Form 9

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. 190

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

Open to Public Inspection

<u>A</u> _	For the	20 18 calendar year, or tax year beginning	AUG 1, 2016 and	enaing	<u> </u>	1, 2019		
ŢΒ	Check if	C Name of organization			D Emp	loyer identific	cation number	
8	applicabl	CN_WODEHOUSE FACULTY	BENEFIT TRUST		1			
32	Addre chang	SS JE HALLET DODDADADADA						
ERVELON OSTMARK	Name	2			_	99-0	301432	
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ßΨ=]return]Final	•	•	Room/sui	ie E Tele	ohone numbe		_
34	return. termin	-		L		<u>(808</u>	<u>)694-452</u>	
Ö_	ated	City or town, state or province, country, a	- :		G Gross	receipts \$	3,894	<u>,254.</u>
	Amen	помощоцо, пт 30002-3	170		H(a) Is	this a group re	eturn	
	lApplic	Finame and address of principal officer DE	NK OF HAWAII		for	subordinates	? ∐Yes	X No
-	pendu	SAME AS C ABOVE			H(b) Are	all subordinates in	ncluded? Yes	☐ No
N	Tax·ex	empt status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1)	or 5			list (see instruc	tions)
		te: ► N/A			-	oup exemptio	•	,
		organization Corporation X Trust	Association Other	l vo			A State of legal do	micile: HT
	art I	Summary	7.0000.00.00	1	ai or joinnain	<u> </u>	1 State of legal uo	miche, III
ٿ.			mo n	DOTTE	VE CIID	DODEL EO	D MILE	
9	1	Briefly describe the organization's mission or me						
Č		CHARITABLE AND EDUCATION						
L L	2	Check this box if the organization dis	continued its operations or dispo	osed of m	ore than 25	% of its net as	sets	
2	3	Number of voting members of the governing bo	dy (Part VI, line 1a)			3		<u>1</u>
<u>ن</u> دم	4	Number of independent voting members of the	governing body (Part VI, line 1b)			4		1
S.	5	Total number of individuals employed in calenda	ar year 2018 (Part V, line 2a)			5	l	0
Ę	6	Total number of volunteers (estimate if necessa	ry)			6		0
Activities & Governance	7 a	Total unrelated business revenue from Part VIII,				7a		0.
4	' h	Net unrelated business taxable income from Fo	• •			7b		0.
	 	THOU STITLE SECTION SECTION IN CONTROL TO STITLE SECTION IN CONTROL TO STI			Drio	Year	Current Y	
	. 8	Contributions and grants (Part VIII, line 1h)		-		0.	<u> </u>	0.
Revenue				 		0.		0.
Į.	9	Program service revenue (Part VIII, line 2g)	4 7 - 10	<u> </u> -	1 1		1 1 4 0	
or Or	10	Investment income (Part VIII, column (A), lines 3		-	<u> </u>	<u>98,993.</u>	1,149	<u>,637.</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d,	•	-		723.	1 1 10	0.
	12	Total revenue - add lines 8 through 11 (must eq				99,716.		<u>,637.</u>
	1	Grants and similar amounts paid (Part IX, colum			/	67,319.	1,214	,810.
	1	Benefits paid to or for members (Part IX, column	· · · · · · · · · · · · · · · · · · ·			0.		0.
Š	15	Salaries, other compensation, employee benefit		· }	1	86,912.	183	<u>,898.</u>
Expenses	16a	Professional fundraising fees (Part IX, bolum	101	_ [-		0.		<u> </u>
Ž	- b	Total fundraising expenses (Part IX, column (D),		0.				
ш	17	Other expenses (Part IX, column (A), In 211a-t	旭C 1F38-8019 3	Ĺ		11,963.		<u>,351.</u>
	18	Total expenses Add lines 13-17 (must all Pa	rt-IX, column (A), line (25)	L		66,194.		<u>,059.</u>
_	19	Revenue less expenses Subtract line 8 from 1	BBCN LIT		2	33,522.	-257	,422.
	<u>g</u>		GDEN, OT		Beginning o	Current Year	End of Y	- "
ets	E 20	Total assets (Part X, line 16)		Γ		19,746.	17,062	
Net Assets or	21	Total liabilities (Part X, line 26)		ſ		0.0		0.
Set .	22	Net assets or fund balances Subtract line 21 fr	om line 20	Ī	17.3	19,746.	17,062	
	artyl	Signature Block		<u>-</u>				
	- (\	alties of perjury, I declare that I have examined this retu	iro includina accompanyina scheduli	es and stat	ements and	to the best of m	v knowledge and l	nelief it is
		ct, and complete Declaration of preparer (other than o					y kinowioago ano i	, ono 1, 10 to
110	<u> </u>	Line Complete Decidation of property (office main of	mocry to based on all morniation of w	vinon propo	Tor Has arry is			
_		Signature of officer	····			- DEC 192	.019	
Si	gn' (1' V /	वन			54.5		
H	χe :	BANK OF HAWAII, TRUST	EE					
_==	₽		72		Date	Chad	PTIN	
-	~	Print/Type preparer's name	Preparer's signature		Date	Check L	J FIIN	
<u>P</u> a,	ıd					self-employ	ed	
įP.U	re D id eparer	Firm's name				Firm's EIN		
FEB	e Only	Firm's address						
3						Рһопе по		
M	ay the I	RS discuss this return with the preparer shown a	above? (see instructions)				Yes	☐ No
839	2001 12-	31-18 LHA For Paperwork Reduction Act No	otice, see the separate instruct	ions.			Form 9	90 (2018)

Form 990 (2018)

AT HAWAII PREPARATORY ACADEMY

99-0301432 Page 3

Form 990 (2018) AT HAWAII PR
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	į		
	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	ı	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 _
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X_
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	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		<u>X</u> _
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		<u> X</u> _
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			•••
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	_15_		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			7,
	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,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
46	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			17
	complete Schedule G, Part III			X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u> _
	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		v.	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	_21_	X	

Form 990 (2018) AT HAWAII PREPARATORY ACADEMY

Part IV Ghecklist of Required Schedules (continued)

			Yes	No
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
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		ļ
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	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			1
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			.,
07	complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
20	of any of these persons? If "Yes," complete Schedule L, Part III	27	·	
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)			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	'	<u>x</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>x</u>
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	25		
-	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	-		_==_
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	\ <u>\</u>		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			i
	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?	-		Ī
	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		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u></u>
Pa	Tt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable)		1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b)]		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	<u> </u>	<u> </u>
83200	4 12-31-18	Form	990	(2018)

Form 990 (2018) AT HAWAII PREPARATORY ACADEMY

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	·	.	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_X_
b	If "Yes," enter the name of the foreign country			ı
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	, !		ı
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			1
	any contributions that were not tax deductible as charitable contributions?	6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1
	were not tax deductible?	6b_		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	i		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ŕ
11	Section 501(c)(12) organizations. Enter	'		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		İ	ł
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			l
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O			
		Form	990	(2018)

CN WODEHOUSE FACULTY BENEFIT TRUST Form 990 (2018) AT HAWAII PREPARATORY ACADEMY 99-0301432 Page 6 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 \mathbf{x} Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 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? Х 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? X 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Х 8a Each committee with authority to act on behalf of the governing body? 8b 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 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes X 10a Did the organization have local chapters, branches, or affiliates? 10a 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? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c 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 X Did the organization have a written whistleblower policy? 13 Х Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official N/A, See Explanation (Sch.O) 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 Х taxable entity during the year? 16a 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

00	ation	\sim	Dical	losure

17	List the states with whi	cn a copy of this Form 990 is	required to be filed -	NONE		
18	Section 6104 requires	an organization to make its Fo	orms 1023 (1024 or 1024-	A if applicable), 99	0, and 990-T (Section 501(c)(3)s only) available
	for public inspection. In	idicate how you made these a	available. Check all that aj	pply		
	Own website	Another's website	X Upon request	Other (ex	plain in Schedule O)	

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 (2018)

832006 12-31-18

Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors	
Object 15 Octobrillate O constant and appropriate to appropriate to the De 4.7/11	

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter ·0· in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W 2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organiz (A)	(B)						<u></u>	(D)	(E)	(F)
Name and Title	Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099 MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BANK OF HAWAII	1.00								_	
TRUSTEE		-	X			Ш		183,898.	0.	0
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Form 990 (2018)

Par	t VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, and	d Hi	ghe:	st C	ompensated Employee	es (continued)			
•	(A)	(B)			(C	C)			(D)	(E)		(F)	
	Name and title	Average	(do		Posi		than i	one	Reportable	Reportable		Estima	
		hours per week	box	, unle	ss pe	rson	s bot	h an	compensation	compensation		amour	
		list any		1		10010	,,,,,,,		from	from related		othe	
		hours for	Individual trustee or director				P		the organization	organizations (W-2/1099-MISC)	,	compens from t	
		related	ee 0r	stee		ŀ	nsate		(W-2/1099-MISC)	(** 2) 1033 10100	'	organiz	
		organizations	1trust	Institutional trustee		oyee	Highest compensated employee		,			and rel	
		below	Ividua	atte	Officer	Кеу етріоуєе	hest c	힅				organiza	itions
		line)	르	Su.	6	Şe.	분들	For			_		
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				<u> </u>				<u>L</u>					
1b	Sub-total							>	183,898.		<u>) . </u>	·	0.
C	Total from continuation sheets to Part V	/II, Section A							0.		<u>) . </u>		0.
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	183,898.).		0.
2	Total number of individuals (including but	not limited to th	ose	liste	ed al	bove	e) wh	no r	eceived more than \$100	,000 of reportable			_
	compensation from the organization											1 1/2	0
•	5.11									. 1	Г	Yes	No
3	Did the organization list any former officer			е, ке	y er	пріс	yee,	or	nignest compensated ei	mpioyee on	- 1		v
4	line 1a? If "Yes," complete Schedule J for			omn	0000	ation		4 0+1	har aamnanaatiaa fram	the erappization	┢	3	X_
4	For any individual listed on line 1a, is the sand related organizations greater than \$15									the organization	-		X
5	Did any person listed on line 1a receive or									dual for convices	F	4	A
_	rendered to the organization? If "Yes," cor	•				-		Çiat	ica organization or indivi	dual for services		5	х
Sec	tion B. Independent Contractors	inpicto ociredar	<u> </u>	0, 0,	3011	<u> </u>						<u> </u>	122
1	Complete this table for your five highest c	ompensated in	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of compe	 ensa	tion from	
	the organization Report compensation for												
	(A)								(B)			(C)	
	Name and busines	s address	N	INC	E				Description of s	ervices	Co	mpensat	ion
	· · · · · · · · · · · · · · · · · · ·												
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	Total number of independent and track	(including his =	ot !	m.t.	d +c	+h-c	00 1	l	d abaya) who sees well a	are then			
2	Total number of independent contractors \$100,000 of compensation from the organ	· .	iOt II	iiile	ט נט		se II: O	SIEC	above) who received in	iore triall			
	wroo,ooo or compensation from the organ	neation					-	_				000	(201.0)

Part VIII Statement of Revenue

		Check if Schedule O contain	ns a response	or note to any lin	(A)	(B) Related or	(C) Unrelated	(D) Revenue excluded
					Total revenue	exempt function revenue	business revenue	from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a				······································	012 011
our our	Ł	Membership dues	1b			}		
s, C	c	: Fundraising events	1c					
발	c	i Related organizations	1d					
S,E	e	Government grants (contribution	ns) 1e					
isi		All other contributions, gifts, grants,						
돌		similar amounts not included above	1f					
Pog	ç	Noncash contributions included in lines 1a	-1f \$					
Contributions, Gifts, Grants and Other Similar Amounts	ł	Total, Add lines 1a-1f		> _				1
				Business Code				
8	2 8	·						
e G	k)						
n Si	c	·						
e S	•	i						
Program Service Revenue	€	•						
۹ ۱	f	All other program service revenu	ıe		·			
		Total. Add lines 2a-2f						
	3	Investment income (including di	vidends, intere	est, and				1
		other similar amounts)		>	614,269.			614,269.
	4	Income from investment of tax-e	exempt bond p	roceeds				
l	5	Royalties						
ĺ		<u> </u>	(ı) Real	(II) Personal				
	6 a	Gross rents						Į.
	Ł	Less rental expenses						
Ì	C	Rental income or (loss)		l <u>.</u>				
l	•	Net rental income or (loss)		<u> </u>				
	7 8	Gross amount from sales of	(i) Securities	(II) Other				
i		assets other than inventory	3,279,985.					
	t	Less cost or other basis						
j		and sales expenses	2,744,617.					
Ì	•	Gain or (loss)	535,368.	l]
		Net gain or (loss)			535,368.	535,368.		ļ
e e	8 8	Gross income from fundraising e						
		including \$				1		
Other Reven		contributions reported on line 1	c) See					
ē		Part IV, line 18	а	ļ				
⇟		Less direct expenses	b					
l		Net income or (loss) from fundra	-					
	9 a	a Gross income from gaming activ	vities See	ļ i		.		
(Part IV, line 19	a	<u> </u>				
		Less direct expenses	b	L				
		Net income or (loss) from gamin						
	10 a	Gross sales of inventory, less re	turns)				
	_	and allowances	a .			İ		
	1	Less cost of goods sold	ь	L				
		Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				1
	11 a				·-	 - 		
	t							
						 - 		
	-	d All other revenue				 		
	i	Total Add lines 11a-11d				-15		
	12	Total revenue See instructions			1,149,637.	535 368		614,269. Form 990 (2018)

Form 990 (2018) AT HAWAII PRE
Part IX Statement of Functional Expenses

Section	2.501(c)(3	3) and 501(c)(4	4) organ	izations mu	st con	nolete all colu	ımns All oti	her orga	nızatıol	ns mus	t compi	ete colun	on (A)

	Check if Schedule O contains a response to tinclude amounts reported on lines 6b,	(A)		(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	1 014 010	1 014 010		
	and domestic governments See Part IV, line 21	1,214,810.	1,214,810.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			ļ	
	Individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	183,898.	73,559.	110,339.	
^	trustees, and key employees	103,030.		110,339.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			İ	
7					
7 8	Other salaries and wages Pension plan accruals and contributions (include				
O	section 401(k) and 403(b) employer contributions)			Ì	
9	Other employee benefits				
9	Payroll taxes				
11	Fees for services (non-employees)				
'' a	Management		Ì	1	
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	879.		879.	
g	Other (If line 11g amount exceeds 10% of line 25,				
Ū	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				·
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	FOREIGN TAX WITHHELD	7,472.		7,472.	
b					
С					
d					
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	1,407,059.	1,288,369.	118,690.	C
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)				

99-0301432 Page 10

Par	τX	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	13,370.	1	12,191.
its	2	Savings and temporary cash investments	163,581.	2	56,830.
	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			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	l	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	ь	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	17,142,795.	11	16,993,303.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	 	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	17,319,746.	16	17,062,324.
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons			
ар		Complete Part II of Schedule L		22	
ے	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here and			
es		complete lines 27 through 29, and lines 33 and 34.		ľ	
anc	27	Unrestricted net assets		27	
3ali	28	Temporarily restricted net assets		28	
ē	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X		i	
ō		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	17,319,746.	30	17,062,324.
Ass	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	17,319,746.	33	17,062,324.
	34	Total liabilities and net assets/fund balances	17,319,746.	34	17,062,324.

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

Orn:	1990 (2018) AT HAWATT PREPARATORY ACADEMY	<u> </u>	<u> </u>	Pag	ge IZ
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	1,14	9,6	37.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,40	7,0	59.
3	Revenue less expenses Subtract line 2 from line 1	3	-25	7,4	22.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,31	9,7	46.
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	17,06	<u>2,3</u>	24.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				ullet
	, — — — — — — — — — — — — — — — — — — —			Yes	No
1	Accounting method used to prepare the Form 990 🐰 Cash L Accrual L Other		_		i
	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				1
	Separate basis Consolidated basis Both consolidated and separate basis				
þ	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				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	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			l

Form 990 (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

WODEHOUSE FACULTY BENEFIT TRUST

OMB No 1545-0047

Open to Public Inspection

Employer identification number

99-0301432 AT HAWAII PREPARATORY ACADEMY 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)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 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). 12 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12q Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V, Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (i) Name of supported (v) Amount of monetary (vi) Amount of other (iii) Type of organization (n) EIN in your governing docum (described on lines 1.10) organization support (see instructions) support (see instructions) Yes No above (see instructions)) HAWAII PREPARATORY 99-0078306 1,214,811 ACADEMY Х 1,214,811

99-0301432 Page 2 Schedule A (Form 990 or 990 EZ) 2018 AT_HAWAII PREPARATORY ACADEMY Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016(d) 2017 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 6 Public support. Subtract line 5 from line Section B. Total Support (b) 2015 /(c) 2016 Calendar year (or fiscal year beginning in) (a) 2014 (d) 2017 (f) Total (e) 2018 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public, Support Percentage 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2017 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circymstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and I the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 18 Privaté foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2018

832022 10-11-18

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 Public support percentage from 2017 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2017 Schedule A, Part III, line 17

19a 33 1/3% support tests - 2018. 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 38 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%/support tests - 2017. 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

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

Schedule A (Form 990 or 990-EZ) 2018

17

18

%

%

%

Schedule A (Form 990 or 990-EZ) 2018 AT HAWAII PREPARATORY ACADEMY

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.)

Section A. All Supporting Organizations

- 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 (as 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)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	1	X	
	2		<u>x</u>
!	_3a		<u>x</u>
	_3b		
	Зс		
	4a		_X_
	4b	-	
i			
	_4c		
	5 0		_ X_
	5a		
	5b		
	<u>5c</u>		
	6		<u>x</u> _
	7		<u>X</u> _
	8		<u>x</u> _
	9a		X
	9b		_X_
i	9c		x
	,		
	10a		<u>x</u> _
	10b	10 EZ	2018

832024 10-11-18

<u>Sche</u>	dule A (Form 990 or 990-EZ) 2018 AT HAWAII PREPARATORY ACADEMY	99-0301	<u>432 F</u>	age 5
Par	t IV Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	ĺ		
	below, the governing body of a supported organization?	11	a	<u> </u>
	A family member of a person described in (a) above?	11	b	X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		c	X
Sec	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	}	1	
	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	1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		-
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		Ì	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
500	supervised, or controlled the supporting organization	2	!	ــــــــــــــــــــــــــــــــــــــ
Sec	tion C. Type II Supporting Organizations			T
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	Γ	Yes	No
1				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	İ		
	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	1		
<u> </u>	tion b. All Type III dupporting organizations	·	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1,62	INO
•	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	X	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	'	-	1
_	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	ľ	X
3	By reason of the relationship described in (2), did the organization's supported organizations have a	<u> </u>		† <u> </u>
	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	Ţ		
	supported organizations played in this regard	3	Х	
Sec	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 ins	structions).		
а	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 ent	tity (see instruct	ons)	
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	2:	3	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1	
	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	21	,	1
3	Parent of Supported Organizations Answer (a) and (b) below.			1
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.	38		1
þ	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	31		

99-0301432 Page 6 Schedule A (Form 990 or 990-EZ) 2018 AT HAWAII PREPARATORY ACADEMY 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 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) 141 777. 0. Net short-term capital gain 1 1 2 0 0. 2 Recoveries of prior-year distributions 614,269. 595,440 Other gross income (see instructions) 3 3 4 737,217 614,269. Add lines 1 through 3 0. Depreciation and depletion 5 0. 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 118,690. 122,360 maintenance of property held for production of income (see instructions) 6 7 0 0. Other expenses (see instructions) 614,857 495,579. 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) 20,175,390. 19,744,150. a Average monthly value of securities 1a b Average monthly cash balances 1b 226.813. 205,494. 0. 0. c Fair market value of other non-exempt-use assets 1c 20,402,203. 19,949,644. d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other 0. factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt-use assets 2 0 0. 2 20,402,203. 19,949,644. 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, 306,033. 299,245. 4 20,096,170 19,650,399. Net value of non-exempt-use assets (subtract line 4 from line 3) 5 5 6 703,366. 687,764. Multiply line 5 by 035 Recoveries of prior-year distributions 7 0. 0. 703,366. 687 764. 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 614,857. 1 522,628. 2 2 703,366. 3 Minimum asset amount for prior year (from Section B, line 8, Column A)

703,366. 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 instructions)

4

5

Schedule A (Form 990 or 990-EZ) 2018

703,366.

0.

3

4

7

Enter greater of line 2 or line 3

Income tax imposed in prior year

Distributable Amount, Subtract line 5 from line 4, unless subject to

	edule A (Form 990 or 990 EZ) 2018 AT HAWAII PRE	PARATORY ACADE		9-0301432 Page 7
L	' Typo III Trott Little Grant Gran	(a)(3) Supporting Orga	inizations (continuea)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe		···	1,214,810.
2	Amounts paid to perform activity that directly furthers exemp	of purposes of supported		
	organizations, in excess of income from activity			72 550
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	<u> </u>	_73,559.
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	······································		
6	Other distributions (describe in Part VI) See instructions			1 200 200
7	Total annual distributions. Add lines 1 through 6			1,288,369.
8	Distributions to attentive supported organizations to which the	ne organization is responsive		4 044 040
	(provide details in Part VI) See instructions	'. '	· · · · · · · · · · · · · · · · · · ·	1,214,810.
9	Distributable amount for 2018 from Section C, line 6	-		703,366.
<u>10</u>	Line 8 amount divided by line 9 amount			100%
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6		·	703,366.
	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required explain in Part VI) See instructions			
	Excess distributions carryover, if any, to 2018			
_ <u>-</u> a	From 2013			
	From 2014			
	From 2015		· · · · · · · · · · · · · · · · · · ·	
	From 2016			
	From 2017 515, 912.			
	Total of lines 3a through e	515,912.		-
	Applied to underdistributions of prior years	010/3120		
	Applied to 2018 distributable amount			515,912.
_ <u></u> :				313/3121
_ -	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D.			
	line 7 \$ 1,288,369.			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			187,454.
<u>c</u>	Remainder Subtract lines 4a and 4b from 4	1,100,915.		
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3j	[
	and 4c	1,100,915.		
8	Breakdown of line /			
a	Excess from 2014	-		
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018 1,100,915.			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 AT HAWAII PREPARATORY ACADEMY 99-0301432 Page 8 Part VI | Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V. Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions) PART IV, SECTION D, LINE 2: THE ORGANIZATION MAINTAINED A CLOSE AND CONTINUOUS WORKING RELATIONSHIP WITH THE SUPPORTED ORGANIZATION(S) BY PROVIDING PERIODIC PERFORMANCE REPORTS ON THE INVESTMENT PORTFOLIO, PROVIDING STATEMENTS DETAILING ALL ACTIVITIES IN THE ACCOUNT, MEETING EITHER FACE TO FACE OR BY CONFERENCE CALL WITH THE DECISION MAKERS OF THE SUPPORTED ORGANIZATION TO DISCUSS THE INVESTMENTS AND GRANTS MADE THROUGHOUT THE YEAR, AND CORRESPONDING VIA EMAIL OR TELEPHONICALLY WHEN ISSUES, CONCERNS OR QUESTIONS AROSE. PART IV, SECTION D, LINE 3: THE ORGANIZATION PROVIDED PERIODIC PERFORMANCE REPORTS ON THE INVESTMENT PORTFOLIO AND MET WITH THE SUPPORTED ORGANIZATION(S) EITHER FACE TO FACE OR BY CONFERENCE CALL TO DISCUSS THE INVESTMENT PERFORMANCE. IN ADDITION, THE SUPPORTED ORGANIZATION(S) WERE GIVEN DISCRETION AS TO THE TIMING OF THE GRANTS.

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

30 for the latest information.
ov/Forr
3o to www.irs.gov/Form9
to ww
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2018 No. 1545-0047

Inspection

Employer identification number 99-0301432 CN WODEHOUSE FACULTY BENEFIT TRUST AT HAWAII PREPARATORY ACADEMY Name of the organization

		302 - 200	1
Part	Part I General Information on Grants and Assistance		
,			
-	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		
crite	criteria used to award the grants or assistance?	X Yes	2
2 Des	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States]
Part II	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	21, for any	
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	•	

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if additi	ional space is need	jed			
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
HAWAII PREPARATORY ACADEMY 65-1692 KOHALA MOUNTAIN ROAD							FACULTY SALARIES AND
MANOEUM, III 30743	9058/00-88	1/0(B)(1)(A)(11)	514,810.	O			BENEFITS
HAWALI FREFARATURY ACADEMY 65-1692 KOHALA MOUNTAIN ROAD KAMUELA, HI 96743	99-0078306	170(B)(1)(A)(II)	700 000	o			ADDITIONAL FACULTY EXPENSES
	-						
2 Enter total number of section 501(c)(3) and government organizations listed	nd government org	janizations listed in the	in the line 1 table				▲

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ons listed in the line 1 table	 For Paperwork Reduction Act Notice, see the Instructions for Form 990.
Enter total number of section 501(c)(3	3 · Enter total number of other organizations listed in the line 1 table	For Paperwork Reduction Act Noti
N	က	LHA

Schedule I (Form 990) (2018)

99-0301432

Schedule I (Form 990) (2018) AT HAWAII PREPARATORY ACADEMY

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III Grants and Other Assistance is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(*) Description of noncash assistance
				,	
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	luired in Part I, lin	e 2, Part III, column	(b), and any other ac	Iditional information	
PART I, LINE 2:					
GRANTS ARE MADE SOLELY TO HAWAII PREPARATORY ACADEMY AS THE CHARITABLE	REPARATO	RY ACADEMY	AS THE CH	ARITABLE	
BENEFICIARY IDENTIFIED IN THE TRUST DOCUMENT.	T DOCUME		CHOOL PROV	THE SCHOOL PROVIDES PERIODIC	
REPORTS CONFIRMING GRANTS WERE USED FOR FACULTY SALARIES AND BENEFITS OR TO	D FOR FA	CULTY SALA	RIES AND B	ENEFITS OR TO	
MEET THE MAJOR OR EXTRAORDINARY NEEDS	OF	THE SCHOOL	SCHOOL OR ITS EDUCATIONAL	CATIONAL	
PROGRAMS.	į				

Schedule I (Form 990) (2018)

SCHEDULE O

(Form 990 of 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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for the latest information. CN WODEHOUSE FACULTY BENEFIT TRUST

Employer identification number

Name of the organization AT HAWAII PREPARATORY ACADEMY 99-0301432 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PREPARATORY ACADEMY. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS PREPARED BY THE TAX DEPARTMENT OF BANK OF HAWAII AS CORPORATE TRUSTEE. BEFORE IT IS FILED, THE TAX RETURN IS REVIEWED BY AN ADMINISTRATIVE OFFICER OF THE CORPORATE TRUSTEE. FORM 990, PART VI, SECTION B, LINE 12C: BANK OF HAWAII, THE CORPORATE TRUSTEE, HAS A CONFLICT OF INTEREST POLICY THAT APPLIES TO ALL EMPLOYEES, INCLUDING THE TAX OFFICERS, TAX CONSULTANTS AND ADMINISTRATIVE OFFICERS. BANK OF HAWAII REQUIRES ALL EMPLOYEES TO PARTICIPATE IN REGULARLY SCHEDULED TRAINING RELATED TO COMPLIANCE WITH CONFLICT OF INTEREST AND OTHER RELATED POLICIES. FORM 990, PART VI, SECTION B, LINE 15: THE TRUST DOES NOT HAVE A CEO, OFFICERS OR EMPLOYEES. UNDER THE TERMS OF THE TRUST DOCUMENT, BANK OF HAWAII AS TRUSTEE IS ENTITLED TO REASONABLE COMPENSATION FOR ITS SERVICES. BANK OF HAWAII'S PUBLISHED FEE SCHEDULE FOR CHARITABLE TRUSTS APPLIES TO THIS TRUST. IN ESTABLISHING THE TRUSTEE'S FEE SCHEDULE, CONSIDERATION WAS GIVEN TO THE DUTIES, LIABILITIES AND EXPERTISE OF THE CORPORATE TRUSTEE, AS WELL AS TO COMPARABLE FEES FOR SIMILAR

APPROPRIATE FEE AS "REASONABLE" WAS ALSO PRESENTED TO THE HAWAII ATTORNEY

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

TRUSTS.

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

SERVICES PROVIDED BY SIMILAR ORGANIZATIONS.

Schedule O (Form 990 or 990-EZ) (2018)

THE PROCESS OF ESTABLISHING AN

Schedule O (Form 990 or 990 EZ) (2018)	Page 2
Name of the organization CN WODEHOUSE FACULTY BENEFIT TRUST	Employer identification number
AT HAWAII PREPARATORY ACADEMY	99-0301432
FORM 990, PART VI, SECTION C, LINE 19:	
THE TRUST DOCUMENT AND ACCOUNT STATMENTS ARE PROVIDED TO	THE BENEFICIARY
ORGANIZATION IDENTIFIED IN THE TRUST DOCUMENT (HAWAII PRE	PARATORY ACADEMY).
BANK OF HAWAII, CORPORATE TRUSTEE, HAS A CONFLICT OF INTE	REST POLICY WHICH
Diana of immigration of the first of the fir	MEDI TOBICI, WIIICII
IS AVAILABLE TO THE BENEFICIARY ORGANIZATION UPON REQUEST	. AUDITED
FINANCIAL STATEMENTS ARE NOT PREPARED FOR THE TRUST.	
	
	·

Schedule R (Form 990) 2018 (g) Section 512(b)(13) ĝ Employer identification number OMB No 1545-0047 Open to Public Inspection × controlled 2018 entity? Direct controlling Yes 99-0301432 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 status (if section 501(c)(3)) Public charity 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 ਉ 170(B)(1)(A) ■ Go to www.irs.gov/Form990 for instructions and the latest information. section ਉ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) ▶ Attach to Form 990. <u>ပ</u> HAWAII WODEHOUSE FACULTY BENEFIT TRUST EDUCATIONAL INSTITUTION CN WODEHOUSE FACULTY BENEFIT AT HAWAII PREPARATORY ACADEMY Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. HAWAII PREPARATORY ACADEMY - 99-0078306 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity 65-1692 KOHALA MOUNTAIN ROAD Name of the organization 96743 Department of the Treasury Internal Revenue Service SCHEDULE R KAMUELA, HI (Form 990) Part Part

AT HAWAII PREPARATORY ACADEMY Schedule R (Form 990) 2018

Page 2

99-0301432

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

(j) (k) General or Percentage managing ownership partner? Yes No		
(J) leneral or hanaging partner?		
Code V-UBI General or Pramount in box (Darker) (Darker) (Darker) (Code V-UBI (Code or Pramanaging or Pramount in box (Darker) (Da		
(h) Disproportionate allocations?		
(g) Share of end-of-year assets		
(f) Share of total Income		
(e) Predominant income (related, unrelated, excluded from lax under sections 512-514)		
(d) Direct controlling entity		
(c) Legal domicile (state or foreign		
(b) Primary activity		
(a) Name, address, and EIN of related organization		

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 Part IV

,			, ,	ı					ı		ı		ı		
	E	e 512(b)(13) controlled entity?	s No					 						_	
-		25 G	Yes	_		_	_		_	 	_	 		_	
	£ —	Percentage ownership													
	(6)	Share of end-of-year	dosers												
		Share of total income			-										
	(e)	Type of entity (C corp, S corp,	OF FIGST)							-					
	(0	(C corp., S corp., foreign								_					!
	<u></u>	Legal domicile (state or foreign	country)												
200	(a)	Primary activity													
	(a)	Name, address, and EIN of related organization													

Schedule R (Form 990) 2018

832162 10-02-18

CN WODEHOUSE FACULTY BENEFIT TRUST AT HAWAII PREPARATORY ACADEMY Schedule R (Form 990) 2018

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	è
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	lated organizations listed	in Parts II-1V?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ty			19		×
b Gift, grant, or capital contribution to related organization(s)				1	×	
c Gift, grant, or capital contribution from related organization(s)				1		×
d Loans or loan guarantees to or for related organization(s)				1d		×
e Loans or loan guarantees by related organization(s)				1e		×
					 	
f Dividends from related organization(s)				+		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				÷		×
i Exchange of assets with related organization(s)				1		×
j Lease of facilities, equipment, or other assets to related organization(s)				F		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
1 Performance of services or membership or fundraising solicitations for related org	related organization(s)			=	\dashv	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			£	-	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			ţ		×
 Sharing of paid employees with related organization(s) 				9	7	×
a Reimbursement hard to related organization(s) for expenses		ľ		ţ		×
				2 5	1	
				2	+	4
r Other transfer of cash or property to related organization(s)				+	\dashv	×
s Other transfer of cash or property from related organization(s)				15	\dashv	×
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete th	is line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds		1	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volveď		
(1)						
(2)						
(3)						
(4)				,		
(5)					Ì	1
(9)						
832183 10-02-18	27		Schedule R (Form 990) 2018	R (Form 9	990) 2	2018

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Page 4

CN WODEHOUSE FACULTY BENEFIT TRUST AT HAWAII PREPARATORY ACADEMY

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Schedule R (Form 990) 2018

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

	, .	,			,	•
(k) Percentage ownership						
(J) General or managing partner? Yes NO		 	-			
(h) (i) (j) (k) (k) (k) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h						
(h) Disp.opor- to rate allocations? Yes No		 				
Dis.	 	 		<u>.</u> :		
(g) Share of end-of-year assets						
(f) Share of total income						
(e) Are all Solici(3) Solici(3) Are all Solici(3) Are all Solici(3) Are all Solici(3)		 				
Predominant income (related, unrelated, sexiluded from tax under sections 512-514)				•		
(c) Legal domicile (state or foreign country)						
(b) Primary activity						
(a) Name, address, and EIN of entity						

Schedule R (Form 990) 2018