return of Organization Exempt From moonle	· I u A '
Inder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private	foundation

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-	<u> </u>	4-	n.	-1-1:	_

=	
	Do not enter social security numbers on this form as it may be made public
Department of the Treasury	To not offer social security numbers on this form as it may be made public
Internal Revenue Service	Information about Form 000 and its instructions is at your on gov/form0000

Open to Public Inspection

		ue Service	► Information about I	Form 99	0 and its instructions is	s at www.ii	s.gov/form	996[] ]	00	Inspection	on
A Fo	or the	2016 calend	dar year, or tax year beginning	AUG	1, 2016 and	ending	<u>JUL 31</u>	<u>, 2t</u>	J17		
B Ch	eck if plicable	1	f organization				D Empi	oyer ide	entificatio	on number	
	) Addres:	CN W	ODEHOUSE FACULTY	BENE	FIT TRUST		1				
	cnange Name	ATP	UNAHOU SCHOOL				┧				
	cnange Initial		ousiness as				<b>-</b>		<u>9-030</u>	1435	
	return		r and street (or P.O. box if mail is not o		to street address)	Room/suite	E Telep			04 4505	
, —	return/ termin-		BOX 3170, DEPT.			L	ļ		<u> 308)6</u>	<u>94-4525</u>	
	ated Amend	City or t	town, state or province, country, an		foreign postal code		G Gross			6,622,	3/4.
`	return	HONC	<u>DLULU, HI 96802-3</u>				<b>-</b>	•	oup returr		<del></del>
3	tion	F Name a	and address of principal officer.BA	TAK O	r HAWAII		1		nates?		X No
ì			AS C ABOVE	\ <u>\</u>	4047(-)(4)		<b>H</b>			ed?LYes L	No
			X 501(c)(3) 501(c)(	) (11	nsert no.) 4947(a)(1)	or IL 21 32	7			(see instruction	ons)
		e: ► N/A	Corporation X Trust	Associati	on Other ►	I Vos			mption nu		undo UT
		organization: \begin{array}{c} Summary		ASSOCIALI	IOII L TOUIEI	I L Yea	r or tormatio	n. 201	0 31 M 30	ate of legal dom	icile. n I
3 1 G			be the organization's mission or mo		Coort catuutus TO D	POVID	ומווס ש		EOD		
S e			ABLE AND EDUCATION								
· 🙃 )			ox In the organization disc								
r-EB lovern			oting members of the governing bo			sea oi mo	re man 237	% OI ILS	3	5	1
J- 8			dependent voting members of the						4		<u></u>
0 %			r of individuals employed in calenda	•	• , , , ,				5		<del></del>
[발활]			r of volunteers (estimate if necessal	-	oro (r art v, line za)				6		<u>s</u>
Activities			ed business revenue from Part VIII,	• •	(C) line 12				7a		0.
	, u	Net unrelated	d business taxable income from Fo	rm 990-T					7b		0.
( 3					TEGEIVED		Prior	Year	1.5	Current Ye	
(W)	8	Contributions	s and grants (Part VIII, line 1h)						0.	<u> </u>	0.
Revenue	l .		vice revenue (Part VIII, line 2g)	007	DEC 19 2017	RS-OSC	···		0.	<del></del>	0.
eve	1	-	ncome (Part VIII, column (A), lines 3	1 7	i	SS	6	60,4		1,402	,987.
Œ			ue (Part VIII, column (A), lines 5, 6d,						0.		35.
			e - add lines 8 through 11 (must eq			<u> </u>	6	60,4	94.	1,403	,022.
	13	Grants and s	similar amounts paid (Part IX, colum	nn (A), lin	ies 1 3)		8	77,5	70.	906	,787.
	14	Benefits paid	d to or for members (Part IX, columi	n (A), line	e 4)				0.		0.
S	15	Salaries, other	er compensation, employee benefit	ts (Part I	X, column (A), lines 5-10	)	1	<u>77,0</u>	45.	180	<u>,338.</u>
Expenses	16a	Professional	fundraising fees (Part IX, column (A	A), line 1	1e)				0.	<del></del>	0_
xpe	b	Total fundrais	ising expenses (Part IX, column (D),	, line 25)	<b>&gt;</b>	0.					
Ш	17	Other expens	ses (Part IX, column (A), lines 11a-1	11d, 11f-	24e)	L		<u>11,8</u>			<u>,964</u> .
	18	Total expens	ses Add lines 13-17 (must equal Pa	art IX, co	lumn (A), line 25)	<u> </u>		<u>66,5</u>		1,099	
- (0		Revenue less	s expenses Subtract line 18 from l	line 12			-4	<u>06,0</u>	08.	303	<u>,933</u>
Net Assets or Fund Balances							Beginning o			End of Ye	
sset 3alai	20		(Part X, line 16)				16,5	<u> 36,1</u>		16,840	
et A nd E	21		es (Part X, line 26)			-			0.		0
			or fund balances Subtract line 21 fi	rom line	20		16,5	<u> 36,1</u>	.31.	16,840	<u>,322</u>
	art II	<del></del>	<del></del>								
			y, I declare that I have examined this ret							nowledge and b	elief, it is
true	, corre		te Declaration of preparer (other than o	officer) is l	based on all information of i	which prepa	rer has any l			2017	
			ure of officer		<del>-</del>				DEC - 6	2017	
Sig		11/1/2/						Date			
Her	re		K OF HAWAII, TRUS' or print name and title	TEE							
		<del> </del>	<del></del>	T =	<del></del>		LData	—-r	Ob - eli	TI OTIN	
n	_	Print/Type pr	reparer's name	Prep	parer's signature		Date	- 1	Check	]  PTIN	
Paid		r						T — —	self-employed		
	parer	Firm's name						Firm's	ŁIN ▶		
use	Only	Firm's addre	SS >					DL			
		IDC 4: ''	the ration with the same	-h -: · C	/			Phone	no	<u> </u>	
			this return with the preparer shown			<del></del>			<del></del>	Yes	NO COL
6320	001 11-	-11-16 LHA	For Paperwork Reduction Act N	votice, s	ee the separate instruc	tions.				Form 9	<b>90</b> (201

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$

Total program service expenses ▶ 980,672.

Revenue \$

Form 990 (2016)

			Yes	No_
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		·	
	If "Yes," complete Schedule A	1	X	<b>v</b>
	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	•		v
	public office? If "Yes," complete Schedule C, Part I	3_		<u>X</u> _
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
	during the tax year? If "Yes," complete Schedule C, Part II	4_		X
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5		X
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
	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	<del>- 7 -</del>	}	<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	1		 
_	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		1	
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	ļ	ļ	
	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	}		<b></b>
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<del> </del>	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		1	1
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		<u> </u>
O	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	446		v
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b	+	X
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	44.		X_
а	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	11c	<del> </del>	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	$\tau$	X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	<del> </del> -	<del>                                     </del>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	115		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del>- ' ''</del>	+	<del>  ^*</del> -
	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12.0	$\dagger -$	<del>                                     </del>
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a	_	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1.40	+	<del> </del> -
-	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	170	+-	1
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	1.5	+	1
	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,	10	+	+*
••	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	+-	- 41
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	+-	+**
	complete Schedule G, Part III	19		X
				(2016
		. 01	– – •	,,

Form 990 (2016) AT PUNAHOU SCHOOL Part IV Checklist of Required Schedules (continued)

		[	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		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 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	[ '		
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		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			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	↓
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		<del> </del>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	}	ļ	}
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	<b>├</b>	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		İ	1
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	-	<u> X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	}		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			1
	of any of these persons? If "Yes," complete Schedule L, Part III	27	<del> </del>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1		
	instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	$\overline{}$	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	┼	1-2
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		X
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	280	+-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	+-	$+^{\Lambda}$
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30	1	х
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?	30	+	+*
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	$\dagger$	-
JŁ	Schedule N, Part II	32	1	x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>	+	<del> </del>
•	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	50	<b>├</b> ─	<del> </del>
٠.	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	00.	<del>-</del>	<del> </del>
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	351	,	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		-	$\top$
50	If "Yes," complete Schedule R, Part V, line 2	36		$  \mathbf{x}  $
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	100	+-	<del>  *</del>
٠,	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?	-3/	+-	1
~	Note. All Form 990 filers are required to complete Schedule O	38	x l	:
-	114251 S 555 mare and required to demiprote demodate of			<b>0</b> (201

	CN WODEHOUSE FACULTY BENEFIT TRUST			
	990 (2016) AT PUNAHOU SCHOOL 99-0301	<u>435</u>	Pa	1ge 5
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Щ
			Yes	No_
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	- 1	ļ	
p	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		1	
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1		
	filed for the calendar year ending with or within the year covered by this return  2a 0			
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_
ь	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 authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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 Accounts (FBAR)			ļ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_5c		L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	_	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	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 services provided to the payor?	7a		X
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			
	to file Form 8282?	7c		X_
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <b>f</b>	<u> </u>	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>	<u> </u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		1	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	İ		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	1		-
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter		i	
а	Gross income from members or shareholders	_	}	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L.	<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			

Form **990** (2016)

X

**b** Enter the amount of reserves the organization is required to maintain by the states in which the

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

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

organization is licensed to issue qualified health plans

 $\boldsymbol{c}$   $\,$  Enter the amount of reserves on hand

13b

Form 990 (2016) 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										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1	ļ	Ì								
	if there are material differences in voting rights among members of the governing body, or if the governing	ļ	j								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		1								
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	1	1								
	officer, director, trustee, or key employee?	2		<u> </u>							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
6	Did the organization have members or stockholders?										
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		X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	X	_							
b	Each committee with authority to act on behalf of the governing body? N/A	8b	i								
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		l							
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	<u> </u>							
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	<u> </u>							
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X							
С											
	in Schedule O how this was done	12c	X	<u> </u>							
13	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	X								
15	Did the process for determining compensation of the following persons include a review and approval by independent		-	Ţ							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1							
а	T N/A Con Explanation Coh (	15a		Į							
b	Other officers or key employees of the organization N/A, See Explanation Sch. O	15b									
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		Γ								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1	}								
	taxable entity during the year?	16a		X							
t	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		1								
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	}	1								
	exempt status with respect to such arrangements?	16b									
Se	ction C. Disclosure	,, ,,,,									
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)	availa	ble								
	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	nd fina	ncıal								
	statements available to the public during the tax year										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	BANK OF HAWAII - (808)694-4525										
	130 MERCHANT ST, HONOLULU, HI 96813										
		Enr	m <b>99</b>	<b>n</b> (2)							

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

Check of 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

- 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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one	(D) Reportable compensation	(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							100 000		
RUSTEE		$\vdash$	X		-	├-		180,338.	0.	
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		-	Ì	1		-	Ţ			

Form 990 (2016)

Part VII Section A. Officers, Directors, T	rustees, Key Em	ploye	es,	and	Hig	hes	t C	ompensated Employee	es (continued)			
(A)	(B)			(C Posit	;)			(D)	(E)	(F)		
Name and title	Average hours per	box,	not ch unles	eck n	nore t son is	tnan d s both	ı an	Reportable compensation	Reportable compensation		stimate nount o	
	week (list any	$\vdash$	er and	d a du	rector	r/trust	ee)	from	from related	l l		
	hours for	individual trustee or director				pa		the organization	organizations (W-2/1099-MISC)		pensat	
	related organizations	ustee o	Institutional trustee		۰	Highest compensated employee		(W-2/1099-MISC)		1 .	janizati	
	below	id was tr	utional		Key emptoyee	st com	-i			- 1	id relate anizatio	
	line)	A pu	Instit	Officer	Key 6	Hop emp	Голтег					
							İ			-		
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		1					ļ ì					
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1b Sub-total		1	<u> </u>	<u> </u>	<u> </u>	<u> </u>		180,338.	<u> </u>	-		0
c Total from continuation sheets to Pa	rt VII, Section A						<b>&gt;</b>	0.				0
d Total (add lines 1b and 1c)		_					<u>&gt;</u>	180,338.		•		0
2 Total number of individuals (including to compensation from the organization)		hose	liste	ed a	vod	e) w	ho r	eceived more than \$10	0,000 of reportable			(
compensation from the organization	<del></del>										Yes	No
3 Did the organization list any former off			e, ke	ey ei	mplo	oyee	, or	highest compensated i	employee on			
line 1a? If "Yes," complete Schedule J					-t		همد اس	h -	the executation	3	-	X
4 For any individual listed on line 1a, is the and related organizations greater than								15	the organization	4		x
5 Did any person listed on line 1a receive									vidual for services		1	
rendered to the organization? If "Yes,"	complete Schedu	ıle J	for s	uch	per	son				5	<u>ـــــ</u> ــ	X
Section B. Independent Contractors  1 Complete this table for your five higher	st compensated in	nden	ende	ent o	cont	tract	ors	that received more that	1 \$100,000 of compe	nsation	from	
the organization Report compensation												
(A) Name and busi		). No	O A T	177				(B) Description of	sanvices		(C) ensatio	าก
Hame and busi	11033 8001033	IN	ON	<u>r.                                    </u>				Description of	3er vices		- Jonath	
							—					
				_			_		_			
2 Total number of independent contract	ors (including but	not	limite	ed to	o the	ose	liste	d above) who received	more than		_	
\$100,000 of compensation from the o	rganization >					0						
										For	m <b>990</b>	(201

			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
ts st	1 a	,	Federated campaigns	1a					
اة <u>ت</u> ا	b	, 1	Membership dues	1b					
ا چ د	c	;	Fundraising events	1c				İ	
Contributions, Gifts, Grants and Other Similar Amounts	c	i	Related organizations	1d		Ì			
	e	•	Government grants (contributi	ons) 1e		ļ			
	f		All other contributions, gifts, grant	s, and		i			
호특			similar amounts not included above	/e 11					
불위	ç	3	Noncash contributions included in lines	18-11 \$				ļ.	
ರ ೯		_	Total. Add lines 1a-1f	* +					
ļ				į	Business Code			]	
8	2 8	3							
e Z	t	)							
e S	•	3				<u></u>			
Program Service Revenue	(	d							
	•	8							
			All other program service reve	nue					
$\rightarrow$	9		Total. Add lines 2a-2f		<b>•</b>			ļ	
	3		Investment income (including	dividends, intere	st, and				
			other similar amounts)		<b>&gt;</b>	589,420.			589,420.
	4		Income from investment of ta	x-exempt bond p	roceeds				<del></del>
,	5		Royalties	(1.5)		<del></del>	<del> </del>		
	_			(i) Real	(II) Personal				
	6	-	Gross rents						
			Less rental expenses						
			Rental income or (loss)  Net rental income or (loss)						
			Gross amount from sales of	(ı) Securities	(ii) Other		<del> </del>	<del> </del>	
	′	a	assets other than inventory	6.032.919.	(ii) Other	1			
		h	Less cost or other basis	6,032,919.		1			
		_	and sales expenses	5,219,352.	1				
		c	Gain or (loss)	813,567.					
	l l		Net gain or (loss)	013,307.	<b>&gt;</b>	813,567			813,567.
4.			Gross income from fundraisin	a events (not		013,307			013,307.
nue		_	including \$	-					
Other Reve			contributions reported on line						
ά			Part IV, line 18	a					
the		þ	Less direct expenses	b		1			
0			Net income or (loss) from fund	draising events	<b></b>				
			Gross income from gaming a	_					
			Part IV, line 19	а		]			
		b	Less direct expenses	ь		]		ĺ	
		c	Net income or (loss) from gar	ning activities					
	10	а	Gross sales of inventory, less	returns					
			and allowances	а					
		þ	Less cost of goods sold	b	L	_			
		С	Net income or (loss) from sale	es of inventory					
	L		Miscellaneous Reveni	ue	<b>Business Code</b>	<u>e</u>			
	11	а	THE BLACKSTONE GROUP I	L.P	900099	35			35.
		þ							
		С	- <del></del>					1	
		d			L		<u> </u>		
		е	Total. Add lines 11a-11d		<b>&gt;</b>	35	· <b>-</b>	<u> </u>	
	12	_	Total revenue. See instructions.			1,403,022		<u></u>	0 1 403 022.
6320	09 11	1-1	1-16						Form <b>990</b> (2016)

016) AT PUNAHOU SCHOOL

	t IX   Statement of Functional Expense				01433 Page 10
Sectio	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns All othe	r organizations must co	mplete column (A)	
	Check if Schedule O contains a respons				
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	906,787.	906,787.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 220	72 125	100 000	
_	trustees, and key employees	180,338.	72,135.	108,203.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages			-	
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	Legal				
С	Accounting	2,500.	1,750.	750.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	1 410		1 410	<del>_</del>
1	Investment management fees	1,419.		1,419.	
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				<del></del>
13	Office expenses				
14	Information technology				······································
15	Royalties		- 4,		* ***
16	Occupancy		<del></del>		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		<del></del>		
20	Interest		<del></del>		
21	Payments to affiliates		<del></del>		
22	Depreciation, depletion, and amortization				
23	Insurance Characteristics and according to the control of the cont		· <del>- · · · · · · · · · · · · · · · · · ·</del>		<u> </u>
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)				
9	FOREIGN TAX WITHHELD	8,045.	~ <del>~~</del> ~	8,045.	
b		0,043.		0,043.	
c					<u> </u>
d		<u> </u>			
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,099,089.	980,672.	118,417.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined		_		
	educational campaign and fundraising solicitation.		`	1	

Check here If following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or note to any line in this Part X	т		
			(A) Beginning of year		(B) End of year
- }	1	Cash · non-interest-bearing	8,785.	1	10,597.
j	2	Savings and temporary cash investments	416,940.	2	214,301.
- {	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
-	5	Loans and other receivables from current and former officers, directors,			
ı		trustees, key employees, and highest compensated employees. Complete		İ	
- 1		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
-		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary		1	
,		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	
1	9	Prepaid expenses and deferred charges	_	9	
- 1		Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b		10c	
ļ	11	Investments - publicly traded securities	16,110,406.	11	16,615,424
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	<del></del>
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
- [	16	Total assets. Add lines 1 through 15 (must equal line 34)	16,536,131.	16	16,840,322
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax exempt bond liabilities		20	
- 1	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ري	22	Loans and other payables to current and former officers, directors, trustees,			
ite		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
ַ כ	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 of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0
		Organizations that follow SFAS 117 (ASC 958), check here			
S		complete lines 27 through 29, and lines 33 and 34.			
č	27	Unrestricted net assets		27	
<u>ala</u>	28	Temporarily restricted net assets		28	
힐	29	Permanently restricted net assets		29	
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here			
<u></u>	1	and complete lines 30 through 34.	1	ł	
ets	30	Capital stock or trust principal, or current funds	16,536,131.	30_	16,840,322
Net Assets or Fund Balances	31	Paid in or capital surplus, or land, building, or equipment fund	0.		0
et A	32	Retained earnings, endowment, accumulated income, or other funds	0.	32	C
ž	33	Total net assets or fund balances	16,536,131.		16,840,322
	34	Total liabilities and net assets/fund balances	16,536,131	34	16,840,322

Form **990** (2016)

	CN WODEHOUSE FACULTY BENEFIT TRUST					
	990 (2016) AT PUNAHOU_SCHOOL	99-	-0 <u>301</u> 4	135	Pag	e 12
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		403		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	<u>,099</u>		
3	Revenue less expenses Subtract line 2 from line 1	3			3,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16	<u>, 536</u>	5,13	<u>31.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Pnor period adjustments	8			2	<u>58.</u>
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	16	,840	0,3	<u> 22.</u>
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
	<u>_</u>				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			į	- 1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				
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 reviewe	d on a				
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis			, ,		
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te bası	ıs,			
	consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne aud	ıt,			1
	review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle A	udit			[

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

Act and OMB Circular A-133?

Form 990 (2016)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

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

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.

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

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CN WODEHOUSE FACULTY BENEFIT TRUST

Employer identification number

PUNAHOU SCHOOL 99-0301435 Reason for Public Charity Status (All organizations must complete this part ) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 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, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) 8 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. 10 L An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. J 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. X 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. X 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 (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN in your governing document (described on lines 1 10 support (see instructions) support (see instructions) organization Yes above (see instructions)) 906,787 PUNAHOU SCHOOL 99-0073523 906,787.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

99-030143<u>5</u> Page 2 Schedule A (Form 990 or 990-EZ) 2016 AT PUNAHOU SCHOOL 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) Section A. Public Support (f) Total Calendar year (or fiscal year beginning in) (a) 2012 (c) 2014 (d) 2015 (e) 2016 (b) 2013 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 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line Section B. Total Support (c) 201A (d) 2015 (e) 2016 (f) Total Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 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) 12 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 15 Public support percentage from 2015 Schedule A, Part II, line 14 % 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 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

Schedule A (Form 990 or 990 EZ) 2016 AT PUNAHOU SCHOOL

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

99-0301435 Page 3

(Complete only if you checked the qualify under the tests listed bel			organization failed	to qualify under P	art II If the organ	ization fails to
ection A. Public Support	<del></del>		<del></del>	<del></del>	<del></del>	
alendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						1
membership fees received. (Do not include any "unusual grants.")			Ĭ	\		
and the second of the second o						
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		<del></del>		<del> </del>	/	-
Gross receipts from activities that					1	
are not an unrelated trade or bus-			1			
iness under section 513			<del> </del>	<del> /-</del>	<del> </del>	<del>-</del>
4 Tax revenues levied for the organ-						
ization's benefit and either paid to			[			
or expended on its behalf				<del>                                     </del>	<del> </del>	
5 The value of services or facilities		}	1			1
furnished by a governmental unit to the organization without charge		[			1	1
	<del></del>		<del>                                     </del>	/	<del> </del>	<del> </del>
6 Total. Add lines 1 through 5  7a Amounts included on lines 1, 2, and			1	1	<del>                                     </del>	<del></del>
3 received from disqualified persons		]		1	)	1
<b>b</b> Amounts included on lines 2 and 3 received				<del> </del>		
from other than disqualified persons that 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 line 6)			<del>                                     </del>	-		<del></del>
ection B. Total Support		<del> </del>	1	<u> </u>	<del></del>	<del></del>
alendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	/ (c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	197-5-5	(4) = 0.10		(-)	197=5:5	107.55
Oa Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income	·	1				
(less section 511 taxes) from businesses						
acquired after June 30, 1975				<u> </u>		1
c Add lines 10a and 10b		/		1		
I1 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)		17				
14 First five years. If the Form 990 is for	the organization	's first, second, the	nird, fourth, or fifth	tax year as a sect	ion 501(c)(3) orga	nization,
check this box and stop here		1				
Section C. Computation of Publ	ic Support Pe	ercentage				
15 Public support percentage for 2016 (I	ine 8, column (f)	divided by line 13	, column (f))		15	
16 Public support percentage from 2015	Schedule A, Par	t III, line 15			16	
Section D. Computation of Inves	stment Incon	ne Percentag	e			
17 Investment income percentage for 20	16 (line 10c, colu	imn (f) divided by	line 13, column (f)	)	17	
18 Investment income percentage from :	<b>2015</b> Schedule A	, Part III, line 17			18	
19a 33 1/3% support tests - 2016. If the	organization dig	not check the bo	x on line 14, and li	ne 15 is more than	33 1/3%, and lir	ne 17 is not
more than 33 1/3%, check this box a	- 1					▶[
b 33 1/3% support tests - 2015, If the	,					%, and
line 18 is not more than 33 1/3%, che	7					
20 Private foundation. If the organization	2					<u></u>
832023 09-21-18					hedule A (Form	

## Schedule A (Form 990 or 990-EZ) 2016 AT PUNAHOU SCHOOL

Part IV | Supporting Organizations

Section A. All 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)

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1	X	
2	Did the organization have any supported organization that does not have an IRS determination of status			ļ
	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
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		X
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ĭ		i
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	1		
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	_3c		<u> </u>
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	ļ	X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			ł
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b	<u> </u>	
С	Did the organization support any foreign supported organization that does not have an IRS determination	1	1	
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	ļ		1
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	İ		
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	ŀ	1	
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,	-	-	
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action	ļ		
	was accomplished (such as by amendment to the organizing document)	5a		X
ь	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	_	<u> </u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			1
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class	-		1

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in

- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

10b Schedule A (Form 990 or 990-EZ) 2016

X

X

Х

X

Х

X

Х

6

7

8

9a

9b

9с

10a

Part VI.

# CN WODEHOUSE FACULTY BENEFIT TRUST

	dule A (Form 990 or 990 EZ) 2016 AT PUNAHOU SCHOOL 99-031	<u>J 1 4 5</u>	J Pa	ge 5
Par	TIV   Supporting Organizations (continued)		v. T	
44	Has the organization accepted a gift or contribution from any of the following persons?		Yes	<u>No</u>
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		ĺ	
а	below, the governing body of a supported organization?	11a	1	X
<b>b</b>	A family member of a person described in (a) above?	11b	-	X
	•	11c	-+	X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  tion B. Type I Supporting Organizations	_ 1 10		
<u> </u>	ton D. Type i cupper and organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	•		
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities of the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	stion C. Type II Supporting Organizations			
	alon of Type in oupporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1.00	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		ļ	ļ
	or management of the supporting organization was vested in the same persons that controlled or managed		1	1
	the supported organization(s)	1		
Sec	ction D. All Type III Supporting Organizations		<u> </u>	<u> </u>
===			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		1	1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		ĺ	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	X	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	Ì	ļ	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		X
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		1	}
	supported organizations played in this regard	3	LX	
Se	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
ē	The organization satisfied the Activities Test. Complete line 2 below			
t	The organization is the parent of each of its supported organizations. Complete line 3 below			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	truction	s)	
2	Activities Test Answer (a) and (b) below.		Yes	No
ē	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		İ	1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		<u> </u>
í	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		]	1
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	
	activities but for the organization's involvement	2b		
3	•	T		$\top$
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		-
1	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		}

#### CN WODEHOUSE FACULTY BENEFIT TRUST

99-0301435 Page 6 Schedule A (Form 990 or 990-EZ) 2016 AT PUNAHOU SCHOOL 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) Pnor Year (optional) 0 78,098. Net short-term capital gain 1 2 0 0.

3

4

5

	collection of gross income of for management, conservation, of			
	maintenance of property held for production of income (see instructions)	6	116,364.	118,417.
7	Other expenses (see instructions)	7	0.	0.
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	436,980.	<u>549,136.</u>
ect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a	17,997,579.	18,687,824.
b	Average monthly cash balances	1b	360,717.	<u>366,345.</u>
С	Fair market value of other non-exempt-use assets	1c	0.	0.
d	Total (add lines 1a, 1b, and 1c)	1d	18,358,296.	19,054,169.
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)	0.		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	0.	0.
3	Subtract line 2 from line 1d	3	18,358,296.	19,054,169.
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4	275,374.	285,813.
5	Net value of non-exempt use assets (subtract line 4 from line 3)	5	18,082,922.	18,768,356.
6	Multiply line 5 by 035	6	632,902.	656,892.
7	Recoveries of prior-year distributions	7	0.	0.
8	Minimum Asset Amount (add line 7 to line 6)	8	632,902.	656,892.
Sec	tion C - Distributable Amount			Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1		436,980.
2	Enter 85% of line 1	2		371,433.
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		632,902.
4	Enter greater of line 2 or line 3	4		632,902.
5	Income tax imposed in prior year	5		0.
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6	<b>!</b>	632,902.

Schedule A (Form 990 or 990-EZ) 2016

589,455.

667,553.

0.

553,344.

553,344

0

2 Recovenes of pnor-year distributions

3 Other gross income (see instructions)

6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or

4 Add lines 1 through 3

5 Depreciation and depletion

CN WODEHOUSE FACULTY BENEFIT TRUST Schedule A (Form 990 or 990-EZ) 2016 AT PUNAHOU SCHOOL 99-0301435 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 906,787. Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 73,885. 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions 980,672. Total annual distributions. Add lines 1 through 6 7 Distributions to attentive supported organizations to which the organization is responsive 906,787. (provide details in Part VI). See instructions 632,902. Distributable amount for 2016 from Section C, line 6 100% Line 8 amount divided by Line 9 amount (iii) (i) (ii) Underdistributions Distributable **Excess Distributions** Amount for 2016 Section E - Distribution Allocations (see instructions) Pre-2016 632,902. 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 c From 2013 d From 2014 515.736. e From 2015 515,736. f Total of lines 3a through e g Applied to underdistributions of prior years 515,736. h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2016 from Section D. 980,672 line 7 a Applied to underdistributions of prior years 117,166. b Applied to 2016 distributable amount 863,506. c Remainder Subtract lines 4a and 4b from 4 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 7 Excess distributions carryover to 2017. Add lines 3<sub>1</sub>

Schedule A (Form 990 or 990-EZ) 2016

and 4c

8 Breakdown of line 7

b Excess from 2013
 c Excess from 2014
 d Excess from 2015

e Excess from 2016

а

863,506.

863,506.

#### CN WODEHOUSE FACULTY BENEFIT TRUST

Schedule A (Form 990 or 990-EZ) 2016 AT PUNAHOU SCHOOL 99-0301435 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12, 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 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V. Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions) PART IV, SECTION D, LINE 2: THE ORGANIZATION MAINTAINED A CLOSE AND CONTINUOUS WORKING RELATIONSHIP WITH THE SUPPORTED ORGANIZATION(S) BY PROVIDING PERIODIC PERFORMANCE 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 ORGANIZATION TO DISCUSS THE INVESTMENTS AND GRANTS MADE THROUGHOUT THE YEAR, AND CORRESPONDING VIA EMAIL OR TELEPHONICALLY WHEN ISSUES, CONCERNS OR QUESTIONS AROSE. PART IV, SECTION D, LINE 3: THE ORGANIZATION PROVIDED PERIODIC PERFORMANCE REPORTS ON THE INVESTMENT PORTFOLIO AND MET WITH THE SUPPORTED ORGANIZATION(S) EITHER FACE TO FACE OR BY CONFERENCE CALL TO DISCUSS THE INVESTMENT IN ADDITION, THE SUPPORTED ORGANIZATION(S) WERE GIVEN PERFORMANCE. DISCRETION AS TO THE TIMING OF THE GRANTS.

Employer identification number 99-0301435 Inspection CN WODEHOUSE FACULTY BENEFIT TRUST 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, ► Attach to Form 990. AT PUNAHOU SCHOOL General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Partl

OMB No 1545-0047	2016

Open to Public

ž Schedule I (Form 990) (2016) DEVELOPMENT OF THE NEW (h) Purpose of grant or assistance FACULTY SALARIES AND X Yes 2ND - 5TH GRADE 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 ACILITIES BENEFITS 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance : (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of cash grant 486 787 420,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 170(B)(1)(A)(II) 170(B)(1)(A)(II) (c) IRC section (if applicable) Enter total number of other organizations listed in the line 1 table 99-0073523 99-0073523 (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government 1601 PUNAHOU STREET 1601 PUNAHOU STREET HONOLULU HI 96822 HONOLULU, HI 96822 PUNAHOU SCHOOL PUNAHOU SCHOOL Part II

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

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PUNAHOU SCHOOL

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 Schedule I (Form 990) (2016)

Part III

(f) Description of noncash assistance (book, FMV, appraisal, other) THE MAJOR OR EXTRAORDINARY NEEDS OF THE SCHOOL OR ITS EDUCATIONAL PROGRAMS CONFIRMING GRANTS WERE USED FOR FACULTY SALARIES AND BENEFITS OR TO MEET Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information THE SCHOOL PROVIDES PERIODIC REPORTS THE CHARITABLE BENEFICIARY (d) Amount of non-cash assistance (c) Amount of cash grant GRANTS ARE MADE SOLELY TO PUNAHOU SCHOOL AS (b) Number of recipients IDENTIFIED IN THE TRUST DOCUMENT. (a) Type of grant or assistance PART I, LINE 2:

Schedule 1 (Form 990) (2016)

### **SCHEDULE 0**

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

CN WODEHOUSE FACULTY BENEFIT TRUST AT PUNAHOU SCHOOL

Employer identification number 99-0301435

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

FORM 990, PART VI, SECTION C, LINE 19:

THE TRUST DOCUMENT AND ACCOUNT STATMENTS ARE PROVIDED TO THE BENEFICIARY Schedule O (Form 990 or 990-EZ) (2016) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632211 08-25-16

Name of the organization CN WODEHOUSE FACULTY BENEFIT TRUST AT PUNAHOU SCHOOL	Employer identification number 99-0301435
ORGANIZATION IDENTIFIED IN THE TRUST DOCUMENT (PUNAHOU SC	HOOL). BANK OF
HAWAII, CORPORATE TRUSTEE, HAS A CONFLICT OF INTEREST POL	ICY, WHICH IS
AVAILABLE TO THE BENEFICIARY ORGANIZATION UPON REQUEST.	AUDITED FINANCIAL
STATEMENTS ARE NOT PREPARED FOR THE TRUST.	
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SCHEDULE R (Form 990) CN WODEHOUSE FACULTY BENEFIT TRUST

AT PUNAHOU SCHOOL

Name of the organization

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

2016

OMB No 1545-0047

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 99-0301435 Open to Public Inspection

(g) Section 512(b)(13) Š × controlled entity? Direct controlling Yes 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 entity Direct controlling entity End-of-year assets status (if section Public chanty 501(c)(3)) Total income Exempt Code (10(B)(1)(A) section Legal domicile (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) HAWAII EDUCATIONAL INSTITUTION Primary activity Primary activity Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity PUNAHOU SCHOOL - 99-0073523 1601 PUNAHOU STREET HONOLULU, HI 96822 Part II Part

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Schedule R (Form 990) 2016

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CN WODEHOUSE FACULTY BENEFIT TRUST

Schedule R (Form 990) 2016 AT PUNAHOU SCHOOL

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 Part III

Schedule R (Form 990) 2016 Sonoral or Percentage Saction 5 12(b)(13) controlled entity? managing ownership Yes No Identification of Related Organizations Taxable as a Corporation 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 ड Percentage ownership Yes No Ξ Code V-UBI amount in box 20 of Schedule -K-1 (Form 1065) Share of end-of-year assets 6 Disproportronale Yes No aCocations? 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) ਉ **e** Legal domicile (state or foreign country) 26 <u>ပ</u> (d)
( Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization 632162 09-06-16 Part IV

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Schedule R (Form 990) 2016

Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule					× 20 ×	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?	ons with one or more	related organizations listed	d in Parts II IV?		LES	2
a Receipt of (i) interest. (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ıty			t-	╌┼	$ \times $
b Gift, grant, or capital contribution to related organization(s)			•	d d	×	
c Gift, grant, or capital contribution from related organization(s)				1		×
d Loans or loan guarantees to or for related organization(s)				19		×
e Loans or loan guarantees by related organization(s)				16		×
f Dividends from related organization(s)				<b>;</b>		×
g Sale of assets to related organization(s)				무		×
				=		×
Exchange of assets with related organization(s)				<b> </b>		×
<ul> <li>Lease of facilities, equipment, or other assets to related organization(s)</li> </ul>				<u> </u>		×
k Lease of facilities, equipment, or other assets from related organization(s)			:	¥		×
l Performance of services or membership or fundraising solicitations for related organization(s)	janization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	Janization(s)		. ,	Ę		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ition(s)			ţ		×
				٩		×
			:::	<u> </u>		1
p Reimbursement paid to related organization(s) for expenses				1p		×
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2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete t	is line, including covered	relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ount involved		
(1)						1
(2)						j
(3)						1
(4)						
(9)					1	-
(9)						
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CN WODEHOUSE FACULTY BENEFIT TRUST AT PUNAHOU SCHOOL

Schedule R (Form 990) 2016

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 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

that was not a related organization over instructions regarding excussion to corruin inspection of (a) (b) (c) (d)	(b)	(c)		(£)		(6)	3	3	3	3
Name, address, and EIN of entity	Primary activity	nicile oreign	Predominant income partners sec (related, unrelated, 501(c)(3)	ssec Share of total		Ħ	Orspropor- bonate atlocations?	Ospropor- Code V-UBI General or Percentage undirect amount in box 20 managing ownership abscators? of Schedule K-1 partner?	General o managing partner?	Percentage ownership
	:	country)	sections 512-514) Yes No	No income		assets	Yes No	(Form 1065)	Yes No	
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