EXTENDED TO NOVEMBER 15, 2018

## **Return of Organization Exempt From Income Tax**

nder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

OMB No 1545-0047

▶ 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.

Inspection

4 Number of Independent voting mambers of the governing body (Part VI, line 1b)	<u>A</u>	For the	e 2017 calendar year, or tax year beginning and ending		
Doing business as   Sa - 29.074.08	В	Check If	C Name of organization	D Employer identification number	
Mumber and street (or P.O. box if main is not delivered to street address)   Room/sule   E Telephone number of treet or province, country, and 2IP or foreign postal code   C			WOODSTOCK INSTITUTE		
Roomsule		_Name chang	Doing business as	36-2907408	
Figure   S7 E MADISON ST, STE, 2108   1710   Generalization to province, country, and 2P or foreign postal code   Generalization   738,871,		Teluni mulet	Number and street (or P.O. box if mail is not delivered to street address) Room/si		
City or town, state or province, country, and 2IP or foreign postal code   City or town, state or province, country, and 2IP or foreign postal code   Cit CAGO, 1 L. 606.03   He (Cit CAGO, 1 L. 606		Final		· ·	}
CHICAGO, IL 6.06.03   The proving   The provin		termin			
SAME AS C ABOVE   Tax-osometry status:   X Strick]3   Solici		Amen	1		
SAME AS C ABOVE	┌				Y No
Taxewamont status: X   501(c)(3)   501(c)   1   (esert no.)   4947(a)(1) or   577   M revenue   400   1   (esert no.)   4947(a)(1) or   577   M revenue   400   1   (esert no.)   4947(a)(1) or   577   M revenue   400   1   (esert no.)   4947(a)(1) or   1   (esert no.)   1   (eser		penda			
Website:   WWW WOODSTOCKINST. ORG	7	Γαν.ον			
Part I   Summary				• • • • • • • • • • • • • • • • • • • •	uris)
Part   Summary	_				iollo: TT
SYSTEM IN WHICH LOWER-WEALTH PERSONS AND COMMUNITIES AND PEOPLE AND  Check this box		_		ar or formation. 1977 M State of legal doll	iicae. 11
SYSTEM IN WHICH LOWER-WEALTH PERSONS AND COMMUNITIES AND PEOPLE AND  Check this box	-	1	Briefly describe the organization's mission or most significant activities: TO CREAT	A JUST FINANCIAL	
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (O), line 12 7 a Total unrelated business revenue from Part VIII, column (O), line 12 7 a Total unrelated business revenue from Part VIII, column (O), line 12 7 a Total unrelated business taxable income from Form 990-T, line 34 8 Contributions and grants (Part VIII, line 1h) 9 Prior Year 9 Program service revenue (Part VIII, line 2g) 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 13) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 17 Other expenses (Part IX, column (A), lines 13) 18 Particlessional fundraising feets (Part IX, column (A), lines 5-10) 19 Total fundraising expenses (Part IX, column (A), lines 13) 10 Total assets (Part X, line 16) 10 Total assets (Part X, line 16) 10 Total assets (Part X, line 16) 10 Total liabilities (Part X, line 16) 10 Tota	Š				1D
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (O), line 12 7 a Total unrelated business revenue from Part VIII, column (O), line 12 7 a Total unrelated business revenue from Part VIII, column (O), line 12 7 a Total unrelated business revenue from Part VIII, column (A), line 3 7 a Total unrelated business revenue (Part VIII, line 1h) 9 Frior Year  8 Contributions and grants (Part VIII, line 2g) 9 Frogram service revenue (Part VIII, column (A), lines 3, 4, and 7 d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4-1) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 17 Other expenses (Part IX, column (A), lines 11-11d, 11f249 (ReCeived in Correst 1, 191, 33 6. 945, 227, 814, 18 Total expenses. Add tines 13-17 (must equal Part IX, column (A), ling 55 OSC 0.5 10 Total assosts (Part X, line 16) 10 Total assosts (Part X, line 16) 10 Total liabilities (Part X, line 16) 10 Total	2				•
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (O), line 12 7 a Total unrelated business revenue from Part VIII, column (O), line 12 7 a Total unrelated business revenue from Part VIII, column (O), line 12 7 a Total unrelated business revenue from Part VIII, column (A), line 3 7 a Total unrelated business revenue (Part VIII, line 1h) 9 Frior Year  8 Contributions and grants (Part VIII, line 2g) 9 Frogram service revenue (Part VIII, column (A), lines 3, 4, and 7 d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4-1) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 17 Other expenses (Part IX, column (A), lines 11-11d, 11f249 (ReCeived in Correst 1, 191, 33 6. 945, 227, 814, 18 Total expenses. Add tines 13-17 (must equal Part IX, column (A), ling 55 OSC 0.5 10 Total assosts (Part X, line 16) 10 Total assosts (Part X, line 16) 10 Total liabilities (Part X, line 16) 10 Total	8				15
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (O), line 12 7 a Total unrelated business revenue from Part VIII, column (O), line 12 7 a Total unrelated business revenue from Part VIII, column (O), line 12 7 a Total unrelated business revenue from Part VIII, column (A), line 3 7 a Total unrelated business revenue (Part VIII, line 1h) 9 Frior Year  8 Contributions and grants (Part VIII, line 2g) 9 Frogram service revenue (Part VIII, column (A), lines 3, 4, and 7 d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4-1) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 17 Other expenses (Part IX, column (A), lines 11-11d, 11f249 (ReCeived in Correst 1, 191, 33 6. 945, 227, 814, 18 Total expenses. Add tines 13-17 (must equal Part IX, column (A), ling 55 OSC 0.5 10 Total assosts (Part X, line 16) 10 Total assosts (Part X, line 16) 10 Total liabilities (Part X, line 16) 10 Total	ğ	4	Number of independent voting members of the governing body (Part VI. line 1b)	4	14
6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (Q), line 12					9
Source   S	5				0
Source   S	ય ફેં !	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
Second color of the contributions and grants (Part VIII, Ine 1h)   965, 004. 722, 163. 9   9   9   9   9   9   9   9   9   9		Ь	Net unrelated business taxable income from Form 990-T, line 34	7h	0.
8   Contributions and grants (Part VIII, Ine 1h)   965,004.   722,163.	J		A A A A A A A A A A A A A A A A A A A		
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, line 25) 19 Revenue less expenses. Subtract line 18 from line 12  19 Benefits paid to or for members (Part IX, column (A), lines 11a-11d, 11f-24e) 19 Revenue less expenses. Subtract line 18 from line 12  10 Total assets (Part X, line 16) 10 Total assets (Part X, line 16) 10 Total assets (Part X, line 26) 11 Total liabilities (Part X, line 26) 12 Net assets or fund balances. Subtract line 21 from line 20 10 Gen. Lington 11 Check 11 Ch	: _	8	Contributions and grants (Part VIII, Ime 1h)		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Ž	1			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
12   Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   1, 043, 813   738, 871     13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   323,000   77,000     14   Benefits paid to or for members (Part IX, column (A), lines 1-3)   0   0   0     15   Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)   627,949   610,413     16a   Professional fundraising fees (Part IX, column (A), line 11e)   0   0   0     17   Other expenses (Part IX, column (D), line 25)   0   0     18   Total expenses (Part IX, column (A), lines 11-11d, 11f-24e)   Received in Corner (1, 191, 336   945, 227     19   Revenue less expenses. Subtract line 18 from line 12   0   0     20   Total assets (Part X, line 16)   0   0   0     21   Total liabilities (Part X, line 26)   0   0   0     22   Net assets or fund balances. Subtract line 21 from line 20   0   0   0     23   Vet assets or fund balances. Subtract line 21 from line 20   0   0   0   0     24   Vet assets or fund balances. Subtract line 21 from line 20   0   0   0   0   0     25   Vet assets or fund balances. Subtract line 21 from line 20   0   0   0   0   0   0   0   0   0	Œ				
13 Grants and similar amounts paid (Part IX, column (A), line \$1.3)  14 Benefits paid to or for members (Part IX, column (A), line \$4.5)  15 Salanes, other compensation, employee benefits (Part IX, column (A), lines \$5.10)  16 Benefits paid to or for members (Part IX, column (A), line \$1.5)  17 Other expenses (Part IX, column (A), line \$1.5)  18 Total sypenses. Part IX, column (A), line \$1.5)  19 Revenue less expenses. Add lines \$1.3-7 (must equal Part IX, column (A), line \$2.5)  19 Revenue less expenses. Subtract line \$1.5 from line \$1.2\$  20 Total assets (Part X, line \$1.6)  21 Total labilities (Part X, line \$1.6)  22 Net assets or fund balances. Subtract line \$2.1 from line \$2.0\$  22 Net assets or fund balances. Subtract line \$2.1 from line \$2.0\$  23 Line part II Signature Block  24 Line part II Signature Block  25 Line part II Signature Block  26 Line part II Signature Block  27 Print/Type preparer's name  28 ANTHONY J. RUZICKA  29 Print/Type preparer's name  20 ANTHONY J. RUZICKA  20 Prim's name WIPFLI LLP  20 Prim's name WIPFLI LLP  20 Prim's name WIPFLI LLP  20 Firm's address WIPFLI LLP  20 Firm's address WIPFLI LLP  20 Line COLNSHIRE, IL 60069  20 Phone no. (847) 941-0100  20 May the IRS discuss this return with the preparer shown above? (see instructions)					
14   Benefits paid to or for members (Part IX, column (A), line 4)   0   0   0   0   0   15   Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)   627,949   610,413   0   0   0   0   0   0   0   0   0					
15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 627,949. 610,413.  16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0.  17 Other expenses (Part IX, column (A), line 25) 0. 0.  18 Total fundraising expenses (Part IX, column (A), line 25) 0. 0. 1.  19 Revenue less expenses. Subtract line 18 from line 12 240,387. 257,814.  19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 26) 20 Total assets (Part X, line 26) 20 Total liabilities (Part X, line 26) 20 Note assets or fund balances. Subtract line 21 from line 20 20 Regional Subtrac			Description and the second sec		
16a Professional fundraising fees (Part IX, column (A), line 11e)   0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0					
Total expenses. Add lines 13-17 (must equal Part IX, column (A), lines 13-17 (must equal Part IX, column (A), lines 25). OSC QS	Se				
Total expenses. Add lines 13-17 (must equal Part IX, column (A), lines 13-17 (must equal Part IX, column (A), lines 25). OSC QS	ĕ			0.	<u> </u>
19   Revenue less expenses. Subtract line 18 from line 12   DEC 26 2018   Beginning of Current Year   End of Year   773,064.   583,993.   10,700.   27,985.   27,985	ă	1		240 207 257	014
19   Revenue less expenses. Subtract line 18 from line 12   DEC 26 2018   Beginning of Current Year   End of Year   773,064.   583,993.   10,700.   27,985.   27,985		10	Total expenses Add lines 12.17 (must expend the 17.10, 117-24e)XeCeived in Conse	1 101 336 045	
Total assets (Part X, line 16)  Total labilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Print/Type or print name and title  Print/Type or print name and					
Total labilities (Part X, line 16)  20 Total assets (Part X, line 26)  21 Total labilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Net assets or fund balances. Subtract line 21 from line 20  25 Net assets or fund balances. Subtract line 21 from line 20  26 Net assets or fund balances. Subtract line 21 from line 20  27 Net assets or fund balances. Subtract line	<u></u>				
21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here THEODORA RAND, PRESIDENT  Type or print name and title  Print/Type preparer's name  ANTHONY J. RUZICKA  Preparer  Firm's name WIPFLI LLP  Firm's address 100 TRI-STATE INTERNI, STE 300  LINCOLNSHIRE, IL 60069  Phone no. (847) 941-0100  May the IRS discuss this return with the preparer shown above? (see instructions)	Sis		UEC 26 2010		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Sign attree of officer  THEODORA RAND, PRESIDENT  Type or print name and title  Print/Type preparer's name  ANTHONY J. RUZICKA  Preparer  Firm's name WIPFLI LLP  Firm's address 100 TRI-STATE INTERNI, STE 300  LINCOLNSHIRE, IL 60069  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No	Seg	20	· · · · · · · · · · · · · · · · · · ·		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Sign	Tell I	21	Total liabilities (Part X, line 26)		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  THEODORA RAND, PRESIDENT Type or print name and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  ANTHONY J. RUZICKA  Preparer  Use Only  Firm's name  WIPFLI LLP  Firm's name  WIPFLI LLP  Firm's address  100 TRI-STATE INTERNI, STE 300  LINCOLNSHIRE, IL 60069  Phone no. (847) 941-0100  May the IRS discuss this return with the preparer shown above? (see instructions)				/02,304.] 556	. 800
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Signature of officer   Date	_	****		aments and to the heat of my knowledge and he	dial it in
Sign   Signature of officer   Date    THEODORA RAND, PRESIDENT   Type or print name and title    Print/Type preparer's name   Preparer's signatifie   Date   Check   PTIN    Paid   ANTHONY J. RUZICKA   Prim's name   WIPFLI LLP   Firm's name   WIPFLI LLP   Firm's name   WIPFLI LLP   Firm's address   100 TRI-STATE INTERNIL, STE 300    LINCOLNSHIRE, IL 60069   Phone no. (847) 941-0100    May the IRS discuss this return with the preparer shown above? (see instructions)   X Yes   No					inei, a is
Sign   Signature of officer   Date    Here   THEODORA RAND, PRESIDENT   Type or print name and title    Print/Type preparer's name   Preparer's signatifie    Paid   ANTHONY J. RUZICKA   Preparer    Preparer   Firm's name   WIPFLI LLP   Firm's EIN   39-0758449    Use Only   Firm's address   100 TRI-STATE INTERNIL, STE 300    LINCOLNSHIRE, IL 60069   Phone no. (847) 941-0100    May the IRS discuss this return with the preparer shown above? (see instructions)   X Yes   No		, 001100	The offer of the state of the s		
Here  THEODORA RAND, PRESIDENT Type or print name and title  Print/Type preparer's name  ANTHONY J. RUZICKA  Preparer Use Only  May the IRS discuss this return with the preparer shown above? (see instructions)  Preparer THEODORA RAND, PRESIDENT  Preparer Preparer's sugnation  Preparer's sugnation  Preparer's sugnation  Preparer's sugnation    Date	Sin	_	Signature of officer		
Type or print name and title  Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name  ANTHONY J. RUZICKA  Preparer  Preparer  Preparer  Print's name WIPFLI LLP  Firm's name WIPFLI LLP  Firm's address 100 TRI-STATE INTERNI, STE 300  LINCOLNSHIRE, IL 60069  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No					
Paid ANTHONY J. RUZICKA  Preparer Use Only  LINCOLNSHIRE, IL 60069  May the IRS discuss this return with the preparer shown above? (see instructions)  ANTHONY J. RUZICKA    1-8/7	HE	-			
Paid ANTHONY J. RUZICKA  Preparer Use Only  LINCOLNSHIRE, IL 60069  May the IRS discuss this return with the preparer shown above? (see instructions)  ANTHONY J. RUZICKA    1-8/7				Date Check   PYIN	
Preparer Use Only Use Only Firm's name WIPFLI LLP Firm's EIN 39-0758449  LINCOLNSHIRE, IL 60069 Phone no. (847) 941-0100  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No	Pair	1	A PRINCIPLE TO DESCRIPTION OF THE PRINCIPLE AND	1 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	166
Use Only Firm's address 100 TRI-STATE INTERNL, STE 300 LINCOLNSHIRE, IL 60069  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No					
LINCOLNSHIRE, IL 60069 Phone no. (847) 941-0100  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No			······································	711113 EIN 39-0/384	±47
May the IRS discuss this return with the preparer shown above? (see instructions)		~J		Ohoro as / 0 473 0 44 /	1100
	A4	e that If			
Anna Lilla Par Danna de Brata de Matria de La Companya de La Compa	`				No
732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.  SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION	/320				ru (2017)

	990 (2017) WOODSTOCK INSTITUTE 36-2907408 Page 2
Pai	rt III Statement of Program Service Accomplishments
,	Check if Schedule O contains a response or note to any line in this Part III
1	Bnefly describe the organization's mission:
•	TO CREATE A JUST FINANCIAL SYSTEM IN WHICH LOWER-WEALTH PERSONS AND
	COMMUNITIES AND PEOPLE AND COMMUNITIES OF COLOR CAN ACHIEVE ECONOMIC
	SECURITY AND COMMUNITY PROSPERITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
_	
3	, , , , , , , , , , , , , , , , , , ,
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 149,365. including grants of \$) (Revenue \$124,178.)
	SAFE & AFFORDABLE FINANCIAL PRODUCTS SERVICES AND SYSTEMS: WOODSTOCK
	CONDUCTS RESEARCH, PUBLIC EDUCATION, ADVOCACY, AND COMMUNITY
	MOBILIZATION TO EXPAND ECONOMIC OPPORTUNITIES AND SECURITY FOR LOW-WAGE
	WORKERS, LOW-WEALTH PEOPLE AND COMMUNITIES OF COLOR THROUGH ACCESS TO
	SAFE AND AFFORDABLE FINANCIAL PRODUCTS AND SERVICES, ACCESS TO
	CONSUMER, MORTGAGE AND SMALL BUSINESS CREDIT, OPPORTUNITIES TO BUILD OR
	RE-BUILD GOOD CREDIT HISTORIES AND SCORES, AND INVESTMENTS IN
	UNDERSERVED COMMUNITIES. DEREGULATION AND RISKY LENDING PRACTICES
	CAUSED THE FINANCIAL AND FORECLOSURE CRISIS, WHICH DISPROPORTIONATELY
	AFFECTED PEOPLE AND COMMUNITIES OF COLOR. WOODSTOCK DEVELOPS RESEARCH
	REPORTS, POLICY PROPOSALS, MODEL REGULATIONS, AND ADVOCACY CAMPAIGNS TO
	EDUCATE THE PUBLIC AND POLICYMAKERS REGARDING FINANCIAL REFORM AND
4b	(Code:) (Expenses \$117, 329. including grants of \$) (Revenue \$10, 179.)
	EQUITABLE LENDING & INVESTMENT: WOODSTOCK PRODUCES RESEARCH ON THE
	OFTEN PREDATORY AND DISPROPORTIONATE IMPACT OF FINANCIAL PRODUCTS AND
	PRACTICES ON LOW-WAGE WORKERS, LOW-WEALTH PEOPLE AND COMMUNITIES OF
	COLOR, DEVELOPS MODEL REFORMS, AND ADVOCATES WITH REGIONAL STAKEHOLDERS
	FOR CONSUMER PROTECTIONS AND FAIR RATES FOR MORTGAGE AND CONSUMER
	CREDIT. FOR EXAMPLE, WOODSTOCK PLAYED A CRITICAL LEADERSHIP ROLE IN
	ELIMINATING MANY OF THE SHORT-TERM CREDIT INDUSTRY'S WORST PRACTICES IN
	ILLINOIS WITH THE PASSAGE OF HB537, WHICH INCLUDED ALL OF THE KEY
	CONSUMER PROTECTIONS IDENTIFIED IN WOODSTOCK'S SUBSTANTIAL BODY OF
	CONSUMER CREDIT RESEARCH. THAT LAW CAPS RATES FOR SHORT-TERM CREDIT
	PRODUCTS, PREVENTS THE CYCLE OF DEBT CAUSED BY FREQUENT REFINANCING,
	AND GIVES REGULATORS THE TOOLS NECESSARY TO IDENTIFY PREDATORY
4c	(Code) (Expenses \$ 206,494. including grants of \$) (Revenue \$61,013.)
	WEALTH CREATION AND PRESERVATION: WOODSTOCK USES INNOVATIVE RESEARCH TO
	IDENTIFY BARRIERS TO AND OPPORTUNITIES FOR WEALTH CREATION FOR
	LOW-WEALTH PERSONS AND COMMUNITIES, AND ENGAGES IN COALITION BUILDING
	AND ADVOCACY TO EXPAND POLICIES THAT PROMOTE EQUITABLE WEALTH CREATION.
	FOR EXAMPLE, WOODSTOCK CONDUCTED RESEARCH ON THE EXTENT OF RETIREMENT
	SECURITY IN ILLINOIS AND COLLABORATED WITH THE ILLINOIS ASSET BUILDING
	GROUP TO PERSUADE ILLINOIS TO CREATE A FIRST-EVER STATE PROGRAM FOR
	EMPLOYMENT-BASED RETIREMENT SAVINGS PLANS TO SAVE THROUGH AUTOMATIC
	ENROLLMENT AND PAYROLL DEDUCTION INTO A ROTH IRA, WITH THE ABILITY TO
	OPT OUT.
44	Other program services (Describe in Schedule O.)
	(Expenses \$ 343,661. including grants of \$ 77,000.) (Revenue \$ 284,742.)
4.5	Total program service expenses   816.849.
40	TOTAL DIDOLATI SELVICE EXDENSES ► OTO 'O # 2 *

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

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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	<u> </u>	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
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		<u> </u>
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		_X_
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		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			ĺ
	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			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		X
đ	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			
	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X	11e	-	X
ſ	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ļ	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		,,	
	Schedule D, Parts XI and XII	12a	X	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			٠,
	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	١		
	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			v
	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	1	1	_ v
4-	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,			<b></b>
40	column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17	<del>                                     </del>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		X_
19	and the Orbital CO Oracle		1	v
	complete Schedule G, Part III	19	<u> </u>	X

Form 990 (2017) WOODSTOCK INSTITUT

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> </u>
Ь	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 2? If "Yes," complete Schedule I, Parts I and III	22		<u> X</u>
23	Did the organization answer "Yos" to Part VII, Section Λ, lino 3, 4, or 5 about componsation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		1	
	Schedule J	23		<u> </u>
240	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	١		7.
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
عد	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	253		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Particulated Print	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	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes,"			
	complete Schedule L, Part II	26		х
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		Х
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An ontity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	Ì		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١		.,
20	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		X
32				v
33	Schedule N, Part II  Did the organization own 100% of an entity disrogarded as separate from the organization under Regulations	32	<del></del>	X
~	FROM 201 7701 2 and 201 7701 22 if EVan & complete Cabadida D. Part J.	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-33		
•	Part V, line 1	34_		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	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	35Ь		
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		Х
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Par	990 (2017) WOODSTOCK INSTITUTE  t V   Statements Regarding Other IRS Filings and Tax Compliance	36-2907	<u>4U8</u>	<u> </u>	age 5
	Check if Schedule O contains a response or note to any line in this Part V				
	Oreck is occited the of contains a response or note to any line in this Part V	MILE 10 10 FORES ASSESSMENT ASSESSMENT		·····	ᆜ
	Fatastha augustas and in Paul Cat Faun 1000 F. J. D. W. J. L. L.	1.1		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 9			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u>1b</u> 0		ļ	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re (gambling) winnings to prize winners?			v	
2-			<u>1c</u>	X	-
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 9			
	filed for the calendar year ending with or within the year covered by this return		•	X	
D			2b	<u> </u>	├
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		٥-		
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b	<del> </del>	
40	At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other financial account.)	-	4-	1	x
_		account)?	4a		^
D	If "Yes," enter the name of the foreign country.  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	annumber (SDAD)		Į	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	• •	-	•	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5b		<u> </u>
6a			5c	<del> </del>	-
oa	any contributions that were not tax deductible as charitable contributions?		ĥа		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribut		ng		<del>├</del>
•		-	6b		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).		00		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sei	Stoven ent of behavore serion	7a		х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	<del> </del>	1
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		70		
•	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year		70	<del> </del>	
c	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f	1	X
q	If the organization received a contribution of qualified intellectual property, did the organization file Fo		79	1	<u> </u>
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		<del> </del>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			<del> </del>	T
			8		
9	Sponsoring organizations maintaining donor advised funds.	***************************************			<del>                                     </del>
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a	<b>,</b>	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:			1	<b>†</b>
		10a		1	ļ
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a			1
	Gross income from other sources (Do not not amounts due or paid to other sources against		}		1
•	amounts due or received from them.)	11b	1		1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	1	
		12b		1	
13	Section 501(c)(29) qualified nonprofit health incurance issuers.	<u></u>	l		1
	Is the organization licensed to assue qualified health plans in more than one state?		13a		1
_	Note. See the instructions for additional information the organization must report on Schedule O.	******** ******************************	<u> </u>		1
	Enter the amount of reserves the organization is required to maintain by the states in which the			1	1

organization is licensed to issue qualified health plans c Enter the amount of reserves on hand \_\_\_\_\_\_

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

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

14a

WOODSTOCK INSTITUTE 36-2907408 Form 990 (2017) 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 Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 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. 14 b Enter the number of voting mombers included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filled? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a b Each committee with authority to act on behalf of the governing body? X 8Ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have writton policies and procedures governing the activities of such chapters, 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 body before filling the form? X 113 **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? X 13 X Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

#### Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ightharpoons
- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

taxable entity during the year?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

Own website X Another's website

exempt status with respect to such arrangements?

Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 books and records: ► PATRICIA WOODS-HESSING - (312)368-0310

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

29 E. MADISON ST., STE. 1710, CHICAGO, IL 60602

X

16a

Form 9	OA /2	M 171

#### WOODSTOCK INSTITUTE

36-2907408

Page 7

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	

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."

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 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

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

Check this box if neither the organization	ion nor any related	orga	ıniza	tion	cor	nper	nsat	ed any current officer, of	irector, or trustee.	
(A)	(B)			_ ((	<b>2</b> )			(D)	(E)	(F)
Name and Title	Average	(46		Pos heck		l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	53 pa	rson	is bot	h an	compensation	compensation	amount of
	week	-	.er an	010	arectic	or/trus	(00)	from	from related	other
	(list any	ם						the	organizations	compensation
	hours for	50			ŀ	핊		organization	(W·2/1099·MISC)	from the
	related organizations	ş	Feas			200	1	(W-2/1099-MISC)		organization and related
	below	Ē	te na		흁	25	l _			organizations
	line)	individual busize or director	insbiutional trustee	Officer	Keyen	Highest compressiled employee	Former			Organizations
(1) THEODORA RAND	40.00									
PRESIDENT		X	_	X	_			133,683.	0.	0.
(2) NATALIE ABATEMARCO	1.00							_		
MEMBER		X		X		ㄴ	_	0.	0.	0.
(3) RAVI AURORA	1.00									
MEMBER		X		<u> </u>	<u> </u>	ļ		0.	0.	0.
(4) MICHAEL SENG	1.00							1		
SECRETARY	1 00	X	-	X	<del> </del>	-	<u> </u>	0.	0.	0.
(5) BOBBI BALL	1.00						İ			
MEMBER	1 00	X	<u> </u>	<del> </del>		⊢	_	0.	0.	0.
(6) EVA BROWN	1.00	x		1			ļ			
MEMBER	1.00	A	-	-	-	⊢	<del> </del>	0.	0.	0.
(7) BYNA ELLIOTT	1.00	x		x	ĺ			0.	0.	,
TREASURER	1.00	^	┢	^	$\vdash$	$\vdash$	┝	0.	V .	0.
(8) GABRIELA ROMAN	1.00	х	l					l o.	0.	0.
MEMBER (9) THOMAS FITZGIBBON JR.	1.00	Α	一	$\vdash$	$\vdash$	├─	-	<u>.</u>	<u> </u>	0.
(9) THOMAS FITZGIBBON JR. MEMBER	1.00	x						l o.	0.	0.
(10) GEORGE LIPSITZ	1.00	i A	-		<del> </del>	$\vdash$	<del>                                     </del>	<u> </u>	•	
CHAIR		x		x	1			0.	0.	О.
(11) GORDON MAYER	1.00	-	_				1-			9,
VICE CHAIR		x						0.	0.	0.
(12) MATTHEW ROTH	1.00					Τ				
MEMBER		$\mathbf{x}$	L		L			0.	0.	0.
(13) STEVE HALL	1.00	Π	Π		Π					
MEMBER		X						0.	0.	0.
(14) MANUEL JIMENEZ	1.00				İ					
MEMBER		X						0.	0.	0.
(15) JUAN CARLOS LINARES	1.00			l	1					
MEMBER		X	_	$\vdash$	_	-	<u> </u>	0.	0.	0.
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		L	<u> </u>						<u> </u>	
700007 44 00 47										Earm 990 /2017

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rai	L VII   Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	<u>, an</u>	<u>d Hi</u>	<u>ghe</u>	<u>st Ç</u>	ompensated Employe	es_(continued)				
	` (A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average	(40	Position (do not check more than a				008	Reportable	Reportable		Es	timate	d
		hours per	box	, unle	33 pc	rson	is bot	h an	compensation	compensation	, I		nount (	of
		week (list any	_	1	1040	T OCIC	7,003	100)	from	from related			other	
		hours for	lec'hidual trustee or director						the organization	organizations (W-2/1099 MIS(			pensa om the	
		related	5	ä			Sate		(W-2/1099-MISC)	(44-27 1099 14112)	"		anizati	
		organizations	tast	r tr		Ę	2		(** 2) 1005 111100)		]	_	d relate	
		below	3	insplutional trustee	_	Key employee	25	₽			]		anizatio	
	4.2	line)	耄	翼	Officer	ğ	Hobest compensated employee							
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1b	Sub-total		•••••			•••••			133,683.		0.			<u>ŏ</u> .
	Total from continuation sheets to Part V								122 (02	<u> </u>	<u>0.</u>			0.
	Total (add lines 1b and 1c)							<u> </u>	133,683.		0.			0.
2	Total number of individuals (including but r	iot iimitea ta tr	1058	IISTE	eo a	יייסס	e) w	no r	eceived more than \$100	J,UUU of reportable	,			4
	compensation from the organization												Yes	No
2	Did the grandination let any former officer	director or to		- l-					hishaat samaasaad a		ſ		165	140
3	Did the organization list any former officer,											3		X
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the se											3		
4	and related organizations greater than \$15											4		х
5	Did any person listed on line 1a receive or												<b></b>	
•	rendered to the organization? If "Yes," con	•				-		CIAL	ied orderingenwirth mane	KAMAI KA SELVICES		5		X
Sec	tion B. Independent Contractors	piete concoon	<u></u>	<u> </u>	<u></u>	<i>DC1</i> .	30//		<u></u>			<u> </u>		42
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	oens	ation	from	
	the organization. Report compensation for	•	•							•				
	(A)	•							(B)			((	C)	
	Name and business	address	N	CINC	E			-	Description of	services	C		nsatio	n
								Ì						
										1				
									·					
										1				
							_							
2	Total number of independent contractors (	•	ot li	mite	d to		_	stec	d above) who received r	nore than				
	\$100,000 of compensation from the organ	zation >					<u>0</u>							

e e e

Form 990 (2017) WOODSTOCK INSTITUTE
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any line	in this Part VIII	<u> </u>		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
200	1 a	Federated campaigns 1a					
E 2	b						
O.E		Fundraising events1c					1
뚩키		Related organizations 1d	***				
SE E		Government grants (contributions) 1e	69,846.				
<u> </u>		All other contributions, gifts, grants, and					
調覧		similar amounts not included above 11	652,317.				
돌임	g	Noncash contributions included in lines 1a-1f \$					
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f		722,163.			
-			Business Code				1
8	2 a	CONTRACT SERVICE FEES	541900	13,046.	13,046.		
و چ	b						
Program Service Revenue	c						
E 3	đ						
<u>B</u>	е						
α.	f	All other program service revenue					<del></del>
	9	Total. Add lines 2a-2f	▶	13,046.			
1	3	Investment income (including dividends, inte		4 450			1
- 1		other similar amounts)		1,678.			1,678.
I	4	Income from investment of tax-exempt bond	proceeds -				+
İ	5	Royalties	<b>&gt;</b>	<del> </del>			<del> </del>
1	_	(i) Real	(ii) Personal				
	6 a		<del>                                     </del>				
1		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
	/ a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory	-				
İ	Ð	Less: cost or other basis and sales expenses					
1	_	<b>5</b>					
		Net gain or (loss)	<u> </u>				
		Gross income from fundraising events (not					
evenue		including \$ of					
š		contributions reported on line 1c). See					
ڇا		Part IV, line 18	1,967.				
Other R	b	Less: direct expenses					
0		Net income or (loss) from fundraising events		1,967.			1,967.
		Gross income from gaming activities. See					
ı		Part IV, line 19	a [				
- 1	b		ь				
	С	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances	a				
	b	Less: cost of goods sold	ь[				
J	С	Net income or (loss) from sales of inventory	<b>&gt;</b>				
		Miscellaneous Revenue	Business Code				
	11 a	MISCELLANEOUS INCOME	900099	17.	17.		
1	b			·			<del></del>
ļ	c						-
į		All other revenue					
ļ		Total. Add lines 11a-11d		17.	12 252		
	12	Total revenue. See instructions.	<b>_</b>	738,871.	13,063.		3,645.

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

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
		(A)	(B)	(C)	<u></u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			1	
	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	Į			
	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(1)(1)) and				
7	Other salaries and wages	350,310.	290,621.	59,689.	
8	Pension plan accruals and contributions (include	200,020.			
3	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	91,257.	83,848.	7,409.	· · · · · · · · · · · · · · · · · · ·
10		35,163.	33,189.	1,974.	
11	Payroll taxes	33,103.	33,103.	1,3/4.	<del></del>
	Management				
a	F	750.	750.		
b	Legal	6,983.	6,983.		
C	Accounting	0,363.	0,303.		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				<del></del>
f	Investment management fees				
9	·			}	
	column (A) amount, list line 11g expenses on Sch O.)				<del></del>
12	Advertising and promotion	5 242	4 000	F24	
13	Office expenses	5,343.	4,809.	534.	
14	Information technology	58,336.	55,866.	2,470.	
15	Royalties	01 310	00 107	0 100	
16	Occupancy	91,319.	82,187.	9,132.	<del></del>
17	Travel	20,141.	12,050.	8,091.	
18	Payments of travel or entertainment expenses		j		
	for any federal, state, or local public officials	10 600	10 100		
19	Conferences, conventions, and meetings	10,692.	10,128.	564.	
20	Interest				<del></del>
21	Payments to affiliates	1 000	2 654	407	
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 O.)				
а	EQUIPMENT EXPENSES	27,555.	23,475.	4,080.	
ь	ADMINISTRATIVE SERVICES	9,815.	2,800.	7,015.	······································
c	TELEPHONE	8,636.	7,946.	690.	
ď	DUES, SUBSCRIP. & STAFF	6,076.	4,215.	1,861.	
_	All other expenses	1,631.	574.	1,057.	
25 25	Total functional expenses. Add lines 1 through 24e	945,227.	816,849.	128,378.	0.
<u>23</u>	Joint costs. Complete this line only if the organization	223,2276	0401047.	2273701	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here the following SOP 98-2 (ASC 958-720)				
	11 28 17				Form 990 (2017)

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

36-2907408 Page 11 Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 302.447 163.449. Cash · non-interest-bearing 1 Savings and temporary cash investments 211,740. 213,217. 2 2 238,747. 185,327. Pledges and grants receivable, net 3 Accounts receivable, net .... 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Assets Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges ...... 2.584 2.924. 9 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a 57.017 43.941. 11.546. 13,076. 10c 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments · program-related. See Part IV, line 11 13 13 14 Intangible assets \_\_\_\_\_ 14 6,000. 6,000. Other assets. See Part IV, line 11 15 15 773,064. 583.993. 16 Total assets, Add lines 1 through 15 (must equal line 34) 16 10,700. 7,985. 17 Accounts payable and accrued expenses \_\_\_\_\_\_ 17 18 Grants payable 18 19 20,000. 19 20 Tax-exempt bond liabilities \_\_\_\_\_\_\_ 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties \_\_\_\_\_\_ 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 10,700. 27,985. 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 Unrestricted net assets \_\_\_\_\_\_ 411,721 435,333. 27 27 Temporarily restricted net assets 350,643 120,675. 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.

556,008.

30

31

32

33

762,364

773.064

31

33

Form	990 (2017) WOODSTOCK INSTITUTE	36-2907	408	Pag	<sub>je</sub> 12
Pa	t 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	945	5,2	<u>27.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	<206	5,3	<u>56.</u> :
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	762	2,3	64.
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	556	5,0	08.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			.,	$\mathbf{x}$
				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	Ο.	1		İ
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2a		X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		
b	Were the organization's financial statements audited by an independent accountant?		2ъ	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:		1		
	X Separate basis Consolidated basis Both consolidated and separate basis		1		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,	1 1		
	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				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	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 requi				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Зъ		<u> </u>
			Form	990	(2017)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

### **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

2017

Open to Public Inspection

Name of the organization Employer identification number WOODSTOCK INSTITUTE 36-2907408 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I. Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization baled in your governing document? (i) Name of supported (ii) EIN (lii) Type of organization (v) Amount of monetary (vi) Amount of other organization (described on lines 1-10) support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2017 WOODSTOCK INSTITUTE 36-2907408 Page 2

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.)

<u>Se</u> c	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	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-	•					
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					}	
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	850,485.	611,781.	605,676.	965,004.	722,163.	3,755,109,
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the					į	
	amount shown on line 11,						
	column (f)						1,834,425,
	Public support, Subtract line 5 from line 4				<u> </u>		1 920 684
_	ction B. Total Support				<del></del>	ı	
	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,
8	Gross income from interest,					ŀ	
	dividends, payments received on				1		
	securities loans, rents, royalties,						
	and income from similar sources	3,044.	1,955.	1,077.	1,634.	1,678.	9,388.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						44 = 040
	assets (Explain in Part VI.)	285,441.	<u>5,573.</u>	46,867.	77,178.	1,984.	
	Total support. Add lines 7 through 10				l	<u> </u>	4 181 540.
	Gross receipts from related activities,					12	437,096.
13	First five years. If the Form 990 is for		s first, second, this	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	, —
Sec	organization, check this box and storection C. Computation of Publ		rcentage	, , , ,			
14	Public support percentage for 2017 (	line 6, column (1) d	ivided by line 11, o	column (f))		14	45.93 %
	Public support percentage from 2016				*******	15	45.89 %
16a	33 1/3% support test - 2017. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	ı	•• •••		►X
t	33 1/3% support test - 2016. If the						
	and stop here. The organization qual	lifies as a publicly :	supported organiz	ation		*** ** ****** **********	▶□
17a	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not e	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts and circumstances"	test. The organiza	ition qualifies as a	publicly supporte	d organization		▶□
t	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not i	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explai	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publi	icly supported org	anization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a. 16b, 17a, or 17	b, check this box a	and see instruction	s ▶ 🔲
					Scho	edule A (Form 990	or 990-EZ) 2017

# 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 the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed by	alow, please comp	olete Part II.)			<del></del>	
Section A. Public Support	4 1 2040		1 ) 0015	1	4 1 2047	10.7-1-1
Calendar year (or fiscal year beginning in)	(a) 2013	<u>(b) 2014</u>	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.") 1			ļ	<del> </del>		
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that				Ï		
are not an unrelated trade or bus-	, \					
iness under section 513	, <b>\</b>					
4 Tax revenues levied for the organ-				1		
ization's benefit and either paid to			1		İ	
or expended on its behalf	<b>\</b> !			1		
5 The value of services or facilities				1		
furnished by a governmental unit to	<b>!</b>					
· •	<b>i</b>					
the organization without charge		1	1	1	<del> </del>	<u> </u>
6 Total. Add lines 1 through 5		<del>                                     </del>	<del> </del>	+	<del>                                     </del>	<b> </b>
7a Amounts included on lines 1, 2, and	<u> </u>					
3 received from disqualified persons		<u> </u>			<u> </u>	
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,090 or 1% of the amount on line 13 for the year		`				
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)		i				
Section B. Total Support		<del> </del>			•	
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015\	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	(8) 2013	10) 2014	10/20/3/	(4) 2010	(6) 2011	(I) TOTAL
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b				1		
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						
assets (Explain in Part VI.)		1		1	<del>                                     </del>	
14 First five years. If the Form 990 is for	the organization!	e first second th	urd fourth or fifth	tay year as a soction	n 501(c)(3) organi	zation
check this box and stop here	are organization:	a mai, adcuriu, III	as, issitti, or mur	ian your as a soull	on oo regani	
Section C. Computation of Publ	ic Support Pa	rcentage	··		*** *	· · · · ·
			ankuma (A)		146	<del>,</del>
15 Public support percentage for 2017 (		=	column (1)) ,		15	
16 Public support percentage from 2016					16	
Section D. Computation of Inves					<del>1 - 1</del>	
17 Investment income percentage for 20					17	
18 Investment income percentage from						
19a 33 1/3% support tests - 2017. If the	organization did r	not check the box	con line 14, and lin	ne 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box a	nd stop here. The	e organization qua	alıfies as a publicly	supported organia	zation	▶□
b 33 1/3% support tests - 2016. If the	organization did i	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and _
line 18 is not more than 33 1/3%, che	eck this box and si	top here. The org	anization qualifies	as a publicly supp	orted organization	<b></b>
20 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 E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Old 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.
- 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; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- G Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 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).
- 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.
- b 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.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(I) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		—
2		
_		
3a_		
_3b		
3c		<del> </del>
40		
4a		
4b		<u> </u>
	1	
1		
4c		
5a	<del> </del>	
5b		
5c		
6		
7		
8		
9a		<del> </del>
6		
9b		<del> </del>
9c		
		1
10a		<del> </del>
104		
<u>10b</u> 990 or 9	90-F7	1 2017

		<u>-290740</u>	)8 Pa	<u>ige 5</u>
Pa	rt IV   Supporting Organizations (continued)	···	_	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1		
	below, the governing body of a supported organization?	11a_	-	
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	-	Tv	
	Did the diseases thiston or membership of one or mere supported experientions have the newsyle		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,		ļ	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1	}	
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization expects for the baseful of any supported organization other than the supported.	\ <del></del>	┼──	
2	• • • • • • • • • • • • • • • • • • • •			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
500	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2	<u>l</u>	<u> </u>
<u> </u>	uon o. Type ii Supporting Organizations		1	No.
	Where a majority of the experimentaria dispeture or trusteen during the try year along a majority of the dispeture		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	• • • • • • • • • • • • • • • • • • • •			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Sec	tion D. All Type III Supporting Organizations		1	1
333	Ban arrain type in depleticing organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1.00	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		1	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	1	
2			1	1
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			l
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	ŀ	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		١.
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instruc	tions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee instructior	15).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1	ļ
	those supported organizations and explain how these activities directly furthered their exempt purposes,		1	
	how the organization was responsive to those supported organizations, and how the organization determined	1	1	
	that these activities constituted substantially all of its activities.	2a		
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	<del> </del>	<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Old the organization have the power to regularly appoint or elect a majority of the officers, directors, or		ĺ	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	↓	<b>└</b>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3ь		<u> </u>

Sche	dule A (Form 990 or 990-EZ) 2017 WOODSTOCK INSTITUTE	36-2907408 Page 6		
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on f	Nov. 20, 1970 (explain	in Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	ctions A through E.	
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 grass 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		
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) Pnor 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):			
a	Average monthly value of secunties	1a		
ь	Average monthly cash balances	1b		
c	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		

\_\_\_ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2017

Distributable Amount, Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

instructions)

	dule A (Form 990 or 990-EZ) 2017 WOODSTOCK INS			6-2907408 Page 7
Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.		<u> </u>	
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	no organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
i				
_i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.	<u> </u>		
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8				
а	Excess from 2013			
b	Excess from 2014			
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2017

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 of 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 additing (See Instructions.)	or 17b; Part III, lino 12; 1 and 2; Part IV, Section C, V, Section B. line 1e: Part V.
<del></del>		
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#### **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

• :	<u>Section 501(c)(4), (5), or (6) organiza</u>	tions: Complete Part III.			
Νаπ	ne of organization			Emple	oyer identification number
	WOODSTO	CK_INSTITUTE			36-2907408
Ca	irt I-A Complete if the org	janization is exempt und	ler section 501(c)	or is a section 527 or	rganization.
2 3	Provide a description of the organia Political campaign activity expendit Volunteer hours for political campa	ures gn activities		<b>→</b> \$	
		janization is exempt und			
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	<b>&gt;</b> \$	
2	Enter the amount of any excise tax  Enter the amount of any excise tax  If the organization incurred a section	incurred by organization manag	ers under section 4955	5►\$	
-	ii iiio oigainzanon alcontos a coonc	1000 taxt old it illo i dilli i i co		*** ************ *******************	··· == ··· == ···
	Was a correction made?				Yes No
De De	olf "Yes," describe in Part IV.  art I C Complete if the org	ranization is exempt und	for section 501(c)	except section 501/	c)(3)
	Enter the amount directly expende	<u> </u>			
	Enter the amount of the filing organ				
2	exempt function activities				
2	Total exempt function expenditures				
3	line 17b				
4	Did the filing organization file Form	1120-POL for this year?		,, ,,,,,,	Yes No
5					
•	made payments. For each organiza				
	contributions received that were pr				te segregated fund or a
	political action committee (PAC). If	additional space is needed, prov	vide information in Par	t IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter 0.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

Schedule C (Form 990 or 990-EZ) 2017	WOODSTO	CK I	NSTITUTE		36-2	907408 Page 2
Part II-A Complete if the org	janization	is exen	npt under section	n 501(c)(3) and file	ėd Form 5768 (el	ection under
section 501(h)).					<del></del>	
	_		ated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and share			•			
B Check 🕨 🔛 if the filing organiza	tion checked	box A an	d "limited control" pro	visions apply.	= "	
Limit	ts on Lobbyi	ng Expen	ditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expend	ditures" mea	ns amou	nts paid or incurred.)		totals	101013
1a Total lobbying expenditures to influ	uence public	opinion (d	rass roots lobbying)		310.	
b Total lobbying expenditures to influ					4,073.	
c Total lobbying expenditures (add li					4,383.	
d Other exempt purpose expenditure			···· ·· ······························		945,227.	
e Total exempt purpose expenditure			•	***************************************	949,610.	
f Lobbying nontaxable amount. Ente	•				167,442.	
If the amount on line 1e, column (a) o			ying nontaxable amo			
Not over \$500,000			he amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	000,000		plus 10% of the exc			
Over \$1,500,000 but not over \$17,	,000,000		0 plus 5% of the exce			
Over \$17,000,000		\$1,000,0				11
g Grassroots nontaxable amount (en	iter 25% of li	ne 11)			41,861.	
h Subtract line 1g from line 1a. If zer	o or less, ent	_			0.	
Subtract line 1f from line 1c. If zero	or less, ente	r-O			0.	
j If there is an amount other than ze						-
reporting section 4911 tax for this	year?		11			Yes No
(Some organizations ti			raging Period Under		of the five columns b	alau
(Come organizations a			ite instructions for lir	•	or the live columns b	610 <b>41.</b>
****			ditures During 4-Yea			
Calendar year	(a) 20 <sup>-</sup>	14	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) Total
(or fiscal year beginning in)						
				•		
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.
					_	-
Grassronte Inhhving evnenditures	l	120.	103.	19.	310	552

Schedule C (Form 990 or 990-EZ) 2017

### Schedule C (Form 990 or 990-EZ) 2017 WOODSTOCK INSTITUTE 36-2907408 Page 3 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 each "Yes," response on lines 1a through 1l below, provide in Part IV a detailed description			(b)	
of the lobbying activity.	Yes	No	Amo	unt
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:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				<u></u> .
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
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				
c 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? ,				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(	ō), 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 th				
answered "Yes."  1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic		"		
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		1		
c Total				
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc		···		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)	******	5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	fieth Part (L	A lines 1 :	and 2 (see	
instructions); and Part II·B, line 1. Also, complete this part for any additional information.	,,,,, a	·,	= 1000	
morrows, and that the first expected this part of any according information.				
				<del></del>

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### 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

Open to Public Inspection

Name of the organization **Employer identification number** WOODSTOCK INSTITUTE 36-2907408 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year \_\_\_\_\_\_ Aggregate value of contributions to (during year) ...... 2 Aggregate value of grants from (during year) 3 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only 6 for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report în its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

		<u>CK INSTITU</u>								Page 2
Pai	t III   Organizations Maintaining C	collections of A	rt, Hist	orical Tre	easures, c	r Othe	r Simil	ar Asse	ts(continu	red)
3	Using the organization's acquisition, accessi	on, and other record	is, check	any of the	following that	t are a sig	gnificant	use of its	collection	items
	(check all that apply):									
а	Public exhibition		, 🗀 (	oan or excl	hange progra	ıms				
ь	Scholarly research	•			• • •					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ev further th	ne organizatio	on's exen	not ouro	ose in Par	XIII.	
5	During the year, did the organization solicit of			-	_					
•	to be sold to raise funds rather than to be ma								Yes	□ No
Pai	t IV Escrow and Custodial Arran					Yes on	Form 990	). Part IV.		
	reported an amount on Form 990, Pa			3				.,		
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	s or other as	sets not i	included			
	on Form 990, Part X?								Yes	□ No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:	,			,		
-			···• · · · · · · · · · · · · · · · · ·						Amount	
c	Beginning balance						1c		1 0110 0111	
ď	Additions during the year									
e	Distributions during the year									
f	Ending balance									
-	Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII.						٠,٠٠٠		J 163	<b>H</b> "
Pai							O.		E-11111111111	
		(a) Current year		rior year	(c) Two year			rears hack	(a) Four y	vears back
12	Beginning of year balance	10,000.00.		700.	(6) ///6 /64/	1	<b>a,</b> ,,,,,	100000	101.00.	- Caro Casa
ь	Contributions		<del>                                     </del>		<del> </del>					
c	Net investment earnings, gains, and losses		<del> </del>		<u></u>	<del>}</del>				
	Grants or scholarships									
	Other expenditures for facilities		<del> </del>							
e	·					1				
	and programs		<del> </del>							<del></del>
T	Administrative expenses		<del> </del>		<del> </del>	<del></del>		<del></del>	<del></del>	
g	End of year balance	<del> </del>			<u> </u>				L	
2	Provide the estimated percentage of the cur	•	ce (line 1	g, column (a	a)) neid as:					
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
C	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c sho	•								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are held a	ind administe	red for th	ne organi	zation	C	
	by:									Yes No
	(i) unrelated organizations									<del></del>
	(ii) related organizations					******			.  3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*********			. <u>  3b  </u>	
4	Describe in Part XIII the intended uses of the		owment	funds.						
rai	t VI Land, Buildings, and Equipn		IO 10 4	l linn dda d	٠ ۲ معد	) <b>0</b>	l' 40			
	Complete if the organization answere							<del></del>		<del></del>
	Description of property	(a) Cost or o		• •	or other		cumulat		(d) Book	value
		basis (invest	ment)	Dasis	(other)	get	reciation	<del>'</del> —————		·····
	Land									
	Buildings									
	Leasehold improvements						42.2	44		
	Equipment			5	7,017.		43,9	41.	13	3,076.
	Other									
Tota	L Add lines 1a through 1e. (Column (d) must e	qual Form 990, Par	t X, colur	nn (B), line :	10c.l				13	3,076.

(8	3)		
(9			
Total	I. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		
2 L	uability for uncertain tax positions. In Part XIII, provide the text of the footi	note to the organization's t	inancial statements that reports the
0	organization's liability for uncertain tax positions under FIN 48 (ASC 740).	Check here if the text of th	e footnote has been provided in Part XIII
			Schedule D (Form 990) 2017

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

2017

OMB No. 1545-0047

Open to Public Inspection

<u>શ</u> ⊠ Schedule I (Form 990) (2017) Employer identification number 36-2907408 ACCESS TO CAPITAL FOR CCESS TO CAPITAL FOR (h) Purpose of grant or assistance NO PROMOTE EQUITABLE NO PROMOTE EQUITABLE MALL BUSINESSES MALL BUSINESSES, \ ∀es 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 desident animalisations of the second of the second design of the second 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 30,000 47 000 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the instructions for Form 990. Enter total number of other organizations listed in the line 1 table WOODSTOCK INSTITUTE 36-2755109 31-1587628 General Information on Grants and Assistance (b) EIN 1 (a) Name and address of organization CALIFORNIA REINVESTMENT COALITION 474 VALENCIA ST SUITE 230 or government SAN FRANCISCO, CA 94103 NATIONAL PEOPLES ACTION Name of the organization 810 N. MILKWAUKEE CHICAGO IL 60642 Part Part

Schedule I (Form 990) (2017) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) 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) WOODSTOCK INSTITUTE

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III Gran be duplicated if additional space is needed. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 732102 11-01-17

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Page 2

36-2907408

#### **SCHEDULE O**

(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

Internal Revenue Service Name of the organization

Employer identification number

WOODSTOCK INSTITUTE   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 (korm 990 et 990 et 2) (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 APPROPRIATE	RIATE COMPENSATION
LEVELS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION PROVIDES CERTAIN DOCUMENTS, POLICIES, TAX	K FORMS AND AUDITED
FINANCIAL STATEMENTS UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PRO	OCESS OR
SELECTION PROCESS DURING THE TAX YEAR.	<b>***</b>
	MSCALINA AND AND AND AND AND AND AND AND AND A