Form **990** 

Return of Organization Exempt From Income Tax

On the Internal Revenue Code (except private foundations)

Do not enter social security numbers and the Internal Revenue Code (except private foundations)

Open to Public

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

	<u>A</u> F	or th	e 2017 calendar year, or tax year beginning A	<u>JG 1, 2017</u> and	ending (	<u>JUL 31, 2018</u>	<u> </u>
	В	heck if	C Name of organization			D Employer identif	ication number
	а	pplicab	CN WODEHOUSE FACULTY B	ENEFIT TRUST		l .	
		Addre	SS AM CHARLET				
	F	Name				99-0	301434
	$\vdash$	Initial	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	vered to street address)	Room/suite	<u> </u>	
	$\vdash$	Final	D O DOV 3170 DEDM 71		110011/3010	(808)	
	ι	returr term⊪ ated	City or town, state or province, country, and				3,421,988.
		Amer	ded TIONOTTITTI UT 06000 21			G Gross receipts \$	
	<u> </u>	_ireturr ∏Applı				H(a) is this a group	
	L	_Ition 	F Name and address of principal officer DAIN	C OF HAWAII		for subordinate	
			SAME AS C ABOVE		783	H(b) Are all subordinates	
				(insert no ) 4947(a)(1)	or 🔼 🕏	<b>-</b>	a list (see instructions)
			te: ► N/A		<del></del>	H(c) Group exemption	
	_			ociation Other	<u>L</u> Year	of formation. 2003	M State of legal domicile HI
$\infty$	Pa	irt I	Summary				
2018	ė	1	Briefly describe the organization's mission or most	· ————		SUPPORT FO	
	ä		CHARITABLE AND EDUCATIONA			MS OF SEABU	
တ	er a	2	Check this box  If the organization discor	tinued its operations or dispe	sed of mo	e than 25% of its net a	issets
	Š	3	Number of voting members of the governing body	Part VI, line 1a)	\vi	\ 3	<u> </u>
EC.	<u>م</u>	4					1
DE	es	5	Total number of volunteers (estimate if necessary)  Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII. co	ear 201 (Pa+V, line 2a)	5010 l	5	0
ш	VIT	6	Total number of volunteers (estimate if necessary)	IN DEC			0
ΜZ	Activities & Governance	7 a	Total unrelated business revenue from Part VIII, co	umn (C), linted			0.
ວ×	a	ь	Net unrelated business taxable income from Form	umn (C), library 990-T, line 34 OGDE	.13	7b	0.
CIENTARO MARK DATE				1 00		Prior Year	Current Year
Щø	ക	8	Contributions and grants (Part VIII, line 1h)		[	0.	0.
务	evenue	9	Program service revenue (Part VIII, line 2g)			0.	0.
Ź	eve eve	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		1,297,687	860,344.
Z	ďΞ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	•		31.	609.
		12	Total revenue - add lines 8 through 11 (must equal	_	1,297,718.		
		13	Grants and similar amounts paid (Part IX, column (A		815,814.		
MAR		14	Benefits paid to or for members (Part IX, column (A	-	0.20,022	0.	
		15	Salaries, other compensation, employee benefits (F		-	196,462	
	Š	l				0,	
4			Professional fundraising fees (Part IX, column (A), li Total fundraising expenses (Part IX, column (D), line		<u>o.</u>		•
2019	Š	1			<del></del>	13,049	10,556.
19	5		Other expenses (Part IX, column (A), lines 11a-11d,	•			
			Total expenses Add lines 13 17 (must equal Part I)	• • • • • • • • • • • • • • • • • • • •	<u> </u>	1,025,325	
	<u>_ ~</u>	19	Revenue less expenses Subtract line 18 from line	12	<del></del>	272,393.	-237,213.
	Assets or designation of the des				Be	eginning of Current Year	
	Sse	20	Total assets (Part X, line 16)		<u> </u>	18,971,502	
	Net A Fund	21	Total liabilities (Part X, line 26)		}	0.	
		22	Net assets or fund balances Subtract line 21 from	line 20		18,971,502	18,734,289.
		ırt II	Signature Block			<del></del>	<del></del>
			alties of perjury, I declare that I have examined this return,				ny knowledge and belief, it is
	true,	corre	ct, and consider Declaration of preparer (other than office	r) is based on all information of w	hich prepare	r has any knowledge	
			Signature of officer	<del></del>		Date	
	Sigi	3	N*1/ /-	_		Date NF	C 1 2 2018
	Her	е	BANK OF HAWAII, TRUSTE: Type or print name and title	<u> </u>	<del></del>		
						Data	DTIN
			Print/Type preparer's name	Preparer's signature		Date Check	PTIN
	Paid			· ·		seif emplo	oyed
	Prep		Firm's name			Firm's EIN	<del></del>
	Use	Unly	Firm's address			_	
			<u></u>			Phone no.	
	May	the l	RS discuss this return with the preparer shown abo	ve? (see instructions)			Yes No

732002 11-28-17

(Expenses \$

Other program services (Describe in Schedule O)

Total program service expenses

including grants of \$

968,903.

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Part IV Checklist of Required Schedules

			res	NO_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		17	
	If "Yes," complete Schedule A	1-1-	X	<del></del>
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			<sub>v</sub>
	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	,		x
_	during the tax year? If "Yes," complete Schedule C, Part II	4_		
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		Х
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,			
	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		ļ	
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	1		
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			•
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		ļ	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<b> </b>	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	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		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X_
P	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	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X _
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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	[	ļ	
	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
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,,
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	<del> </del> -	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		, v
	complete Schedule G, Part III	<u> 19</u>	990	<u>X</u> (2017)
		rorm	330	(2017)

Form 990 (2017) AT SEABURY HALL
Part IV Checklist of Required Schedules (continued)

			res	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 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			
	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		i	
	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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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>X</u>
þ	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			
	Schedule L, Part I	25b		<u>X</u>
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			
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			٠,,
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00	!	v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	24		Х
20		31		
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	32		
33	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	33		
<b>5</b> 4	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
•	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			Γ
	Note. All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
		Form	aan	(2017)

Part V	Statements	Regarding	Other IRS	Filings and	Tax Compliance
I alt V	Statements	negarung	Other Ino	riiiigs and	Tax Compnance

Form 590 (2017)  ATT SEABURY HALL  Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any free in this Part V  1a Enter the number reported in Box 3 of Form 1098 Enter 0 if not applicable	'	CN WODEHOUSE FACULTY BENEFIT TRUST			_
Check if Schedule C contains a response or note to any line in this Part V  1a. Eiter the number reported in Box 3 of Form 1098. Enter-0 if not applicable  1b.			434	P	age 5
tale Either the number reponded in Box 3 of Form 1096 Either -0 in not applicable   10   0   0   0   0   0   0   0   0					$\Box$
tale Either the number reponded in Box 3 of Form 1096 Either -0 in not applicable   10   0   0   0   0   0   0   0   0			Ĭ	Voc	No
b Enter the number of Forms W-26 included in line 1 a. Enter- 0-f. Inch applicable of Did the organization comply with backup witholding rules for reportable payments to vendors and reportable gaming (gambling) womings to prize winners?  2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. Ited for the calendar year ending with or within the year covered by this return. Ited for the calendar year and a significant and 250, you may be required to e-life (see instructions).  3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a. If Yes's, that if field Form 990 for for this year? "Wo," to line 30, provide an explanation in Schedule O.  4a. At any time during the calendar year, did the organization have an interest in, or a significant on other authority over, a financial account in a foreign country (such as a bank account; securities account, or other financial account)?  4b. If Yes's, there is the name of the foreign country by the securities account, or other financial accounts?  5c. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a. Dos she organization apparty to a prohibited tax shelter transaction at any time during the tax year?  5b. D. S. Was the organization than the organization field form 8868 17?  6c. Doss the organization and the organization field form 8868 17?  6d. Doss the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c. Description of the calendary of the organization field form 8868 17?  8d. Description of the description of cause states are contribution on a party for goods and services provided?  8d. Description of the propagation receive a payment in excess of Sf5 made party as a contribution on a party for goods and services provided to the payor?  7c. Description of the propagation receive a payment in excess of Sf5 made party as a contribution on a party tor which it	1a	Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable		165	NO
2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements.    Med for the calendar year ending with or within the year covered by this return			4 !		
2a Enter the number of employees reported on Form W.S. Transmittal of Wages and Tax Statements, field for the calendary year ending with or within the year covered by this return  b If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3 Od the organization have unrelated business gross smoore of 31, 1000 or more dumpt the year?  3 a X  3 b If "Yes," has it filed a Form 990 T for this year? If 'No, ' to line 30, provide an explanation in Schedule O  3 b If Yes, ' has it filed a Form 990 T for this year? If 'No, ' to line 30, provide an explanation or Schedule O  3 b If Yes, ' the sit filed a Form 990 T for this year? If 'No, ' to line 30, provide an explanation or schedule O  3 b If Yes, ' to line or foreign country (such as a bank account, securities account, or other financial Accounts (FBAR)  5 a Was the organization and the foreign country.  5 a Was the organization have annual gross receipts that a renormally greater than \$100,000, and did the organization solicit any contributions that were not tax destructible?  6 a 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 destructible?  6 b If 'Yes, ' to line the organization mouldow with very solicitation an expense statement that such contributions or grifts were not tax destructible?  6 b If 'Yes, ' to line the organization mouldow with very solicitation are species as the sement that such contributions or grifts were not tax destructible?  6 b If 'Yes, ' indicate the number of Forms 8820 filed during the year organization receive a payment in excess of \$55 made partly as a contribution of care provided?  6 b If 'Yes, ' indicate the number of Forms 8820 filed during the year.  6 c Dd the organization received a contribution of qualified infelectual property, did the organization file For	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	[ [		
bil fat least one is reported on line 2a, did the organization file ill required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a. Did the organization have unrelated business gross is some of \$1,000 or more during the year?  4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; out of the foreign country (who, *bill interest in, or a signature or other authority over, a financial account in a foreign country (who is a bank account, earn of the foreign country (who is a bank account, earn of the foreign country (who is a bank account, earn of the foreign country (who is a bank account, earn of the foreign account in a foreign account in a foreign country (who is a bank account, earn of the foreign account in a foreign account (who is a simple foreign bank and Financial Accounts (FBAR)  5a. Was the organizations a party to a prohabted tax shelter transaction at any time during the tax year?  5a. Was the organization a party to a prohabted tax shelter transaction at any time during the tax year?  5b. If "Yes," to line 5a or 5b, did the organization file Form 88861?  6a. Dod any taxable party notify the organization file Form 88861?  6b. Carriers, and the organization have annual gloss receipts that are normally greater than \$100,000, and did the organization solicit any contributions in the view of tax deductible?  6b. If "Yes," did the organization receive algorithm of the tax of the post of the party of the prograzation shall may receive deductible contributions under section 170(c).  6c. Did the organization shall party the donor of the value of the goods or services provided?  7c. Visit of the organization shall party the donor of the value of the goods or services provided?  7c. Vi		(gambling) winnings to prize winners?	1c		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have urrelated business gross income of \$1,000 or more during the year?  3a X  X  b If "Yes," has if filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule 0  3b A At any time during this calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (*F8AR)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited as shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited as shelter transaction?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charidable contributions?  6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organization shart may receive deductible contributions under section 170(s).  8d biff the organization receive a pyment in excess of 35 made party as a contribution of a party for goods and services provided to the payor?  8d If "Yes," did the organization notify the donor of the value of the goods or services provided?  9d If "Yes," did the organization notify the donor of the value of the goods or services provided?  1 If Yes, a finite the properties of the properties of the goods or services provided?  1 If the organization received an ortification of the val	2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return 2a 0			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b If "Yes," or that the name of the foreign country   ▶ See instructions for fining requirements for FiniCRN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization file Form 8886-1?  6c Dest the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that way receive deductible as charidable contributions?  6c If "Yes," to that the organization include with every solicitation an express statement that such contributions or girts were not tax deductible?  6d Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," did the organization selection state of the good os revinces provided?  9d If "Yes," did the organization notify the donor of the value of the good os revinces provided?  16 If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  17 If the organization received a contribution of cars, boats, ariplanes, or other vehicles, did the organization file Form 8899 as required?  18 If the organization received a contribution of cars, boats, ariplanes, or other vehicles, did the organization file Form 1098 C?  19 Sponsoring organization make a distribution of cars, boats, ariplanes, or other vehicles, did th	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b if "Yes," has it fled a Form 990 T for this year? if "No," to line 3b, provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country guich as a bank account, securities account, or other financial account?  5 if "Yes," enter the name of the foreign country I will be securitied to the financial account of the foreign country is guich as a bank account, securities account, or other financial account?  5 if "Yes," enter the name of the foreign country I will be securitied to the financial accounts (FBAR)  5 was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 if "Yes," to line 5 a or 5b, did the organization file Form 8886-T?  6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twere not tax deductible acchirabilities contributions?  5 if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible acchirabilities and the organization foreign and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible.  6 if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible.  6 if "Yes," did the organization network eductible contributions under section 170(c).  8 if "Yes," did the organization include with every solicitation and partity or goods and services provided to the payor?  7 organizations that may receive deductible contributions and partity or goods and services provided to the payor?  7 organizations that may receive a payment in excess of 15 magnitude that the goods or services provided?  8 organization shall, exchange, or other windows provided to the payor organization for foreign 8282 filed during		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a At any time during the callendar 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;?  b if Yes, "enter the name of the foreign country ▶  See instructions for filing requirements for FinCEN Form114, Report of Foreign Bank and Financial Accounts (FBAR)  S Was the organization a pray to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6c If Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6c If Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6c If Yes," to did the organization network with every solicitation an express statement that such contributions or gifts were not tax deductable?  7c Organizations that may receive deductable contributions under section 170(c).  9c Did the organization receive a psyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  9c Did the organization notify the donor of the value of the goods or services provided?  9c Did the organization notify the donor of the value of the goods or services provided?  9c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9c Did the organization for the provided a contribution of qualified reflicitual property, did the organization file or mace a contribution of qualified reflicitual property, did the organization file or form 1098-0?  9c Sponsoring organizations amintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor			3a		X
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	L	Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
а	The governing body?	8a	Х	
þ	Each committee with authority to act on behalf of the governing body? N/A	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
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		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
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?			
а	The organization's CEO, Executive Director, or top management official N/A, see explanation (Sch. 0)	15a		
	Other officers or key employees of the organization N/A, see explanation (Sch. 0)	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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) a	availab	le	
	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, and	d finan	cıal	
	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			

### Form 990 (2017) 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

- 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 report able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organi (A) Name and Title	(B) Average hours per	(C) Positi (do not check mi box, unless persi				l than	one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	er an	Officer Officer	recto	Highest compensated control	tee)	from the organization (W 2/1099 MISC)	from related organizations (W-2/1099 MISC)	other compensation from the organization and related organizations
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Part VII   Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees,	and	d Hi	ghe	st C	ompensated Employe	es (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(44-			ition			Reportable	Reportable		Est	ımate	ed
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	hours for	individual trustee or director				<u> </u>		organization	(W-2/1099 MIS	SC)	fro	m th	е
	related	stee 0	Institutional trustee	'		Highest compensated employee		(W-2/1099 MISC)		1	orga	ınızat	ion
	organizations	al trus	ınal tı		Key employee	E COM					and	relat	ed
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1b Sub-total							<b>•</b>	200,762.		0.			0.
c Total from continuation sheets to Part V	II. Section A						<b>•</b>	0.		0.		•	0.
d Total (add lines 1b and 1c)	.,,						•	200,762.		0.			0.
Total number of individuals (including but it	not limited to th		liste	nd al	hove	ابد (د	00 r	·	000 of reportable				<u></u>
compensation from the organization	iot iiiiiited to ti	1030	11310	o ai	OOV	J) **I	10 10	eceived more than proc	,000 or reportable	-			0
compensation not the organization											Т	Yes	No
2. Did the argenization list any former officer	director or to						است	hb.oo.t		Г	$\dashv$		
3 Did the organization list any former officer		ıste	э, ке	y en	пріо	yee,	or i	nignest compensated e	mpioyee on		_		v
line 1a? If "Yes," complete Schedule J for s										-	3		X
4 For any individual listed on line 1a, is the s									the organization				
and related organizations greater than \$15										]-	4		_X_
5 Did any person listed on line 1a receive or							elat	ed organization or indiv	idual for services				
rendered to the organization? If "Yes," con	nplete Schedul	<u>e J f</u>	or su	ıch	pers	son		-·	··		5		<u>X</u>
Section B. Independent Contractors													
<ol> <li>Complete this table for your five highest co</li> </ol>	ompensated inc	depe	ende	nt c	ontr	acto	rs t	hat received more than	\$100,000 of com	pensa	tion fr	om	
the organization Report compensation for	the calendar y	ear (	endii	ng v	vith	or w	ıthır	n the organization's tax	year				
(A)								(B)			(C	)	
Name and business	s address	NO	<u> NE</u>	<u> </u>				Description of s	ervices	Co	mpen	satio	n
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2 Total number of independent contractors		ot lii	mite	d to		_	sted	d above) who received n	nore than				
\$100,000 of compensation from the organ	ization 🕨				(	0		<del></del>					
										F	orm S	<b>990</b> (	2017)

Form 990 (2017) AT SEAB
Part VIII Statement of Revenue

AT SEABURY HALL

Total revenue Related for Correlation Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control			Check if Schedule O con-	tains a response	or note to any lin	e in this Part VIII			
1						` '	Related or exempt function	Unrelated business	from tax under
Business Code    2 a   b   c   c   c   c   c   c   c   c   c	ıts	1 a	Federated campaigns	1a					
Business Code    2 a   b   c   c   c   c   c   c   c   c   c	irar		. •	1b					
Business Code    2 a   b   c   c   c   c   c   c   c   c   c	A G	С	Fundraising events	1c					
Business Code    2 a   b   c   c   c   c   c   c   c   c   c	ar /	d		1d					
Business Code    2 a   b   c   c   c   c   c   c   c   c   c	S.E	е	Government grants (contribut	tions) 1e					
Business Code    2 a   b   c   c   c   c   c   c   c   c   c	rion	f	All other contributions, gifts, gran	its, and					Í
Business Code    2 a   b   c   c   c   c   c   c   c   c   c	t a		similar amounts not included abo	ve 1f					<b>,</b>
Business Code    2 a   b   c   c   c   c   c   c   c   c   c	E S	g	Noncash contributions included in lines	1a-1f \$					
2	<u>a</u>	<u>h</u>	Total. Add lines 1a-1f		▶				
December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December   December	ļ	l			Business Code				ļ
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Contributions reported on line 1c) See   Part IV, line 18   B   Less direct expenses   Contributions reported on line 1c) See   Part IV, line 19   B   Less cost of goods sold   Contributions or (loss) from gaming activities   Contr		4	Income from investment of ta	x-exempt bond	proceeds 🕨			<del></del>	
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c Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a THE BLACKSTONE GROUP L.P. 900099 609. 609. b c d All other revenue e Total. Add lines 11a-11d	ine	ва		= '					
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a THE BLACKSTONE GROUP L.P. 900099 609. 609. b c d All other revenue e Total. Add lines 11a-11d	Ver				1				}
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a THE BLACKSTONE GROUP L.P. 900099 609. 609. b c d All other revenue e Total. Add lines 11a-11d	8		•	•					
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a THE BLACKSTONE GROUP L.P. 900099 609. 609. b c d All other revenue e Total. Add lines 11a-11d	her	h							
9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a THE BLACKSTONE GROUP L.P. 900099  609. 609.	ŏ								
Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a THE BLACKSTONE GROUP L.P. 900099  609. 609. 609.				-			<del></del>	·*	1
b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a THE BLACKSTONE GROUP L.P. 900099 609. 609.  c d All other revenue e Total. Add lines 11a-11d	İ	<i>3 a</i>							
c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a THE BLACKSTONE GROUP L.P. 900099 609. 609.  b  c d All other revenue e Total. Add lines 11a-11d	ì	h					}		
10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a THE BLACKSTONE GROUP L.P. 900099 609. 609.  c d All other revenue e Total. Add lines 11a-11d	1		·	_					
and allowances  b Less cost of goods sold  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a THE BLACKSTONE GROUP L.P. 900099  609. 609.  c d All other revenue  e Total. Add lines 11a-11d									<del></del>
b Less cost of goods sold b	}		•		<u>,                                    </u>	1	Ì		
C Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a THE BLACKSTONE GROUP L.P. 900099 609. 609.  b  c  d All other revenue  e Total. Add lines 11a-11d		h							
Miscellaneous Revenue       Business Code         11 a THE BLACKSTONE GROUP L.P.       900099       609.       609.         b C       d All other revenue       609.         e Total. Add lines 11a-11d       609.					<b></b>				ļ
11 a THE BLACKSTONE GROUP L.P. 900099 609. 609.  c	j				Business Code	<del></del>			<del>                                     </del>
b	Ì	11 a				609			609
c d All other revenue e Total. Add lines 11a-11d  609.									1
d All other revenue e Total. Add lines 11a-11d	j							<del></del>	<del>                                     </del>
e Total. Add lines 11a-11d	ŀ								
					<b>&gt;</b>	609.		··· · · · · · · · · · · · · · · · · ·	
		12	Total revenue See instructions.		<b>_</b>		0.	0	860 953.

732009 11-28-17

Form 990 (2017)

Part IX Statement of Functional Expenses

Sect	ection 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)							
	Check if Schedule O contains a respon	se or note to any line in						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses			
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21	886,848.	886,848.					
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							
4	Benefits paid to or for members				<del></del>			
5	Compensation of current officers, directors,							
	trustees, and key employees	200,762.	80,305.	120,457.				
6	Compensation not included above, to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)				<del></del>			
7	Other salaries and wages							
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)				<del></del>			
9	Other employee benefits				<del></del>			
10	Payroll taxes				<del></del>			
11	Fees for services (non employees)							
а	Management				<del></del>			
b	Legal	2,500.	1,750.	750.				
	Accounting	4,500.	1,750.	750.	<del></del>			
d	Lobbying Professional fundraising services See Part IV, line 17			<del></del>	<del></del>			
e f	Investment management fees	965.		965.	· · · · · · · · · · · · · · · · · · ·			
ı q	Other (If line 11g amount exceeds 10% of line 25,	703.		703.				
9	column (A) amount, list line 11g expenses on Sch 0)							
12	Advertising and promotion				<del></del>			
13	Office expenses							
14	Information technology		· · · · · · · · · · · · · · · · · · ·	-,				
15	Royalties		7					
16	Occupancy							
17	Travel							
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization							
23	Insurance							
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)							
а	FOREIGN TAX WITHHELD	7,091.		7,091.	· · · · · · · · · · · · · · · · · · ·			
b			_					
С								
d								
e	All other expenses							
25	Total functional expenses Add lines 1 through 24e	1,098,166.	968,903.	129,263.	0.			
26	Joint costs Complete this line only if the organization							
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.							
	Check here If following SOP 98-2 (ASC 958-720)							

Form 990 (2017)
Part X | Balance Sheet

Par	t X	Balance Sheet			
		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	11,892.	1	15,593.
	2	Savings and temporary cash investments	928,000.	2	425,796.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		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		l	
ĺ		employers and sponsoring organizations of section 501(c)(9) voluntary			
2		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			
		basis Complete Part VI of Schedule D 10a		ĺ	
1	b	Less accumulated depreciation 10b		10c	
	11	Investments publicly traded securities	18,031,610.	11	18,292,900.
	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	<del></del>	15	
1	16	Total assets. Add lines 1 through 15 (must equal line 34)	18,971,502.	16	18,734,289.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ĺ	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S.	22	Loans and other payables to current and former officers, directors, trustees,			
iţi.		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
ت	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			
l		Schedule D		25	
	26	Total Irabilities. 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.		İ	
ğ	27	Unrestricted net assets		27	
3ala	28	Temporarily restricted net assets		28	
D E	29	Permanently restricted net assets		29	
ᆵᅵ		Organizations that do not follow SFAS 117 (ASC 958), check here		.	
_ p		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	18,971,502.	30	18,734,289.
ISS	31	Paid in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	0.	32	0.
z	33	Total net assets or fund balances	18,971,502.	33	18,734,289.
ļ	34	Total liabilities and net assets/fund balances	18,971,502.	34	18,734,289.

Form	1990 (2017) AT SEABURY HALL	99-03	301434	Page_12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,953.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,098	<u>3,166.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	<u>-237</u>	<u>7,213.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u> 18,971</u>	<u> 1,502.</u>
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	18,734	<u>1,289.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		<del></del>	
				Yes No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	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 reviewed	d on a		
	separate basis, consolidated basis, or both		-	
	Separate basis Consolidated basis Both consolidated and separate basis			
ь	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		
	consolidated basis, or both			Ì
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		
	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			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form	<b>990</b> (2017)

732012 11-28-17

### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information

2017

Open to Public Inspection

Name of the organization

CN WODEHOUSE FACULTY BENEFIT TRUST

Employer identification number

99-0301434 SEABURY HALL 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) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990 EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 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) 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) 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 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3) Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) SEABURY HALL 99-0110784 2 X 886,848

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

886,848.

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

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

Se	ction A. Public Support		<u> </u>			-	
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not		}				
	include any "unusual grants ")						
2	Tax revenues levied for the organ						
	ization's benefit and either paid to			ļ			Y
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						<u></u>
4	Total. Add lines 1 through 3						
5	The portion of total contributions		ĺ				
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included			ľ			
	on line 1 that exceeds 2% of the		1				
	amount shown on line 11,						
	column (f)				/		
	Public support. Subtract line 5 from line 4			<u> </u>	<i>X</i>		
	ction B. Total Support					<del></del>	T
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4					<del> </del>	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		ļ		<del>                                     </del>	<del> </del>	
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		<del> </del>			<u> </u>	
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)		-		· · · · · · · · · · · · · · · · · · ·	<del> </del>	
11	Total support. Add lines 7 through 10			<u> </u>	<u> </u>	<del>                                     </del>	
	Gross receipts from related activities, e		N .	حبت. ه ماهگری د ماهدریدی است		12	
13	First five years. If the Form 990 is for t	- /	s iirst, second, triii	ra, iourth, or iiith t	ax year as a section	on 50 ((c)(3)	ightharpoonup
Se	organization, check this box and stop lection C. Computation of Public		rcentage		··· ·		
	Public support percentage for 2017 (lin			column (fl)		14	%
	Public support percentage from 2016 S	/	•	column (1))		15	<u> </u>
	33 1/3% support test - 2017. If the org	/		on line 13, and line	14 is 33 1/3% or i		
	stop here. The organization qualifies as	_ /			1410001707001		<b>▶</b>
b	33 1/3% support test - 2016 If the org	//			d line 15 is 33 1/3%	6 or more, check t	his box
_	and stop here. The organization qualifi	9					▶ □
17 <i>a</i>	10% -facts-and-circumstances test				e 13 16a. or 16b.	and line 14 is 10%	or more.
	and if the organization meets the "facts						
	meets the "facts-and circumstances" to			•	•		<b>▶</b>
Ł	10% -facts-and-circumstances test				-	17a, and line 15 is	10% or
-	more, and if the organization meets the						
	organization meets the "facts and circu				•		ightharpoons
18	Private foundation. If the organization		=				ns
				· · · · · · · · · · · · · · · · · · ·		<u> </u>	0 or 990-EZ) 2017
						•	•

CN WODEHOUSE FACULTY BENEFIT TRUST Schedule A (Form 990 or 990 EZ) 2017 AT 99-0301434 Page 3 SEABURY HALL 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) Section A. Public Support (e) 2017 (f) Total Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, and

8 Public support. (Subtract line 7c from line 6)
Section B. Total Support

3 received from disqualified persons
b 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
c Add lines 7a and 7b

		<del>,</del>	T	,		
Calendar year (or fiscal year beginning in) 🖊	(a) 2013	(b) 2014	<b>√(c)</b> 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income		<b>/</b>				
(less section 511 taxes) from businesses		<b>/</b>	)			
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)		/				

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2016 Schedule & Part III, line 15

16 %

Section D. Computation of Investment Income Percentage

17	investment income	percentage for	2017 (line	roc, column (i	i) aiviaea by	rime 13,	, column (i))
----	-------------------	----------------	------------	----------------	---------------	----------	---------------

18 Investment income percentage from 2016 Schedule A, Part III, line 17

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

14 First five years, if the Form 990 is for the organization, first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

store for 0047 (line 100 poliume (6) divided by time 12 poliume (6)

Schedule A (Form 990 or 990-EZ) 2017

17

%

%

732023 10-06-17

check this box and stop here

### 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.)

0	ction	Δ	ΔΙΙ	Si	inno	rtina	Orc	anizations	
JE	CHOIL	м.	$\sim$ 111	υı	เททบ	unu	OIL	iailizations	•

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c 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) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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)

		Yes	No
	1	X	
	į		
	2		<u>X</u> _
	3a		<u>X</u> _
	3b		<del></del>
	3c		
	4a		<u>X</u>
	4b		
	4c		
	5a		X
	5b 5c		
	6		x
	0		41
	7		Х
	8		X
	0-		Х
	9a		
	_9b	_	<u>X</u>
	9c		X
	10a		X
	10b		
m 9	90 or 99	0-EZ	2017

		99-030143	4 P	age 5
Pa	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		Х
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Х
	tion B. Type I Supporting 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. If the organization had more than one supported organization,	1		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		1	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	}		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		1
Sec	tion C. Type II Supporting Organizations			·
	, p		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)			
Sec	tion D. All Type III Supporting Organizations			
	ton D.7th Type in Supporting Organizations		V	NI.
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	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			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		,,	
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Х	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	į		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	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			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u></u>	supported organizations played in this regard	3	X	L
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee inst	ructions).		
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	y (see instructions	$\overline{}$	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
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			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
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		

Schedule A (Form 990 or 990 EZ) 2017 AT SEABURY HALL

Part V 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 1 other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 42,567 91,199. Net short-term capital gain 0. 2 0. Recoveries of prior-year distributions 2 648,829. 651,411. 3 Other gross income (see instructions) 3 691,396. 742,610. Add lines 1 through 3 4 Depreciation and depletion 5 0 0. 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 129,176 129.263. maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 562,220. 347. 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non exempt-use assets (see instructions for short tax year or assets held for part of year) 20,727,950 22,056,871. a Average monthly value of securities 1a 655,155 392,027. b Average monthly cash balances 1b 0. n c Fair market value of other non exempt-use assets 1c 383,105. 22,448,898. d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI) 0. 0 Acquisition indebtedness applicable to non exempt-use assets 2 2 21,383,105. 22,448,898. 3 Subtract line 2 from line 1d Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, 320,747. 336,733. see instructions) 4 22,112,165. Net value of non-exempt use assets (subtract line 4 from line 3) 21,062,358. 5 5 737,183. 773,926. Multiply line 5 by 035 6 0. 7 0. Recoveries of prior-year distributions 7 737,183. 773,926. 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount 562,220. Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 477,887. Enter 85% of line 1 2 737,183. Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 737,183. 4 Enter greater of line 2 or line 3 4 5 0. Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to 737,183. emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions)

Section D - Distributions				Current Year
1 Amounts paid to supported orga	nizations to accomplish exe	mpt purposes		886,848
2 Amounts paid to perform activity				
organizations, in excess of incom				
3 Administrative expenses paid to		es of supported organizations	3	82,055
4 Amounts paid to acquire exempt				
5 Qualified set aside amounts (prio				
6 Other distributions (describe in P				
7 Total annual distributions. Add				968,903
8 Distributions to attentive support		ne organization is responsive		
(provide details in Part VI) See in	nstructions			886,848
9 Distributable amount for 2017 fro	om Section C, line 6	<del>-</del>		737,183
10 Line 8 amount divided by line 9 a	ımount			100
		(1)	(11)	(111)
Section E - Distribution Allocations (	see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
Distributable amount for 2017 from	om Section C, line 6			737,183
2 Underdistributions, if any, for yea	ars prior to 2017 (reason-			
able cause required- explain in Pa	art VI) See instructions			
3 Excess distributions carryover, if	any, to 2017			
a				
b From 2013				
c From 2014				
d From 2015				
e From 2016	550,199.			
f Total of lines 3a through e		550,199.		
g Applied to underdistributions of	orior years			
h Applied to 2017 distributable am	ount			550,199
i Carryover from 2012 not applied	(see instructions)			
Remainder Subtract lines 3g, 3h	, and 3i from 3f			
4 Distributions for 2017 from Section	on D,			
line 7	\$ 968,903.			
a Applied to underdistributions of	orior years			
b Applied to 2017 distributable am	ount			186,984
c Remainder Subtract lines 4a and	d 4b from 4	781,919.		
5 Remaining underdistributions for	years prior to 2017, if			
any Subtract lines 3g and 4a fro	m line 2 For result greater			
than zero, explain in Part VI. See	instructions			
6 Remaining underdistributions for	2017 Subtract lines 3h			
and 4b from line 1 For result gre	ater than zero, explain in		٠. ا	
Part VI See instructions				
7 Excess distributions carryover	to 2018. Add lines 3 <sub>j</sub>			
and 4c		781,919.		
8 Breakdown of line 7				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017	781,919.			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 AT SEABURY HALL	99-0301434 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17. Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, 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, P. Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	a or 17b, Part III, line 12, les 1 and 2, Part IV, Section C, art V, Section B, line 1e, Part V,
PART IV, SECTION D, LINE 2:	
THE ORGANIZATION MAINTAINED A CLOSE AND CONTINUOUS WORKING	G 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	ON TO DISCUSS
THE INVESTMENTS AND GRANTS MADE THROUGHOUT THE YEAR, AND	CORRESPONDING
VIA EMAIL OR TELEPHONICALLY WHEN ISSUES, CONCERNS OR QUES	TIONS AROSE.
PART IV, SECTION D, LINE 3:	
THE ORGANIZATION PROVIDED PERIODIC PERFORMANCE REPORTS ON	THE
INVESTMENT PORTFOLIO AND MET WITH THE SUPPORTED ORGANIZAT	ION(S) EITHER
FACE TO FACE OR BY CONFERENCE CALL TO DISCUSS THE INVESTM	ENT
PERFORMANCE. IN ADDITION, THE SUPPORTED ORGANIZATION(S)	WERE GIVEN
DISCRETION AS TO THE TIMING OF THE GRANTS.	
	<u> </u>

SCH (For Depar Interna Nam

SCHEDULE		Grants and Other Assistance to Organizations,	OMB No 1545-0047
(Farm 990)	Governr Complete if th	Governments, and Individuals in the United States Complete of the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	2017
Department of the Treasury	e Treasury	► Attach to Form 990.	Open to Public
Internal Revenue Service		■ Go to www.irs.gov/Form990 for the latest information.	Inspection
Name of t	Name of the organization CN WODEHOUSE FACULTY BENEFIT TRUST		Employer identification number
	AT SEABURY HALL		99-0301434
Part 1	Part I General Information on Grants and Assistance		
1 Doe	he organization maintain records to substantiate the amoun	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	no.
crite	criteria used to award the grants or assistance?		X Yes No
2 Des	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ne use of grant funds in the United States	
Part II	Grants and Other Assistance to Domestic Organizations	Part II   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	V. line 21, for any

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000 Part II car	n be duplicated if additiv	onal space is need	pa	nal space is needed	•	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SEABURY HALL 480 OLINDA ROAD MAKAWAO, HI 96768	99-0110784	170(B)(1)(A)(II)	536,848,	0			FACULTY SUPPORT
SEABURY HALL 480 OLINDA ROAD MAKAWAO, HI 96768	99-0110784	170(B)(1)(A)(I)		0			FACULTY SUPPORT & MASTER/SENIOR TEACHER AWARDS
2 Enter total number of section 501(c)(3) and government organizations	and government or		isted in the line 1 table				1
3 Enter total number of other organizations listed in the line 1 table	is listed in the line	1 table					<b>A</b>
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2017)

## CN WODEHOUSE FACULTY BENEFIT TRUST AT SEABURY HALL

Page 2

99-0301434

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 SEABURY HALL Schedule I (Form 990) (2017) Part III

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

Schedule I (Form 990) (2017) 22 41 732102 11-01-17 ¢

## **SCHEDULE O**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No 1545-0047

inspection

Employer identification number

Name of the organization

CN WODEHOUSE FACULTY BENEFIT TRUST

AT SEABURY HALL 99-0301434 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 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

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

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TRUST DOCUMENT AND ACCOUNT STATMENTS ARE PROVIDED TO THE BENEFICIARY LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

GENERAL, WHOSE OFFICE IS RESPONSIBLE FOR OVERSIGHT OF HAWAII'S CHARITABLE

TRUSTS.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization CN WODEHOUSE FACULTY BENEFIT TRUST AT SEABURY HALL	Employer identification number 99-0301434
ORGANIZATION IDENTIFIED IN THE TRUST DOCUMENT (SEABURY HA	LL). 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.	
<del></del>	
	P. S
	4
	,

(g) Section 512(b)(13) controlled Employer identification number Open to Public OMB No 1545-0047 entity? 2017 Inspection Direct controlling Yes 99-0301434 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. Total income Related Organizations and Unrelated Partnerships Exempt Code 170(B)(1)(A) Ð ▶ Go to www.irs.gov/Form990 for instructions and the latest information. section Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or Legal domicile (state or foreign country) foreign country) ▼ Attach to Form 990. HAWAII CN WODEHOUSE FACULTY BENEFIT TRUST AT SEABURY HALL EDUCATIONAL INSTITUTION Primary activity Primary activity Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity SEABURY HALL - 99-0110784 Name of the organization MAKAWAO HI 96768 Department of the Treasury Internal Revenue Service 480 OLINDA ROAD **SCHEDULE R** (Form 990) Part ! Part II

Schedule R (Form 990) 2017

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

CN WODEHOUSE FACULTY BENEFIT TRUST

Schedule R (Form 990) 2017 AT SEABURY HALL

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

Page 2

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Schedule R (Form 990) 2017 Percentage 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 Section 512(bX13) controlled entity? 3 General or F managing partner? Percentage ownership Yes 3 Ξ Code V-UBI Gamount in box m 20 of Schedule 4: K-1 (Form 1065) Share of end-of-year assets <u>(6</u> Disproportionate Yes No allocations? Ξ Share of total income Share of end of-year assets 6 Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income  $\boldsymbol{\varepsilon}$ (d)
Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) (e) Legal domicile (state or foreign country) <u>ပ</u> (d) (Direct controlling | entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity <u>e</u> Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> B 732162 09-11-17 Part IV

# CN WODEHOUSE FACULTY BENEFIT TRUST AT SEABURY HALL

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Schedule R (Form 990) 2017

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	Š
1 During the tax year, did the organization engage in any of the following transactior	ns with one or more re	transactions with one or more related organizations listed in Parts II-IV?	n Parts II:1V?			
a Receipt of (I) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	t,			1a	7	×
b Gift, grant, or capital contribution to related organization(s)				46	×	
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				14		×
e Loans or loan guarantees by related organization(s)				9		×
				;		<b>&gt;</b>
<ul> <li>Uividends from related organization(s)</li> </ul>				=	1	4
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				£		×
<ul> <li>Exchange of assets with related organization(s)</li> </ul>				Ę		×
J Lease of facilities, equipment, or other assets to related organization(s)				;=		×
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)	anization(s)			Ę		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			£		×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				9		×
n Reimbursement paid to related organization(s) for expenses				ç		×
d Reimbursement paid by related organization(s) for expenses				2 0		l×
					-	
r Other transfer of cash or property to related organization(s)				<b>+</b>		×
s Other transfer of cash or property from related organization(s)				18		×
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete the	is line, including covered r	mation on who must complete this 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	ıvolved		
(1)						
(2)					l	
				,		
(5)						
(4)					ļ	
(5)						1
(9)						
732163 09-11-17	27		Schedule	Schedule R (Form 990) 2017	990) 20	017

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CN WODEHOUSE FACULTY BENEFIT TRUST AT SEABURY HALL

Schedule R (Form 990) 2017

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

Name, address, and EIN Primary activity Legal domicile of entity country)  Country)						<b>=</b>	₹)
	Predominant income (related, unrelated, excluded from tax under sections 512-514)	pariners see Share of 501(c)(3) total otgs? total	Share of end-of-year assets	Dispropor- tionate allocations?	Code V-UB1 General or Percentage amount in box 20 managing ownership of Schedule K-1 parine? (Form 1065) Yes No	General or P managing partner?	ercentage
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Schedule R (Form 990) 2017