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SCHEET HAR ? S

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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

<u>A</u>	For the	2012 calendar year, or tax year beginning A	UG 1, 2012 and	و ending	UL 31, 2	2013				
В	Check if applicable:	C Name of organization			D Employer i	dentificat	tion number			
	Address	CN WODEHOUSE SALVATION	ARMY TRUST							
	Name change	Doing Business As			99-0301431					
	Initial return	Number and street (or P.O. box if mail is not del	vered to street address)	Room/suite	E Telephone					
	Termin-	P.O. BOX 3170, DEPT. 7	· · · · · · · · · · · · · · · · · · ·		(808)694-4525					
	Amende				G Gross receipts		6,813,807.			
	Application	L HONOLULU, RI 30002-31	70		H(a) Is this a	roup retu				
	pending	F Name and address of principal officer:BAN	K OF HAWAII		for affiliat		Yes X No			
SAME AS C ABOVE H(b) Are all affiliates included?										
1	Tax-exe	mpt status: X 501(c)(3) 501(c) ()		or 527	lf "No," a	ttach a lis	t. (see instructions)			
J	Website	::▶ N/A			H(c) Group ex	emption r	number >			
		organization: Corporation X Trust As Summary	sociation Other	L Year	of formation: 20	003 ms	State of legal domicile: HI			
	T 4 6	Briefly describe the organization's mission or most	significant activities: TO P	ROVIDE	SUPPORT	r FOR	THE			
Governance	1	HAWAII CHARITABLE PURPOSE								
r	2 0	Check this box if the organization disco								
o Ve	3 1	lumber of voting members of the governing body				3	1			
Ğ	4 1	lumber of independent voting members of the go				4	1			
Activities &	5 1	otal number of individuals employed in calendar y	ear 2012 (Part V, line 2a)			5	0			
žį.	8 1	otal number of volunteers (estimate if necessary)				6	0			
Ę	7a 7	otal unrelated business revenue from Part VIII, co	lumn (C), line 12			7a	0.			
_	, рі	Vet unrelated business taxable income from Form	990-T, line 34			7b	0.			
		" · · · · · · · · · · · · · · · · · · ·			Prior Year		Current Year			
9	8 (Contributions and grants (Part VIII, line 1h)	<u>.</u>			0.	0.			
Revenue	9 6	Program service revenue (Part VIII, line 2g)			0.	<u> </u>				
٥	10 I	nvestment income (Part VIII) column (A), lines 3, 4		684,	561.	1,333,240.				
_	[] 11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8d		·		0.	0.			
_		Total revenue - add lines 8 through 11 (must equal			684,		1,333,240.			
		Grants and similar amounts paid (Part IX, column (·	670,		522,410.				
		Benefits paid to or for members (Part IX, column (104	0.	0.			
Fynoneoe	3 15	Salanes, other compensation, employee benefits (·	184,		194,218.			
ģ	10a I	Professional fundraising fees (Part IX, column (A),		~ ·· ├─		0.	0.			
Ž	Ī ,,"	Fotal fundraising expenses (Part IX, column (D), lin		<u> </u>	12	875.	13,087.			
	1	Other expenses (Part IX, column (A), lines 11a-11d		· · -	868,		729,715.			
		Fotal expenses. Add lines 13-17 (must equal Part i Revenue less expenses. Subtract line 18 from line	• • • • • • • • • • • • • • • • • • • •		-183,		603,525.			
<u> </u>	8 13	nevenue less expenses. Subtract line 16 from line								
Sts.	일 20	Total assets (Part X, line 16)		100	16,894,		End of Year 17,498,411.			
Ass	E 21	Total liabilities (Part X, line 26)			10,004,	0.	0.			
Net Assets or	E 22	Net assets or fund balances. Subtract line 21 from	 Line 20		16,894,		17,498,411.			
	Part II	Signature Block				<u> </u>				
Ur	nder pena	ties of perjury, I declare that I have examined this return	including accompanying schedule	es and staten	nents, and to the b	est of my l	knowledge and belief, it is			
tru	ie, correc	t, and complete; Declaration of preparer (other than offic	er) is based on all information of w	hich prepare	r has any knowled	lge.	•			
		XIIman		-		FEB 1 1	2014			
Si	gn	Signature of officer		Date						
Here BANK OF HAWAII, TRUSTEE										
_		Type or print name and title		· · · · · · · · · · · · · · · · · · ·						
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN			
	aid		<u></u>			self-employed				
	eparer	Firm's name			Firm's	EIN 🛌	·			
Us	se Only	Firm's address								
_				·	Phone	no.				
		RS discuss this return with the preparer shown about					Yes No			
23	2001 12-1	0-12 LHA For Paperwork Reduction Act Noti	ce, see the separate instructi	ions.			Form 990 (2012)			

OIIII :	990 (2012) CN WODEHOUSE SALVATION ARMY TRUST 99-0301431 Page 2
Pan	Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE SUPPORT FOR THE HAWAII CHARITABLE PURPOSES AND PROGRAMS OF
	THE SALVATION ARMY.
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	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 \$ 601,567. Including grants of \$ 522,410.) (Revenue \$
	TO PROVIDE SUPPORT FOR THE HAWAII CHARITABLE PURPOSES AND PROGRAMS OF
	THE SALVATION ARMY.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$
	/ /Lxpansos a
	Other and the second of the se
4d	Other program services (Describe in Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$)
_ <u>4e</u>	
	Form 990 (201

			Yes	No
	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	
	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
	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
	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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
-	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			<u> </u>
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_	<u> </u>	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		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
11	as applicable.	l		ļ
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		1	
а	Part VI	11a		X
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1	† · · · · ·	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	1	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	1.0		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110	İ	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	1	Lx_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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	111		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
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		[
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	1	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1	
	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 assistance to any organization		1	
	or entity located outside the United States? 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 assistance to individuals	10		\mathbf{x}
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	+	↑^
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1.7		x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	+	+^
18	1c and 8a? If "Yes," complete Schedule G, Part II	10		X
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	+-	A
19	complete Schedule G, Part III	19		X
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	+	X
va		,	•	

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	t IV Checklist of Required Schedules (continued)			aye v
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States 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 and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		x
b		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		_	
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			T
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ļ
	Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified		_	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
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	1	i	1
	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):		1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	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 entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
,	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	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	l	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ı	o If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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 19?	_		

Note. All Form 990 filers are required to complete Schedule O

Theck if Schedule O Contains a response to any question in this Part V 15. Enter the number reported in Box 3 of Form 1096. Enter of inot applicable 19. 0 19. 19. 0 19. 19. 0 19. 19. 0 19. 19. 0 19. 19. 0 19. 19. 0 19. 19. 0 19. 19. 0 19. 19. 0 19. 19. 0 19. 19. 0 19. 19. 0 19. 19. 0 19. 19. 0 19. 19. 0 19. 19. 0 19. 19. 0 19. 19. 0 19. 19. 19. 0 19. 19. 19. 0 19. 19. 19. 19. 0 19. 19. 19. 19. 19. 0 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Parl					<u> </u>
16 Enter the number reported in Box 3 of From 1096. Enter ch in chappicable Enter the number of Forms WSQ fincluded in the 18. Enter ch in chappicable (gambling) without or forms WSQ fincluded in the 18. Enter ch in chappicable (gambling) without or prize without on the 18. Enter ch in chappicable (gambling) without or prize without on Form WSQ. Transmittal of Wage and Tax Statements, field for the celendar year ending with or within the year covered by this return. 22 Enter the number of employees reported on Form WSQ. Transmittal of Wage and Tax Statements, field for the celendar year ending with or within the year covered by this return. 32 In the organization have wintered business groups accorded to e-file (see instructions). 33 Did the organization have wintered business groups income of \$1,000 or more dump the year? 34 A any time dump the catehod year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry or the financial accountry o						
16 Enter the number reported in Box 3 of From 1096. Enter ch in chappicable Enter the number of Forms WSQ fincluded in the 18. Enter ch in chappicable (gambling) without or forms WSQ fincluded in the 18. Enter ch in chappicable (gambling) without or prize without on the 18. Enter ch in chappicable (gambling) without or prize without on Form WSQ. Transmittal of Wage and Tax Statements, field for the celendar year ending with or within the year covered by this return. 22 Enter the number of employees reported on Form WSQ. Transmittal of Wage and Tax Statements, field for the celendar year ending with or within the year covered by this return. 32 In the organization have wintered business groups accorded to e-file (see instructions). 33 Did the organization have wintered business groups income of \$1,000 or more dump the year? 34 A any time dump the catehod year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry or the financial accountry o				T	Vag	No.
b Enter the number of Forms W.G. included in the 1a. Enter -0-d not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W-9, Transmittal of Wage and Tax Statuments. filed for the calendary year ending with or within the year covered by this return b! It at least one is reported on line 2a, did the organization file all required fideral employment tax returns? 2b. It if we're, "as it is unit of lines 1 and 2 is greater than 250, you may be required to enfet (see instructions) 3c. Did the organization have unrelated business gross income of \$1.000 or more during the year? 3c. Did the organization have unrelated business gross income of \$1.000 or more during the year? 3c. A. A ray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account or other financial account? 3c. If "Yes," and the the name of the foreign country, by seven and a bank account securities account or other financial accounts. 3c. If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 3c. If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 3c. If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 3c. If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 3c. If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 3c. If "Yes," to line 5a or 5b, did the organization include with every solidation an express statement that such contributions or gifts were not tax deductibles and carnitable contributions. 3c. If "Yes," did the organizat	10	Enter the number reported in Box 3 of Form 1096. Enter O if not applicable	oF			110
Count the organization comply with backup withholding rules (or reportable payments to vendors and reportable gaiming (gambling) withings to prize winners? 2. Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 3. If we calendar year ending with or within the year covered by this return 4. If year, the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 5. If we say, the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 6. If we say, the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 7. If we say, the say is a say in the say in the say in the say in the say is a say is a say in the say in the say in the say in the say is a say is a say in the say is a say in the say is a say in the say is a	-				ļ	
(gambling) winnings to prize winners? Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return If it is least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? 5a. All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account? 5b. If "Yea," enter the name of the foreign country, lew because a sexplanation in Schodule O. 5c. Was the organization have one or the financial accounts. 5c. Was the organization in the organization that it was or is a part to a prohibited tax shelter transaction or thing requirements for form TDF 50-22.1, Report of Foreign Bank and Financial Accounts. 5c. Was the organization in the organization file Form 8888-17 6c. Did any excelled party nority the organization file Form 8888-17 6d. Does the organization shell were or is a prohibited tax shelter transaction? 6c. Did the organization shell excelled the organization file Form 8889 as contributions or gitts were not tax deductible? 7c. Did the organization shell excelled the organization file form 8899 as contributions or gitts were not tax deductible and the very solutions under section 170(c). 8c. Did the organization shell excelled the organization file form 8899 as required to file Form 8202? 9c. Did the organization shell excelled the organization file form 8899 as required to file Form 8202? 10 Life the organization file form 8892 as contribution and partly for goods and services provided to the payor? 11 He organization received a contribution of qualified intellectual property, did t	_			- 1	ļ	
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements. Title of the calendar year ending with or within the year covered by this return	•		ľ	1c	ļ	
field for the calendary year ending with or within the year covered by this return If a liest one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a. If If Yea, 1 and 1 filed a Form 950 For this year? If Wo, 1 provide an explanation in Schedule O 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country, limits as a bank account, schedule O 5b. If Yea, 2 and 1 filed a Form 950 For this year? If Wo, 1 provide an explanation in Schedule O 5c. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c. Was the organization have annual gross receipts that are normally greater than \$10,000, and did the organization sheld the organization file Form 98861? 6c. Does the organization have annual gross receipts that are normally greater than \$10,000, and did the organization sheld the organization sheld the organization include with every solicitation an express statement that such contributions or girts were not tax deductible? 6c. Did the organization shall may receive deductible contributions under section 170(c). 6c. Did the organization shall may receive deductible contributions under section 170(c). 6d. Did the organization receive appraintent recesses of \$5 made party as contribution and partly for goods and services provided to the payor? 7c. X if "Yes," did the organization notify the donor of the value of the goods or services provided? 7d. If "Yes," indicate the number of Forms 8282 filed during the year 9d. Did the organization received appraintent excess of \$5 made party as contributions of o	2a		F		\neg	
b If at least one is reported on line 2a, did the organization file all required ideral employment tax returns? Note, if the sum of lines a land 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?) 5b If "Yes," and the foreign country (such as a bank account, securities account, or other financial account?) 5c Was the organization or party to a prohibited to strettle than a financial Accounts. 5b Was the organization or that of the organization than a party to a prohibited that shelter transaction? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Was the organization necesses apayment in secess of \$75 made party to a prohibited that such contributions or gifts were not tax deductible? 6c Was the organization necesses apayment in secess of \$75 made party as contribution and party for goods and services provided to the payor? 6c Was the organization received accustible contributions under section 170(c). 6c Was the organization necesses apayment in secess of \$75 made party as contribution and party for goods and services provided to the payor? 6c Was the organization necesses apayment in secess of \$75 made party was contribution and party for goods and services provided to the payor? 6c Was the organization sell, exchange, or otherwise dispose or tangible personal property for which it was required to the form 8282? 6d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the orga			o		- 1	•
Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) 3				2ь (- (
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry? 5b if "Yes," enter the name of the foreign country, but he foreign country the donor of the value of the goods or services provided? 5c					\neg	
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14a		X
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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 to any question in this Part VI			\mathbf{x}
Sect	ion 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			
	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.	}]	1
	Enter the number of voting members included in line 1a, above, who are independent 1b 1)	}	ı J
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	}	- 1	ì
	officer, director, trustee, or key employee?	2	ĺ	X
	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?	3]	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
_	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)	X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
_	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body? N/A	8b		
9	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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written 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 filing the form?	11a	X	
þ	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	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		,	
	ın Schedule O how this was done	12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	<u> </u>
15	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?	l)	
а	The organization's CEO, Executive Director, or top management official N/A-See Explanation (Sch O)	(Ļ -	
b	Other officers or key employees of the organization N/A-See Explanation (Sch O)	15b	 	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	}		
	taxable entity during the year?	16a	 	X
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		}	1
<u></u>	exempt status with respect to such arrangements?	1 <u>6</u> b	L	
	List the states with which a copy of this Form 990 is required to be filed NONE			
17				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avallat	ЭIÐ	
	for public inspection. Indicate how you made these available. Check all that apply.			
4-	Own website Another's website X Upon request Other (explain in Schedule O)	. سنگلس	¹	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	io final	ncial	
~~	statements available to the public during the tax year.	b		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	uon: J	-	
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Form 990 (2	2012) CN WODEHOUSE SALVATION ARMY TRUST	99-0301431	Page 7				
	2012) CN WODEHOUSE SALVATION ARMY TRUST Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated					
Employees, and Independent Contractors							
Check if Schedule O contains a response to any question in this Part VII							
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees						

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- 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 organiz (A) Name and Title	(B) Average hours per week	(do box offic	not ci	(C) Posi heck r ss per d a di	tion	than o	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
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CN WODEHOUSE SALVATION ARMY TRUST

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Form 990 (2012)

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
와 1 a	a F	ederated campaigns	1a					
9 1	۰ h	Membership dues	. 1b					
€ ا	: F	undraising events	10					
5	d F	Related organizations	1d			-		İ
	e (Government grants (contribution	ns) 1e					Ì
S 1	t f	All other contributions, gifts, grants,	and	ĺ				1
	S	similar amounts not included above	16					}
and Other Similar Amounts	g r	Noncash contributions included in lines 1a	a-1f \$					
<u>a</u>	h_1	Total. Add lines 1a-1f		▶				
- {				Business Code				
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Revenue	C _							
ا في	ď.			l				-
<u> </u>	е .							-
• •		All other program service reven	ue .					
		Total. Add lines 2a-2f					 	
3		Investment income (including d	ividends, intei	rest, and		1	l	
		other similar amounts)			625,318,	ļ.——————	 	625,318
4		Income from investment of tax-	exempt bond	proceeds >			 	
5		Royalties		(2.5				
		-	(i) Real	(ii) Personal				
6	_	Gross rents						
- 1		Less: rental expenses		 	-			
}		Rental income or (loss)						
_		Net rental income or (loss)	(2.C	(3) Other		 		
7		Gross amount from sales of	(i) Securities					
l		assets other than inventory	6,188,489	<u>' • </u>			ļ	}
	D	Less: cost or other basis	F 400 F65	.			ļ	
ſ	_	and sales expenses Gain or (loss)	5,480,567 707,922				1	
- }		Net gain or (loss)	707,922		707.922			707.922
		Gross income from fundraising	events (not		101,928	\		101,922
ق و	a	including \$	•				}	-
Ş		contributions reported on line 1					Ì	
Other Reve		Part IV, line 18	•	a)	
E	b	Less: direct expenses		ь		İ		
ō		Net income or (loss) from fundi			1	İ	Í	
٩		Gross income from gaming act	_				 	
	-	Part IV, line 19		a				
	b	Less: direct expenses	•	ь	Ţ			
	_	Net income or (loss) from gami		•	1		1	
10		Gross sales of inventory, less r						
.5	_	and allowances		a			1	
	b	Less: cost of goods sold		b			1	
		Net income or (loss) from sales	•				<u> </u>	
	_	Miscellaneous Revenue		Business Code				
11	а				Ī			
	b			j.				
1	c							
1	d	All other revenue						
	_		•		T	1		
Ì	е	Total. Add lines 11a-11d			l.	l .	1	

Sectio	n 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respons	se to any question in thi	s Part IX		
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	522,410.	522,410.		<u> </u>
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			•	
5	Compensation of current officers, directors,				
	trustees, and key employees	194,218.	77,687.	116,531.	
в	Compensation not included above, to disqualified	,			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include		ł		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	<u> </u>			
11	Fees for services (non-employees):	ļ			
а	Management				
b	Legal				
C	Accounting	2,100.	1,470.	630.	
d	Lobbying .		······································		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	148.		148.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel			 	·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				· ·
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	-c	10,839.		10,839.	
b					
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	729,715.	601,567.	128,148.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 2,733. 2,027. Cash - non-interest-bearing 295,909. 2 297,844. Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net ... 4 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 7 Notes and loans receivable, net Inventores for sale or use 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b b Less: accumulated depreciation 16,596,244. 17,198,540. 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 intangible assets 14 15 Other assets. See Part IV, line 11 15 16,894,886. 17,498,411 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 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 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other habilities not included on lines 17-24). Complete Part X of Schedule D 25 0 0. Total liabilities, Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 16,894,886. 17,498,411. 30 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 16,894,886. 17,498,411. 33 33 Total net assets or fund balances 16,894,886. 17,498,411. Total liabilities and net assets/fund balances

Form 990 (2012)

<u>om</u>	990 (2012) CN WODEHOUSE SALVATION ARMY TRUST 99-03	01431	Pag	<u>е 12</u>
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	_		
1	Total revenue (must equal Part VIII, column (A), line 12)	<u> 1,333</u>		
2	Total expenses (must equal Part IX, column (A), line 25)		7.7	
3	Revenue less expenses. Subtract line 2 from line 1			<u> 25.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	16,894	1,8	86.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	17,49	3,4	<u>11.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII	 		ᆜ
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other	-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			;
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		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			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			,
	consolidated basis, or both			'
	Separate basis Consolidated basis Both consolidated and separate basis			,
C				,
	review, or compilation of its financial statements and selection of an independent accountant?	2c		├ ──
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		Ь.

Form **990** (2012)

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Open to Publica. Inspection[®]

Internal Revenue Service Name of the organization MODEROTICE CALVARTON ADMY RELIGI

Employer identification number 99-0301/31

Part I	Reason fo	or Public Charit	y Status (All organiza	tions mus	t complete	this part.) See instr	uctions.		9-0301	4)1	
			ecause it is: (For lines 1									
			or association of churc	-								
2 🔲	A school desc	inbed in section 170	(b)(1)(A)(ii). (Attach Sch	redule E.)								
3 🔲	A hospital or a	a cooperative hospita	al service organization d	escribed in	section	170(b)(1)(A)(iii).					
4	A medical rese	earch organization of	perated in conjunction v	with a hosp	ntal descri	bed in sec	ction 170(b)(1)(A)(iii	i). Enter t	he hospital	's nam	e ,
	city, and state											
5	An organization	on operated for the b	enefit of a college or un	iversity ow	ned or op	erated by	a governn	rental unit	describ	ed in		
 1	•	b)(1)(A)(iv). (Complet										
6	•	,	nt or governmental unit				., ., .					
7	•	•	ives a substantial part o	of its suppo	ort from a	governme	ntal unit o	r from the	general	public desc	nbed ı	u
<u> </u>		o)(1)(A)(vi). (Complete		0	Dark !! \							
	-		ection 170(b)(1)(A)(vi). (£
9	•	•	ives: (1) more than 33 1							_	-	
			ctions - subject to certa xable income (less sect							_		
		509(a)(2). (Complete	•	ion 511 (a)	nom out	311100300 a	cquired o	y til o Oiga	IIIZAUOII I	aitei Julie C	io, 137	J.
10 🔲			erated exclusively to tes	st for public	c safetv. S	ee sectio	n 509(a)(4	١.				
11 🗓	•		erated exclusively for th	•	•			•	v out the	purposes d	of one	or
	-	•	tions described in section		•				•	•		
	describes the	type of supporting o	organization and comple	ete lines 11	le through	11h.		-				
	a Type I	ь 🗀 Туј	pe II c 🔲 Ty	ype III - Fur	nctionally i	ntegrated	d	Тур	e III - No	n-functional	ly inteç	grated
е 🗶	By checking	this box, I certify that	t the organization is not	controlled	directly or	r indirectly	by one or	more disc	qualified	persons oth	ner tha	J.
	foundation m	anagers and other th	nan one or more publicly	y supporte	d organiza	tions desc	cribed in s	ection 509	9(a)(1) or	section 509) (a)(2).	
f	If the organiz	ation received a writt	ten determination from t	the IRS tha	at it is a Ty	ре I, Туре	II, or Type	111				
		rganization, check th	•		•						••	
g	=		rganization accepted ar									
			rectly controls, either al	one or tog	ether with	persons c	escribed	in (ii) and (iii) below		Yes	No
		- · · · · · · · · · · · · · · · · · · ·	ipported organization?				•			11g(i)	T	X
	``	•	described in (i) above?	•				-	•	11g(ii)		X
_	• •	•	person described in (i) a about the supported or		· ·	• ••	• •			11g(iii)	Ц	<u> </u>
h	Provide the i	Ollowing intornation	about the supported of	yamzanom	(5).							
(i) Name	e of supported	(II) CIN	(iii) Type of organization	(iv) Is the c	organization	(v) Did vo	u notify the	(vi) is	s the	(vii) Amoun	t of mo	
• •	anization	(ii) EIN	(described on lines 1-9		sted in your	organizat	tion in col.	organizati (i) organiz	on in col.		oport	iletal y
5	,		above or IRC section	governing	document?	(i) of you	r support?	Ü.S	3.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
SALVA	MOITA					}	}					
ARMY		99-0073540	7	X	ļ	X		X	<u> </u>	52	<u> 22,4</u>	110.
										}		
		ļ		 		 	 	 				
						}		}		}		
		 	 	 	 	 	 	 	 	 		
						1						
		 	 	 	 	 	 	 	 	 		
			1	1	1			1	1			
		 		 	 	1	 	 	†	 		
Total	1		1	}	}	1		1	}	5	22 4	11n.

232021 12-04-12

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

13

Schedule A (Form 990 or 990-EZ) 2012

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

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

Sec	tion A. Public Support						
alen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	. !		1			
	nclude any "unusual grants.")						
2	Tax revenues levied for the organ-						
	zation'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 🔒 🖠						
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	İ	}	1.			
	amount shown on line 11,				,		
	column (f)	<u> </u>	<u> </u>		<u> </u>	1	
	Public support. Subtract line 5 from line 4	L	<u></u>		<u> </u>	<u> </u>	
Sec	tion B. Total Support				,		,
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4		 	<u> </u>	 	 	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	1	}	•			
	and income from similar sources	ļ	 		 	 	
9	Net income from unrelated business	1	}			}	ļ
	activities, whether or not the	}			}		
	business is regularly carned on	ļ	 	+	 		ļ
10	Other income. Do not include gain	}	}			}	
	or loss from the sale of capital			}		}	}
	assets (Explain in Part IV.)				 		
11	• • • • • • • • • • • • • • • • • • • •	L	J		1		L
12	Gross receipts from related activities	•	*			12	
13		•	i's first, second, ti	nird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	
Se	organization, check this box and stoction C. Computation of Pub		ercentage	 		· · · · · · · · · · · · · · · · · · ·	
	Public support percentage for 2012			column (fl)		14	%
15	Public support percentage from 201	• • • • • • • • • • • • • • • • • • • •	•	, coldinii (1)/	•	15	
-	33 1/3% support test - 2012. If the		·	on line 13, and line	3 14 is 33 1/3% or		
104	stop here. The organization qualifies	_			141300 17070 01	more, check this b	DA AITO
	33 1/3% support test - 2011. If the				id line 15 is 33 1/3	 1% or more check t	his hox
•	and stop here. The organization qua	-			10 10 10 1/c	or more, or our t	▶ □
17	10% -facts-and-circumstances te			-	ne 13. 16a. or 16h	. and line 14 is 10%	or more
***	and if the organization meets the "fa		_				
	meets the "facts-and-circumstances						>
,	10% -facts-and-circumstances te	_			=	r 17a, and line 15 is	3 10% or
	more, and if the organization meets		-				
	organization meets the "facts-and-cit				- ·		<u> </u>
18	Private foundation. If the organization		=		=	-	ns 🖢
						hedule A (Form 99	

Schedule A (Form 990 or 990-EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the	organization fails to
qualify under the tests listed below, please complete Part II.)	

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not					1	
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the					1	
	organization's tax-exempt purpose					L	
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	1				'	
	iness under section 513	 	1				
4	Tax revenues levied for the organ-				1		
	ization's benefit and either paid to			1	1		
	or expended on its behalf	1	1	İ			
5	The value of services or facilities		1				
•	furnished by a governmental unit to			1	}		
	the organization without charge			}			
A	Total, Add lines 1 through 5		 	1	1	†	
_	Amounts included on lines 1, 2, and		 	 	 	†	
	3 received from disqualified persons					ł ł	
h	Amounts included on lines 2 and 3 received		 	 	 	†	
_	from other than disqualified persons that	}					
	exceed the greater of \$5,000 or 1% of the					1	
	amount on line 13 for the year Add lines 7a and 7b		 	 	 	 	
	•	<u> </u>	 	 	 	 	
	Public support (Subtract line 7c from line 6) ction B. Total Support			-l			<u> </u>
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	(2) 2008	(6) 2003	10,20,0	(4) 2011	16/2012	(i) votas
-	a Gross income from interest,		 	 		 	
10.	dividends, payments received on			1	1		
	securities loans, rents, royalties			1	{	1	1
	and income from similar sources Dunrelated business taxable income		+	 	+		
•	(less section 511 taxes) from businesses	1			1		
	acquired after June 30, 1975				1		
			+				
11	c Add lines 10a and 10b Net income from unrelated business	 	 			 	
,,	activities not included in line 10b,					1	
	whether or not the business is		1		1		
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital	1	1				
	assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12)						<u> </u>
14	First five years. If the Form 990 is for	or the organization	n's first, second, th	ard, fourth, or fifth	tax year as a sect	ion 501(c)(3) organi	zation,
_	check this box and stop here						₽∟
	ction C. Computation of Pub					· ¬	
	Public support percentage for 2012			column (f))		15	
	Public support percentage from 201					16	
Se	ection D. Computation of Inve						
17	-			line 13, column (f))	17	9
18	• •			•		18	9
19	a 33 1/3% support tests - 2012. If th						17 is not
	more than 33 1/3%, check this box						. ▶Ĺ
	b 33 1/3% support tests - 2011. If th						
	line 18 is not more than 33 1/3%, ch						¬ ▶⊑
20	Private foundation. If the organizat	ion did not check	a box on line 14, 1	9a, or 19b, check	this box and see i	nstructions	▶□

Employer identification number Schedule I (Form 990) (2012) 99-0301431 Open to Public 2012 Inspection (h) Purpose of grant or assistance X Yes TAWAII PROGRAMS Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (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 ► Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 522,410 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table CN WODEHOUSE SALVATION ARMY TRUST (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 99-0073540 501(C)(3) Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization THE SALVATION ARMY HONOLULU HI 96822 Department of the Treasury 2950 MANOA ROAD Internal Revenue Service SCHEDULE (Form 990) Part Part II

232101 12-18-12

(f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. SCHEDULE I, PART I, LINE 2: GRANTS ARE MADE SOLELY TO THE SALVATION ARMY AS AND GRANTS PAID FROM INCOME ARE FOR UNRESTRICTED PURPOSES PRINCIPAL WERE USED TO MEET CAPITAL, MAJOR OR EXTRAORDINARY NEEDS OF ITS ORGANIZATION PROVIDES PERIODIC REPORTS CONFIRMING GRANTS PAID FROM THE (d) Amount of non-cash assistance THE CHARITABLE BENEFICIARY IDENTIFIED IN THE TRUST DOCUMENT. (c) Amount of cash grant (b) Number of recipients BUT EXCLUSIVELY FOR ITS HAWAII PROGRAMS. (a) Type of grant or assistance HAWAII PROGRAMS,

Schedule I (Form 990) (2012)

17

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Page 2

99-0301431

CN WODEHOUSE SALVATION ARMY TRUST

Schedule 1 (Form 990) (2012)

Part III

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

232211 01-04-13

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.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service

Employer identification number

CN WODEHOUSE SALVATION ARMY TRUST	99~0301431
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PREPARE	ED BY THE TAX
DEPARTMENT OF BANK OF HAWAII AS CORPORATE TRUSTEE. BEFOR	E IT IS FILED, THE
TAX RETURN IS REVIEWED BY AN ADMINISTRATIVE OFFICER OF TH	E CORPORATE
TRUSTEE.	
FORM 990, PART VI, SECTION B, LINE 12C: BANK OF HAWAII, T	HE CORPORATE
TRUSTEE, HAS A CONFLICT OF INTEREST POLICY THAT APPLIES T	O ALL EMPLOYEES,
INCLUDING THE TAX OFFICERS, TAX CONSULTANTS AND ADMINISTR	ATIVE OFFICERS.
BANK OF HAWAII REQUIRES ALL EMPLOYEES TO PARTICIPATE IN R	EGULARLY SCHEDULED
TRAINING RELATED TO COMPLIANCE WITH CONFLICT OF INTEREST	AND OTHER RELATED
POLICIES.	
FORM 990, PART VI, SECTION B, LINE 15: THE TRUST DOES NOT	HAVE A CEO,
OFFICERS OR EMPLOYEES. UNDER THE TERMS OF THE TRUST DOCUM	ENT, BANK OF
HAWAII AS TRUSTEE IS ENTITLED TO REASONABLE COMPENSATION	FOR ITS SERVICES.
BANK OF HAWAII'S PUBLISHED FEE SCHEDULE FOR CHARITABLE TR	USTS APPLIES TO
THIS TRUST. IN ESTABLISHING THE TRUSTEE'S FEE SCHEDULE,	CONSIDERATION WAS
GIVEN TO THE DUTIES, LIABILITIES AND EXPERTISE OF THE COR	PORATE TRUSTEE, AS
WELL AS TO COMPARABLE FEES FOR SIMILAR SERVICES PROVIDED	BY SIMILAR
ORGANIZATIONS. THE PROCESS OF ESTABLISHING AN APPROPRIAT	E FEE AS
"REASONABLE" WAS ALSO PRESENTED TO THE HAWAII ATTORNEY GE	ENERAL, WHOSE
OFFICE IS RESPONSIBLE FOR OVERSIGHT OF HAWAII'S CHARITABLE	E TRUSTS.
FORM 990, PART VI, SECTION C, LINE 19: THE TRUST DOCUMENT	AND ACCOUNT
STATMENTS ARE PROVIDED TO THE BENEFICIARY ORGANIZATION II	ENTIFIED IN THE
TRUST DOCUMENT (THE SALVATION ARMY). BANK OF HAWAII, COP	RPORATE TRUSTEE,

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

Schedule O (Form 990 or 990-EZ) (2012)

lame of the organization CN WODEHOUSE SALVATION ARMY TRUST	Employer identification number 99-0301431
HAS A CONFLICT OF INTEREST POLICY, WHICH IS AVAILABLE TO	THE BENEFICIARY
ORGANIZATION UPON REQUEST. AUDITED FINANCIAL STATEMENTS	ARE NOT PREPARED
FOR THE TRUST.	

 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Related Organizations and Unrelated Partnerships Department of the Treasury Internal Revenue Service SCHEDULER (Form 990)

2012 Open to Public Inspection OMB No 1545-0047

Employer identification number

99-0301431

Direct controlling entity End-of-year assets e Total income Î Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) CN WODEHOUSE SALVATION ARMY TRUST Primary activity 3 Name, address, and EiN (if applicable) of disregarded entity Name of the organization Part II Part I

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

mad will be followed in the							
(a)	(q)	(0)	(p)			(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Controlled	? * →
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	S
THE SALVATION ARMY - 99-0073540							
2950 MANOA ROAD							
HONOLUUL, HI 96822	SOCIAL SERVICES	HAWAII	501(C)(3)	7	V/A	X	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

232161 12-10-12 LHA

Schedule R (Form 990) 2012

99-0301431

Schedule R (Form 990) 2012 CN WODEHOUSE SALVATION ARMY TRUST

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Part III organizations treated as a partnership during the tax year.)	artnership during the ta	к уваг.)							-		-	
(a)	(9)	(2)		)		(f) Share of total	(9) Share of	(h)		(i) Code V-UBI	General C	(k) Percentage
Name, address, and EIN of related organization	Primary activity	domicile (state or foreign	Direct controlling entity	redomini (related, l excluded fro sections	Predominani incollie (related, unrelated, excluded from tax under sections 512-514)	Income	end-of-year assets			amount in box 20 of Schedule K-1 (Form 1065)	partner?  Yes No	managing ownership parine?
	<b>—</b>											
	<b>T</b>							1	+		+	
							··					
	<del>,</del> -								+		+	
	·•						· <u>-</u> -	-				
	<del>-1-</del>											
Part IV identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related part IV organizations treated as a corporation or trust during the tax year.)	rganizations Taxable	as a Corpo	ration or Trust (C	omplete if th	ne organization	n answered "Ye	s" to Form 99	0, Part IV, li	ine 34 br	ecause it had o	one or m	ore related
- 1			(Q)	9	<u>(</u> 0)	(e)		(£)		(B)	Ē	Section
		, C		ologona in the second	Direct			Share of total	s 		Percentage	
Name, address, and EIN of related organization	Z c		riinaly activity	(state or foreign country)		(C corp, S corp, or trust)		Income	e e	end-of-year o assets	wnership	1 - 1
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	7			21						Schedu	le R (For	Schedule R (Form 990) 2012
232162 12-10-12				1							•	

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				•	<b>&gt;</b>	Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ons with one or more r	elated organizations listed	in Parts II:IV?		-	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	_	•	٠	:	19	×
b Gift, grant, or capital contribution to related organization(s)	•		. :		ą.	×
c Gift, grant, or capital contribution from related organization(s)		٠			10	×
d Loans or loan guarantees to or for related organization(s)					P	×
						>
<ul> <li>Loans or loan guarantees by related organization(s)</li> </ul>				:	2	4
<ul> <li>Dividends from related organization(s)</li> </ul>	:	,			=	4
g Sale of assets to related organization(s)			•	<b>-</b>	19	×
h Purchase of assets from related organization(s)					‡	×
i Exchange of assets with related organization(s)					·=	×
				<b>-</b>	;=	×
					-	
k Lease of facilities, equipment, or other assets from related organization(s)	:				¥	×
1 Performance of services or membership or fundraising solicitations for related org	related organization(s)	•	:		=	×
m Performance of services or membership or fundraising solicitations by related org	related organization(s)	•			TH.	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tton(s)		. : :		t t	×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>					to	×
					4	
p Reimbursement paid to related organization(s) for expenses	:		:		đ	×
q Reimbursement paid by related organization(s) for expenses		:	:		19	×
				<u> </u>		
r Other transfer of cash or property to related organization(s)		:		:	+	×
s Other transfer of cash or property from related organization(s)					1s	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	nis line, including covered	relationships and transaction thresh	olds		
(a) Name of other organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	amount invol	pe _A	
(1)						
(3)						
(4)						
(5)						
(6)						
232163 12-10-12	22			Schedule R (Form 990) 2012	Form 99	0) 2012

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(a)	(c)	(d)	(e) Are all	(f) Share of	(g) Share of	(h) Dispropor-	(i) Code V-UBI	General or	(k) Percentage
	Primary activity		(related, unrelated, excluded from tax under section 512-514) y	501(c)(3) orgs? Yes No			allocations?	amount in box 2 of Schedule K-1 (Form 1065)	managung partner? Yes No	yes No
+++++										
1								Schedule	R (Forn	Schedule R (Form 990) 2012

232164 12-10-12

Schedule R	(Form 990) 2012	CN WO	DEHOUSE	SALVATION	ARMY TRUST	99-0301431 Page 5
Part VII	(Form 990) 2012 Supplemental Inf	ormation				
	Complete this part to	nrovide additio	nal information	for responses to que	estions on Schedule Bil	see instructions)
	Complete this part to	DIOVIGE AGGING	mai imormation	TOT TESPONSES TO QUE	ostions on concedio m	See mondenoney.
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### Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2013)

<ul><li>If you</li></ul>	are filing for an Automatic 3-Month Extension, complet	te only Pa	ert I and check this box			ightharpoons
<ul><li>If you</li></ul>	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).		
	complete Part II unless you have already been granted a				rm 8868	
	nic filing (e-file). You can electronically file Form 8868 if y		•	•		progration
	to file Form 990-T), or an additional (not automatic) 3-moi					
	to file any of the forms listed in Part I or Part II with the exc					
	al Benefit Contracts, which must be sent to the IRS in pap	-				
	w.irs gov/efile and click on e-file for Chanties & Nonprofits		(coomene), comene	311 1110 0100	g or	
Part			submit original (no copies ne	eded)		
	ration required to file Form 990-T and requesting an autor					
Part I or			one on the second and	complete		<b>&gt;</b>
	r, r corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time	
	come tax returns.	100, 4170 (	1000 1100 100 10111 1004 10 10 10 10 10 10 10 10 10 10 10 10 10	it air cateri	3/0// 0/ 1///0	
Type or	Name of exempt organization or other filer, see instru	ctions		Employer	dentification nu	ımber (FIN) or
print	Trains of shorter organization of other filer, see institu	ottoris.		Litibioyei	identification no	imber (EIM) Or
<b>P</b> ······	CN WODEHOUSE SALVATION ARMY	א יידעו	ST .		99-0301	431
File by the	No set an atmost and an atmost at the DO I			Social co		
due date f filing your		ee manuc	tions.	Social Se	curity number (S	13N)
return Ser		oreign add	trace see instructions	L		<del></del>
	HONOLULU, HI 96802-3170	Jieigii add	iress, see iristructions.			
	Melledeboy   MI   30002   3170					<del></del>
Enter th	e Return code for the return that this application is for (file	a cenara	te application for each return)			0 1
Littorti	o herain code for the retain that this application is for the	a separa	te application for each return)			(4)+)
Applica	ition	Return	Application		<del></del>	Return
Form 9						07
	720 (Individual)	02	Form 1041-A			08
Form 9		03	Form 4720			09
		04	Form 5227		· · · · · · · · · · · · · · · · · · ·	10
	90-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above) BANK OF HAWAII	06	Form 8870			12
• TI	books are in the care of > 130 MERCHANT S	T) II	ONOTHER HT 06013			
		1 - 11		<u>.</u>		<del></del>
	phone No. ► (808) 694–4525		FAX No.			<b>-</b> —
	e organization does not have an office or place of business					
	s is for a Group Return, enter the organization's four digit					
	. If it is for part of the group, check this box				ers the extensio	n is for.
1 1	request an automatic 3-month (6 months for a corporation					
_		t organiza	tion return for the organization name	ed above.	The extension	
IS	for the organization's return for:					
	calendar year or		21 2212			
•	X tax year beginning AUG 1, 2012	, an	id ending JUL 31, 2013		_	
2 if	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	'n	
į	Change in accounting period					
				<del></del>		
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
ū	onrefundable credits. See instructions.			3a	\$	0.
b if	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
<u>e</u>	stimated tax payments made. Include any prior year overp	payment a	llowed as a credit	3b	\$	0.
c E	alance due. Subtract line 3b from line 3a. Include your pa	yment wit	th this form, if required,			
b	y using EFTPS (Electronic Federal Tax Payment System).	See ınstru	ctions.	3с	\$	0.
	n. If you are going to make an electronic fund withdrawal y				EO for payment	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA