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\ <i>859]</i>	
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EXTENDED TO NOVEMBER 15, 2018 2939332813848 Exempt Organization Business Income Tax Return OMB No. 1545-0687

(and proxy tax under section 6033(e))

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-/II		
<i>7</i> U		
		•

	of the Treasury	, ,	► Go to www. Do not enter SSN number	.irs.gov/Form990T					501(c)(3)	ŀ	Open to Pu	blic Inspection for ganizations Only
	heck box if .		Name of organization (411011 10 4	001(0)(0)	D Empt	oyer identific	cation number
	dress changed		BILL, HILLARY & C			and see ii	1511 00110115.)				loyees' trus! ictions)	t, see
R Exempt	t under section	Print	FOUNDATION					4		ŀ	31-158	0204
	(c)(3())	or	Number, street, and room	or suite no. If a P.	O. box. see in	structions	_	•		E Unrel	ated busine	ss activity codes
408		Туре	1200 PRESIDENT CI				•			(See)	nstructions)
408			City or town, state or prov	vince, country, and	ZIP or foreig	n postal co	ode			1		
529	(a)		LITTLE ROCK, AR			·				52599	90	722320
C Book valu	e of all assets		F Group exemption numb				- 					
	329,702,		G Check organization type		c) corporation		501(c) trust		401(a)			Other trust
			ary unrelated business activ					RSHIP I	NVESTME			1
-	-	-	oration a subsidiary in an a		parent-subsi	diary cont	rolled group?		▶ L	Ye	S X	No
			ifying number of the paren		·····		T-16			10 74	8-0471	
			NDREW KESSEL, CFO			/A)		one numb				C) Not '
			2,714,242.	Onic	- T	(^)	Income	40 588 9000000	Expenses	8.088933 8.088933	\$8.00 X 758	C) Net
	s receipts or sale		2,714,242.	• Palanca		2	714,242.					1/2
	returns and allov		A line 7\	c Balance	1c 2		689,268.				2000 2000 X	7 () () () () () () () () () (
	of goods sold (S s profit. Subtract		•		3		,024,974.	+			_	2,024,974.
	al gain net incom				4a		383,282.					383,282.
	_	-	art II, line 17) (attach Form	. 4707)	4b							
_	al loss deduction		• •	14/5/)	4c							
•			ips and S corporations (att	ach statement)	5		159,227.		TMT 31%%			159,227.
	income (Schedul		ipo ano o corporationo (att	aon statement)	6		<u> </u>			West to	,	
	lated debt-finance		ne (Schedule F)		7			 				
			nd rents from controlled o	rnanizations (Sch. F								•
			n 501(c)(7), (9), or (17) or	=								***************************************
_	oited exempt activ			gameanon (conoc	10							
	rtising income (S				11				,			
			s; attach schedule)		12			PW	WINN	****		
	ıl. Combine lines		·		13	2	,567,483.					2,567,483.
Part II			t Taken Elsewher									
7	(Except for o	ontribu	itions, deductions must	be directly conn	ected with t	he unrela	ted business	income.)			
Li4 Com	npensation of offi	icers, dir	ectors, and trustees (Sche	dule K)						14		•
515 Sala	ries and wages									15		1,449,317.
	airs and mainten	ance					•			16		28,729.
Bad	debts			•						17		
18 Inter	rest (attach sche	dule)								18		
	es and licenses									19		14,321.
		•	instructions for limitation	rules)						20		
21 Dep	reciation (attach	Form 45	562)_				21		42,196.	が発展	ļ	40 406
22 Less	s depreciation cla	umed or	ooz)_ n Schedule A and elsewhere	e on returECI	FIVED		22a			22b		42,196.
				1 7		70			•	23		
			mpensation plans	8 NOV 1	9 2018	8				24		6,784.
•	oloyee benefit pro	•	hadida IV	B MAY	<i>u ,</i> 2010	RS-(•			25		39,999.
	ess exempt exper			1		UE				26		
	ess readership co		•	<u> </u>	EN, UT		E STATEME	מיזי 2		27		728,251.
	er deductions (att		·			3E	UINIERE			28		2,309,597.
	al deductions. Ad		14 through 28 Icome before net operating	lace deduction Co	ibtract line of	from line	13			29	-	257,886.
			· -		INTI AUT IIIIE ZS		IS E STATEMEI	NT 3		30 31	-	257,886.
	-		(limited to the amount on scome before specific dedu		31 from line			-		32		0.
			/\$1,000, but see line 33 in:			50				33		1,000.

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

31-1580204

Part III	Tax Computation					
35 0	rganizations Taxable as Corporations. See instr	uctions for tax computation.				•
C	ontrolled group members (sections 1561 and 156	63) check here 🕨 🔙 See instructions	s and:			
a Er	nter your share of the \$50,000, \$25,000, and \$9,9	925,000 taxable income brackets (in that or	rder):			•
(1	1) [\$ (2) [\$	(3) [\$				
	nter organization's share of: (1) Additional 5% ta:					
	2) Additional 3% tax (not more than \$100,000)	\$				•
	ncome tax on the amount on line 34			, .	35c	0.
	rusts Taxable at Trust Rates. See instructions fo	r tax computation. Income tax on the amo	unt on line 34 from	:	***	
Г	Tax rate schedule or Schedule D (Fo	•		•	36	
37 P	roxy tax. See instructions	,.2		•	. 37	•
	Iternative minimum tax			•	38	
	ax on Non-Compliant Facility Income See Instru	ictions			39	
	otal. Add lines 37, 38 and 39 to line 35c or 36, wh				40	0.
Part IV.		•			1 70 1	
	preign tax credit (corporations attach Form 1118;	trusts attach Form 1116)	41a		388	
	ther credits (see instructions)	a data diladiri dilir 1110)	41b			
	eneral business credit. Attach Form 3800		41c		⊣ ∛	
_	redit for prior year minimum tax (attach Form 880	11 or 9927)	41d			
	otal credits Add lines 41a through 41d	71 01 0027)	410		41e	
	ubtract line 41e from line 40				42	0.
		Form 8611	. 00cc			
		rom ob ii Foim ob 97 Foim	1 0000 L Utilei	(attach schedule)		0.
	otal tax Add lines 42 and 43	•] 45.]		8077283	
	ayments: A 2016 overpayment credited to 2017		45a	· · · · · · · · · · · · · · · · · · ·	-16661	
	017 estimated tax payments		45b		- ***	
	ax deposited with Form 8868		45c	0	'⊣‱	
	oreign organizations: Tax paid or withheld at sour	ce (see instructions)	45d		-1 :	
	ackup withholding (see instructions)		45e			
	redit for small employer health insurance premiur		45f		-1338 I	
g <u>O</u> 1	= = = = = = = = = = = = = = = = = = = =	orm 2439				
, ∟	Form 4136	ther Total	► 45g		:300	
	otal payments. Add lines 45a through 45g	•			46	
	stimated tax penalty (see instructions). Check if F				47	
48 Ta	ax due. If line 46 is less than the total of lines 44	and 47, enter amount owed		•	48	0.
49 O	verpayment. If line 46 is larger than the total of li	nes 44 and 47, enter amount overpaid	,	>	49	0.
	nter the amount of line 49 you want: Credited to			efunded 🕨	50	
Part V &	Statements Regarding Certain	Activities and Other Informa	tion (see instri	uctions)		
51 At	t any time during the 2017 calendar year, did the	organization have an interest in or a signat	ure or other author	ıty		Yes No
· 0\	ver a financial account (bank, securities, or other)	in a foreign country? If YES, the organization	tion may have to file	е		
Fi	nCEN Form 114, Report of Foreign Bank and Fina	ncial Accounts. If YES, enter the name of t	he foreign country	•		
he	ere SEE STATEMENT 4					X
52 Di	uring the tax year, did the organization receive a c	distribution from, or was it the grantor of, o	or transferor to, a fo	oreign trust?		X
lf	YES, see instructions for other forms the organiz	ation may have to file.				
53 Er	nter the amount of tax-exempt interest received or	r accrued during the tax year >\$				
٥:	Under penalties of perjury, I declare that I have examined correst, and complete Declaration of preparer (other than	this return, including accompanying schedules and a taxpayer) is based on all information of which pre-	d statements, and to th	e best of my know se	ledge and be	lief, it is true,
Sign					May the IRS	discuss this return with
Here	indu lefter	[[[1][8] CFO			-	shown below (see
	Signature of officer	Date Title			instructions)?	X Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check	ıf PTIN	
Paid				self- employe	d	
Prepare	THOMAS LANNING	THOMAS LANNING	11/06/18		P00	851654
Use On				Firm's EIN	2	2-1478099
203 011	1301 AVENUE OF	THE AMERICAS				
	Firm's address NEW YORK, NY 10	0019		Phone no.	212-297	-0400
						Form 990-T (2017)

Form 990-T (2017) FOUNDATION

Schedule A - Cost of Goods Sold. En	ter method of invent	ory v	aluation N/A					
1 Inventory at beginning of year 1	0.		Inventory at end of year	r		6		0.
2 Purchases 2	689,268.	7	Cost of goods sold Su		ine 6			
3 Cost of labor 3			from line 5. Enter here					
4a Additional section 263A costs			line 2		·	7	689	268.
(attach schedule) 4a		8	Do the rules of section	263A (\	with respect to		Yes	No
b Other costs (attach schedule) 4b			property produced or a	cquired	for resale) apply to			
5 Total Add lines 1 through 4b 5	689,268.		the organization?					Х
Schedule C - Rent Income (From Rea (see instructions)	al Property and	Per	sonal Property L	ease	d With Real Prop	erty	<i>'</i>)	
Description of property								
(1)								
(2)								
(3)							-1-1-57-	
_(4)					,			
	eived or accrued				3(a) Deductions directly	conne	ected with the income in	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	` of rent for pe	rsonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge ge	columns 2(a) ar	nd 2(b)	(attach schedule)	•
(1)								
(2)								
(3)								
(4)								
Total 0	Total			0.				
(c) Total income. Add totals of columns 2(a) and 2(b). here and on page 1, Part I, line 6, column (A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Debt-Finance	ed Income (see ii	nstru	ctions)				····	
		2	. Gross income from		Deductions directly conto debt-finance			
Description of debt-financed property		_	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	s
(1)	·		· 			\top		
(2)						1		
(3)						✝		
(4)						✝		
4. Amount of average acquisition debt on or allocable to debt-financed of property (attach schedule) 5. Aver	age adjusted basis or allocable to financed property tach schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)			%			十		
(2)			%				 -	
(3)			%		· · · · · · · · · · · · · · · · · · ·	\top		
(4)			%			\top		-
			,,,,,		nter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column (
Totals					0			0.
Total dividends-received deductions included in colu	mn 8			L		+		0.

Schedule F - Interest, A	Ainuities, Roya		mpt Controlled C			luons	(see ins	structions	5)
Name of controlled organizat	ıdenti	nployer 3.	Net unrelated income ss) (see instructions)	4 Tot	tal of specified ments made	include	t of column 4 to ed in the contration's gross i	rolling	6 Deductions directly connected with income in column 5
	-				•				
(2)						<u> </u>		<u> </u>	
(3)		1							
(4)					-				
Nonexempt Controlled Organi	zations		_						
7. Taxable Income	8. Net unrelated incol (see instruction		Total of specified pay made	ments	10 Part of colur in the controlli gross				luctions directly connected income in column 10
(1)									
(2)									
(3)									
(4)	· · · · · · · · · · · · · · · · · · ·		• •						
, .		•			Add colum Enter here and	on page	1, Part I,	Enter he	d columns 6 and 11 are and on page 1, Part I, ine 8, column (B)
Totals				▶			0.		. 0.
Schedule G - Investme		Section 501	(c)(7), (9), or (17) Org	ganization				
, 1 . Desc	ription of income		2. Amount o	income	3. Deduction directly conne (attach sched	cted	4. Set-		5 Total deductions and set-asides (col 3 plus col 4)
(1)	•								
(2)									
(3)				•				•	
(4)									
Totals	• ,		Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited (see instru		Income, O	ther Than Ad		ng Income	3 33817 33 0 37		*****	
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connect with productio of unrelated business incon	business (ci	trade or olumn 2 n 3) If a e cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attributa colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									
(2)									
(3)					•				
(4)									
Totals -	Enter here and on page 1, Part I, line 10, col (A)	Enter here and page 1, Part I line 10, col (B							Enter here and on page 1, Part II, line 26
Schedule J - Advertisii		instructions)	1 000 000000 0 00000		***************************************				
Part Is Income From	Periodicals Rep	orted on a (Consolidated	Basis					
1. Name of periodical	2. Gross advertising income	3 Dire advertising	ect or (toss) (costs col 3) If a g	tising gain ol 2 minus ain, comput nrough 7	5. Circulat		6 Reade	ership is	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			133333	()	* :				
(2)					<u>*</u>	-+			
(3)					#	- 			
(4)						-			
Totals (carry to Part II, line (5))	•	0.	0.		·		•		0.
(our) to r air ii, line (o))		-1	<u> </u>	_				L	Form 990-T (2017)

Part II	Incom	e From	Periodicals	Reported	on a S	Separate l	3asis	(For each periodical li	isted in Part II, fill	ın
	columns	2 through	7 on a line-by-l	ine basis.)				•		

1. Name of periodical 2. Gross advertising advertising advertising costs 3. Direct advertising costs or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals from Part I Enter here and on page 1, Part I, line 11, col (A) Enter here and on page 1, Part I, line 11, col (B) Enter here and on page 1, Part I, line 27		9.17 0110	Time by into basis.			 	
(3) (4) Totals from Part I Calculate the part I into I, col (A) Enter here and on page 1, Part I, line 11, col (B) Enter here and on page 1, Part I, line 11, col (B) Enter here and on page 1, Part I, line 27	1. Name of periodical		advertising		or (loss) (col 2 minus col 3) If a gain, compute		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(3) (4) Totals from Part i O. Enter here and on page 1, Part I, line 11, col (A) Enter here and on page 1, Part I, line 11, col (B) Enter here and on page 1, Part I, line 27	(1)						
(4) Totals from Part I Calculate the part in the page 1, Part in	(2)						
Totals from Part I O. Enter here and on page 1, Part I, line 11, col (A) Enter here and on page 1, Part I, line 11, col (B) Enter here and on page 1, Part I, line 11, col (B) Enter here and on page 1, Part I, line 27	(3)						,
	(4)		·				· ·
	Totals from Part I		0.	0.			0
Totals, Part II (lines 1-5)		-	page 1, Part I,	page 1, Part I,			on page 1,
	Totals, Part II (lines 1-5)	•	0.	0.			0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)	-	%	
(4)		%	•
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2017)

		
	OSS) FROM PARTNERSHIPS S CORPORATIONS	STATEMENT 1
DESCRIPTION		AMOUNT
SUMMIT ROCK DIVERSIFIED - O SUMMIT ROCK HEDGED EQUITY P		62,188
INCOME(LOSS) SUMMIT ROCK SELECT EQUITY P	ORTFOLIO, L.P - ORDINARY	-40,167
INCOME(LOSS)		12,739
SUMMIT ROCK STRATEGIC FIXED SUMMIT ROCK PRIVATE EQUITY	INCOME - ORDINARY INCOME(LOSS) PORTFOLIO II - ORDINARY	133,598
INCOME(LOSS)		-5,160
SRA PRIVATE EQUITY PORTFOLI	O III	-3,971
TOTAL TO FORM 990-T, PAGE 1	, LINE 5	159,227
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
EQUIPMENT RENTAL		4,936
BANQUET EXPENSES		189,565
OTHER EXPENSES		134,964
FACILITY EXPENSES		62,577
BANK & MISCELLANEOUS		22,187
MARKETING AND OUTREACH TELEPHONE		24,206 8,357
TRAVEL		4,344
FUND MANAGEMENT FEE		53,297
SUMMIT ROCK ADVISORY FEES		219,670
SYSTEMS FEES		4,148
TOTAL TO FORM 990-T, PAGE 1	, LINE 28	728,251.
	• ==== = -	•

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/11	34,437.	34,437.	0.	0.
12/31/12	180,700.	102,196.	78,504.	78,504.
12/31/13	201,666.	0.	201,666.	201,666.
12/31/14	52,086.	0.	52,086.	52,086.
12/31/15	115,325.	0.	115,325.	115,325.
NOL CARRYO	VER AVAILABLE THIS	YEAR	447,581.	447,581.

FORM 990-T	NAME OF FOREIGN COUNTRY IN WHICH	STATEMENT 4
	ORGANIZATION HAS FINANCIAL INTERES	ST

NAME OF COUNTRY

AUSTRALIA
COLOMBIA
EL SALVADOR
HAITI
INDIA
KENYA
MALAWI
PERU
RWANDA
TANZANIA