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Form **990**

enartment of the Treasury

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)

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

2012
Open to Publica

• Car	*b* 20	12 calendar year, or tax year beginning AUG	1, 2012 and er	nding J	UL 31, 2013				
			1, 4014 and a	iding U		Al			
B Chec	k if cable	C Name of organization			D Employer identifica	tion number			
	ddress hange	CN WODEHOUSE NATURE CONS	ERVANCY TR						
	ame	Doing Business As			99-03	N1436			
	n angs nti al		ad to etract address.)			01430			
	eturn ermin-	Number and street (or P.O. box if mail is not deliver	ed to sueet address)	loom/suite	E Telephone number	504 4505			
ولييا	ted	P.O. BOX 3170, DEPT 715			(808)694-4525				
	eturn mended	City, town, or post office, state, and ZIP code	G Gross receipts \$	<u>3,229,155.</u>					
		HONOLULU, HI 96802-3170)		H(a) is this a group ret	um			
		F Name and address of principal officer: BANK	OF HAWAII		for affiliates?	Yes X No			
	E3	SAME AS C ABOVE			H(b) Are all affiliates inch				
	58		(mant an) 1047(n)(4) a	. 507	1 ''				
			(insert no.) 4947(a)(1) or	r 527	· ·	ist. (see instructions)			
		► N/A			H(c) Group exemption				
		98	ciation Other	L Year	of formation: 2003 M	State of legal domicile: HI			
Par	this	Summary							
	E B	nefly describe the organization's mission or most si	gnificant activities: TO PF	ROVIDI	SUPPORT FOR	RTHE			
질	 C	HARITABLE PURPOSES AND PR	OGRAMS IN HAWAI	II OF	THE NATURE				
쾰		heck this box if the organization disconti				5014			
& Governance		umber of voting members of the governing body (F			3	1			
3	_			•	· · · · - 				
46		umber of independent voting members of the gove	- · · · · · · · · · · · · · · · · · · ·		· 4				
9	_	otal number of individuals employed in calendar ye	ar 2012 (Part V, line 2a)		. 5	0			
6 A E		otal number of voluntéers (estimate if necessary)	••		<u>.</u>	0			
Activities	7 a T	otal unrelated business revenue from Part VIII, colu	ımn (C), line 12		7a	0.			
	b N	let unrelated business taxable income from Form 9	90-T, line 34		76	0.			
ANNED MAR					Prior Year	Current Year			
Z	8 (Contributions and grants (Part VIII, line 1h)			83.	112.			
₩ <u>₩</u>		Program service revenue (Part VIII), line 2g)		···	0.	0.			
~ Z		nvestment income (Part VIII, column (A), lines 3, 4,	and 7d)	···· ⊢	326,133.	635,296.			
32		Other revenue (Part, VIII, column (A), lines 5, 6d, 8c,		}-	0.	0,3,2,0.			
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
<u>~</u>		otal revenue add lines 8 through 11 (must equal f			326,216.	635,408.			
\$	ì	Grants and similar amounts paid (Part/IX, column (A		<u> </u>	462,570.	369,262.			
	14	Benefits paid to or for members (Part IX, column (A)	, line 4)	<u> </u> _	0.	0.			
机侧式 Expenses	15	Salaries, other compensation, employee benefits (P	art IX, column (A), lines 5-10)	. L	<u> 107,155.</u>	111,497.			
-1-5	16a	Professional fundraising fees (Part IX, column (A), lii	ne 11e) 🗼 .	. L	0.	0.			
8,	ь	Total fundraising expenses (Part IX, column (D), line	25)	0.					
ū	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		7,584.	7,188.			
		Total expenses. Add lines 13-17 (must equal Part I)			577,309.	487,947.			
	I .	Revenue less expenses. Subtract line 18 from line	•	-	-251,093.				
= 4	1 3	TOTAL TO TOTAL THE				I			
Net Assets or Find Balances		T		-	Beginning of Current Year	End of Year			
958	20	Total assets (Part X, line 16)	•	· }-	7,910,426.	8,057,887.			
	21	Total liabilities (Part X, line 26)		. }_	0.	0.			
		Net assets or fund balances. Subtract line 21 from	line 20		7,910,426.	8,057,887.			
<u> P</u>	art II	Signature Block							
Und	ter pena	ities of perjury, I declare that I have examined this return,	including accompanying schedul	ies and state	ements, and to the best of n	ny knowledge and belief, it is			
true	. correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of w	vhich prepa	rer has any knowledge.				
_	<u> </u>	Virnau			FEB	1 1 2014			
Sig	-	Sociature of officer			Date	1 1 4019			
		\' \(\(\lambda \) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	ਰ						
He	19	BANK OF HAWAII, TRUSTE	<u> </u>						
		Type of print hame and title			10				
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN			
Pai	id				seif-emplo)yed			
Pre	parer	Firm's name			Firm's EIN				
	e Only	Firm's address			1 3	· · · · · · · · · · · · · · · · · · ·			
	,				Obana as				
		1	0 (0.00		Phone no.				
Ma	ıy the l	RS discuss this return with the preparer shown abo	over (see instructions)			Yes No			

LHA For Paperwork Reduction Act Notice, see the separate instructions.

orm 9		ATURE CONSERVANCY TR	99-0301436 Page 2
ar	t III Statement of Program Service Acco	•	
	Check if Schedule O contains a response to an	question in this Part III	
	Briefly describe the organization's mission:		
	TO PROVIDE SUPPORT FOR THE	CHARITABLE PURPOSES AND P	ROGRAMS IN HAWAII
	OF THE NATURE CONSERVANCY.		
		·	
	D. I.I. a second desired and a		
2	Did the organization undertake any significant program	m services during the year which were not listed on	
	the pnor Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	· · · · · · · · · · · · · · · · · · ·	. Yes X No
_			
3	Did the organization cease conducting, or make signs if "Yes," describe these changes on Schedule O.	ncant changes in now it conducts, any program ser	vices? Yes X No
	Describe the organization's program service accompl	inhomenta for each of to three largest are given	
4	Section 501(c)(3) and 501(c)(4) organizations are requ		
	revenue, if any, for each program service reported.	lifed to report the amount of grants and allocations	to otners, the total expenses, and
4a		L. including grants of \$ 369, 262.)	1-
44	TO PROVIDE SUPPORT FOR THE	CWARTMARIE DITPROCES AND B	(Revenue \$)
	OF THE NATURE CONSERVANCY.	CHARTIABLE FURFUSES AND P	ROGRAMS IN MAWAII
	OF THE MITORE CONDERVANCE.		
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		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
4b	(Code:) (Expenses \$	including grants of \$	(Revenue \$
			,
	· · · · · · · · · · · · · · · · · · ·		
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
		· · · · · · · · · · · · · · · · · · ·	
			
		· · · · · · · · · · · · · · · · · · ·	
			····
		···	
		· · · · · · · · · · · · · · · · · · ·	
			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grant		
<u>4e</u>	Total program service expenses ▶	415,331.	
22200	_		Form 990 (2012)

			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	ı
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	dunng the tax year? If "Yes," complete Schedule C, Part II	4		X
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X
8	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			ĺ
	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_	ļ	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			۱
44	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 as applicable.			İ
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1
a	Part VI			
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		<u>X</u>
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1115	 	-
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		х
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	1.10		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	X
Ь	33 3			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	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			-
40	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			1,5
47	located outside the United States? 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,			
10	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	╁	X
18	1c and 8a? If "Yes," complete Schedule G, Part II	ا		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	+	X
13	complete Schedule G, Part III			x
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19	+-	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	+	 ^
		<u>, -u</u>		

			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 17 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	ļ		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ļ
	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
ь	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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				<u></u>
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Ь				
	that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ? If "Yes," complete			
	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	į		l
	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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	X
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	·	28a	├	X
b		28b	 	X
C			1	
	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	├	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1	1	1
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠.,
	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	-
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	}	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	İ		
	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?	}		1
	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	1		
	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	38	X	(2012

Form 990 (2012) CN WODEHOUSE NATURE CONSERVANCY TR Part V Statements Regarding Other IRS Filings and Tax Compliance

Enter the number reported in Box 3 of Form 1096. Enter 0-# not applicable Enter the number of forms WGG included in line 1s. Enter 4-# not applicable Did the origination comply with backup witholding rules for reportable payments to vendors and reportable gaming Quantification of the complete of th		Check if Schedule O contains a response to any question in this Part V		_	
to Enter the number reported in Box 3 of Form 1096. Enter 4- if not applicable Enter the number of Forms was winness? Chief the number of Gross was winness? Chief the sumber of Gross was winness? It is a least one is reported on in the sumber of the number of employees reported on Form WAS, Transmittal of Wage and Tax Statements, Igan 100 of the sumber of employees reported on Form WAS, Transmittal of Wage and Tax Statements, Igan 100 of the sumber of employees reported on Form WAS, Transmittal of Wage and Tax Statements, Igan 100 of the sumber of employees reported on Form WAS, Transmittal of Wage and Tax Statements, Igan 100 of the sumber of employees reported on Form WAS, Transmittal of Wage and Tax Statements, Igan 100 of the sumber of the s				Yes	No
Did the organization comply with backpy withfolding fulles for reportable payments to vendors and reportable gaming (gamilling) winnings to prize winners? Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, fall for the calendar year ending with or within the year covered by this return It is a transmittal of the property of the state of the calendar year ending with or within the year covered by this return. It is a transmittal of the general transmittal of Wage and Tax Statements, fall of the wind of the state of the calendar year ending with or within the year covered by this return. Note, if the sum of lines is a and 2 is greater than 250, you may be required to defice en structions) If I Yea, The state of the sta	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
Gambing) winnings to prize winners? Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, flide for the calendar year ending with or within the year covered by this return 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? 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, sections, or other financial account)? 4b. If "Yes," enter the name of the foreign country is because gross under the section of the file organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, secting or other file). 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Was the organization an aprity to a prohibited tax shelter transaction at any time during the tax year? 5d Was the organization an aprity to a prohibited tax shelter transaction at any time during the tax year? 5d Was the organization and the organization file Form 8886-17 6d Press," to line 5 an of 5b, did the organization file Form 8886-17 6d Press," to line 5 an of 5b, did the organization file Form 8886-17 6d Press," to line 5 an of 5b, did the organization file Form 8886-17 6d Press," to line 5 an of 5b, did the organization file Form 8886-17 6d Press," to line 5 an of 5b, did the organization file Form 8886-17 6d Press," did the organization receive a payment in excess of 35 made party as a contribution of press or services provided? 6d Press," did the organization shall be a contribution of organization and party for goods and services provided to the payor? 7d If "Yes," did the organization shall be a contribution of understanding property for which it was required to file Form 8822? 7d If "Ye		Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			!
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return Note, if the sum of hines 1 a and 2a is greater than 250, you may be required to e-rife (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 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)? 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, or other financial account)? 5b If "Yes," return the name of the foreign country (such as a bank account, securities account, or other financial accounts. 5c Was the organization a part to a prohibited tax shelter transaction? 6b If "Yes," to line 5a or 5b, did the organization that it was or a party to a prohibited tax shelter transaction? 6c If Yes," to line 5a or 5b, did the organization that it was or a party to a prohibited tax shelter transaction? 6c If Yes," to line 5a or 5b, did the organization that it was or a party to a prohibited tax shelter transaction? 6c If Yes," to line 5a or 5b, did the organization that it was or a party to a prohibited tax shelter transaction? 6c If Yes," to line 5a or 5b, did the organization that it was or a party to a prohibited tax shelter transaction? 6c If Yes," to line 5a or 5b, did the organization include with very solicitation and accountable or organization shall was required to the party or the second shall be accountable or the solicity and the organization shall was received seductible contributions under section 170(c). 8d If Yes, and the organization shall exchange, or otherwise dispose of tangible personal property for which it was required to life form 8282? 8d If Yes, and the organization shal	c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1
filed for the calendar year ending with or within the year covered by this return To be If at least one is reported on ine 2a, dit 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 X If Yea, The ask filed a Form 990 for this year? If Yea, provide an explanation in Schedule O 3a X If Yea, The ask filed a Form 990 for this year? If Yea, provide an explanation in Schedule O 3a X Any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; or other financial account; or the financial account; or the financial account; or the financial account; or the financial account; or the financial account; or the financial account; or Yea, enter the name of the foreign country; Yea, enter the name of the foreign country; Yea, enter the name of the foreign country; Yea, enter the name of the foreign country; Yea, enter the name of the foreign country; Yea, enter the name of the foreign country; Yea, enter the name of the foreign country; Yea, enter the name of the foreign country; Yea, enter the name of the foreign country; Yea, enter the name of the foreign country; Yea, enter the name of the organization in a party to a prohibited tax shelter transaction; Yea, enter the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions under seatement that such contributions or gifts were not tax deductible; Yea, enter the name of the organization in ended with every solicitation an express statement that such contributions or gifts were not tax deductible; Yea, enter the particular of the thing organization than the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of		(gambling) winnings to prize winners?	1c		
b If a beast one is reported on line 2s, did the organization file all required federal employment tax returns? Note, if the sum of lines at and 2s is greater than 250, you may be required to effici (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, * has it field a Form 990-T for this year? If *No.* provide an explanation in Schedule 0 3d At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5d At any time during the calendar year, did the organization was a number of the region of the foreign country; PS See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5d Was the organization for the foreign country; PS See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5d Was the organization free the seed of the organization that it was or is a party to a prohibited that shelter transaction? 5d If Yes, * In the Sa of Sb, did the organization that it was or is a party to a prohibited that where the seed of the organization solicit any contributions that were not tax deductible as charitable contributions? 6d If Yes, * In the Seed Sb, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Organization that may receive deductible contributions under section 170(e). 8d Ut the organization sell, exchange, or otherwise dispose of tangitie personal property for which it was required to life Form 8920; 8d If Yes, * Indicate the number of Forms 8222 (field during the year Party Indicate the number of Forms 8222 (field during the year) 9d Did the organization received a contribution of qualified intellectual property, did the organization field from the second of the secon	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
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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			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 1			:
	If there are material differences in voting rights among members of the governing body, or if the governing	- 1	İ	- 1
	b ody delegated broad authority to an executive committee or similar committee, explain in Schedule O.		1	
ь	Enter the number of voting members included in line 1a, above, who are independent	}	ł	ì
_	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1	- 1	1
2	officer, director, trustee, or key employee?	2	- 1	x
_	Did the organization delegate control over management duties customanly performed by or under the direct supervision	-		
3	· · · · · · · · · · · · · · · · · · ·		i	v
_	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		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
8	Did the organization have members or stockholders?	В		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	1		
	more members of the governing body?	7a		<u>X</u>
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		<u> X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1		4
а	The governing body?	8a	_ X _	
b	Each committee with authority to act on behalf of the governing body? N/A	<u>8b</u>		
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
ь	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		<u></u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
ь	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	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
c	Citable and a second of the se			
	in Schedule O how this was done	12c	X	
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	
15	Did the process for determining compensation of the following persons include a review and approval by independent		Γ	
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?]]
	The organization's CEO, Executive Director, or top management official N/A-See Explanation (Sch Q)	15a	[
ŀ	Other officers or key employees of the organization N/A-See Explanation (Sch O)	15b		T
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1	
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1	1
.08	taxable entity during the year?	16a	1	x
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104	 	 ** -
Ľ				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	105	1	
<u></u>	exempt status with respect to such arrangements?	16b		
_		_		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
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)	availai	DI O	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	id fina	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ition:]	>	
	BANK OF HAWAII - (808) 694-4525			
X822	130 MERCHANT ST, HONOLULU, HI 96813			

12-10-12

Form 990 (2012)	CN WODEHOUSE				0301436 Page 7
Part VII Compensation	of Officers, Directo	ors, Trustees.	Key Employees,	Highest Compensate	d

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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.

(A) Name and Title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatior from the organization and related organizations	
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232007 12-10-12

Form 990 (2012)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

CN WODEHOUSE NATURE CONSERVANCY TR Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D)
Revenue excluded from tax under sections 512, 513, or 514 (B) Total revenue Related or Unrelated exempt function business revenue revenue 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 1c d Related organizations **1d** e Government grants (contributions) 10 f All other contributions, gifts, grants, and similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (ii) Other (i) Securities assets other than inventory 2,938,823 b Less: cost or other basis and sales expenses 2,593,747 345,076 c Gain or (loss) d Net gain or (loss) . . 345,076 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 635,408 635, 296,

232009 12-10-12

Form 990 (2012)

Form 990 (2012) CN WODEHOUSE
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	e to any question in this	(B)	(C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
-	Grants and other assistance to governments and				ţ
	organizations in the United States. See Part IV, line 21	369,262.	369,262.		····
_	Grants and other assistance to individuals in	ì		}	į
	the United States. See Part IV, line 22				
	Grants and other assistance to governments,		j	ļ	•
	organizations, and individuals outside the				İ
	United States. See Part IV, lines 15 and 16				· · · · · · · · · · · · · · · · · · ·
•	Benefits paid to or for members				:
_	Compensation of current officers, directors,	444 45-			
	trustees, and key employees	111,497.	44,599.	66,898.	
_	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
-	Other salaries and wages				
-	Pension plan accruals and contributions (include			}	
	section 401(k) and 403(b) employer contributions)		······································		
	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
_	Management				
р	Legal	2 100	1 470	630	
C	Accounting	2,100.	1,470.	630.	
d	Lobbying			···	
0	Professional fundraising services. See Part IV, line 17				
ť	Investment management fees	68.		68.	
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 Office expenses				
13 14	Information technology			<u> </u>	
15	Royalties			 	
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
10	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	FOREIGN TAX WITHHELD	5,020.		5,020.	
b	TOTAL TIME WELLING			1	
C			-		
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	487,947.	415,331.	72,616.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				li .
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			-	

Cash - non-interest-bearing
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(f)(3)(B), and contributing employees and sponsoning organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D b Less: accumulated depreciation 10b total investments - publicly traded securities 11 Investments - publicly traded securities 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other receivable, net 22 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other receivable in the payable to unrelated third parties 23 Escrete mortigages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Unsecured notes and loans payable to unrelated third parties 26 Unsecured notes and loans payable to unrelated third parties 27 Escrow or custodial account liability.
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14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Interval II of Schedule L 26 Interval II of Schedule L 27 Interval II of Schedule L 28 Interval II of Schedule L 29 Interval II of Schedule L 20 Interval II of Schedule L 21 Interval II of Schedule L 22 Interval II of Schedule L 23 Interval II of Schedule L 24 Interval II of Schedule L 25 Interval II of Schedule L 26 Interval II of Schedule L 27 Interval II of Schedule L 28 Interval II of Schedule L 29 Interval II of Schedule L 20 Interval II of Schedule L 20 Interval II of Schedule L 21 Interval II of Schedule L 22 Interval II of Schedule L 23 Interval II of Schedule L 24 Interval II of Schedule L 26 Interval II of Schedule L 27 Interval II of Schedule L 28 Interval II of Schedule L 29 Interval II of Schedule L 20 Interval II of Schedule L 20 Interval II of Schedule L 21 Interval II of Schedule L 22 Interval II of Schedule L 23 Interval II of Schedule L 24 Interval II of Schedule L 26 Interval II of Schedule L 27 Interval II of Schedule L 28 Interval II of Schedule L 29 Interval II of Schedule L 20 Interval II of Schedule L 21 Interval II of Schedule L 22 Interval II of Schedule L 23 Interval II of Schedule L 24 Interval II of Schedule L 26 Interval II of Schedule L 27 Interval II of Schedule L 28 Interval II of Schedule L Interval II of Schedule L Interval II of Schedule L Interval II of Schedule L Interval II of Schedule L Interval II of Schedule L Interval II of Schedule L Interval II of Schedule L
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16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 It is a secured mortgages and notes payable to unrelated third parties 26 It is a secured mortgages and notes payable to unrelated third parties 27 It is a secured mortgages and notes payable to unrelated third parties 28 It is a secured mortgages and notes payable to unrelated third parties 29 It is a secured mortgages and notes payable to unrelated third parties 20 It is a secured mortgages and notes payable to unrelated third parties 21 It is a secured mortgages and notes payable to unrelated third parties 22 It is a secured mortgages and notes payable to unrelated third parties 29 It is a secured mortgages and notes payable to unrelated third parties 20 It is a secured mortgages and notes payable to unrelated third parties 21 It is a secured mortgages and notes payable to unrelated third parties 22 It is a secured mortgages and notes payable to unrelated third parties 29 It is a secured mortgage and notes payable to unrelated third parties
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18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Unsecured notes and loans payable to unrelated third parties 26 Unsecured notes and loans payable to unrelated third parties 27 Unsecured notes and loans payable to unrelated third parties 28 Unsecured notes and loans payable to unrelated third parties 29 Unsecured notes and loans payable to unrelated third parties 20 Unsecured notes and loans payable to unrelated third parties
Tax-exempt bond liabilities Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 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 Unsecured notes and loans payable to unrelated third parties 20 21 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24
Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 20 21 22 23 24 24 25 26 27 28 29 20 21 21 22 23 24 24 25 26 27 28 29 20 20 21 21 22 23 24 24 25 26 27 28 29 20 20 21 21 22 22 23 24 24 25 26 27 28 29 20 20 21 21 22 22 23 24 24 25 26 27 28 29 20 20 21 21 22 22 23 24 24 25 26 27 28 29 20 20 21 21 22 22 23 24 24 25 26 27 28 29 20 20 21 21 22 22 23 24 24 25 26 27 28 28 29 20 20 21 21 22 22 23 24 24 25 26 27 28 28 29 20 20 20 21 21 22 22 23 24 24 25 26 27 28 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20
21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Unsecured notes and loans payable to unrelated third parties 26 Unsecured notes and loans payable to unrelated third parties 27 Unsecured notes and loans payable to unrelated third parties 28 Unsecured notes and loans payable to unrelated third parties 29 Unsecured notes and loans payable to unrelated third parties
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 Unsecured notes and loans payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24
23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24
23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24
23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24
24 Unsecured notes and loans payable to unrelated third parties
25 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
28 Total liabilities. Add lines 17 through 25 0 . 28 0 .
Organizations that follow SFAS 117 (ASC 958), check here ▶
complete lines 27 through 29, and lines 33 and 34.
27 Unrestricted net assets
28 Temporanly restricted net assets
29 Permanently restricted net assets
Organizations that do not follow SFAS 117 (ASC 958), check here
and complete lines 30 through 34.
30 Capital stock or trust principal, or current funds 7,910,426. 30 8,057,887
31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 0 31 0
2 33 Total net assets or fund balances 7,910,426. 33 8,057,887
34 Total liabilities and net assets/fund balances 7,910,426. 34 8,057,887

232011 12-10-12

orm '	990 (2012) CN WODEHOUSE NATURE CONSERVANCY TR	99-0301	436	Pag	<u>e</u> 12
Par	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)	1	63	5,4()8.
2	Total expenses (must equal Part IX, column (A), line 25)	2	48	7,94	17.
3	Revenue less expenses. Subtract line 2 from line 1	3	14	7,40	51.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,91	0,4	26.
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	8,05	7,8	87.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				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	Ο.			
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			'	į į
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	e basis,		l	,
	consolidated basis, or both:		1		İ
	Separate basis Consolidated basis Both consolidated and separate basis		ļ		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ə audıt,	1		'
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	adule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sit	ngle Audit			
	Act and OMB Circular A-133?		3a	1	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		1	1

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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 Public: Inspection:

Name	of t	he organization	on						En	nployer id	dentificatio	n numt	oer
			CN WODEH	OUSE NATURE	CONSI	ERVANC	Y TR			99	-03014	136	
Pa	tl	Reason f	or Public Charit	y Status (All organiza	ations mus	t complete	this part.) See instr	uctions.				
The c	rgan	ization is not a	private foundation be	cause it is: (For lines 1	through 1	1, check o	nly one bo	ox.)					_
1		A church, con	vention of churches,	or association of churc	hes descri	bed in sec	tion 170(b)(1)(A)(i).					
2		A school desc	inbed in section 170	(b)(1)(A)(ii). (Attach Sch	nedule E.)								
3				I service organization d		section '	170(b)(1)(A)(iii).					
4		A medical res	earch organization or	perated in conjunction v	with a hosp	ntal descri	bed in sec	tion 170(b)(1)(A)(iii). Enter th	ne hospital's	name,	,
		city, and state	ə:										
5		An organization	on operated for the b	enefit of a college or un	iversity ow	ned or ope	erated by	a governm	nental unit	describe	id in		
		section 170(b)(1)(A)(iv). (Complet	e Part II.)									
6		A federal, sta	te, or local governme	nt or governmental unit	described	in section	170(b)(1)(A)(v).					
7		An organizati	on that normally rece	ives a substantial part o	of its suppo	ort from a o	governme	ntal unit oi	r from the	general p	ublic descr	ibed in	
		section 170(i	b)(1)(A)(vi). (Complete	Part II.)									
8		A community	trust described in se	ction 170(b)(1)(A)(vi). ((Complete	Part II.)							
9		An organizati	on that normally rece	ives: (1) more than 33 1	1/3% of its	support fro	om contri	butions, m	embership	o fees, an	d gross rec	eipts fr	om
		activities rela	ted to its exempt fund	ctions - subject to certa	un exceptio	ons, and (2) no more	than 33 1	/3% of its	support	from gross	nvestm	ient
		income and u	inrelated business ta	xable income (less sect	tion 511 tax	k) from bus	inesses a	cquired by	y the orga	nization a	ifter June 30	ე, 1975	
		See section	509(a)(2), (Complete	Part III.)									
10		An organizati	on organized and ope	erated exclusively to te	st for publi	c safety. S	ee sectio	n 509(a)(4) .				
11	(X)	_	•	erated exclusively for th		-			-				ŗ
		more publicly	supported organizat	ions described in section	on 509(a)(1) or sectio	n 509(a)(2	2). See sec	tion 509(a	a)(3). Che	ck the box	that	
				organization and compl		•							
		a Type			ype III - Fui	-	_		_		-functionall	_	
е	\mathbf{x}			the organization is not									
			•	an one or more publicl		-				9(a)(1) or	section 509	(a)(2).	
1		_		en determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	• III				
			rganization, check th						•		•		
ć)			rganization accepted ai								r T	
				rectly controls, either a		etner with	persons o	lescribed	in (ii) and (III) below,		Yes	No
		_	- •	pported organization?	-		• • • • • • • • • • • • • • • • • • • •	• •		•	11g(i)	 	X
		• • • •	•	described in (i) above?			•			•	11g(ii)		X
	_	• •		person described in (i)	• • •			•		••	11g(iii)		
1	ר	Provide the i	ollowing information	about the supported or	rganization	(8).							
		- 	T 5.1.		(iv) Ic the	organization	(v) Did vo	u notify the	(vi) Is	the			
(•	e of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	P	sted in your		•	organizáti	on in col.	(vii) Amount		etary
	OL	ganization		above or IRC section		document?			(i) organiz U.S	ed in the .?	Sup	port	
				(see instructions))	Yes	No	Yes	No	Yes	No			
זיז׳	1 31	NATURE			+	 				-			
			53-0242652	7	x	1	x	ł	x		36	9,26	52.
<u>~</u>	<u> </u>	21(112101	33 321232	<u>′</u>				1		†			
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То	tal	1							1		36	59,20	62

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

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						
Caler	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						
	include any "unusual grants.")			}			
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to				1		
	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			ļ		}	
	governmental unit or publicly						
	supported organization) included				1		
	on line 1 that exceeds 2% of the		1				<u> </u>
	amount shown on line 11,		1			1]
	column (f)		1				
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources				<u> </u>		İ.,
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			<u> </u>			
10	Other income. Do not include gain						
	or loss from the sale of capital	I					
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	<u> </u>	<u>. L </u>	<u></u>	<u> </u>	_ <u>L</u>	<u> </u>
12	Gross receipts from related activities,	etc. (see instruc	tions)			12	
13	First five years, if the Form 990 is for	the organization	n's first, second, th	ard, fourth, or fifth	tax year as a sect	ion 501(c)(3)	
_	organization, check this box and stor	here	·			<u> </u>	
56	ection C. Computation of Publ	ic Support P	ercentage			-,	
14	Public support percentage for 2012 (line 6, column (f)	divided by line 11	, column (f)) .		14	%
15		•	•			15	%
16	ia 33 1/3% support test - 2012. If the o	•		•	e 14 is 33 1/3% oi	more, check this t	pox and
	stop here. The organization qualifies	• • •	. •		•	•	▶ ـ
	b 33 1/3% support test - 2011. If the	-			nd line 15 is 33 1/3	3% or more, check	this box
	and stop here. The organization qual						▶└┈┙
17	'a 10% -facts-and-circumstances tes						
	and if the organization meets the "fac					Part IV how the organic	anization
	meets the "facts-and-circumstances"	test. The organi	zation qualifies as	a publicly support	ed organization		▶□
	b 10% -facts-and-circumstances tes		~				
	more, and if the organization meets t						he
	organization meets the "facts-and-cire						▶ٰ
18	Private foundation. If the organization	on did not check	a box on line 13,	<u>16a, 16b, 17a, or 1</u>	7b, check this box	k and see instruction	ons ►L
					Sc	hadula A (Form 96	20 or 990-EZ) 2012

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.)

ection A. Public Support						
lendar year (or fiscal year beginning	in) (a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Gifts, grants, contributions, and	1					
membership fees received. (Do	not					
include any "unusual grants.")						
2 Gross receipts from admissions	3.					
merchandise sold or services p			ĺ	[[
formed, or facilities furnished in					1	
any activity that is related to the						
organization's tax-exempt purp		 		<u> </u>		
3 Gross receipts from activities the contract of the contra	1					
are not an unrelated trade or be	us-	1	Ì		ì	
iness under section 513			<u> </u>			
4 Tax revenues levied for the org	an-					
ization's benefit and either paid	i to					I
or expended on its behalf						
5 The value of services or facilities		<u> </u>		 	†	
=	ľ	1				
furnished by a governmental u	i	1		1		
the organization without charge	· · · · · · · · · · · · · · · · · · ·	 	 	+	+	
6 Total. Add lines 1 through 5			-	 		
7a Amounts included on lines 1, 2	, and	1		1	1	
3 received from disqualified pe	rsons			<u> </u>		
b Amounts included on lines 2 and 3 received	ł .			1		
from other than disqualified persons that	1					
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	'					
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from III	246)			†		
Section B. Total Support	10 0 / 1		J	<u> </u>		
Calendar year (or fiscal year beginning	in) (a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	(a) 2000	10/ 2003	(0) 20.0	(0) 2011	(6) 2012	11 Total
10a Gross income from interest,			 			
dividends, payments received	on					
secunties loans, rents, royaltie						
and income from similar sourc			 		· 	ļ <u></u>
b Unrelated business taxable income	3					
(less section 511 taxes) from busi	nesses			i		
acquired after June 30, 1975						
c Add lines 10a and 10b			Ţ			
11 Net income from unrelated bu	siness					
activities not included in line 1	' I					
whether or not the business is	!			1		}
regularly carried on 12 Other income. Do not include	0310		· · · · · · · · · · · · · · · · · · ·			
or loss from the sale of capital						
assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11,	and 12)	<u> </u>	<u> </u>			<u> </u>
14 First five years. If the Form 9	90 is for the organization	n's first, second, th	ird, fourth, or fifth	tax year as a sect	tion 501(c)(3) organi	zation,
check this box and stop here						<u> </u>
Section C. Computation of	Public Support P	ercentage				-
15 Public support percentage for	2012 (line 8, column (f)	divided by line 13	column (f))		15	
16 Public support percentage fro	• • • • • • • • • • • • • • • • • • • •	•		•	16	
Section D. Computation of				· · · · · · · · · · · · · · · · · · ·		
				 	147	
17 Investment income percentag			iine 13, column (f))	•	17	
18 Investment income percentag			•		18	
19a 33 1/3% support tests - 201						17 is not
more than 33 1/3%, check the	s box and stop here. T	he organization qu	alifies as a publicly	y supported organ	ization	. ▶[
b 33 1/3% support tests - 201						, and
line 18 is not more than 33 1/3						
20 Private foundation. If the org				•	-	Ĺ Ĩ
22022 12 04 12	armadion did not critica		34, 51 10D, 01100K		chedule A (Form 9	00 000 571
232023 12.04.15					······································	

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

2
_
2
-
1

OMB No 1545-0047

Open to Public

Inspection

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

Name of the organization CN WODEHOUSE NATURE	USE NATUR	E CONSERVANCY TR	CY TR				Employer identification number 99-0301436
Part General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
criteria used to award the grants or assistance?	stance?			ı			A Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monit	oring the use of grant 1	funds in the United	States.			
Part II 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	Governments and	1 Organizations in the	United States. C.	omplete if the orga	nization answered "Y	es* to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II can	be duplicated if addition	onal space is need	ed.	7- 7-14-07		
1 (a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NATURE CONSERVANCY 923 NUUANU AVE							APPATORU TEMPEREN STATES
HONOLULU, HI 96817	53 0242652	501(C)(3)	140,000.	0			VAKIOUS CAFIIAL FROMECIS
~ =	63_0942652	501(0)(3)	229	0			UNRESTRICTED
HONOLULU, HI SOSI/	30.07430.00	(2)(2)					

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2012)

99-0301436

Page 2

(Form 990) (2012) CN WODEHOUSE NATURE CONSERVANCY TR
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 | (Form 990) (2012)

Part III | Grants and Other

Part III can be duplicated it additional space is fleeded.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(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	de the informatio	n required in Part I,	Ine 2, Part III, colum	n (b), and any other additional inf	ormation
SCHEDULE I, PART I, LINE 2: GRANTS	S ARE MADE	SOLELY	TO THE NATURE	RE	
CONSERVANCY AS THE CHARITABLE BENEFICIARY	- 1	IDENTIFIED	IN THE	TRUST DOCUMENT.	
THE ORGANIZATION PROVIDES PERIODIC	REPORTS	CONFIRMING	GRANTS	PAID FROM	
PRINCIPAL WERE USED TO MEET THE CA	CAPITAL NE	NEEDS OF THE	THE HAWAII PR	PROGRAMS OR ITS	
MAJOR OR EXTRAORDINARY HAWAII LAND	ACOU	ISITION. GRA	GRANTS PAID F	PAID FROM INCOME	
ARE FOR UNRESTRICTED PURPOSES AND	AND MONITORING	IS	NOT REQUIRED.		

Schedule I (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

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.

2012
Open to Public-Inspection

Name of the organization

CN WODEHOUSE NATURE CONSERVANCY TR

Employer identification number 99-0301436

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CONSERVANCY.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PREPARED BY THE TAX
DEPARTMENT OF BANK OF HAWAII AS CORPORATE TRUSTEE. BEFORE IT IS FILED, THE
TAX RETURN IS REVIEWED BY AN ADMINISTRATIVE OFFICER OF THE CORPORATE
TRUSTEE.
<u></u>
FORM 990, PART VI, SECTION B, LINE 12C: BANK OF HAWAII, THE CORPORATE
TRUSTEE, HAS A CONFLICT OF INTEREST POLICY THAT APPLIES TO ALL EMPLOYEES,
INCLUDING THE TAX OFFICERS, TAX CONSULTANTS AND ADMINISTRATIVE OFFICERS.
BANK OF HAWAII REQUIRES ALL EMPLOYEES TO PARTICIPATE IN REGULARLY 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 DOCUMENT, BANK OF
HAWAII AS TRUSTEE IS ENTITLED TO REASONABLE COMPENSATION FOR ITS SERVICES.
BANK OF HAWAII'S PUBLISHED FEE SCHEDULE FOR CHARITABLE TRUSTS APPLIES TO
THIS TRUST. IN ESTABLISHING THE TRUSTEE'S FEE SCHEDULE, CONSIDERATION WAS
GIVEN TO THE DUTIES, LIABILITIES AND EXPERTISE OF THE CORPORATE TRUSTEE, AS
WELL AS TO COMPARABLE FEES FOR SIMILAR SERVICES PROVIDED BY SIMILAR
ORGANIZATIONS. THE PROCESS OF ESTABLISHING AN APPROPRIATE FEE AS
"REASONABLE" WAS ALSO PRESENTED TO THE HAWAII ATTORNEY GENERAL, WHOSE
OFFICE IS RESPONSIBLE FOR OVERSIGHT OF HAWAII'S CHARITABLE TRUSTS.

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization CN WODEHOUSE NATURE CONSERVANCY TR	Employer identification number 99-0301436
FORM 990, PART VI, SECTION C, LINE 19: THE TRUST DOCUMENT	AND ACCOUNT
STATMENTS ARE PROVIDED TO THE BENEFICIARY ORGANIZATIONS I	DENTIFIED IN THE
TRUST DOCUMENT (THE NATURE CONSERVANCY). BANK OF HAWAII,	CORPORATE
TRUSTEE, HAS A CONFLICT OF INTEREST POLICY, WHICH IS AVAI	ILABLE TO THE
BENEFICIARY ORGANIZATIONS UPON REQUEST. AUDITED FINANCIA	AL STATEMENTS ARE
NOT PREPARED FOR THE TRUST.	

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2012 Open to Public Inspection

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ★ Attach to Form 990.

Name of Part P	Name of the organization CN WODEHOUSE NATURE CONSERVANCY TR Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (a) Primary activity (c) Legal domicile (state or of disregarded entity) of disregarded entity (foreign country)	CN WODEHOUSE NATURE CONSERVANCY TR regarded Entities (Complete if the organization answered "Yes" to Fo (b) Primary activity led entity	b Form 990, Part IV, line 33.) (c) (c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Employer identification number 99 – 0301436 (f) Direct controlling entity
1	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	uons (Complete if the organization an	swered "Yes" to Form 990, Par	rt IV, line 34 becaus	e it had one or more	elated tax-exempt
E Tad	property of the fax year)	•				

Part II organizations during the tax year.)							١
(a) Name, address, and EiN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code section	(e) Public chanty status (if section	(f) Direct controlling entity	(g) Section \$12(b)(13) controlled entity?	ا ۾
of related organization		Toreign country)		501(c)(3))		Yes No	1
THE NATURE CONVERVANCY - 53-0242652							
923 NUUANU AVENUE					()	×	
7	NATURE CONSERVATION	HAWAII	501(C)(3)		N/A		l
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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

Page 2 99-0301436

Schedule R (Form 990) 2012 CN WODEHOUSE NATURE CONSERVANCY TR

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)	irtnership dunng the ta	x year)									-	
(a)	(q)	(၁)	(p)	(e)		£	(b)	€	≘ <u>;</u>		_ <u>`</u>	(K)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated,		Share of total income	Share of end-of-year	Disproportion-	amount in box 20 of Schedule	UBI Gene 1 box man edule	aging 6	General or Percentage managing ownership
		foreign country)	:	sections (512-514)		CIOCCE	Yes No		1065) Yes	Yes No	
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]				oV" bosomaco	" to Form 99(Part IV Ine	34 because it l	had one o	r more	related
Part IV organizations treated as a corporation or trust (Complete if the organizations treated as a corporation or trust during the tax year.)	ganizations Taxable a sporation or trust dum	as a Corpo ng the tax)	vation or Trust (C/ /ear.)	ompiete ii un	e organization	or Dellowelled				-	-	
(a)			(£)	(0)	0	(e)	_	9	69	Ξ		Section
The souther small	- i	Q	ctivity	ecal domicile	Direct controlling			Share of total	Share of	Percentage		512(b)(13)
of related organization	, c			(state or foreign	entity	(C corp, S corp, or trust)		tucome	end-of-year assets			≃ہ ے
				country)			+			+	-	Yes
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Schedule R (Form 990) 2012

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232162 12-10-12

Schedule R (Form 990) 2012 CN WODEHOUSE NATURE CONSERVANCY TR

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Part V
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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	2
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?	ns with one or more r	elated organizations liste	d in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to related organization(s)				4	×	
c Gift, grant, or capital contribution from related organization(s)				\$		×
d Loans or loan guarantees to or for related organization(s)				þ		×
				÷		×
e Loans of loat gualantees by related organization(s)				2	 	4
f Dividends from related organization(s)				#	-	×
a Sale of assets to related organization(s)			:	10		×
	•	•	:	ŧ		 ×
_			,	;		; >
 Exchange of assets with related organization(s) 			:	=	†	ه :
 j Lease of facilities, equipment, or other assets to related organization(s) 				=	+	×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)	•		Ę	_	×
n Channo of familias an unament mailing late or other accets with related examination(s)	(2)	•		ţ		×
	. (e),,,					:
 Sharing of paid employees with related organization(s) 				9	\dagger	4
				,	-	>
p Heimbursement paid to related organization(s) for expenses				2	†	4
 Reimbursement paid by related organization(s) for expenses 				19	+	×
r Other transfer of cash or property to related organization(s)				+		×
				<u> </u>		×
J				2		:
Z II THE ANSWEL TO ANY OF THE ADOVE IS "YES," SEE THE INSTRUCTIONS FOR INFORMATION ON WHO MUST COMPLETE THIS LINE, INCLUDING COVERED FEATIONSHIPS AND TRANSACTION THESHOIDS	who must complete the	is line, including covered	relationships and transaction thresholds			
(а) Name of other organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	hvolved		
(1)						1
(2)						
(3)						1
(4)						
(5)						
(9)						}
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Schedule R (Form 990) 2012 CN WODEHOUSE NATURE CONSERVANCY TR

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

וומן אמט ווטן פ ופופוסט טישווצמונטון ספט ווטוומטון אינט ווטן אמט ווטן פופוסט טישווצמונטון ספט ווטוומטון אינטיט	and British Bar Stromania	3		[9]	5	(0)	ε	(5)	Э	E
(a)	(a)		Dradominant income	Areal	ζ.	Share of	Dispropor	Code V-UBI	General c	Percentage
Name, address, and EIN of entity	Filliary activity	(state or foreign	(related, unrelated, 501(c)(3)	501(c)(3)		end-of-year	allocations	bonate amount in box 20 managing ownership allocations? of Schedule K-1 partner?	managin partner?	ownership
		country)	under section 512-514)	Yes No	income	assets	Yes No	(Form 1065)	Yes No	
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Schedule R	(Form 990) 2012	CN WODEHOUSE	NATURE	CONSERVANCY	TR 99	9-0301436 Page 5
Part VII	(Form 990) 2012 Supplemental Info	rmation				
	Complete this part to pro	vide additional information	for responses	to questions on Schedu	le R (see instruction	s).
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BANK OF HAWAII P.O. BOX 3170, DEPT. 715 HONOLULU, HI 96802-3170

RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX FORM 990

FYE	EIN	NAME	TAX DUE
7/31/2013	99-0301431	CN WODEHOUSE SALVATION ARMY TRUST	0.00
7/31/2013	99-0301436	CN WODEHOUSE NATURE CONSERVANCY TR	0.00

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)

• If you	are filing for an Automatic 3-Month Extension, complete	only Par	t I and check this box			▼		
• If you	are filing for an Additional (Not Automatic) 3-Month Ext	ension, co	omplete only Part II (on page 2 of the	ns form).				
Do not	complete Part II unless you have already been granted a	n automat	ic 3-month extension on a previously	y filed Fori	m 8868.			
Electro	onic filing (e-file). You can electronically file Form 8868 if yo	ou need a	3-month automatic extension of time	e to file (6	months for a co	rporation		
	d to file Form 990-T), or an additional (not automatic) 3-mon							
	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 paper	-						
	vw irs gov/efile and click on e-file for Charities & Nonprofits.		,		_			
Part			ubmit original (no copies nee	ded).				
A corp	pration required to file Form 990-T and requesting an autom							
Partic				,		▶ □		
All othe	er corporations (including 1120-C filers), partnerships, REMI	Cs, and tr	usts must use Form 7004 to request	an extens	sion of time			
to file ii	ncome tax returns.		·					
Type o	r Name of exempt organization or other filer, see instruc	ctions.		Employer	identification nu	mber (EIN) or		
print								
-	CN WODEHOUSE NATURE CONSERVANCY TR 99-0301436							
File by th	e date for Number, street, and room or suite no. If a P.O. box, see instructions.							
filing you	filing your return See P.O. BOX 3170, DEPT 715							
Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
	HONOLULU, HI 96802-3170	•						
Enter t	he Return code for the return that this application is for (file	a separat	te application for each return)			0 1		
		,						
Applic	ation	Return	Application			Return		
Is For	Is For Code Is For							
Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07								
Form 990·BL 02 Form 1041·A 08								
Form 4720 (individual) 03 Form 4720 09								
Form 990-PF 04 Form 5227 10								
Form 990·T (sec. 401(a) or 408(a) trust) 05 Form 6069 11								
Form 9	90-T (trust other than above)	06	Form 8870			12		
-	BANK OF HAWAII							
• The	books are in the care of > 130 MERCHANT ST	Г — НО	ONOLULU, HI 96813					
Tele	ephone No. ► (808) 694-4525		FAX No. ▶					
• If th	e organization does not have an office or place of business	s in the Ur	nited States, check this box			▶ □		
• If th	is is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	f this is fo	r the whole grou	p, check this		
box 🕨	. If it is for part of the group, check this box	and atta	ach a list with the names and EINs of	all memb	ers the extensio	n is for		
1 1	request an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	until				
	MARCH 15, 2014 , to file the exemp	t organiza	tion return for the organization name	ed above.	The extension			
ı	s for the organization's return for:							
► calendar year or								
► X tax year beginning AUG 1, 2012 , and ending JUL 31, 2013 .								
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return								
	Change in accounting period							
3a	f this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any					
	nonrefundable credits. See instructions.			3a_	\$	0.		
b	f this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and					
	estimated tax payments made. Include any prior year over	•		3ь	\$	0.		
	by using EFTPS (Electronic Federal Tax Payment System) See instructions. 3c \$ 0.							
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.								

LHA

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