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990

ENVELOPE NOV 1 4 2017

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 16 • Public

ection

artment of th			▶ Do	not enter soc	ial secur	ity nu	mbers on th	nis form as it ma	y be	ma	ide pub	lıc.	Open to
For the 2	016 calend	ar year,	or tax ye	ar beginning	JUL	1,	2016	and ending	JU	N	30,	2017	
Check if applicable	C Name o	5		нашатт	СИТТ	DRE	איי פידי	nst.	ı) E	mploye	er identifica	tion number

	olicable	CN WODEHOUSE HAWAII CHI	LDREN'S TRUST]		
	Address change	FUND TRUST					
لــــا	Name change	Doing business as				<u> 30-009</u>	94227
	Initial return	Number and street (or P.O. box if mail is not delive	ered to street address)	Room/suite	E Telephone	number	
L	Final return/	P.O. BOX 3170, DEPT. 71	5			(808)6	<u> 594-4525</u>
	termin- ated	City or town, state or province, country, and Z	P or foreign postal code		G Gross receipts	\$	4,075,430.
	Amende return	HONOLULU, HI 30007-21/		·	H(a) Is this a	group retu	rn
	Applica Ition	F Name and address of principal officer DANK	OF HAWAII		for subo	dinates?	Yes X No
	pending	ADDRESS SAME AS ABOVE	······································		H(b) Are all subo	rdinates inclu	ded? Yes No
I Ta	ax-exe	mpt status X 501(c)(3)	(insert no.) 4947(a)(1)	or 527	If "No," a	ittach a lis	t (see instructions)
J W	ebsite	e: ▶ N/A		·—	H(c) Group ex	cemption r	umber ►
		J. 44.1.24.101.1	ociation Other >	L Year	of formation; 2	<u>003 м s</u>	tate of legal domicile: HI
Pa	rt I	Summary					
a l	1 6	Briefly describe the organization's mission or most s	ignificant activities. TO S	UPPORT	THE CH	ARITA	BLE
Activities & Governance]	PURPOSES & PROGRAMS OF THE	HAWAII COMMUN	ITY FO	DUNDATIO	N, SPI	ECIFICALLY
Ĕ	2 (Check this box 🕨 🔙 if the organization discont	inued its operations or dispo	sed of mor	e than 25% of it	s net asse	ts
8	3 !	Number of voting members of the governing body (F	Part VI, line 1a)			3	1
2	4 1	Number of independent voting members of the gove	erning body (Part VI, line 1b)			4	1
Se	5	Total number of individuals employed in calendar ye	ar 2016 (Part V, line 2a)			5	0
ŧ l	6	Total number of volunteers (estimate if necessary)				6	0
5	7 a ⁻	Total unrelated business revenue from Part VIII, colu	umn (C), line 12			7a	0.
4	b 1	Net unrelated business taxable income from Form 9	90-1, line 34			7b	0.
			RECEIVED		Prior Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)	80	72		0.	0.
2		Program service revenue (Part VIII, line 2g)	图 NOV 2 0 2017	0		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4,		RS-OSC	497,		761,515.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,		ᆜᄣᅵᅡ		0.	49.
		Total revenue - add lines 8 through 11 (must equal f			497,		761,564.
		Grants and similar amounts paid (Part IX, column (A			363,		427,420.
		Benefits paid to or for members (Part IX, column (A)		<u> </u>		0.	0.
		•			124,		126,473.
Expenses		Salaries, other compensation, employee benefits (P Professional fundraising fees (Part IX, column (A), lir		' ├─	124,	0.	120,413.
<u>_ë</u> _	1	Total fundraising expenses (Part IX, column (D), line		0.			
Ä		Other expenses (Part IX, column (A), lines 11a-11d,			ρ	026.	8,277.
		• • • • • • • • • • • • • • • • • • • •		-	495,		562,170.
	1	Total expenses Add lines 13-17 (must equal Part IX		 		442.	199,394.
_ <u>s</u>	19	Revenue less expenses Subtract line 18 from line	12				
ets or lances		7.1.1.1.10		5	eginning of Curre		End of Year
Sse	20	Total assets (Part X, line 16)			9,989,		10,189,312.
Net Asse Fund Bal	21	Total liabilities (Part X, line 26)		-	0.000	0.	0.
		Net assets or fund balances Subtract line 21 from	line 20		9,989,	918.	10,189,312.
	art II	Signature Block					
		alties of perjury, I declare that I have examined this return,					knowledge and belief, it is
true	, correc	et, and complete. Declaration of preparer (other than office	r) is based on all information of v	which prepare		 	10/4
		timal				CT 25 2	(U1/
Sig	n	Signature of officer			Date		
Her	e	BANK OF HAWAII, TRUSTE	E				
		Type or print name and title					
		Print/Type preparer's name	Preparer's signature		Date	Check] PTIN
Ран	i					self-employed	
Pre	parer	Firm's name			Firm's	s EIN 🛌	
Use	Only	Firm's address					
					Phon	e no.	
Ма	v the I	RS discuss this return with the preparer shown abo	ve? (see instructions)				Yes No
	·	A LUA For Panerwork Paduation Act Notice					Form 990 (2016)

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Form 990 (2016) FUND TRUST
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	,		
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			}
	public office? If "Yes," complete Schedule C, Part I	3		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		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			}
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			1
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	}		
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			}
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	1		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			}
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,			}
	Part VI	11a		_X_
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		}	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u> </u>	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 167 If "Yes," complete Schedule D, Part IX	11d	<u> </u>	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	ļ	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
	Schedule D, Parts XI and XII	12a	==	X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	 	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a		14a		X
b		Ì		
	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 other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	}	}	i
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	 	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	 	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1	1	1
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			1
	complete Schedule G, Part III	19	1	X
		Form	990	(2016)

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Part IV Checklist of Required Schedules (continued)

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			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21	X	L
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			1
	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	İ		1
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	- 10		
·	any tax-exempt bonds?	24c		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
294	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25-		X
L		25a	 	^
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	05:		v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		1	}
	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	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		-	İ
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	ļ	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1		1
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	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	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			1
	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			
	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		1	1
-	Part V, line 1	34	X	
353	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u> </u>	†-	1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	256		ľ
26		35b	 	+
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			7.
	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	38	X	ــــــــــــــــــــــــــــــــــــــ
		Forr	n 990	(2016

Form 990 (2016) FUND TRUST

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	a 0			
þ	Enter the number of Forms W 2G included in line 1a. Enter 0- if not applicable	ь 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and repo	rtable gaming	İ		
	(gambling) winnings to prize winners?		10	Ì	
2a	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	a0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a_		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut	hority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	count)?	4a		<u>X</u>
b	If "Yes," enter the name of the foreign country ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	ounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on?	5b		<u>_X</u>
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			ı
	any contributions that were not tax deductible as charitable contributions?		6a		_ <u>X</u> _
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or gifts	1		
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	ces provided to the payor?	7a		<u>X</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required			7.7
	to file Form 8282?	1	7c		X
d		7d	_ :		į
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor- Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7e_		
f	If the organization received a contribution of qualified intellectual property, did the organization file Forr		7 f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Politics of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	•	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b		- ' ' ' '		
•	sponsoring organization have excess business holdings at any time during the year?	y 11.0	8		1
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		i
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	0b			
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders	l1a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				ĺ
	amounts due or received from them)	11b	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1		l
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	ļ	<u> </u>
а	·		13a	<u> </u>	
	Note. See the instructions for additional information the organization must report on Schedule O				1
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1			1
	_	13b	-	}	
C		13c	<u> </u>	<u> </u>	
14a		0	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	U	14b	, 000	(2010)
			LOLU	1330	(2016)

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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 or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
		$- \downarrow$	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1		1	
	If there are material differences in voting rights among members of the governing body, or if the governing		- 1	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	1	İ	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1	[
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-	l	
	officer, director, trustee, or key employee?	2		<u> X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	Ì	1	
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u> </u>
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> </u>
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		<u> </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_		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	<u>X</u>	
b	Each committee with authority to act on behalf of the governing body? $^{ m N/A}$	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		<u> </u>
þ	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	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	 -
ь	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	L
	-Did-the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	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. O	45-		
a		15a	 	
D	Other officers or key employees of the organization N/A, See Explanation Scn. O If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	 -	├ ~
40-			ļ	
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	46-		x
	taxable entity during the year?	16a	 	
D	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			
	exempt status with respect to such arrangements?	16b		
Sec	exempt status with respect to such anangements?	IOD	L	L
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)	availah	ماد	
10	for public inspection Indicate how you made these available. Check all that apply	uvandi	,,,,	
	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, an	d finan	ıcıal	
13	statements available to the public during the tax year	u midl	olai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	BANK OF HAWAII - (808)694-4525			
	130 MERCHANT ST, HONOLULU, HI 96813			
63200		Forr	1990	/2016

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

- ta 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	Position (do not check mot box unless person officer and a direct control of the			more than one rson is both 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)	compensation from the organization and related organizations	
1) BANK OF HAWAII	1.00										
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FUND TRUST

Section A. Officers, Directors, Tr	ustees, Key Em	ploy	ees,	and	i Hi	ghe	st C	ompensated Employe	es (continued)				
(A)	(B)	}		_ (C				(D)	(E)	1		(F)	
Name and title	Average	(do		Posi heck i		than	one	Reportable	Reportable	1	Es	tımate	÷d
	hours per	box	unle	ss per	rson	s bot	h an	compensation	compensation	1	am	nount (of
	week (list any	\vdash			1 6010	17 11 11 13	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	from	from related	1		other	
	hours for	liect				_	į	the	organizations	1		pensa	
	related	6 0	elee		ļ	sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	,C)		om the	
	organizations	I se	at trus		8	m ber	l	(11 2/1033 1/1100)		į	-	anızatı d relatı	
	below	individual trustee or director	Institutional trustee	_	l opdu	st co	35					anızatı	
	line)	in div	instit	Officer	Key employee	Highest compensated employee	Рог тег]	J		
		1								1			
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1b Sub-total							>	126,473.		0.			0.
c Total from continuation sheets to Par	t VII. Section A						•	0.		0.			0.
d Total (add lines 1b and 1c)	,						•	126,473.		0.			0.
2 Total number of individuals (including bi	ut not limited to t	hose	e list	ed a	bov	/e) w	ho r		·				
compensation from the organization									,				(
												Yes	No
3 Did the organization list any former office	er, director, or t	ruste	e, k	ey e	mpl	oyee	e, or	highest compensated e	employee on	İ			
line 1a? If "Yes," complete Schedule J fo				•	•	•			, ,, ,		3		Х
4 For any individual listed on line 1a, is the	e sum of reporta	ble c	omr	ens	atio	n.ar	ıd_ot	ther.compensation-from	-the-organization				
and related organizations greater than \$									J		4		х
5 Did any person listed on line 1a receive									dual for services	, i			
rendered to the organization? If "Yes," o								J		1	5	1	X
Section B. Independent Contractors													
1 Complete this table for your five highest	t compensated ii	ndep	end	ent (con	tract	ors	that received more than	\$100,000 of com	npens	ation	from	
the organization Report compensation												-	
(A)								(B)			((C)	
Name and busin	ess address	N	ON	E				Description of	services	C	Compe		'n
				_									
											_		
					_								
			_					L					
2 Total number of independent contractor	rs (including but	not	lımıt	ed to	o th	ose	liste	d above) who received	more than				
\$100,000 of compensation from the org						0	_						
											Form	990 (2016
												,	

Form 990 (2016) FUND TR

		Check if Schedule O conta	uns a response o	r note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a				_	
<u> </u>	b	Membership dues	1b					
S, C	С	Fundraising events	1c					
E E	d	Related organizations	1d			Ì		
S E	е	Government grants (contribution	ons) 1e					
P S	f	All other contributions, gifts, grant	s, and			ļ		
# E		similar amounts not included above	/e 1f					
들임	g	Noncash contributions included in lines	1a-1f \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		>				į
				Business Code				
e l	2 a							
ا ھ ج	b							
Program Service Revenue	С							
e am	d							
<u> </u>	e							
٣	f	All other program service reve	nue					
}_	g	Total. Add lines 2a-2f						
	3	Investment income (including	dıvıdends, ıntere	st, and				
i		other similar amounts)		>	349,414.			349,414.
	4	Income from investment of tax	x-exempt bond p	roceeds >				
1	5	Royalties						
			(ı) Real	(II) Personal				
	6 a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)		<u> </u>	j			
	đ	Net rental income or (loss)		_				
j	7 a	Gross amount from sales of	(ı) Securities	(ii) Other				
ì		assets other than inventory	3,725,967.					
}	þ	Less cost or other basis						
}		and sales expenses	3,313,866.		}			
}	С	Gain or (loss)	412,101.			}		
	d	Net gain or (loss)			412,101.	412,101.		
9	8 a	Gross income from fundraisin	g events (not					
enr		including \$	of		ļ			
<u>§</u>		contributions reported on line	1c) See					
ia l		Part IV, line 18	а		_			
Other Revenu	b	Less: direct expenses	b					
	c	Net income or (loss) from fund	draising events	> _				ļ
	9 a	Gross income from gaming ac	ctivities See					
Ì		Part IV, line 19	а		-			
}	р	Less. direct expenses	b	L	_			
l	C	Net income or (loss) from gan	ning activities			ļ		_
1	10 a	Gross sales of inventory, less	returns					{
İ		and allowances	а					
[b	Less cost of goods sold	b		_		į	
<u> </u>	9	Net income or (loss) from sale	es of inventory	<u> </u>				
		Miscellaneous Revenu	ıe	Business Code			į	
	11 a	THE BLACKSTONE GROUP L	.P.	900099	49			49.
	Ŀ)			ļ	<u> </u>		
1	c	;			<u> </u>	ļ		
		All other revenue				1	Ì	
	C				 	 		
	6			>	49			

Form 990 (2016) FUND TRUST Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		this Part IX		
	ot include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	427,420.	427,420.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			ļ	
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	126,473.	50,589.	75,884.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			į	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legat				
С	Accounting	2,500.	1,750.	750.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				·
f	Investment management fees	874.		874.	
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			ļ	
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		ļ		
21	Payments to affiliates		<u> </u>		
22	Depreciation, depletion, and amortization		ļ		
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 O.)	4,903.		4 002	
a		4,303.		4,903.	
b					
C			 		
d				 	-
	All other expenses	562,170.	479,759.	02 411	
25	Total functional expenses Add lines 1 through 24e	JU4, I/U.	4/7,/37.	82,411.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined		1		
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				- 000

Form 990 (2016)
Part X | Balance Sheet

FUND TRUST

Pan		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest bearing	5,549.	1	6,188.
İ	2	Savings and temporary cash investments	180,218.	2	168,200.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	ļ		
İ		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	·
İ	6	Loans and other receivables from other disqualified persons (as defined und	der		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribu	ting	1	
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ.		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	-
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
ì		basis Complete Part VI of Schedule D 10a]]	
	ь	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	9,804,151.	11	10,014,924.
	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	0.000.010	15	10 100 210
	16	Total assets. Add lines 1 through 15 (must equal line 34)	9,989,918.	1 "	10,189,312.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue Tax-exempt bond liabilities		19	
	20 21	Escrow or custodial account liability Complete Part IV of Schedule D		20	
10	22	Loans and other payables to current and former officers, directors, trustees		-21	
Iţie		key employees, highest compensated employees, and disqualified persons			
Liabilities	İ	Complete Part II of Schedule L	}	22	
=======================================	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
_	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17 24) Complete Part X o	F		
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here	nd		
S		complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets		27	
3ala	28	Temporarily restricted net assets		28	
ğ	29	Permanently restricted net assets		29	
Fu		Organizations that do not follow SFAS 117 (ASC 958), check here	X]	-	
ŏ		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	9,989,918	30	10,189,312.
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	_	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	0.		0.
Z	33	Total net assets or fund balances	9,989,918		10,189,312.
	34	Total liabilities and net assets/fund balances	9,989,918	. 34	10,189,312. Form 990 (2016

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

Form 990 (2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

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.

WODEHOUSE HAWAII CHILDREN'S TRUST

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Employer identification number

80-0094227 FUND TRUST Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12q ____ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document? (iii) Type of organization (i) Name of supported (ii) EIN (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) HAWAII COMMUNITY 99-0261283 8 FOUNDATION X

Schedule A (Form 990 or 990-EZ) 2016 FUND TRUST

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014(d) 2015 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization'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 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 amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (d) 2015 (a) 2012 **(b)** 2013 (c) 2014 (e) 2016 (f) Total 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2015 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more. and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

Schedule A (Form 990 or 990-EZ) 2016

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Schedule A (Form 990 or 990-EZ) 2016 FUND TRUST

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Fublic Support						
Caler	ndar year (or fiscal year beginning in) 🖊	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513	ı		Ì			
4	Tax revenues levied for the organ-						
·	ization's benefit and either paid to						
	or expended on its behalf	}					
5	The value of services or facilities		 		 	 	
J	furnished by a governmental unit to the organization without charge	! 					
_	•	 	 	 	 	 	
-	Total. Add lines 1 through 5	ļ		 		 	
/a	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b			 	 		
	Public support. (Subtract line 7c from line 6)				 		
	ction B. Total Support		 _	<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	(4) 2012	(B) 2010	10/2014	(4)2015	(6) 2010	
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income			Ţ			
	(less section 511 taxes) from businesses	_				ļ	_
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support (Add lines 9 10c, 11, and 12)						
	First five years. If the Form 990 is fo	r the organization	's first, second, th	ırd, fourth, or fifth	tax vear as a secti	on 501(c)(3) orga	inization.
	check this box and stop here	3		, , , , , , , , , , , , , , , , , , , ,	,		▶
Se	ction C. Computation of Pub	lic Support Pe	ercentage				
	Public support percentage for 2016 (column (f))		15	%
16	Public support percentage from 2015	•	•	(7)		16	%
	ction D. Computation of Inve			•			
	Investment income percentage for 20					17	04
	Investment income percentage from			inte 13, coluitii (1))			%
18	•			con line 14 and li	20 15 10 mars +h==	18 22 1/29/ and he	% 17 to not
191	a 33 1/3% support tests - 2016. If the						ie i / is not
	more than 33 1/3%, check this box a				_		▶
,	b 33 1/3% support tests - 2015. If the	-					
	line 18 is not more than 33 1/3%, ch						on 🚬
20	Private foundation. If the organization	on ala not check :	a box on line 14, 1	Sa, or TSB, check	triis box and see ii	nstructions	▶ i I

632023 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

Part IV Supporting Organizations

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

			anizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	_	٠,	
_	class or purpose, describe the designation. If historic and continuing relationship, explain	1	X	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2_	}	X
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a	ļi	X
þ	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		[,	
	organization made the determination	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	}		}
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	•		}
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign)]	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	ļ		
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			}
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	}		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	1	1	
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	Ì		
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN	1		
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action;	l	,	
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action	ļ		ļ
	was accomplished (such as by amendment to the organizing document).	5a		X
þ	Type I or Type II only. Was any added or substituted supported organization part of a class already	1		
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	 -		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also		ļ	
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	}	1	ł
	Part VI.	6	<u> </u>	X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	1	}	
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	1	•	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	<u> </u>	X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	88		X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		X
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		x
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		Γ_	
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		X
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section		T	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	1	1	}
	supporting organizations)? If "Yes," answer 10b below	10a	1	X
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
_	determine whether the organization had excess husiness holdings)	104		

632024 09-21-16

Schedule A (Form 990 or 990-EZ) 2016 FUND TRUST 80-0094227 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 0. 57,272. Net short-term capital gain 1 1 2 0. Recoveries of prior-year distributions 2 349,463. 332,633. 3 Other gross income (see instructions) 3 332,633. 4 406,735. 4 Add lines 1 through 3 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 80,874 6 82,411. maintenance of property held for production of income (see instructions) 7 0. 7 Other expenses (see instructions) 251,759. 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 324,324. 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) 10,811,590. 11,251,600. a Average monthly value of securities 1a 216,527. 229,128. b Average monthly cash balances 1b 0. c Fair market value of other non-exempt-use assets 0. 1c 11,028,117. ,480,728. d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other 0. factors (explain in detail in Part VI) 0. 0. Acquisition indebtedness applicable to non-exempt-use assets 2 11,028,117. 11,480,728. 3 3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, 165,422. 172,211. see instructions) 4 11,308,517. 10,862,695. 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 380,194. 395,798. 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 0. 0. 380,194. 8 Minimum Asset Amount (add line 7 to line 6) 8 395,798. Section C - Distributable Amount Current Year 251,759. 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 213,995. 2 2 Enter 85% of line 1 3 380,194. Minimum asset amount for prior year (from Section B, line 8, Column A) 4 380,194. 4 Enter greater of line 2 or line 3 5 0. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 380,194. ß emergency temporary reduction (see instructions) 🔟 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions)

80-0094227 Page 7 Schedule A (Form 990 or 990-EZ) 2016 FUND TRUST Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 427,420. 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 52,339. 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions 479,759. Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 427,420. 380,194. 9 Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount 100% (i) (iii) Underdistributions Distributable **Excess Distributions** Pre-2016 Section E - Distribution Allocations (see instructions) Amount for 2016 380,194. 1 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions Excess distributions carryover, if any, to 2016 _a c From 2013 d From 2014 60,821. e From 2015 60,821. f Total of lines 3a through e g Applied to underdistributions of prior years 60,821. h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2016 from Section D. 479,759. line 7. a Applied to underdistributions of prior years 319,373. b Applied to 2016 distributable amount 160,386. c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2017. Add lines 3) 160,386. and 4c 8 Breakdown of line 7 **b** Excess from 2013 c Excess from 2014 d Excess from 2015 160,386. e Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 FUND TRUST	80-0094227 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any addit (See instructions)	or 17b, Part III, line 12, s 1 and 2, Part IV, Section C, t V, Section B, line 1e, Part V,
PART IV, SECTION D, LINE 2:	
THE ORGANIZATION MAINTAINED A CLOSE AND CONTINUOUS WORKING	RELATIONSHIP
WITH THE SUPPORTED ORGANIZATION(S) BY PROVIDING PERIODIC P	ERFORMANCE
REPORTS ON THE INVESTMENT PORTFOLIO, PROVIDING STATEMENTS	DETAILING ALL
ACTIVITIES IN THE ACCOUNT, MEETING EITHER FACE TO FACE OR	BY CONFERENCE
CALL WITH THE DECISION MAKERS OF THE SUPPORTED ORGANIZATIO	N TO DISCUSS
THE INVESTMENTS AND GRANTS MADE THROUGHOUT THE YEAR, AND C	ORRESPONDING
VIA EMAIL OR TELEPHONICALLY WHEN ISSUES, CONCERNS OR QUEST	IONS AROSE.
PART IV, SECTION D, LINE 3:	
THE ORGANIZATION PROVIDED PERIODIC PERFORMANCE REPORTS ON	THE
INVESTMENT PORTFOLIO AND MET WITH THE SUPPORTED ORGANIZATI	ON(S) EITHER
FACE TO FACE OR BY CONFERENCE CALL TO DISCUSS THE INVESTME	NT
PERFORMANCE. IN ADDITION, THE SUPPORTED ORGANIZATION(S) W	ERE GIVEN
DISCRETION AS TO THE TIMING OF THE GRANTS.	

Employer identification number 80-0094227 Open to Public OMB No 1545-0047 Inspection X Yes 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 Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. CHILDREN'S TRUST CN WODEHOUSE HAWAII Part I General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

å Schedule I (Form 990) (2016) CHILDREN'S TRUST FUND TO SUPPORT THE HAWAII (h) Purpose of grant or assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any noncash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of 427,420 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 99-0261283 SECTION 501(C)(3) (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Forrh 990. Enter total number of other organizations listed in the line 1 table (p) EIN TRUST FUND - C/O HCF, 827 FORT ST. 1 (a) Name and address of organization HI COMMUNITY FDN-HI CHILDREN'S or government - HONOLULU HI 96813

Page 2 Schedule I (Form 990) (2016) (f) Description of noncash assistance 80-0094227 (e) Method of valuation (book, FMV, appraisal, other) THE TRUST'S BENEFICIARY, HAWAII COMMUNITY FOUNDATION, PROVIDES TO SUPPORT PROGRAMS DESIGNED Part IV Supplemental Information. Provide the information required in Part II, line 2, Part III, column (b), and any other additional information THE TRUST Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed TO PREVENT CHILD ABUSE AND NEGLECT AND TO STRENGTHEN FAMILIES IN HAWAII GRANTS ARE MADE SOLELY TO CHARITABLE BENEFICIARY IDENTIFIED IN (d) Amount of non-cash assistance CN WODEHOUSE HAWAII CHILDREN'S TRUST (c) Amount of cash grant 22 PERIODIC REPORTS CONFIRMING GRANTS WERE USED (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2016) LINE DOCUMENT. PART I, 632102 11-01-16 Part III

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Open to Public

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

OMB No 1545-0047

Name of the organization

CN WODEHOUSE HAWAII CHILDREN'S TRUST FUND TRUST

Employer identification number 80-0094227

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO SUPPORT THE HAWAII CHILDREN'S TRUST FUND TO PREVENT CHILD ABUSE & NEGLECT AND STRENGTHEN FAMILIES IN HAWAII.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PREPARED BY THE TAX DEPARTMENT OF BANK OF HAWAII AS CORPORATE BEFORE IT IS FILED, THE TAX RETURN IS REVIEWED BY AN TRUSTEE. ADMINISTRATIVE OFFICER OF THE CORPORATE TRUSTEE.

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 THE PROCESS OF ESTABLISHING AN SERVICES PROVIDED BY SIMILAR ORGANIZATIONS. APPROPRIATE FEE AS "REASONABLE" WAS ALSO PRESENTED TO THE HAWAII ATTORNEY WHOSE OFFICE IS RESPONSIBLE FOR OVERSIGHT OF HAWAII'S CHARITABLE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

532211 08-25-16

Name of the organization CN WODEHOUSE HAWAII CHILDREN'S TRUST FUND TRUST	Employer identification number 80-0094227
TRUSTS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE TRUST DOCUMENT AND ACCOUNT STATMENTS ARE PROVIDED	TO THE BENEFICIARY
ORGANIZATION IDENTIFIED IN THE TRUST DOCUMENT (HAWAII	COMMUNITY
FOUNDATION). BANK OF HAWAII, CORPORATE TRUSTEE, HAS A	A CONFLICT OF INTEREST
POLICY, WHICH IS AVAILABLE TO THE BENEFICIARY ORGANIZA	ATION UPON REQUEST.
AUDITED FINANCIAL STATEMENTS ARE NOT PREPARED FOR THE	TRUST.

Schedule R (Form 990) 2016 (g) Section 512(b)(13) Employer identification number Ş OMB No 1545-0047 Open to Public Inspection × 2016 controlled Direct controlling Yes 80-0094227 entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Direct controlling entity End of-year assets (e) status (if section Public charity 501(c)(3)) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Total income Related Organizations and Unrelated Partnerships Exempt Code 9 section 501(C)(3) Legal dornicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) ▶ Attach to Form 990. CN WODEHOUSE HAWAII (PHILDREN'S TRUST HAWAII FOUNDATION - PREVENTION OF Primary, activity Primary activity 9 or Paperwork Reduction Act Notice, see the instructions for Form 990. CHILD ABUSE COMMUNITY HAWAII COMMUNITY FOUNDATION-HI CHILDREN'S FUND TRUST TRUST FD - 99-0261283, 827 FORT STREET Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Name of the organization 96813 Department of the Treasury Internal Reyonue Service HONOLULU HI SCHEDULE R (Form 990) Part Part II

General or Percentage managing ownership Page 2 Schedule R (Form 990) 2016 Yes No (I) Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corportition or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. 3 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Percentage ownership 80-0094227 Yes Ξ Code V-UBI amount in box 20 of Schedule 4.1 (Form 1065) Share of end-of-year assets Ξ 6 Disproportionate Yes affocations? Ξ Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ত্ত <u>e</u> Legal domicile (state or foreign country) <u>©</u> (d)
| Direct controlling entity Primary activity â (c)
Legal
domicile
(state or
foreign
country) Primary activity 9 FUND TRUST Name, address, and EIN of related organization Name, address, and EIN of related organization Schedule R (Form 990) 2016 632162 09-06-16 Part III Part IV

CN WODEHOUSE HAWAII CHILDREN'S TRUST FUND TRUST

Schedule R (Form 990) 2016

Page 3

80-0094227

ŝ Schedule R (Form 990) 2016 × × × × XXX × × × × × $\times \times$ ×× Yes 12 4 ဗ 19 ᄪ e # 19 듣 ¥ Ę 우 þ ₽ Method of determining amount involved = \$ ÷ 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 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? Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 (c) Amount involved (b)
Transaction type (a·s) 27 l Performance of services or membership or fundraising solicitations fipr related organization(s) \boldsymbol{m} Performance of services or membership or fundraising solicitations $\boldsymbol{L}_{\!J}^{\!J}$ related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with releited organization(s) a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity k Lease of facilities, equipment, or other assets from related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Lease of facilities, equipment, or other assets to related organization(s) c Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses b Gift, grant, or capital contribution to related organization(s) r Other transfer of cash or property to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a)
Name of related organization e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) 632163 09-06-16 Part V α. 2 Ξ ପ୍ର **Ð** 9 ত্র

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CN WODEHOUSE Schedule R (Form 990) 2016 FUND TRUST

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

Provide the following information for each entity taxed as a partnership tracing 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 bartnerships

that was not a related organization. See instructions regarding exclusion for certain investment partnerships	structions regarding exclu	sion for certain in	vestment partnerships						
(e)	(q)	(0)	(p)	(1)		Ξ	3	3	≆
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under	System Share of total total	Share of end-of-year	Dispropor- tsonate allocations?	Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?	Percentage ownership
			Sections 512-514) Yes No			Yes	(2001 1110 1)	Service	
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Schedule R (Form 990) 2016

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Schedule R	(Form 990) 2016 Supplemental Infor	FUND TRUST			80-00942	27 Page 5
Part VII	Supplemental Infor	mation.				
	Provide additional informa	tion for responses to ques	tions on Sche	dule R See instructions		
						
						
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