EXTENDED TO NOVEMBER 15, 2018

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 Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

A F	or the	2017 calendar year, or tax year beginning and	ending		
B	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres change	S WOODSTOCK INSTITUTE			
	□Name □change	Doing business as		36-2	907408
	Initial	<u> </u>	Room/suit	e E Telephone number	,
F	Final return/	· ·	1710	,)368-0310
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	738,871.
_	Amend			H(a) Is this a group re	
F	Ireturn Applica			for subordinates	
	tion pendin	SAME AS C ABOVE	~	_	
			or 1/52	H(b) Are all subordinates in	
		mpt status X 501(c)(3)	01 11 132	-	list (see instructions)
		e: ► WWW.WOODSTOCKINST.ORG	1	H(c) Group exemption	
	orm of	organization X Corporation Trust Association Other ► Summary	I L Yea	r of formation: 19// N	State of legal domicile: IL
		Briefly describe the organization's mission or most significant activities TO CI	שתעשם	A TIICT ETNA	MCTAT.
çe					
an	1	SYSTEM IN WHICH LOWER-WEALTH PERSONS AND			
err	i .	Check this box If the organization discontinued its operations or dispos	sed of mo	1 1	
Š	1	Number of voting members of the governing body (Part VI, line 1a)		3	
æ	i	Number of independent voting members of the governing body (Part VI, line 1b)		4	14
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	9
Σ	6	Total number of volunteers (estimate if necessary)		6	0
Activities & Governance	1	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.
_	bl	Net unrelated business taxable income from Form 990-T, line 34	· · ·	7b	0.
				Prior Year	Current Year
a	8 (Contributions and grants (Part VIII, line 1h)		965,004.	722,163.
Revenue	9 1	Program service revenue (Part VIII, line 2g)		69,375.	13,046.
eve	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,634.	1,678.
Œ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,800.	1,984.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,043,813.	738,871.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		323,000.	77,000.
	l .	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
(A)	į.	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		627,949.	610,413.
zesuedxa Expenses	ľ	Professional fundraising fees (Part IX, column (A), line 11e)	ļ -	0.	0.
Den -	1	Fotal fundraising expenses (Part IX, column (D), line 25)	0.		
<u>~</u>	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		240,387.	257,814.
			<u> </u>	1,191,336.	945,227.
٧,	18	Total expenses Add lines 13-17 (must equal Par XX NUM 5 0e 25) Revenue less expenses Subtract line 18 from line 12	<u> </u>	<147,523.	
_SS	19	1931			·
Wet Assets or Fund Balances	00	Fotal assets (Part X, line 16)	<u> </u>	reginning of Current Year 773,064.	End of Year 583, 993.
Bail	20	[26]	-	10,700.	27,985.
팔	21	Total liabilities (Part X, line 26)	-		
F.E.	<u> 22 </u> art	Net assets or fund balances Subtract line 21 何国外担り日と		762,364.	556,008.
					. I according to the first of the
=		ties of perjury, I declare that I have examined this return, including accompanying schedule			knowledge and belief, it is
rue.	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepar	er nas any knowledge.	70
)		Theodorn Rud		Date	78
Sıgı	n	Signature of officer		Date	
Her	e	THEODORA RAND, PRESIDENT			
		Type or print name and title		Data -	TI DTW
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	1	ANTHONY J. RUZICKA (fregrote)	_	11-8-12 self-employe	
Prep	parer	Firm's name WIPFLI LLP		Firm's EIN	<u> 39-0758449</u>
Use	Only	Firm's address 100 TRI-STATE INTERNAL, STE 300			
		LINCOLNSHIRE, IL 60069		Phone no. (8	
May	the IF	S discuss this return with the preparer shown above? (see instructions)		· · · · · · · · · · · · · · · · · · ·	X Yes No
	01 11-28		ons.		Form 990 (2017)

	4.4				
4d	Other program se	rvices (Describe in Schedule O)			
	(Expenses \$	343,661. including grants of \$	77,000.) (Revenue \$	284,742.)	
4e	Total program ser	vice expenses 816,84	19.		
				Form 99	0 (2017)

OPT OUT.

4a

4b

4c

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Form 990 (2017) WOODSTOCK INSTITUTE
Part IV Checklist of Required Schedules

	1,		V	NI.
	1. 1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	^	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			Х
	public office? If "Yes," complete Schedule C, Part I	3		Δ.
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		·	
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			3.7
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	ĺ		
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		7,	İ
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			- T
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	١		- T
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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 in	١		- T
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	١		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	46	v	1
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	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			3,7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			177
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	l		۱,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	990	(2017)
		Form	ココリ	ひロエグ

Form 990 (2017) WOODSTOCK INSTITUTE
Part IV Checklist of Required Schedules (continued)

			Yes	NO_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
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	21	X	
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 27 If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	25a		_ <u>X</u> _
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? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	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? If "Yes,"			
	complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		-	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	'		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
¢	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29_		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_ '	٠,-	
	Note. All Form 990 filers are required to complete Schedule O	_38_	X	
		Form	330 (2017)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

14a Did the organization receive any payments for indoor tanning services during the tax year?

Section 501(c)(29) qualified nonprofit health insurance issuers.

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

13b 13c Х 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

12b

12a

13a

WOODSTOCK INSTITUTE

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI					\mathbf{X}				
Sec	tion A. Governing Body and Management		•							
			<u>-</u>		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	_15							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with								
-	officer, director, trustee, or key employee?	•	•	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	s filed?	4		X				
5										
6	Did the organization have members or stockholders?			5 6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or							
, a	more members of the governing body?			7a		Х				
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or							
Ü	persons other than the governing body?		,	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e following:							
_	The governing body?	u, 0, 1.	5 15.15.11.1g.	8a	Х					
	Each committee with authority to act on behalf of the governing body?			8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched :	at the							
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code)							
	and the state of this decition by requests information about particles and required by				Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	•	,	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befo	re filing the form?	11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		J		-					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to con	flicts?	12b	Х					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y									
·	in Schedule O how this was done			12c	X					
13	Did the organization have a written whistleblower policy?			13	Х					
14	Did the organization have a written document retention and destruction policy?			14	Х					
15	Did the process for determining compensation of the following persons include a review and approv	al by ır	dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		·							
а	The organization's CEO, Executive Director, or top management official			15a	Х					
-	Other officers or key employees of the organization			15b		Х				
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a							
	taxable entity during the year?			16a		Х				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ite its p	participation							
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga									
	exempt status with respect to such arrangements?			16b		1				
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►IL									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	on 501(c)(3)s only) a	avaılab	le					
.5	for public inspection. Indicate how you made these available. Check all that apply	,	V-1/2-1-1/1							
	Own website X Another's website X Upon request Other (explain	ın Sc	nedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		•	l finan	cıal					
13	statements available to the public during the tax year									
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks a	nd records							
20	PATRICIA WOODS-HESSING - (312)368-0310									
	29 E. MADISON ST., STE. 1710, CHICAGO, IL 60602									
	25 2. Indiadon Diri Dilli 1/10/ Chickley 12 00002									

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<u> Page</u> **7**

WOODSTOCK INSTITUTE Form 990 (2017)

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

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

- 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
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

_ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)	l		((C) ition		Isat	(D)	(E)	(F)
Name and Title	Average hours per week	Ьoх	(do not check mo box, unless perso officer and a direct			than	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099·MISC)	organizations (W·2/1099·MISC)	compensation from the organization and related organizations
(1) THEODORA RAND PRESIDENT	40.00	Х		Х				133,683.	0.	0.
(2) NATALIE ABATEMARCO MEMBER	1.00	x		х			- "	0.	0.	0.
(3) RAVI AURORA MEMBER	1.00	x		_ <u></u> -				0.	0.	0.
(4) MICHAEL SENG SECRETARY	1.00	x		x				0.	0.	0.
(5) BOBBI BALL MEMBER	1.00	х						0.	0.	0.
(6) EVA BROWN MEMBER	1.00	х						0.	0.	0.
(7) BYNA ELLIOTT TREASURER	1.00	х		x				0.	0.	0.
(8) GABRIELA ROMAN MEMBER	1.00	x						0.	0.	0.
(9) THOMAS FITZGIBBON JR. MEMBER	1.00	х						0.	0.	0.
(10) GEORGE LIPSITZ CHAIR	1.00	x		x				0.	0.	0.
(11) GORDON MAYER VICE CHAIR	1.00	X_						0.	0.	0.
(12) MATTHEW ROTH MEMBER	1.00	x						0.	0.	_0.
(13) STEVE HALL MEMBER	1.00	х						0.	0.	0.
(14) MANUEL JIMENEZ MEMBER	1.00	х						0.	_0.	0.
(15) JUAN CARLOS LINARES MEMBER	1.00	х						0.	0.	0.

rar	t VII Section A. Officers, Directors, Trus	1	ploy	ees			ghe	st C			 -			
	(A)	(B)		(C) Position					(D)	(E)			(F)	
	. Name and title	Average	(do				1 than	one	Reportable	Reportable		1	tımate	
		hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	1	ł .	nount o	of
		week				litecti	T	1	from	from related			other	.
		(list any hours for	recte				l.		the	organizations			pensation the	
		related	b or d	a a			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	U)	1	anızatı	
		organizations	ruste	Irus		a	mgel		(44-27 1099-141130)				d relate	
		below	dualt	Itona	_	Ę.	St Co					l	anizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Ē						
					Ī	1	<u> </u>	1						
			1											
							\vdash	<u> </u>			$\neg \neg$			
			1				ŀ					1		
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			-											
		<u> </u>	<u> </u>			<u>L</u>		<u> </u>	100 600					
1b	Sub-total								133,683.		0.			<u>0.</u>
С	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	133,683.		0.			0.
2	Total number of individuals (including but i	not limited to th	nose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	,000 of reportable	€			
	compensation from the organization								···					1
													Yes	No
3	Did the organization list any former officer	, director, or tri	uste	e, ke	y er	nplo	oyee	, or	highest compensated e	mployee on				l
	line 1a? If "Yes," complete Schedule J for s	such individual										3		X
4	For any individual listed on line 1a, is the s	um of reportab	le c	omp	ensa	atior	n and	d oti	her compensation from	the organization				l
	and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sch	edul	e J f	for such individual			4		X
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	any	y uni	relat	ted organization or indiv	dual for services				l
	rendered to the organization? If "Yes," con	nplete Schedul	e J i	for s	uch	pen	son					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	pens	ation f	rom	
	the organization Report compensation for													
	(A)								(B)			(C)	
	Name and business	address	N	ON	E				Description of s	ervices	С	Compe	nsatio	n
								\neg						
								1						
								\dashv						
										ļ				
	Total number of independent contractors (including but r	not li	mite	d to	tho	se li	ster	d above) who received n	ore than			-	
2			.0. 11		U		0	3150	above, milo received in	.5.5 (1141)				
	\$100,000 of compensation from the organ	zation -					<u> </u>							

<u>36-29074</u>08 Page 9 WOODSTOCK INSTITUTE Form 990 (2017) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (C) (B) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d 69,846. 1e e Government grants (contributions) f All other contributions, gifts, grants, and 652,317. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 722,163. h Total. Add lines 1a 1f Business Code 13,046. 2 a CONTRACT SERVICE FEES 541900 13,046. Program Service Revenue f All other program service revenue 13,046. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,678. 1,678. other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Rovalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) \triangleright d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c) See 1,967 Part IV, line 18 b Less direct expenses 1,967 1,967. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV. line 19 b Less direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 17. 17. 900099 11 a MISCELLANEOUS INCOME

17.

738,871

13,063.

0.

d All other revenue

e Total. Add lines 11a-11d

Total revenue See instructions.

Form 990 (2017) WOODSTOCK INSTITUTE Part IX Statement of Functional Expenses

Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)											
	Check if Schedule O contains a respon											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations											
	and domestic governments. See Part IV, line 21	77,000.	77,000.									
2	Grants and other assistance to domestic											
	Individuals See Part IV, line 22											
3	Grants and other assistance to foreign											
	organizations, foreign governments, and foreign											
	Individuals See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors,											
	trustees, and key employees	133,683.	110,905.	22,778.								
6	Compensation not included above, to disqualified											
	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)				·							
7	Other salaries and wages	350,310.	290,621.	59,689.								
8	Pension plan accruals and contributions (include											
	section 401(k) and 403(b) employer contributions)	04 055	02.040									
9	Other employee benefits	91,257.	83,848.	7,409.	 							
10	Payroll taxes	35,163.	33,189.	1,974.								
11	Fees for services (non-employees)											
a	Management	750	750									
ь	Legal	750.	750. 6,983.									
С.	Accounting	6,983.	6,983.									
d	Lobbying											
e	Professional fundraising services. See Part IV, line 17	"										
T	Investment management fees	. —										
g	` '											
40	column (A) amount, list line 11g expenses on Sch 0.)											
12 13	Advertising and promotion Office expenses	5,343.	4,809.	534.								
14	Information technology	58,336.	55,866.	2,470.								
15	Royalties		33,000.	2,470.								
16	Occupancy	91,319.	82,187.	9,132.								
17	Travel	20,141.	12,050.	8,091.								
18	Payments of travel or entertainment expenses	20,141.										
.5	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings	10,692.	10,128.	564.								
20	Interest											
21	Payments to affiliates		-									
22	Depreciation, depletion, and amortization	4,066.	3,659.	407.	_ 							
23	Insurance	6,471.	5,844.	627.								
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)											
а	EQUIPMENT EXPENSES	27,555.	23,475.	4,080.								
b	ADMINISTRATIVE SERVICES	9,815.	2,800.	7,015.								
С	TELEPHONE	8,636.	7,946.	690.								
d	DUES, SUBSCRIP. & STAFF	6,076.	4,215.	1,861.								
	All other expenses	1,631.	574.	1,057.								
25	Total functional expenses Add lines 1 through 24e	945,227.	816,849.	128,378.	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		ļ									
	Check here if following SOP 98-2 (ASC 958-720)											
					Form 990 (2017)							

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 302.447. 163.449. 1 Cash - non-interest-bearing 211,740. 213,217. 2 Savings and temporary cash investments 2 238,747. 185,327. 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 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) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. 7 Notes and loans receivable, net 8 Inventories for sale or use 2,584 2,924. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 57,017. basis Complete Part VI of Schedule D 10a 43.941. 11,546. 13,076. 10c 10b b Less accumulated depreciation Investments - publicly traded securities 11 11 12 Investments - other securities See Part IV, line 11 12 13 13 Investments · program-related See Part IV, line 11 14 Intangible assets 14 6,000. 6,000. 15 Other assets See Part IV, line 11 15 583,993. 773,064. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 10,700. 7,985. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 20,000. 0. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L. Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 27,985. 10,700. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here

X

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 411,721. 435,333. 27 27 Unrestricted net assets 350,643. 120,675. 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 762,364. 556,008. 33 33 Total net assets or fund balances 583,993. 773.064 Total liabilities and net assets/fund balances 34

Form	990 (2017) WOODSTOCK INSTITUTE	<u> 36-290</u>	<u>7408</u>	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>71.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>27.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	<206		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	762	<u>2,3</u>	<u>64.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		_	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	<u>550</u>	<u>5,0</u>	<u>08.</u>
Pa	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	• O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	<u>X</u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_X_	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ııred audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2017)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number WOODSTOCK INSTITUTE

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions 36-2907408

	organ	zation is not a private found	•			1.5	IVAVA	07				
1	片	A church, convention of chi					()(A)(I).	U				
2	님	A school described in secti					••	•				
3	\vdash	A hospital or a cooperative						tha basaitalla noma				
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(III). Enter	tne nospitai s name,				
		city, and state										
5		An organization operated for section 170(b)(1)(A)(iv). (C		liege or university owner	or operat	eo by a go	overnmental unit describ	ea m				
_		A federal, state, or local gov		aental unit described in i	eaction 17	70/h)(1)/A)	(v)					
6	\mathbf{x}	An organization that normal						nublic described in				
′	لما	section 170(b)(1)(A)(vi). (Co		intial part of its support i	ioiii a gov	emmema	drift of from the general	public desenbed in				
8		A community trust describe		1)(A)(vi), (Complete Part	: H)							
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college											
Ĭ	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or											
		university		,								
10		An organization that normal	ly receives (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	nd gross receipts from				
		activities related to its exem	pt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its support	from gross investment				
		income and unrelated busin	ess taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the organization	after June 30, 1975				
		See section 509(a)(2). (Cor	nplete Part III)									
11		An organization organized a	and operated exclusi	ively to test for public sa	fety See :	section 50)9(a)(4).					
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	purposes of one or				
		more publicly supported org						theck the box in				
		lines 12a through 12d that										
а	L	Type I. A supporting orga										
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or trustees of the s	upporting				
		organization You must c	· ·									
b	· L	Type II. A supporting orga										
		control or management of			ame perso	ons that co	ontrol or manage the sup	ported				
	_	organization(s) You mus	•									
C	· L	Type III functionally inte						ed with,				
		its supported organization		•								
C	l	Type III non-functionally										
		that is not functionally int	=					iveness				
		requirement (see instructi										
е	· L	Check this box if the orga functionally integrated, or					i Type i, Type ii, Type iii					
	Ento			nally integrated support	ing organiz	Zation						
		er the number of supported of ride the following information	-	ed organization(s)								
) Name of supported	(ii) EIN	(III) Type of organization	(iv) is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
				above (see monociona)				-				
			i									
					-							
		<u></u>		· · · · · · · · · · · · · · · · · · ·				<u> </u>				
					_							

Schedule A (Form 990 or 990-EZ) 2017 WOODSTOCK INSTITUTE 36-29074

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and						_
	membership fees received (Do not						
	include any "unusual grants ")	850,485.	611,781.	605,676.	965,004.	722,163.	3,755,109.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to				į		
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to			i			
	the organization without charge						
4	Total, Add lines 1 through 3	850,485.	611,781.	605,676.	965,004.	722,163.	3,755,109.
	The portion of total contributions	•					
_	by each person (other than a		}				
	governmental unit or publicly		İ				
	supported organization) included	}	•				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,834,425.
6	Public support. Subtract line 5 from line 4				· ·		1,920,684.
	ction B. Total Support	<u>. </u>					.
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	850,485.	611,781.	605,676.	965,004.	722,163.	3,755,109.
	Gross income from interest,				•	-	<u> </u>
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3,044.	1,955.	1,077.	1,634.	1,678.	9,388.
Q	Net income from unrelated business		- / - / - /	-, -, -, -,	_,		
•	activities, whether or not the					1	
	business is regularly carried on						
10	Other income Do not include gain		.=	"		-	
	or loss from the sale of capital						
	assets (Explain in Part VI)	285,441.	5,573.	46,867.	77,178.	1,984.	417,043.
11	Total support. Add lines 7 through 10	200/274.	3,3,3,		,		4,181,540.
	Gross receipts from related activities,	etc (see instruction				12	437,096.
	First five years. If the Form 990 is for			d fourth or fifth to	l Ix vear as a section		
13	organization, check this box and stop		, occoria, triil	ع، .بور. ۱۰۰ این ادام دو در این این این این این این این این این این	,		
Sec	ction C. Computation of Publ	ic Support Per	rcentage			 "	
	Public support percentage for 2017 (I			olumn (fl)		14	45.93 %
	Public support percentage from 2016					15	45.89 %
	33 1/3% support test - 2017. If the c			line 13, and line	ı 14 ıs 33 1/3% or m		
·Ja	stop here. The organization qualifies					-,	▶ [X]
h	33 1/3% support test - 2016. If the c				line 15 is 33 1/3%	or more, check th	
J	and stop here. The organization qual						▶ □
17^	10% -facts-and-circumstances tes				13, 16a, or 16b, a	and line 14 is 10%	or more.
ı / d	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					. Trilow the organ	>
L	10% -facts-and-circumstances tes					I7a and line 15 ie	10% or
a	more, and if the organization meets the						
							▶ □
40	organization meets the "facts-and circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 100, 1/a, or 1/t	, check this box a	nu see instructions	000 57) 0047

Schedule A (Form 990 or 990-EZ) 2017 WOODSTOCK INSTITUTE Part III | Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checked qualify under the tests listed by			organization failed	d to qualify under	Part II If the organiz	zation fails to
Sec	ction A. Public Support	ciow, picace comp	51010 1 dr.(11)	· · · -	-,,		
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	(4) 20 10	(2) = - · ·	<u> </u>	3.57	-	
•	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that				///		
3	are not an unrelated trade or bus-						
	iness under section 513						
	i i				 / 		
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to			•			
_	or expended on its behalf			l//	<u></u>	-	
5	The value of services or facilities			1			
	furnished by a governmental unit to			/			
_	the organization without charge			 		-	
	Total. Add lines 1 through 5			/	 		
7 <i>a</i>	Amounts included on lines 1, 2, and			//			
	3 received from disqualified persons						
ŗ) 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			<u></u>			
	Add lines 7a and 7b		//	<u> </u>			
	Public support. (Subtract line 7c from line 6)		<u> </u>	<u>L</u>			
	ction B. Total Support		1 1 22/4	1 1 2015	1,0010	4) 2017	(0 T-1-1
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	Amounts from line 6		/				
10a	Gross income from interest, dividends, payments received on		/				
	securities loans, rents, royalties,		/				
	and income from similar sources		-/			 	
t	Unrelated business taxable income		/		-		
	(less section 511 taxes) from businesses	/	ľ				
	acquired after June 30, 1975	/					
	Add lines 10a and 10b					-	
11	Net income from unrelated business activities not included in line 10b.	/					
	whether or not the business is	/					
	regularly carried on	/					
12	Other income Do not include gain or loss from the sale of capital					1	
	assets (Explain in Part VI)						
	Total support (Add lines 9, 10c, 11, and 12)	_/					
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth	tax year as a sect	ion 501(c)(3) organiz	ation,
	check this box and stop here	<u>/</u>	<u> </u>			.	▶∟
	ction C. Computation of Publ						
15	Public support percentage for 2017 (I	ine 8, column (f) d	ivided by line 13,	column (f))		15	%
	Public support percentage from/2016			· · ·		16	%
Se	ction D. Computation of Inves	stment Incom	<u>e Percentage</u>				
17	Investment income percentage for 20	17 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2016 Schedule A,	Part III, line 17			18	%
192	a 33 1/3% support tests/- 2017. If the	organization did r	not check the box	on line 14, and lin	ie 15 is more than	33 1/3%, and line 1	17 is not
	more than 33 1/3%, gheck this box as						▶□
b	33 1/3% support tests - 2016. If the	•	-				and _
	line 18 is not more than 33 1/3%, che						▶ 🛄
	Private foundation, If the organization						

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A D and F If you checked 12d of Part I, complete Sections A and D, and complete Part V)

	Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)			
Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	Зс		
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		
h	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
_	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination			
·	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		_	-
	purposes	4c	_	-
5a	Did 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 Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,		ļ	ŀ
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action		1	
	was accomplished (such as by amendment to the organizing document)	5a	-	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
-	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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	ł		
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
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)	7		
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 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.	9a		
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
٥	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
.00	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
		1	1	1

10a

supporting organizations)? If "Yes," answer 10b below

determine whether the organization had excess business holdings)

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

За

trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI) See instructions. Al
	 other Type III non-functionally integrated supporting organizations must contain 	mplete Se	ections A through E	<u> </u>
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		<u></u>
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)		·	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 035	_ 6	·	
7	Recoveries of prior-year distributions	7		
8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ed Type III supporting org	janization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

and 4c

8 Breakdown of line 7

a Excess from 2013

b Excess from 2014

c Excess from 2015

d Excess from 2016

e Excess from 2017

Schedule A	(Form 990 or 990-EZ) 2017 WOODSTOCK INSTITUTE	36-2907408 Page 8
Part VI	.Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 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 Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any addit (See instructions)	or 17b, Part III, line 12, s 1 and 2, Part IV, Section C, t V, Section B, line 1e, Part V,
	(See instructions)	
		
		
		·
	•	
		
		

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

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

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

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

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

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

Nam					
	Section 501(c)(4), (5), or (6) organiza ne of organization			E	mployer identification number
	WOODSTO	CK INSTITUTE			36-2907408
Pa		ganization is exempt un	der section 501(c) or is a section 52	
		<u> </u>			
1	Provide a description of the organiz	zation's direct and indirect politi	ical campaign activities	s in Part IV	
	Political campaign activity expendit	•			▶\$
	Volunteer hours for political campa			·	
•	Total Total Composition Composition	,g., uo			
Pa	rt I-B Complete if the ord	ganization is exempt un	der section 501(c)(3).	
	Enter the amount of any excise tax				> \$
	Enter the amount of any excise tax	•			> \$
	If the organization incurred a section				Yes No
	Was a correction made?		- · · · · · , · ·		Yes No
	If "Yes," describe in Part IV				
	rt I-C Complete if the org	ganization is exempt un	der section 501(c), except section 5	01(c)(3).
1	Enter the amount directly expended	d by the filing organization for s	ection 527 exempt fund	ction activities	► \$
	Enter the amount of the filing organ				
	exempt function activities		-	ĵ	▶\$
3	Total exempt function expenditures	Add lines 1 and 2 Enter here	and on Form 1120-PO	L,	
	line 17b				▶ \$
4	Did the filing organization file Form	1120-POL for this year?			Yes No
	Enter the names, addresses and er	•	EIN) of all section 527 p	olitical organizations to	which the films exaction
	•				which the filling organization
	made payments. For each organiza	ition listed, enter the amount pa	•	-	
	contributions received that were pr		aid from the filing organ	ization's funds. Also enti	er the amount of political
	. ,	omptly and directly delivered to	aid from the filing organ o a separate political or	ization's funds. Also enti ganization, such as a sej	er the amount of political
	contributions received that were propolitical action committee (PAC). If	omptly and directly delivered to additional space is needed, pro	aid from the filing organ o a separate political or	ization's funds. Also enti ganization, such as a sej	er the amount of political parate segregated fund or a
•	contributions received that were pr	omptly and directly delivered to	aid from the filing organ o a separate political orgovide information in Par	nization's funds. Also enti ganization, such as a sep t IV	er the amount of political parate segregated fund or a m (e) Amount of political contributions received and
	contributions received that were propolitical action committee (PAC). If	omptly and directly delivered to additional space is needed, pro	aid from the filing organ o a separate political orgovide information in Par	ization's funds Also enti ganization, such as a sep t IV (d) Amount paid fro	refer the amount of political parate segregated fund or a m (e) Amount of political contributions received and promptly and directly
	contributions received that were propolitical action committee (PAC). If	omptly and directly delivered to additional space is needed, pro	aid from the filing organ o a separate political orgovide information in Par	ganization's funds Also enti ganization, such as a sep t IV (d) Amount paid fro filing organization'	m (e) Amount of political contributions received and promptly and directly delivered to a separate
	contributions received that were propolitical action committee (PAC). If	omptly and directly delivered to additional space is needed, pro	aid from the filing organ o a separate political orgovide information in Par	ganization's funds Also enti ganization, such as a sep t IV (d) Amount paid fro filing organization'	refer the amount of political parate segregated fund or a m (e) Amount of political contributions received and promptly and directly
	contributions received that were propolitical action committee (PAC). If	omptly and directly delivered to additional space is needed, pro	aid from the filing organ o a separate political orgovide information in Par	ganization's funds Also enti ganization, such as a sep t IV (d) Amount paid fro filing organization'	m (e) Amount of political contributions received and promptly and directly delivered to a separate political organization
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	contributions received that were propolitical action committee (PAC). If	omptly and directly delivered to additional space is needed, pro	aid from the filing organ o a separate political orgovide information in Par	ganization's funds Also enti ganization, such as a sep t IV (d) Amount paid fro filing organization'	m (e) Amount of political contributions received and promptly and directly delivered to a separate political organization
	contributions received that were propolitical action committee (PAC). If	omptly and directly delivered to additional space is needed, pro	aid from the filing organ o a separate political orgovide information in Par	ganization's funds Also enti ganization, such as a sep t IV (d) Amount paid fro filing organization'	m (e) Amount of political contributions received and promptly and directly delivered to a separate political organization
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	contributions received that were propolitical action committee (PAC). If	omptly and directly delivered to additional space is needed, pro	aid from the filing organ o a separate political orgovide information in Par	ganization's funds Also enti ganization, such as a sep t IV (d) Amount paid fro filing organization'	m (e) Amount of political contributions received and promptly and directly delivered to a separate political organization
	contributions received that were propolitical action committee (PAC). If	omptly and directly delivered to additional space is needed, pro	aid from the filing organ o a separate political orgovide information in Par	ganization's funds Also enti ganization, such as a sep t IV (d) Amount paid fro filing organization'	m (e) Amount of political contributions received and promptly and directly delivered to a separate political organization
	contributions received that were propolitical action committee (PAC). If	omptly and directly delivered to additional space is needed, pro	aid from the filing organ o a separate political orgovide information in Par	ganization's funds Also enti ganization, such as a sep t IV (d) Amount paid fro filing organization'	m (e) Amount of political contributions received and promptly and directly delivered to a separate political organization
	contributions received that were propolitical action committee (PAC). If	omptly and directly delivered to additional space is needed, pro	aid from the filing organ o a separate political orgovide information in Par	ganization's funds Also enti ganization, such as a sep t IV (d) Amount paid fro filing organization'	m (e) Amount of political contributions received and promptly and directly delivered to a separate political organization
	contributions received that were propolitical action committee (PAC). If	omptly and directly delivered to additional space is needed, pro	aid from the filing organ o a separate political orgovide information in Par	ganization's funds Also enti ganization, such as a sep t IV (d) Amount paid fro filing organization'	m (e) Amount of political contributions received and promptly and directly delivered to a separate political organization

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

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 🏌	VOODSTOCK	INSTITUTE		36-2	907408 Page 2
Part II-A Complete if the org	anization is exe	empt under section	n 501(c)(3) and file	ed Form 5768 (el	ection under
section 501(h)).	. <u>.</u>				
A Check ► I if the filing organizat	ion belongs to an at	filiated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share	e of excess lobbying	g expenditures)			
B Check 🕨 🔃 if the filing organizat	on checked box A	and "limited control" pro	visions apply		
	s on Lobbying Exp itures" means amo	enditures ounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion	(grass roots lobbying)		310.	<u> </u>
b Total lobbying expenditures to influ	•			4,073.	
c Total lobbying expenditures (add lin	-	, , , , ,		4,383.	
d Other exempt purpose expenditure				945,227.	
e Total exempt purpose expenditures		1d)	ſ	949,610.	
f Lobbying nontaxable amount Ente	-		n columns	167,442.	
If the amount on line 1e, column (a) of		bbying nontaxable ame	11		
Not over \$500,000	· · · · · · · · · · · · · · · · · · ·	of the amount on line 1e			
Over \$500,000 but not over \$1,000	,000 \$100,0	000 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,50	00,000 \$175,0	000 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0		000 plus 5% of the exce			
Over \$17,000,000	\$1,000	,000			
g Grassroots nontaxable amount (en	ter 25% of line 1f)		ļ	<u>41,861.</u>	
h Subtract line 1g from line 1a If zero	or less, enter -0-		ļ.		
Subtract line 1f from line 1c If zero			Ĺ	0.	
J If there is an amount other than zer	o on either line 1h o	or line 1i, did the organiza	ation file Form 4720	-	
reporting section 4911 tax for this				<u>_</u>	Yes
(Some organizations th	at made a section	veraging Period Under 501(h) election do not irate instructions for lir	have to complete all o	of the five columns b	elow.
	Lobbying Exp	enditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	179,621	. 157,684.	194,229.	167,442.	698,976.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,048,464.
c Total lobbying expenditures	2,319	2,683.	952.	4,383.	10,337.
d Grassroots nontaxable amount	44,905	. 39,421.	48,557.	41,861.	174,744.
e Grassroots ceiling amount (150% of line 2d, column (e))					262,116.
f Grassroots lobbying expenditures	120	. 103.	19.	310.	552.

19. 310. 552. Schedule C (Form 990 or 990-EZ) 2017

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Schedule C (Form 990 or 990-EZ) 2017 WOODSTOCK INSTITUTE $\frac{36-2907408 \text{ Page 3}}{\text{Part II-B}}.$ Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	3)	(b)
	e lobbying activity	Yes	No	Amo	unt
1	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				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?	<u></u>			
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), sec	tion 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	the prior yea	<u>r? 3</u>		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members	a "No," O	1 (b) Par	t III-A, III	1e 3, IS
1	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	tical	-		
2	expenses for which the section 527(f) tax was paid).	ticai			
_	Current year		2a		
	Carryover from last year		2b		
			2c		
2	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
3	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e	YCESS			
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	political	4		
_	Taxable amount of lobbying and political expenditures (see instructions)		5		
5 Pai	t IV Supplemental Information				
	ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grounds)	up list\ Part I	I-Δ lines 1 :	and 2 (see	
	uctions), and Part II-B, line 1. Also, complete this part for any additional information	up listy, rait i	1-A, IIIIes 1 i	2 (366	
ınsır	uctions), and Part II-B, line 1. Also, complete this part for any additional information				
			-		
					-

SCHEDULE D

Department of the Treasury Internal Revenue Service

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(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.

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

WOODSTOCK INSTITUTE

Employer identification number 36-2907408

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990	, Part IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax
	year ►		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling o	
	violations, and enforcement of the conservation easements		L Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing co	nservation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	vation easements during the year
	\$		2011 (141/17)()
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		Yes L No
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organization.	ition's financial statements that describe	s the organization's accounting for
Pa	conservation easements rt III Organizations Maintaining Collections o	of Art Historical Treasures or	Other Similar Assets
Га	Complete if the organization answered "Yes" on Form		other ommar Assets.
	If the organization elected, as permitted under SFAS 116 (A)		ement and balance sheet works of art
ıa	historical treasures, or other similar assets held for public ex		
			arice of public service, provide, in Fart XIII,
	the text of the footnote to its financial statements that descr If the organization elected, as permitted under SFAS 116 (A)		nt and halance sheet works of art, historical
D	treasures, or other similar assets held for public exhibition, e		
		education, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items		L \$
	(i) Revenue included on Form 990, Part VIII, line 1		~ •
_	(ii) Assets included in Form 990, Part X	paguras, or other similar assets for finance	ual carp, provide
2	If the organization received or held works of art, historical tre		iai gairi, provide
	the following amounts required to be reported under SFAS 1	To (MSC 930) relating to these items	L \$
a	Revenue included on Form 990, Part VIII, line 1		Φ

	•								
Sche	dule D (Form 990) 2017 WOODSTO	K INSTITUT	Έ				36-2	<u> 29</u> 07408	Page 2
	t III Organizations Maintaining Co			torical Tr	easures,	or Other	Similar As	sets(continu	ied)
3	Using the organization's acquisition, accessio	n, and other records	, check	any of the	following tha	at are a sign	ıfıcant use of	its collection	ıtems
	(oheck all that apply)								
а	Public exhibition	d	\sqsubseteq	Loan or exc	hange progr	ams			
b	Scholarly research	е		Other					
С	Preservation for future generations								
4	Provide a description of the organization's col	llections and explain	how th	ey further th	ne organizati	ion's exemp	t purpose in l	Part XIII	
5	During the year, did the organization solicit or					er sımılar as	ssets	_	
_	to be sold to raise funds rather than to be mai							<u>Yes</u>	L No
Pai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part	•	e if the	organizatio	n answered	"Yes" on Fo	orm 990, Part	IV, line 9, or	
1a	Is the organization an agent, trustee, custodia	n or other intermedia	ary for	contribution	s or other as	ssets not inc	cluded		
	on Form 990, Part X?		•					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the folio	owing t	able					
								Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		_
2 a	Did the organization include an amount on Fo	rm 990, Part X, line 2	1, for 6	escrow or cu	ustodial acco	ount liability	?	Yes	∐ No
	If "Yes," explain the arrangement in Part XIII					_			<u> </u>
Pai	t V Endowment Funds. Complete if	the organization ans							
	_	(a) Current year	(b) P	rior year	(c) Two yea	rs back (d)	Three years ba	ack (e) Four	years back_
1a	Beginning of year balance		_						
Ь	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships				_				
е	Other expenditures for facilities								
	and programs					-		-	
	Administrative expenses								
_	End of year balance	ent year and balance	(luno 1	a column /s)) hold as				
2	Provide the estimated percentage of the curre Board designated or quasi-endowment	ent year end balance	%	g, column (a	i)) Held as				
	Permanent endowment	%	.′0						
	Temporarily restricted endowment	% 							
·	The percentages on lines 2a, 2b, and 2c shou								
3a	Are there endowment funds not in the posses	*	ion tha	at are held a	nd administe	ered for the	organization		
- Ou	by						- 3	[·	Yes No
	(i) unrelated organizations							3a(ı)	
	(ii) related organizations							3a(II)	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	d on S	chedule R?				3b	
4	Describe in Part XIII the intended uses of the								
Pai	t VI Land, Buildings, and Equipme								
	Complete if the organization answered	"Yes" on Form 990,	Part IV	/, line 11a S	See Form 99	0, Part X, lin	e 10		
	Description of property	(a) Cost or oth		,	or other		umulated	(d) Book	value
		basis (investme	ent)	basis	(other)	depre	ciation		
	Land								
b	Buildings								

57,017.

► 13,076. Schedule D (Form 990) 2017

13,076.

43,941.

c Leasehold improvements

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

d Equipment e Other

[Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11b See Form 990, I	Part X, line 12	
(a) Descrip	tion of security or category (including name of security)	(b) Book value			l-of-year market value
(1) Financia	al derivatives				
	held equity interests				
(3) Other					
(A)					
(B)					
(C)				<u>.</u>	
(D)					
(E)					
(F)		,			· · · · · · · · · · · · · · · · · · ·
(G)					
(H)					
	b) must equal Form 990, Part X, col (B) line 12.)				<u> </u>
	Investments - Program Related.	· · · · · · · · · · · · · · · · · · ·	•		-
	Complete if the organization answered "Yes"	on Form 990. Part IV. lin	e 11c See Form 990. I	Part X. line 13	
	(a) Description of investment	(b) Book value	(c) Method of va	aluation Cost or end	d-of-year market value
(1)			<u> </u>	<u> </u>	
(2)	-	· -			
(3)					
(4)				·	
					
(5) (6)					
<u>(6)</u>					
(7)					
(8)					
(9)	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets. Complete if the organization answered "Yes"	on Form 990. Part IV. lin	e 11d. See Form 990	Part X line 15	
		Description	<u> </u>		(b) Book value
(1)					
(2)					
(3)			·		
(4)		<u></u>			
(5)			 -		
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col (B) lin Other Liabilities.	e 15)		>	
	Complete if the organization answered "Yes"	on Form 990. Part IV. lin	e 11e or 11f See Form	n 990, Part X, line 25	<u>.</u>
1	(a) Description of liability		(b) Book value		
1. (1) Fed	leral income taxes				
(2)	STAL HIGGING TANCO				
					
(3)					
(4)					
(5)		· · ·			
(6)		-			
(7)		-			
(8)					
(8) (9)		05.)			
(8) (9) Total. (Colu	ımn (b) must equal Form 990, Part X, col (B) lin		Andreas		Abad
(8) (9) Total . (Colu 2 . Liability	imn (b) must equal Form 990, Part X, col (B) lin for uncertain tax positions In Part XIII, provide ation's liability for uncertain tax positions under	the text of the footnote			i i

Sche	dule D (Form 990) 2017	WOODSTOCK INSTITUTE		36-29	07408 Page 4
		of Revenue per Audited Financial	Statements With Revenue		
		unization answered "Yes" on Form 990, Part I			
1	Total revenue, gains, and of	ther support per audited financial statements	3	1	738,871.
2	Amounts included on line 1	but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses		2a		
b	Donated services and use of	of facilities	2b		
С	Recoveries of prior year gra	unts	2c		
d	Other (Describe in Part XIII))	2d		
e	Add lines 2a through 2d	•		2e	0.
3	Subtract line 2e from line 1			3	738,871.
4	Amounts included on Form	990, Part VIII, line 12, but not on line 1			
а		ncluded on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)		4b		
С	Add lines 4a and 4b	,	<u> </u>	4c	0.
5	Total revenue Add lines 3 a	and <mark>4c. (This must equal Form 990, Part I, line</mark>	e 12)	5	738,871.
	t XII Reconciliation	of Expenses per Audited Financia	I Statements With Expense	s per Return	
		inization answered "Yes" on Form 990, Part I			
1	Total expenses and losses	per audited financial statements		1	945,227.
2	·	but not on Form 990, Part IX, line 25			****
- а	Donated services and use of		2a		
b	Prior year adjustments		2b		
c	Other losses		2c		
d	6.1 (5.) 5. (3.11))	2d		
	Add lines 2a through 2d	'		2e	0.
3	Subtract line 2e from line 1			3	945,227.
4		990, Part IX, line 25, but not on line 1			
		ncluded on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII)		4b		
	Add lines 4a and 4b	,	40	4c	0.
5		3 and 4c. (This must equal Form 990, Part I, Ii	ne 18)	5	945,227.
	rt XIII Supplemental li				<u> </u>
_		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,	ine 2, Part XI,
nes	2d and 4b, and Part XII, lines	s 2d and 4b Also complete this part to provi	de any additional information		
			•		
	· 				
				 	,
			<u> </u>		
				.	<u> </u>
					

SCHEDULEI (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

WOODSTOCK INSTITUTE

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Employer identification number

Open to Public 2017

Inspection

OMB No 1545-0047

36-2907408

Constitution A Language of an another marginal learners 1 type	A T T CATE AT C	1					004/067-06
Parti General Information on Gram	s and Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	ds to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	sistance, and the select	(
criteria used to award the grants or assistance?	ssistance?						Yes X No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	procedures for moni	toring the use of grant	funds in the Unite	d States			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	to Domestic Organi	zations and Domestic	c Governments. C	complete if the orga	inization answered "Y	res" on Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	an \$5,000 Part II can	be duplicated if addit	ional space is need	ded			
1 (a) Name and address of organization or government	(a) 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)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CALIFORNIA REINVESTMENT COALITION	N						TO PROMOTE EQUITABLE ACCESS TO CAPITAL FOR
SAN FRANCISCO, CA 94103	31-1587628		30,000.	0			SMALL BUSINESSES.
NATIONAL PEOPLES ACTION							TO PROMOTE EQUITABLE
Ξ.	000			¢			ACCESS TO CAPITAL FOR
CHICAGO, IL 00042	80TCC/7-05		47,000.	o			SMALL BUSINESSES.
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	3) and government or	ganizations listed in th	e line 1 table				
-1	ons listed in the line						•
LHA For Paperwork Reduction Act Notice, see the Instructions for Form	ce, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2017)

36-2907408 WOODSTOCK INSTITUTE Schedule I (Form 990) (2017)

Page 2

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

(f) Description of noncash assistance								
(e) Method of valuation (book, FMV, appraisal, other)	(dditional information					
(d) Amount of non- cash assistance			(b), and any other a					
(c) Amount of cash grant		,	e 2, Part III, column			ı		
(b) Number of recipients			quired in Part I, lin					
(a) Type of grant or assistance			Part IV Supplemental Information, Provide the information required in Part I, line 2, Part III, column (b), and any other additional information					

Schedule I (Form 990) (2017)

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

WOODSTOCK INSTITUTE

Employer identification number 36-2907408

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMMUNITIES OF COLOR CAN ACHIEVE ECONOMIC SECURITY AND COMMUNITY
PROSPERITY.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
CONSUMER PROTECTION ISSUES. FOR EXAMPLE, WOODSTOCK WORKS WITH
ADVOCATES AND REGULATORS TO ENFORCE THE COMMUNITY REINVESTMENT ACT,
SUPPORTS FINANCIAL REFORM INITIATIVES, AND PARTICIPATES IN THE CONSUMER
PROTECTION RULE-MAKING PROCESS AT THE CONSUMER FINANCIAL PROTECTION
BUREAU.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
PRACTICES BEFORE THEY BECOME WIDESPREAD. AT THE FEDERAL LEVEL,
WOODSTOCK WORKS TO ENSURE THAT THE LENDING AND CONSUMER LAWS AND RULES
APPLY TO THE WIDEST POSSIBLE RANGE OF PRODUCTS AND EFFECTIVELY PROTECT
CONSUMERS, LOW-WAGE WORKERS AND SMALL BUSINESS OWNERS BEFORE INDUSTRY
ABUSES BECOME WIDESPREAD. WOODSTOCK'S GOALS ARE TO REDUCE THE NUMBER
OF CONSUMERS USING PREDATORY CREDIT PRODUCTS AND THE LEVEL OF DEBT HELD
BY LOW-WEALTH PEOPLE, AND TO HELP LOWER-WEALTH PEOPLE AND COMMUNITIES
OF COLOR BUILD AND PRESERVE WEALTH.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
TECHNICAL ASSISTANCE/SMALL BUSINESS
EXPENSES \$ 343,661. INCLUDING GRANTS OF \$ 77,000. REVENUE \$ 284,742.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization WOODSTOCK INSTITUTE	Employer identification number 36-2907408
THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE	FORM 990 RETURN
WITH THE INDEPENDENT AUDITOR IN CONJUNCTION WITH THE REVI	EW OF THE ANNUAL
AUDIT REPORT.	
FORM 990, PART VI, SECTION B, LINE 12C:	
POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED ANNUALLY BY	THE EXECUTIVE
COMMITTEE AND APPROPRIATE ACTION(S) ARE TAKEN.	
FORM 990, PART VI, SECTION B, LINE 15A:	
INDEPENDENT EXTERNAL SURVEYS ARE USED TO DETERMINE APPROP	RIATE COMPENSATION
LEVELS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANZATION PROVIDES CERTAIN DOCUMENTS, POLICIES, TAX	FORMS AND AUDITE
FINANCIAL STATEMENTS UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PRO	CESS OR
SELECTION PROCESS DURING THE TAX YEAR.	
	-