionally		supporting organizatio				ted with, its				
d		Type III n functionally	on-function	nally integrate The organizatio	ions) You must com d. A supporting organi n generally must satis	ization operated fy a distribution i	in connection wi requirement and	th its supported orgar					
e		Check this	oox if the or	ganization recei	rt IV, Sections A and ved a written determin	nation from the II		pe I, Type II, Type II	I functionally				
f	Enter		• •	non-runctionally d organizations	integrated supporting	organization							
g				-	upported organization(	s)							
		Name of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	<del>, '                                     </del>	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
						Yes	No						
				l									
Tota													
		work Reduc	tion Act No	tice, see the I	nstructions for	Cat No 11285	5F \$	Schedule A (Form 9	90 or 990-EZ) 2017				

	III. If the organization f	ails to qualify un	der the tests list	ed below, pleas:	<u>e complete Part</u>	III.)		
9	Section A. Public Support							
	Calendar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 201	.7	(f) Total
_	(or fiscal year beginning in) ▶	(=, ====	(-)	(-,	(=, ====	(-,	·	(1)
1	Gifts, grants, contributions, and membership fees received (Do not	81,297,732	95,668,997	105,389,207	106,567,328	94 7	72,810	483,696,074
	include any "unusual grant ")	01,237,702	33,000,337	100,000,207	100,507,520	3 1,7	. 2,010	103,030,07
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							
4	Total. Add lines 1 through 3	81,297,732	95,668,997	105,389,207	106,567,328	94,7	72,810	483,696,074
5	The portion of total contributions by							
	each person (other than a							
	governmental unit or publicly							1 074 110
	supported organization) included on line 1 that exceeds 2% of the							1,074,110
	amount shown on line 11, column							
	(f)							
6	Public support. Subtract line 5							402 624 064
	from line 4							482,621,964
9	Section B. Total Support							
	Calendar year	(a)2013	<b>(b)</b> 2014	(c)2015	(d)2016	(e)201	.7	(f)Total
_	(or fiscal year beginning in) ▶							
7		81,297,732	95,668,997	105,389,207	106,567,328	94,/	72,810	483,696,074
8								
	dividends, payments received on securities loans, rents, royalties	1,009,728	807,657	936,430	909,622	1 3	80,493	5,043,930
	and income from similar sources	1,005,720	007,037	330,430	303,022	1,3	30,433	3,043,550
	and meetile from ominar sources							
9	Net income from unrelated							
	business activities, whether or not							
	the business is regularly carried on							
10	Other income Do not include gain							
TO	or loss from the sale of capital						3,549	3,549
	assets (Explain in Part VI )						-,	-,
11	, ,							488,743,553
	through 10							400,743,333
	Gross receipts from related activities,					12		
13	First five years. If the Form 990 is f							nization,
	check this box and <b>stop here</b>						<u>. ▶⊔</u>	
	Section C. Computation of Publi					1 1		
	Public support percentage for 2017 (I			olumn (f))		14		98 750 %
	Public support percentage for 2016 So					15		98 950 %
16	$_3$ 33 1/3% support test $-$ 2017. If the	_			e 14 is 33 1/3% or	more, che	ck this b	
	and stop here. The organization qua	lifies as a publicly s	upported organiza	tion				▶ ☑
ŀ	33 1/3% support test-2016. If the	ne organization did	not check a box o	n line 13 or 16a, a	nd line 15 is 33 1/3	3% or mor	e, check	this
	box and <b>stop here.</b> The organization	n qualifies as a publ	licly supported org	anızatıon				▶ □
17	10%-facts-and-circumstances tes	t-2017. If the org	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14	4	
	is 10% or more, and if the organization	on meets the "facts	-and-circumstance	s" test, check this	box and stop her	<b>e.</b> Explain		
	in Part VI how the organization meets	the "facts-and-circ	umstances" test	The organization o	jualifies as a public	ly supporte	ed	_
	organization							ightharpoons
ŀ	10%-facts-and-circumstances te	<b>st—2016.</b> If the or	ganization did not	check a box on lir	ne 13, 16a, 16b, or	17a, and	line	
-	15 is 10% or more, and if the organi	zation meets the "f	acts-and-circumst	ances" test, check	this box and stop	here.		
	Explain in Part VI how the organizati	on meets the "facts	-and-circumstance	es" test The organ	nization qualifies as	s a publicly	1	
	supported organization							▶ □

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,	)	
	Calendar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(a) 2016	(e) 2017	(I) Iotai
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, 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 business						
4	under section 513 Tax revenues levied for the						
-	organization'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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6 ) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI )						
13	Total support. (Add lines 9, 10c,						
14	11, and 12)  First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization.
	check this box and <b>stop here</b>			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	<b>016</b> Schedule A, I	Part III, line 17			18	
	<b>331/3% support tests—2017.</b> If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	İ	
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
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 <b>Part VI</b> when and how the organization made the			
	determination	3b		

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 <b>Part VI</b> when and how the organization made the	·		
	determination 3			
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 <b>Part VI</b> 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 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			

				3.
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 <b>Part VI</b> what controls the organization put in place to ensure such use	-		
		3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a		
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		$\overline{}$	
	supervised by or in connection with its supported organizations	4b		
С	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 <b>Part VI</b> 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		$\overline{}$	
		4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			

			, ,	
4a	a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below			
	cnecked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	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 <b>Part VI</b> 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	4c		
5a	old the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported rganizations 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)	5a		

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 <b>Part VI.</b>			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a			
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)			

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

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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.
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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

```
9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
_		1		
2	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			
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
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?		Yes	No
		1		
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)				
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
s	ection 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 instruct  The organization satisfied the Activities Test. Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	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 <b>Part VI identify those supported organizations and explain</b> 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	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) 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? <i>Provide details in Part VI</i> .	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI.</b></i> the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Qualified set-aside amounts (prior IRS approval require			
Other distributions (describe in <b>Part VI</b> ) See instructio	ns		
Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to wh details in <b>Part VI</b> ) See instructions			
Distributable amount for 2017 from Section C, line 6			
Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2017		
	Other distributions (describe in Part VI) See instruction  Total annual distributions. Add lines 1 through 6  Distributions to attentive supported organizations to whole details in Part VI) See instructions  Distributable amount for 2017 from Section C, line 6  Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see	Other distributions (describe in Part VI) See instructions  Total annual distributions. Add lines 1 through 6  Distributions to attentive supported organizations to which the organization is respondetails in Part VI) See instructions  Distributable amount for 2017 from Section C, line 6  Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see (i))	Other distributions (describe in Part VI) See instructions  Total annual distributions. Add lines 1 through 6  Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions  Distributable amount for 2017 from Section C, line 6  Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see (i) Underdistributions

details in <b>Part VI</b> ) See instructions	Terraine organization is respons	sive (provide	
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
а			
<b>b</b> From 2013			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
Distributable amount for 2017 from Section C, line     6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
<b>b</b> From 2013			
c From 2014			
<b>d</b> From 2015			
e From 2016			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			

Schedule A (Form 990 or 990-EZ) (2017)

i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

a Excess from 2013. . . . . . **b** Excess from 2014. . . . . c Excess from 2015. . . . . **d** Excess from 2016. . . . . e Excess from 2017. . . . .

instructions)

See instructions

3j and 4c 8 Breakdown of line 7

### Additional Data

### Software ID: Software Version:

**EIN:** 71-0603560

WINROCK INTERNATIONAL INSTITUTE Name:

FOR AGRICULTURAL DEVELOPMENT

Schedule A (Form 990 or 990-EZ) 2017 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Part VI Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See

instructions) Facts And Circumstances Test

SCHEDULE C

## Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493316021398

Department of the Treasury Internal Revenue Service

(Form 990 or 990-

EZ)

5

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Open to Public Inspection

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 Name of the organization **Employer identification number** WINROCK INTERNATIONAL INSTITUTE FOR AGRICULTURAL DEVELOPMENT 71-0603560 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-2

Calendar year (or fiscal year (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

activity

Volunteers?

Current year

b

С

3

5

Part IV

PART II-B, LINE 1

Carryover from last year

expenditure next year?

Return Reference

Media advertisements?

Mailings to members, legislators, or the public?

Publications, or published or broadcast statements?

1

(b)

Amount

(a)

No

No

No

Νo

No

Nο

Yes

### Nο Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Nο Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Νo Other activities? Yes 107,044 Total Add lines 1c through 1i 107,044 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? No 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? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a

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

FOR EFFECTIVE CLIMATE LEGISLATION RELATED TO CARBON OFFSETS

Explanation

COMPRISED OF PAYMENTS TO (I) ARKANSAS STATE CHAMBER OF COMMERCE AND US GLOBAL LEADERSHIP

CAMPAIGN MEMBERSHIPS LABELED AS LOBBYING EXPENSE, (II) CAPITAL ADVISOR GROUP FOR DISCUSSIONS CONCERNING FUTURE LEGISLATION AND STATE FUNDING, AND (III) PARTA OREGON, INC.

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

Taxable amount of lobbying and political expenditures (see instructions)

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

**Supplemental Information** 

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

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

2b

2c 3

4

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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

## **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

DLN: 93493316021398 OMB No 1545-0047

(Form 990)

Open to Public ▶ Attach to Form 990. Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection Name of the organization **Employer identification number** WINROCK INTERNATIONAL INSTITUTE FOR AGRICULTURAL DEVELOPMENT 71-0603560 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017						Page <b>2</b>
Par	Organizations Maintaining Coll	ections of Art, H	istorical Tre	asures, or Oth	er Similar Asset	<b>s</b> (continued	d)
3	Using the organization's acquisition, accession items (check all that apply)	, and other records,	check any of th	e following that ar	e a significant use o	f its collection	n
а	Public exhibition		d 🗆 L	oan or exchange p	programs		
b	Scholarly research		e 🗌 (	Other			
С	Preservation for future generations						
4	Provide a description of the organization's coll Part XIII	ections and explain h	now they furthe	r the organization'	s exempt purpose in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to					Yes 🗌	No
Par	<b>t IV</b> Escrow and Custodial Arranger Complete if the organization answ X, line 21.		n 990, Part I'	V, line 9, or repo	orted an amount o	ın Form 99	0, Part
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?	n or other intermedi	ary for contribu	tions or other asse	_	Yes 🗌	No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table		Amou	nt	
c	Beginning balance	·	_	1c			
d	Additions during the year			1d			
е	Distributions during the year			1e			
f	Ending balance			1f			
2a	Did the organization include an amount on For	m 990, Part X, line 2	21, for escrow o	or custodial accoun	t liability?	Yes 🗆	 No
b	If "Yes," explain the arrangement in Part XIII					_	
Pa	rt V Endowment Funds. Complete if				· ·		<del> </del>
1-	Beginning of year balance	(a)Current year 6,338,244	<b>(b)</b> Prior year 6,412,3	(c)Two years ba 43 6,612,			vears back 5,717,872
	Contributions	0,330,244	0,412,5	7,012,	200 0,371,0	-03	3,717,072
	•	745,771	433,2	41 -47.	576 343,2	224	728,034
	Net investment earnings, gains, and losses  Grants or scholarships				,-		
	Other expenditures for facilities			+			
	and programs	821,157	456,7	33 98,	160 65,5	i72	39,989
f	Administrative expenses	46,212	50,6	07 54,	187 37,0	)51	34,252
g	End of year balance	6,216,646	6,338,2	44 6,412,	343 6,612,2	166	6,371,665
2	Provide the estimated percentage of the curre	nt year end balance	(line 1a, columi	n (a)) held as	<b>I</b>		
а	Board designated or quasi-endowment	0 %	`	· //			
ь	Permanent endowment ► 0 %						
С	Temporarily restricted endowment ▶ 100 0	000 %					
_	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%					
За	Are there endowment funds not in the possess	sion of the organizati	on that are held	d and administered	d for the		
	organization by					Ye	
	(i) unrelated organizations					3a(i) Ye 3a(ii)	No No
b	(ii) related organizations	· · · · · · · · · · · · · · · · · · ·	n Schedule R?			3b	110
4	Describe in Part XIII the intended uses of the	,		· · ·			
Pai	t VI Land, Buildings, and Equipmen	t.					
	Complete if the organization answ						
	Description of property  (a) Cost or othe (investment)		or other basıs (oth	ner) <b>(c)</b> Accumulat	ed depreciation	(d) Book v	alue
1a	Land		1,377	444			1,377,444
b	Buildings		7,577	312	3,662,034		3,915,278
С	Leasehold improvements		2,147,	897	1,326,594		821,303
d	Equipment		3,688,	441	2,273,242		1,415,199

806,461

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) .

333,575

7,862,799

472,886

Schedule D (Form 990) 2017			Page <b>3</b>
Part VII Investments—Other Securities. Complete if t See Form 990, Part X, line 12.	the organization answ	vered "Yes" on Form 99	0, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Book value		d of valuation -year market value
(1) Financial derivatives			
(3) Other(A) LIMITED PARTNERSHIPS	11,017,337		F
(B) OTHER INVESTMENTS	587,557		F
(C) REAL ESTATE (D)	1,734,840		<u>r</u>
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )	13,339,734		_
Part VIII Investments—Program Related.	•		D 1 V 1 12
Complete if the organization answered 'Yes' on  (a) Description of investment	(b) Book value	<u></u>	Part X, line 13.
(1)		Cost or end-of	-year market value
RESTRICTED INVESTMENTS FOR SPECIFIC USDA FUNDED PROJECTS	12,372,728		F
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			_
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	12,372,728		_
Part IX Other Assets. Complete if the organization answere (a) Description		rt IV, line 11d See Form 9	990, Part X, line 15 (b) Book value
(1)	<u> </u>		(b) book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X  Other Liabilities. Complete if the organization of	answered 'Yes' on Fo	rm 990, Part IV, line 1:	<u>▶ </u> le or 11f.
See Form 990, Part X, line 25.  1. (a) Description of liability	(b) B	ook value	
(1) Federal income taxes			
DEFERRED RENT & OTHER LIABILITIES (2)		1,378,694	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<b>•</b>	1,378,694	
2. Liability for uncertain tax positions In Part XIII, provide the text organization's liability for uncertain tax positions under FIN 48 (ASC			
	, Shock field if the		p. o aca m rait AIII Lid

Part XI

2

b

1

2

d

3

5

Part XIII

See Additional Data Table

Schedule D (Form 990) 2017

Page 4

2,126,827

100,451,964

100,451,964

99,516,969

1,087,097

98,429,872

98.429.872

Schedule D (Form 990) 2017

d	Other (Describe in Part XIII )	2d		
е	Add lines <b>2a</b> through <b>2d</b>			•
3	Subtract line <b>2e</b> from line <b>1</b>			
4	Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$			
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIII )	4b		
c	Add lines <b>4a</b> and <b>4b</b>			
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Supplemental Information

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . .

Subtract line 2e from line 1 . . . .

Add lines 2a through 2d . .

Return Reference

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

	2d			796,	197	
	4a					
	4b					
)						

1,330,630

1,087,097

2e

3

4c 5

2e

3

4c

5

2a

2b

2c 24

2a 2b

2c 2d

4a

4b

Explanation

Page <b>5</b>		Schedule D (Form 990) 2017			
	ormation (continued)	Part XIII Supplemental Info			
	Explanation	Return Reference			

Schedule D (Form 990) 2017

### Additional Data



Software Version:

**EIN:** 71-0603560 Name:

Software ID:

FOR AGRICULTURAL DEVELOPMENT

# **Supplemental Information**

THE CENTRAL OBJECTIVE OF THE ENDOWMENT IS TO PROVIDE A STABLE STREAM OF REVENUE IN SUPPORT

PART V, LINE 4

Return Reference

Explanation

THAT THE FUND BALANCE WILL INCREASE AT OR ABOVE THE RATE OF INFLATION

OF WINROCK OPERATIONS. THE LONG-TERM INVESTMENT GOAL OF THE ENDOWMENT IS TO BE MANAGED SO.

WINROCK INTERNATIONAL INSTITUTE

Supplemental Information							
Return Reference	Explanation						
PART X, LINE 2	WINROCK IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE A ND A SIMILAR PROVISION OF STATE LAW, EXCEPT FOR TAXES ON UNRELATED BUSINESS INCOME WINROC K RECOGNIZES ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITION AS PART OF THEIR INCOME TAX PROVISION, IF ANY THE PAST THREE YEARS OF EXEMPT ORGANIZATION INCOME TAX RETURNS ARE SUBJECT TO POTENTIAL EXAMINATION BY TAXING AUTHORITIES WINROCK CONTINUAL LY EVALUATES CHANGES IN TAX LAW AND NEW AUTHORITIATIVE RULINGS ONE SUCH CHANGE EFFECTIVE J ANUARY 2, 2011 IS INTERNAL REVENUE CODE SECTION 5000C, WHICH PROVIDES FOR A TWO-PERCENT EX CISE TAX TO BE ASSESSED ON A FOREIGN PERSON THAT RECEIVES A SPECIFIED FEDERAL PROCUREMENT PAYMENT ("SFPP") SECTION 5000C DEFINES AN SFPP AS ANY PAYMENT MADE PURSUANT TO A CONTRACT WITH THE U S GOVERNMENT FOR (1) THE PROVISION OF GOODS, IF SUCH GOODS ARE MANUFACTURED OR PRODUCED IN ANY COUNTRY THAT IS NOT A PARTY TO AN INTERNATIONAL PROCUREMENT AGREEMENT ("IPA") WITH THE UNITED STATES, OR (2) THE PROVISION OF SERVICES, IF SUCH SERVICES IN ANY COUNTRY THAT IS NOT A PARTY TO AN IPA WITH THE UNITED STATES MANAGEMENT ASSERTS THAT THE TAX WOULD NOT APPLY TO WINROCK BECAUSE THE TAX IS ONLY ASSESSED (1) AGAINST FOREIGN PERSONS WHO RECEIVE SFPP'S (NOT U S PERSONS) AND (2) WHERE THE PAYMENT IS MADE PURSUANT TO A CONTRACT WITH THE GOVERNMENT OF THE UNITED STATES NEITHER OF WHICH APPLIES TO WINROCK'S ACTI VITIES BECAUSE MANAGEMENT'S POSITION IS BASED ON A STRAIGHT READING OF SECTION 5000C AND THE FACT THAT THERE ARE CURRENTLY NO REGULATIONS OR OTHER OFFICIAL GUIDANCE FROM THE UNITE D STATES TREASURY TO INTERPRET THE SECTION, THE POSSIBILITY REMAINS THAT FUTURE AUTHORITAT IVE GUIDANCE WILL BE ISSUED CONTRARY TO THE POSITION CURRENTLY TAKEN BY WINROCK						

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	REVENUE OF AFFILIATE ARKANSAS REGIONAL INNOVATION HUB LESS ELIMINATION 796,197

Supplemental Information										
Return Reference	Explanation									
PART XII, LINE 2D - OTHER ADJUSTMENTS	NONDEDUCTIBLE FINES AND PENALTIES 1,829 EXPENSE OF AFFILIATE ARKANSAS REGIONAL INNOVATION HUB LESS ELIMINATION 1,085,268									

efile GRAPHIC print	- DO NOT F	PROCESS	As Filed Data	-		DLN:	934933160213	98	
SCHEDULE F Sta		ement of A	Activities	Outside the Un	ited S	tates	OMB No 1545-004	7	
(Form 990)	► Compl	Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  Attach to Form 990.						2017	
Department of the Treasury Internal Revenue Service	▶ Informa	tion about Sched		and its instructions is at wi	vw.irs.gov	/form990.	Open to Public Inspection		
Name of the organization						Employer ider	ntification number	_	
WINROCK INTERNATIONAL FOR AGRICULTURAL DEVE						71-0603560			
	formation Part IV, line		Outside the l	<b>Jnited States.</b> Comple	ete if the	organization a	inswered "Yes" to		
other assistance, the to award the grant	ne grantees' s or assistand	eligibility for th	e grants or assi	substantiate the amoun stance, and the selection	criteria	used	☐ Yes ☐	No	
2 For grantmakers, outside the United		Part V the orga	anization's proce	edures for monitoring the	use of it	s grants and ot	her assistance		
3 Activites per Region	(The following	ng Part I, line 3 t	able can be dupl	icated if additional space is	s needed )	)			
(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	program spe	vity listed in (d) is a service, describe ecific type of ce(s) in region	(f) Total expenditur for and investment in region		
( 1) SEE ATTACHED STAT	EMENT			1	SEE ATTA STATEME				
( 2)									
(3)									
(4)									
( 5)									
3a Sub-total b Total from continuation	on sheets to	C	C					C	
i di c i	and 3b)	(	) (	·				(	

(1)				
( 2)				
(3)				

(4)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as taxexempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . . . . . . . . .

Schedule F (Form 990) 2017

(4) (5) (6) (7)

(8) (9) (10) (11) (12)

(13) (14) (15) (16) (17) (18) Page **3** 

Schedule F (Form 990) 2017

<u>·</u>											
Part IIII Grants and O	ther Assistance to	Individuals	Outside the Unite	ed States. Complete if	the organization an	swered "Yes" to Form 9	90, Part IV, line 16.				
Part III can be	Part III can be duplicated if additional space is needed.										
(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)				
(1)											
( 2)											
(3)											

Sche	dule F (Form 990) 2017		Page <b>4</b>
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<b>☑</b> Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	□Yes	<b>☑</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	□Yes	<b>☑</b> No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	✓ Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	<b>✓</b> Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	☐Yes	<b>☑</b> No

Schedule F (F	orm 990) 2017 Page <b>5</b>
	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).
Return Reference	Explanation
PART I, LINE 2	WINROCK INTERNATIONAL IMPLEMENTS PROJECTS IN APPROXIMATELY 50 COUNTRIES WORLD-WIDE WINROCK PROJECTS ARE FUNDED BY BOTH DOMESTIC AND INTERNATIONAL FUNDERS, WITH OVER 85% OF FUNDING PROVIDED BY THE U S FEDERAL GOVERNMENT IN 2017 WHEN AWARDED, WINROCK ESTABLISHES A PRESENCE IN THE REQUIRED AREA AND CARRIES OUT THE SCOPE OF WORK INCLUDED WITHIN THE AWARDED PROPOSAL THE THREE MAIN AREAS OF WINROCK'S WORK ARE THE AREAS OF ENTERPRISE & AGRICULTURE EMPOWERMENT & CIVIC

ENGAGEMENT, AND ENVIRONMENT (INCLUDING FORESTRY MANAGEMENT, ENERGY, AND ECOSYSTEM SERVICES) IN ADDITION TO THE WORK PROVIDED WITHIN THE U.S., THE PRIMARY REGIONS IN WHICH WINROCK WORKS INCLUDE CENTRAL ASIA, SOUTH/SOUTHEAST ASIA, AFRICA, AND LATIN AMERICA

efile GRAPHIC print - DC	NOT PROCESS	As Filed Data -					DI	N: 934933160213	398
Schedule I (Form 990)  Department of the Treasury	Co	Governments amplete if the organiza	other Assistance and Individuals tion answered "Yes," o  Attach to Form 1 (Form 990) and its		OMB No 1545-0047  2017  Open to Public Inspection				
Internal Revenue Service Name of the organization WINROCK INTERNATIONAL INSFOR AGRICULTURAL DEVELOPM Part I General Inform		and Assistance					Employer identification 71-0603560	cation number	
<ol> <li>Does the organization mathe selection criteria used</li> <li>Describe in Part IV the or</li> </ol>	aintain records to subsite to award the grants	stantiate the amount of to or assistance? res for monitoring the use	e of grant funds in the Un	ited States		•			l No
		nestic Organizations ar can be duplicated if add		nts. Complete if the o	rganization answered "Yes	" on Form	990, Part IV, line	e 21, for any recipient	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		Description of ash assistance	(h) Purpose of grad or assistance	nt
(1) THE ARKANSAS REGIONAL INNOVATION HUB 201 E BROADWAY ST NORTH LITTLE ROCK, AR 72114	46-3376034	501(C)(3)	239,432		CASH			SUBAWARDS FOR H TO USE IN ITS EXEN ACTIVITY	
2 Enter total number of sec		-					•		1
3 Enter total number of oth				Cat No 5005	<b></b>	· · ·			

Schedule I (Form 990) 2017

(6)

(7)

Explanation

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part IV

Return Reference

efil	e GRAPHIC pr	int - DO NOT PROCESS As	Filed Dat	a -	DLN: 934	9331	6021	398		
Sch	edule J	Com	pensati	ion Information	OM	IB No	1545-0	0047		
(For	n 990)	For certain Officers, [	Directors, T	rustees, Key Employees, and Hig	hest					
		➤ Complete if the organiz		ated Employees vered "Yes" on Form 990, Part IV,	. line 23.	20	17	7		
		-	▶ Attach	to Form 990.						
•	tment of the Treasury al Revenue Service	► Information about		(Form 990) and its instructions i .gov/form990.	is at		to Pul ectio			
	me of the organiza				Employer identificat	ion nu	ımber			
	ROCK INTERNATION AGRICULTURAL DE				71-0603560					
Pa	rt I Questi	ons Regarding Compensation		•						
							Yes	No		
1a				the following to or for a person lister y relevant information regarding thes						
	First-class or charter travel  Housing allowance or residence for personal use									
	☐ Travel for companions ☐ Payments for business use of personal residence									
	☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)									
	Discretion	ary spending account		reisonal services (e.g., maid, chadi	reur, cher)					
b		kes in line 1a are checked, did the or ill of the expenses described above?		ollow a written policy regarding paym iplete Part III to explain	nent or reimbursement	1b	Yes			
2		ation require substantiation prior to r		or allowing expenses incurred by all r, regarding the items checked in line	152	2	Yes			
	directors, truste	es, officers, including the CEO/Execu	tive Directo	r, regarding the items checked in line	: та					
3		if any, of the following the filing orga EO/Executive Director Check all that		ed to establish the compensation of th	ne					
				CEO/Executive Director, but explain i	n Part III					
	✓ Compensa	ation committee	<b>✓</b>	Written employment contract						
		ent compensation consultant	<u></u>	Compensation survey or study						
		of other organizations	$\checkmark$	Approval by the board or compensa	tion committee					
4	During the year related organiza		Part VII, Se	ction A, line 1a, with respect to the fi	ling organization or a					
а	_	ance payment or change-of-control p	ayment?			4a		No		
b		r receive payment from, a supplemen	•	ified retirement plan?		4b		No		
c	•	r receive payment from, an equity-ba	•	· ·		4c		No		
	If "Yes" to any o	of lines 4a-c, list the persons and pro	vide the app	olicable amounts for each item in Part	: III					
	Only E01/a)/3	) F01(a)(4) and F01(a)(20) and	anizationo	must samplete lines E 0						
5		), <b>501(c)(4), and 501(c)(29) org</b> ed on Form 990, Part VII, Section A,		-						
		ontingent on the revenues of	<b>,</b>	<b>y</b> ,,						
а	The organization	۹۶				5a		No		
b	Any related orga					5b		No		
	•	5a or 5b, describe in Part III								
6		ed on Form 990, Part VII, Section A, ontingent on the net earnings of	line 1a, did	the organization pay or accrue any						
а	The organization					6a		No		
b	Any related orga					6b		No_		
7	•	6a or 6b, describe in Part III	المراج المرا	the every making provide and acceptance	4					
7	payments not d	escribed in lines 5 and 6? If "Yes," de	escribe in Pa		<b>.</b>	7		No		
8		nts reported on Form 990, Part VII, p nitial contract exception described in		red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	escribe	8		No		
9	If "Yes" on line 3	3, did the organization also follow the	e rebuttable	presumption procedure described in	Regulations section	9		No_		
For E		iction Act Notice, see the Instruc	tions for Ea	orm 990 Cat No. 5	i0053T Schedule 1		. 000)	2017		

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

			y Employees, and Hi					
	Do no	ot list any individuals that	are not listed on Form 9	90, Part VII				b d dl
Note. The sum of column	is (B							
(A) Name and Title		(B) Breakdown (i) Base compensation	of W-2 and/or 1099-MIS  (ii) Bonus & incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 RODNEY FERGUSON PRESIDENT AND CEO	(i)	476,514	45,000	0	47,276	1,772	570,562	0
	(ii)	0	0	0	0	0	0	0
2 MICHAEL MYERS SR VP - CFO & TREASURER	(i)	240,384	31,250	0	23,523	16,328	311,485	0
	(ii)	0	0	0	0	0	0	0
3 JOYJIT DEB ROY SR VICE PRES, PROGRAMS	(i)	228,830	31,500	0	22,770	16,508	299,608	0
	(ii)	0	0	0	0	0	0	0
4 CURTIS HUNDLEY CAMBODIA CHIEF OF PARTY	(i)	209,549	0	56,215	15,662	12,805	294,231	0
The state of the s	(ii)	0	0	0	0	0	0	0
5 PHILLIP BROUGHTON NEPAL CHIEF OF PARTY	(i)	193,980	15,000	69,962	19,129	17,743	315,814	0
	(ii)	0	0	0	0	0	0	0
6 JOHN ADAM DORR BANGLADESH CHIEF OF	(i)	192,378	0	83,823	18,025	19,954	314,180	0
PARTY	(ii)	0	0	0	0	0	0	0
7 CHRISTOPHER GALLAGHER	(i)	247,741	30,250	0	24,650	10,062	312,703	0
SVP BUS DEV & EXTERNAL AFF	(ii)	0	0	0	0	0	0	0
8 BRAULIO OLIVEIRA CHIEF INFORMATION	(i)	235,075	25,000	0	23,177	12,620	295,872	0
OFFICER	(ii)	0	0	0	0	0	0	0

Page 3 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 Return Reference Explanation WINROCK ALLOWS EXECUTIVE MANAGEMENT TO FLY BUSINESS CLASS WHEN CONDUCTING INTERCONTINENTAL BUSINESS STAFF. CONSULTANTS AND PART I. LINE 1A VOLUNTEERS MAY UTILIZE BUSINESS CLASS TRAVEL FOR MEDICAL AND EMERGENCY EVACUATIONS AND IN OTHER EXTRAORDINARY CIRCUMSTANCES FIRST

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493316021398 OMB No 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990. Department of the Treasury ▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Employer identification number Name of the organization WINROCK INTERNATIONAL INSTITUTE 71-0603560 FOR AGRICULTURAL DEVELOPMENT Part I **Bond Issues** (b) Issuer EIN (c) CUSIP # (d) Date issued (f) Description of purpose (g) Defeased (h) On (i) Pool (a) Issuer name (e) Issue price behalf of financing ıssuer Yes No Yes No Yes No ARKANSAS DEVELOPMENT 71-0503641 04108KA81 09-08-2014 185,000 PROCEEDS USED TO REFUND Х Χ Х PRIOR ISSUANCE USED FOR FINANCE AUTHORITY CONSTRUCTION OF HQ OFFICE ARKANSAS DEVELOPMENT 71-0503641 185,000 PROCEEDS USED TO REFUND Χ Χ 04108KA99 09-08-2014 Χ FINANCE AUTHORITY PRIOR ISSUANCE USED FOR CONSTRUCTION OF HQ OFFICE ARKANSAS DEVELOPMENT 71-0503641 04108KB23 09-08-2014 PROCEEDS USED TO REFUND Χ Χ Х 195,000 FINANCE AUTHORITY PRIOR ISSUANCE USED FOR CONSTRUCTION OF HQ OFFICE ARKANSAS DEVELOPMENT 71-0503641 04108KB31 09-08-2014 200,000 PROCEEDS USED TO REFUND Х Χ Х FINANCE AUTHORITY PRIOR ISSUANCE USED FOR CONSTRUCTION OF HQ OFFICE Part II **Proceeds** C D 185,000 2 Total proceeds of issue. 3 . . . . . . . . . . . . . . . . . . . 4 5 6 7 Issuance costs from proceeds. . . . . . . . . . . . . . . . 8 9 10 11 Other spent proceeds. . . . . . . . . . . . . . . . 12 13 Yes No Yes No Yes No Yes No Χ Χ Χ Were the bonds issued as part of a current refunding issue? . . . . Х 14 Were the bonds issued as part of an advance refunding issue? . . . . . Х Χ Χ 15 Χ Χ Χ Х Х 16

Was the organization a partner in a partnership, or a member financed by tax-exempt bonds? . . . . . . . . . Are there any lease arrangements that may result in private

**Private Business Use** 

Part III

Does the organization maintain adequate books and records to support the final allocation of

1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?			х
2	Are there any lease arrangements that may result in private business use of bond-financed property?			X
For	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Cat	: No	501

Yes

Cat No 50193E

Х

Νo

Yes

Schedule K (Form 990) 2017

Yes

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No

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No

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Yes

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Part IV

Arbitrage

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No

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Page 2

D

Yes

Χ

Schedule K (Form 990) 2017

Yes

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Yes

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Yes

Yes

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Yes

Are there any research agreements that may result in private business use of bond-financed

Enter the percentage of financed property used in a private business use by entities other than

unrelated trade or business activity carried on by your organization, another section 501(c)(3)

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government . . . . . ▶

Enter the percentage of financed property used in a private business use as a result of

organization, or a state or local government . . . . . . . . . . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

property?.........

Rebate not due yet? . . . . . .

hedge with respect to the bond issue?

Exception to rebate? . . . . . . .

No rebate due? . . . . . . . . .

the issue are remediated in accordance with the requirements under

Regulations sections 1 141-12 and 1 145-2?

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

the GIC satisfied? . . . . . . . . .

requirements of section 148? . . .

Were gross proceeds invested in a guaranteed investment contract

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

Schedule K (Form 990) 2017

period?

Part V

No

No

D

Yes

Schedule K (Form 990) 2017

Yes

	(GIC)?	^
b	Name of provider	
С	Term of GIC	
4	Was the regulatory safe harbor for establishing the fair market value of	

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

No

Yes

Yes

No

Х

Х

Х

Yes

Nο

Yes

No

No

Yes

No

Yes

**Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493316021398 OMB No 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990. Department of the Treasury ▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Employer identification number Name of the organization WINROCK INTERNATIONAL INSTITUTE 71-0603560 FOR AGRICULTURAL DEVELOPMENT Part I **Bond Issues** (b) Issuer EIN (c) CUSIP # (d) Date issued (f) Description of purpose (g) Defeased (h) On (i) Pool (a) Issuer name (e) Issue price behalf of financing ıssuer Yes No Yes No Yes No ARKANSAS DEVELOPMENT 71-0503641 04108KB49 09-08-2014 200,000 PROCEEDS USED TO REFUND Х Χ Х PRIOR ISSUANCE USED FOR FINANCE AUTHORITY CONSTRUCTION OF HQ OFFICE ARKANSAS DEVELOPMENT 71-0503641 04108KB56 205,000 PROCEEDS USED TO REFUND Χ Χ 09-08-2014 Χ FINANCE AUTHORITY PRIOR ISSUANCE USED FOR CONSTRUCTION OF HQ OFFICE ARKANSAS DEVELOPMENT 71-0503641 04108KB64 09-08-2014 215,000 PROCEEDS USED TO REFUND Χ Χ FINANCE AUTHORITY PRIOR ISSUANCE USED FOR CONSTRUCTION OF HQ OFFICE ARKANSAS DEVELOPMENT 71-0503641 04108KB72 09-08-2014 220,000 PROCEEDS USED TO REFUND Х Χ Х FINANCE AUTHORITY PRIOR ISSUANCE USED FOR CONSTRUCTION OF HQ OFFICE Part II **Proceeds** C D 2 3 4 5 6 7 Issuance costs from proceeds . . . . . . . . . . . . . . . . . . 8 9 10 11 12 13 Yes No Yes No Yes No Yes No Χ Χ Χ Were the bonds issued as part of a current refunding issue? . . . . Х 14

Х

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Х

No

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Cat No 50193E

Yes

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Yes

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Χ

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No

Χ

Χ

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Part III

**Private Business Use** 

Were the bonds issued as part of an advance refunding issue? . . . . .

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

Does the organization maintain adequate books and records to support the final allocation of

Was the organization a partner in a partnership, or a member of an LLC, which owned property

Are there any lease arrangements that may result in private business use of bond-financed

Χ Х Х D Yes No Χ

Schedule K (Form 990) 2017

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No

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Yes

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Part IV

Arbitrage

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Page 2

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Yes

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Yes

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Yes

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Yes

Schedule K (Form 990) 2017

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No

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Χ

C

counsel to review any research agreements relating to the financed property?

Enter the percentage of financed property used in a private business use by entities other than

unrelated trade or business activity carried on by your organization, another section 501(c)(3)

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

a section 501(c)(3) organization or a state or local government . . . . . Enter the percentage of financed property used in a private business use as a result of

organization, or a state or local government . . . . . . . . . . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

Does the bond issue meet the private security or payment test? . . .

Penalty in Lieu of Arbitrage Rebate? If "No" to line 1, did the following apply? . . . .

Rebate not due yet? . . . . . .

hedge with respect to the bond issue?

Exception to rebate? . . . . . . .

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . . . Is the bond issue a variable rate issue? . . . . .

Was the hedge superintegrated? . . . . . . Was the hedge terminated? . . . . . . . . .

No rebate due? . . . . . . . . .

the issue are remediated in accordance with the requirements under

Regulations sections 1 141-12 and 1 145-2?

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Were gross proceeds invested in a guaranteed investment contract

if self-remediation is not available under applicable regulations?

Schedule K (Form 990) 2017

Part VI

No

No

D

Yes

Schedule K (Form 990) 2017

Yes

	(GIC) <sup>2</sup>	X	X	X	X
Ь	Name of provider				
С	Term of GIC				
	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?				
6	Were any gross proceeds invested beyond an available temporary	×	×	×	X

No

Yes

**Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

В

Nο

No

v

Х

Yes

Yes

No

No

Yes

No

Yes

Yes

7 Has the organization established written procedures to monitor the requirements of section 148? . . .

Part V Procedures To Undertake Corrective Action

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

efile (	GRAPHIC print - DO NOT	PROCESS As	Filed Data -									DLN: 9	93493	31602	1398
	dule K				<b>T</b> F		4	D l				ОМВ	No 154	15-0047	
	m 990)		pplemental Ir									1	201	7	
		Complete if the	e organization answ explanations,	ered "Yes" to Form and any additional					criptions,				LU.	. /	
	ent of the Treasury	<b>N</b> Informatio	n about Schedule K	Attach to Form 99		ic at i		u ira gay/farn	2000				en to F		
	Revenue Service the organization	Pillolliatio	ii about Scheddle K	(101111 990) and its	IIISti uctions	5 15 at <u>1</u>	<i></i>	v.ii s.yov / 10111	<del>1330</del> .	Emple	yer iden		nspect n numb		
	CK INTERNATIONAL INSTITUTE RICULTURAL DEVELOPMENT									71-0	503560				
	Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	orice		(f) Description	n of purpose	(g) D	efeased	(h)	On	(i)	Pool
													alf of uer	fınar	ncing
										Yes	No	Yes	No	Yes	No
	KANSAS DEVELOPMENT	71-0503641	04108KB80	09-08-2014	1,2	50,000		CEEDS USED			X		Х		X
FIN	NANCE AUTHORITY							OR ISSUANCE NSTRUCTION O							
							0011		o						
	KKANSAS DEVELOPMENT NANCE AUTHORITY	71-0503641	04108KB98	09-08-2014	1,5	20,000		OCEEDS USED TO OR ISSUANCE			×		X		X
LII	NANCE AUTHORITY							NSTRUCTION O							
	-														
Part :	Proceeds				<u> </u>	•		В						D	
1 A	Amount of bonds retired				· ·	4		В		'	С			ט	
	Amount of bonds legally defease							+							
	otal proceeds of issue														
4 6	Gross proceeds in reserve funds							1							
	Capitalized interest from procee							+							
<b>6</b> P	roceeds in refunding escrows .														
	ssuance costs from proceeds .														
	Credit enhancement from proce														
9 7	Vorking capital expenditures fro	om proceeds													
10	Capital expenditures from proce	eds													
<b>11</b> C	Other spent proceeds														
<b>12</b> C	Other unspent proceeds														
13 Y	ear of substantial completion .														
					Yes	No	0	Yes	No	Yes	No		Yes		No
<b>14</b> V	Vere the bonds issued as part o	of a current refunding	g issue?			Х			X						
<b>15</b> V	Vere the bonds issued as part o	of an advance refund	ing issue?			х			Х						
16 H	las the final allocation of proce	eds been made? .				Х			Х						
	oes the organization maintain proceeds?					Х			Х						
Part I															
						4		В			С			D	
4 14	Nac the eventuation a next		mombor of IIC ··	ibieb euroed manacidi.	Yes	No	0	Yes	No	Yes	No		Yes		No
<b>1</b> V	Vas the organization a partner inanced by tax-exempt bonds?	ın a partnersnip, or a	member of an LLC, W	· · ·		×			Х						
<b>2</b> A	are there any lease arrangemer	nts that may result in	private business use			Х			Х						
For Dar	property?	o soo the Instruct	tions for Form 000		C 21	No 51	0102	<u> </u>				chodul	o V /Eo	rm 000	1 2017

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C

Part IV

Arbitrage

counsel to review any research agreements relating to the financed property?

organization, or a state or local government . . . . . . . . . . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

hedge with respect to the bond issue?

Exception to rebate? . . . . . . .

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Enter the percentage of financed property used in a private business use by entities other than

Page 2

No

			Α		5	<u> </u>			J
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		×		×				
	TODY WILL DO I III I I I I I I I I I I I I I I I								

ь	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?				
С	Are there any research agreements that may result in private business use of bond-financed property?	x	X		
- 1	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside				

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Yes

No

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Yes

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Yes

C

No

Yes

Schedule K (Form 990) 2017

the GIC satisfied? . . . . . . . . .

requirements of section 148? . . .

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Schedule K (Form 990) 2017

period?

Part V

No

D

Yes

Yes

Nο

Yes

В

No

Х

Х

Х

Yes

Yes

No

No

Yes

No

if self-remediation is not available under applicable regulations? **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Yes

No

No

Yes

efile GRAPHI	C print - DO NO	T PROCES	S As F	iled Data -					DL	N: 93	4933	160	21398
Schedule L (Form 990 or 990	Complete	te if the orga 27, 28a,	nization a 28b, or 28 ► Atta	ns with li answered "Yes Bc, or Form 99 ch to Form 99	s" on Form 9 0-EZ, Part V 0 or Form 99	90, Part IV, I , line 38a or 0-EZ.	ines 2 40b.			5,	мв No <b>2(</b>		
Department of the Tre Internal Revenue Serv	asurv	ormation abo	out Sched	ule L (Form 99 <u>www.irs.gov</u>		) and its inst	ructio	ns is	at		)pen		ıblic
Name of the org WINROCK INTERNA FOR AGRICULTURA	ATIONAL INSTITUTE							•	<b>yer ide</b> 3560	entifica	ition n	iumb	er
	ss Benefit Trar lete if the organiza									ne 40b			
	) Name of disquali			Relationship be	between disqualified person and organization			(c) [	Descript ansacti	on of		) Cori es	rected? <b>No</b>
4958 3 Enter the ar	mount of tax incurion.	y, on line 2, a  From Interization answe n Form 990, F	ested Pe red "Yes" o Part X, line (d) Loan	bursed by the creations.  n Form 990-EZ 5, 6, or 22	rganization .	• • • • •	90, Pa	:	line 26	h) ved by rd or	(	janiza i)Writ ireem	ten
			То	From	-		Yes	Yes No		No No	Yes	es No	
									Yes				
T													
Total Part III Gra	nts or Assistar	nce Benefit	ing Inter		≻ \$ ns.								
	nplete if the orga rested person (b int		between n and the	(c) Amount		(d) Type	of assi	stand	ce	<b>(e)</b> Pu	rpose o	of assi	stance
For Danerwork Dec	fuction Act Notice s	ea the Instru	tions for Ec	 	<b>7</b> C:	at No 50056A		C-I		/Eaum	000 0	. 000	EZ) 2017

Complete if the organization	on answered "Yes" on Form	n 990, Part IV, line 28a	a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh organiz rever	ation's
				Yes	No
(1) PETER O'NEILL	BOARD MEMBER FOR ROCKEFELLER CAPITAL MANAGEMENT AND WINROCK INTERNATIONAL	91,986	ADVISORY FEES		No
		_			
Part V Supplemental Informati	ion			•	•

**Explanation** 

Schedule I. (Form 990 or 990-F7) 2017

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference

efil	e GRAPHIC pr	int - DO NOT PR	OCESS	As Filed Data -		DLN: 9	9349331	6021	L398
	EDULE M			loncash Contri	hutione		OMB No 1	.545-0	047
(For	m 990)		ľ	ioncasii Contin	butions		20	1 =	7
		▶Complete if the	organizati	ons answered "Yes" on Fo	orm 990, Part IV, lines 2	9 or 30.	<b>20</b>	$\mathbf{I}$	<i>!</i>
		► Attach to Form	990.						
Depar	tment of the Treasury	▶Information abo	ut Schedu	le M (Form 990) and its i	nstructions is at <u>www.ir</u> .	s.gov/form990	Open to	o Pub	olic
	al Revenue Service						Inspe		
	e of the organizat OCK INTERNATIONA					Employer identif	ication n	umbe	r
	GRICULTURAL DEVE					71-0603560			
Pa	rt I Types	of Property							
			(a)	(b)	(c)	1	(d)		
			Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported on	Method o	of determine		ts
			аррисавис	recins continuated	Form 990, Part VIII, line	Tioricasii con	tilbation t	in our	
					1g				
1	Art—Works of art								
3	Art—Historical tro Art—Fractional in					+			
4	Books and public								
	Clothing and hou								
-	goods								
6	Cars and other v	ehicles							
7	Boats and planes								
	Intellectual prope	•							
9	Securities—Public	•	X	1	206,08	3 FMV			
10	Securities—Close	•				-			
11	Securities—Partr or trust interest								
12	Securities—Misce								
13	Qualified conserv	/ation							
	contribution—Hi								
1.4	structures								
	contribution—Of								
15	Real estate—Res	idential .							
16	Real estate—Con	nmercial							
17	Real estate—Oth	er							
18	Collectibles .								
19	Food inventory								
20	Drugs and medic	al supplies .							
21	Taxidermy					+			
	Scientific specim					+			
	Archeological art					+			
	Other ► (					1			
	Other ► (					1			
27	Other ▶ (	)							
28	Other ▶ (	)							
29				tion during the tax year for		30			
	for which the org	janization completed	l Form 8283	3, Part IV, Donee Acknowled	gement	29			
						1.20.11.1		Yes	No
30a				y contribution any property r e of the initial contribution, a			nt		
				· · · · · · · ·					   <sub>  NI</sub>
	TC 107 11 1		D 1 77				30a		No
Ь	ir "Yes," describ	e the arrangement i	n Part II						<b> </b>
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the reviev	v of any nonstandard contr	ibutions?	31		No
32a				or related organizations to so	olicit, process, or sell nonca	ish			ļ
							32a		No
	If "Yes," describ								
33	-		amount in	column (c) for a type of pro	perty for which column (a)	is cnecked,			
<u> </u>	describe in Part	n Act Notice, see the	T	f F 000	Cat No 512271	<u> </u>	le M (Form	000)	(2017)
COT P			··nsiriicti <b>ot</b>	is in FORM 990.	(AL NO 212271	Schedii			

Schedule M (Form 990) (2017)	Page <b>2</b>								
Part II Supplemental Info	rmation.								
Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part									
	I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete								
this part for any add	itional information.								
Return Reference	Explanation								
	Schedule M (Form 990) (2017)								

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SCHEDUL	FΩ	Supplemental Information to Form 9	90 or 990-F7	OMB No 1545-0047
(Form 990 or EZ) Department of the T	ific questions on nformation.	2017 Open to Public Inspection		
Internal Revenue See Name of the org WINROCK INTERNA FOR AGRICULTURA	ATIONAL INS		71-0603560	ntification number
990 Schedul	e O, Sup <sub>l</sub>	plemental Information		
Return Reference		Explanation		
FORM 990, PART VI, SECTION A, LINE 2	BOARD	MEMBERS PETER O'NEILL AND WILL ROCKEFELLER ARE RELAT	ËD	

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990,	THE 990 WAS PRESENTED TO THE AUDIT COMMITTEE BY MANAGEMENT AND THE TAX PREPARERS PRIOR TO
PART VI,	THE FILING OF THIS TAX RETURN AT THEIR RECOMMENDATION, THE BOARD AND OFFICERS THEN HAD TH
SECTION B.	E OPPORTUNITY TO REVIEW THE ACCURACY AND COMPLETENESS OF THE RETURN BEFORE IT WAS FILED. H
LINE 11B	OWEVER, THE AUTHORITY TO SUGGEST CHANGES TO THE FORM LIES WITH THE AUDIT COMMITTEE

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990,	ANNUALLY, THE WINROCK BOARD SECRETARY DISTRIBUTES A COPY OF THE CONFLICTS OF INTEREST POLI
PART VI,	CY TO EACH MEMBER OF THE BOARD OF DIRECTORS EACH BOARD MEMBER SIGNS A STATEMENT THAT ATTE
SECTION B,	STS TO HIS/HER UNDERSTANDING OF THE POLICY AND DISCLOSES ANY INTERESTS THAT ARE KNOWN OR P
LINE 12C	OTENTIAL CONFLICTS AT DATE OF HIRE, EVERY US-BASED WINROCK EMPLOYEE RECEIVES THE CONFLICT
	S OF INTEREST POLICY AND IS REQUIRED TO (I) ATTEST TO HIS/HER UNDERSTANDING OF THE POLICY
	AND (II) DISCLOSE ANY KNOWN OR POTENTIAL CONFLICTS OF INTEREST TO HUMAN RESOURCES ALL EMP
	LOYEES ARE MADE AWARE OF THE POLICY REQUIREMENTS DURING NEW HIRE ORIENTATION EVERY DISCLO
	SURE IS REVIEWED BY THE CEO AND THE BOARD CHAIR TO DETERMINE ITS IMPACT ON WINROCK AND APP
	ROPRIATE REMEDIATION STEPS, IF NECESSARY EACH OFFICER AND KEY EMPLOYEE WILL BE REQUIRED T
	O UPDATE HIS/HER SIGNED ATTESTATION AND INTERESTS DISCLOSURE ANNUALLY BEGINNING 2018

990 Schedule O, Supplemental Information

Return Explanation

Reference	
FORM 990,	A COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS USES COMPENSATION SURVEYS AND OTHER RES
PART VI,	OURCES TO DETERMINE THE APPROPRIATE COMPENSATION FOR THE CEO THE DECISION BY THE COMPENSA
SECTION B,	TION COMMITTEE IS THEN APPROVED BY THE FULL BOARD BEFORE BEING FINALIZED THE COMPENSATION
LINE 15	COMMITTEE ALSO REVIEWS ANNUALLY THE COMPENSATION OF OFFICERS

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ARTICLES OF INCORPORATION ARE MADE PUBLIC THROUGH THE ARKANSAS SECRETARY OF STATE ART ICLES OF INCORPORATION AND THE BYLAWS MAY BE DIRECTLY REQUESTED FROM THE BOARD SECRETARY A T WINROCK INTERNATIONAL'S CORPORATE MAILING ADDRESS THE CONFLICTS OF INTEREST POLICY IS A VAILABLE UPON REQUEST TO THE BOARD SECRETARY OR CHIEF HUMAN RESOURCES OFFICER, BOTH AT THE CORPORATE MAILING ADDRESS THE AUDITED INSTITUTIONAL FINANCIAL STATEMENTS AND COMPLIANCE AUDIT UNDER UNIFORM GUIDANCE ARE AVAILABLE UPON REQUEST TO THE CHIEF FINANCIAL OFFICER AT THE CORPORATE MAILING ADDRESS

990 Schedule O, Supplemental Information Return Explanation Reference

FORM 990, PART XI,

LINE 9

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

## **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.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493316021398

Open to Public Inspection

**Employer identification number** 

WINROCK INTERNATIONAL INSTITUTE FOR AGRICULTURAL DEVELOPMENT							71-0	603560				
Part I Identification of Disregarded Entities Complete	e if the organi	ızatıon answe	red "Yes	' on Form	990, Part	IV, line 3	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary acti	ıvıty	Legal dom or foreigr	ıcıle (state	<b>(d)</b> Total in		(e) End-of-yea	) ar assets	<b>(f)</b> Direct con entit	trolling	
Part II Identification of Related Tax-Exempt Organizations during the tax year (a)	ır.	b)	Τ (	c)	(d)		(	e)	1	(f)	(9	<u> </u>
Name, address, and EIN of related organization	Primary	activity	Legal don	nicile (state n country)	Exempt Code		Public cha	arity status 501(c)(3))	Dire	ect controlling entity	Sectio (b)( contr ent	n 51: 13) olled ity?
(1)THE ARKANSAS REGIONAL INNOVATION HUB 201 E BROADWAY ST NORTH LITTLE ROCK, AR 72114 46-3376034		NNOVATIVE AND LIAL ACTIVITY IN		AR	501(C)(3)	l	INE 12A		WINROCK INSTITUTE AGRICULT DEVELOPM	URAL	Yes	No.
(2)ARGENTA ART CONNECTION 204 E 4TH STREET  NORTH LITTLE ROCK, AR 72114 46-0851466	TO HELP YOUTH EDUCATION, LE RESPONSIBILIT	ADERSHIP, AND		AR	501(C)(3)	l	INE 12A		THE ARKAI	NSAS REGIONAL ON HUB		No
For Paperwork Reduction Act Notice, see the Instructions for For	m 990.		Ca	t No 5013	5Y				Sche	edule R (Form 9	90) 20	17

		(b) Primary	1		1	1				ı .			
(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded fron tax under sections 512- 514)	d, total income	Share of end-of-year assets	Disprop		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or iging	(k) Percenta ownersh
					314)			Yes	No		Yes	No	
Identification of Related Organization because it had one or more related organizations.						ization ans	wered "Yes	" on F	orm 99	90, Part IV,	line	34	
(a)	(b)		(c)		(d)	(e)	(f)	Т	(g)	(1	1)	Т	(1)
Name, address, and EIN of related organization	Primary activity	do (state	egal omicile or foreign untry)		entity (C	pe of entity corp, S corp, or trust)	Share of total income		e of end- year assets	of- Percel owne		(1	ction 51 3) contr entity
			unu y)									\	res
								+					
												$\top$	$\top$

Schedule R (Form 990) 2017					Page <b>3</b>
Part V Transactions With Related Organizations Complete if the organization answe	red "Yes" on Form 990, Par	t IV, line 34, 35b	, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Y	es No
1 During the tax year, did the organization engage in any of the following transactions with one or more	e related organizations listed in	Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity				1a	No
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b Y	es
c Gift, grant, or capital contribution from related organization(s)				1c	No
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d Y	es
e Loans or loan guarantees by related organization(s)				1e	No
f Dividends from related organization(s)				1f	No
g Sale of assets to related organization(s)				1g	No
<b>h</b> Purchase of assets from related organization(s)				1h	No
i Exchange of assets with related organization(s)				1i	No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j	No
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				1k	No
I Performance of services or membership or fundraising solicitations for related organization(s) . $$ .				11	No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No
o Sharing of paid employees with related organization(s)				10	No
p Reimbursement paid to related organization(s) for expenses				1p	No
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q	No
r Other transfer of cash or property to related organization(s)				1r	No
${f s}$ Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must comple	te this line, including covered r	elationships and tra	insaction thresholds		
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining am	ount invo	olved
(1)THE ARKANSAS REGIONAL INNOVATION HUB	В	239,432	CASH		
(2)THE ARKANSAS REGIONAL INNOVATION HUB	D	305,000	CASH		

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

was not a related organization. See instructions regarding exclusion for certain investment partiterships													
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	Schedule R (Form 990) 2017												0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017