

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

		dar year 2015 or tax year beginning Decemb			5, and e			December 31	, 20	15
Na	ne of fo	undation				A	Employe	r identification numb	er	
		oundation				١.		81-0858179		
Nu	mber an	d street (or P.O. box number if mail is not delivered to street address)		Room	/suite	В	Telephon	e number (see instruc	tions)	
c/o	1100 A	Alakea Street		2	200	l		(808)528-369	9	
City	or tow	n, state or province, country, and ZIP or foreign postal code				С	If exempt	tion application is pend		e ▶ 🗍
Ho	nolulu,	HI 96813	_		[·		_	
G	Check	all that apply: <a>Initial return Initial return	of a former	public	charity	D	1. Foreigi	n organizations, check	here	►□
		☐ Final return ☐ Amended	return		}		2 Foreign	n organizations meetin	o the 85% too	. –
		☐ Address change ☐ Name cha					check	here and attach comp	utation ·	▶□
		type of organization: 🔽 Section 501(c)(3) exempt p				E		foundation status was 07(b)(1)(A), check here		der
		on 4947(a)(1) nonexempt charitable trust 🔲 Other tax					300000	or (b)(r)(r), check here		
		narket value of all assets at J Accounting method	l: 🔽 Cash	□ A	ccrual	F	If the four	ndation is in a 60-mon	th termination	
		f year (from Part II, col. (c), Other (specify)					under sec	ction 507(b)(1)(B), chec	k here .	▶ 🗌
_	line 16	5) ► \$ 1,971,534 (Part I, column (d) must be	on cash basis	s.)		Ĺ				
Pa	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue		(b) Net	inve	stment	(c) Adjusted net	(d) Disburser for charita	
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses p	er		con		income	purpose	s
					2 2 3	. 001			(cash basis	only)
	1	Contributions, gifts, grants, etc., received (attach schedule)		0,010	8.3.7	4 ² / ₂	1 1 1 1 1			<u> </u>
	2	Check ► ☐ if the foundation is not required to attach Sch. B	\$-\$.X:X:X		A(\$1)	1	1 12 4			4.11
	3	Interest on savings and temporary cash investments	<u> </u>		<u> </u>				1 3 3 x 2 3	3.3
	4	Dividends and interest from securities			}				1 2 2 4 4	<u> </u>
	5a	Gross rents			Z - 00. FT		Z 5 8 .		N N 3 2 8 8 1	<u> </u>
	b	Net rental income or (loss)	<u> </u>	1. C.	(N. (N. 3)	<u> </u>	1.7.2		A.S. (NA.)	
E	6a	Net gain or (loss) from sale of assets not on line 10	% -8.5 33.0 4.4 32	1 3 1		بيثب	¥ 33 34		1 3 3 3 3 3 3	<u> </u>
ē	_b	Gross sales price for all assets on line 6a			\$1.480.00	<u> </u>	37.77.79			
Revenue	7	Capital gain net income (from Part IV) line 2)-D.		\$ 34 · 4	2 3 4 4	470 &	. AR . Ar		10 X X x x 2	
	8 9	Net short-term capital gain	blass.	<u> </u>	15 (A. A.	<u> </u>				3. a, 7. i, 1 8. 38. N
	10a		R		\$ 20° 10°	- (A)		V NAVVA 40	N. N. N. S.	300 N
	b	Gross sales less returns and allowances 2216 CLess: Cost of goods sold		· 2 · 2		(\$ 8. 27 \$.33 .38			
1	c	Gross profit or (loss) (attach schedule)		. 99, 3		<u>, , ,</u>	333	31 5 3 % A 1 & C	1 2 3	100
1	11	Other income (attach schedule) GUEM, UT.	 		1 8 8/ 9/		\$ 98~\W		1.000	N-3/3
	12	Total. Add lines 1 through 11	2.00	0,010			0		A NA	<u>* * * * * * * * * * * * * * * * * * * </u>
	13	Compensation of officers, directors, trustees, etc.	2,00	0,010					, , , , , , , , , , , , , , , , , , ,	- A - SA - A
Expenses	14	Other employee salaries and wages	ļ — — — — — — — — — — — — — — — — — — —					 _	 	
ü	15	Pension plans, employee benefits								
ă.	16a	Legal fees (attach schedule)								
-	b	Accounting fees (attach schedule)								
ξį	С	Other professional fees (attach schedule)								
ra	17	Interest					7			
list	18	Taxes (attach schedule) (see instructions)								
Ë	19	Depreciation (attach schedule) and depletion							233	. i . ii
Þ	20	Occupancy					I			
þ	21	Travel, conferences, and meetings]			
a	22	Printing and publications								
ğ	23	Other expenses (attach schedule)]			
atir	24	Total operating and administrative expenses.			l		Ī]	
Operating and Administrative	_	Add lines 13 through 23	ļ	0			0	0		0
Q	25	Contributions, gifts, grants paid	 			di a	888	?*\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
_	26	Total expenses and disbursements. Add lines 24 and 25	5 3/8 - 8 73 55	0		4	0	0		0
	27	Subtract line 26 from line 12:		لنگنگ					IS C. R. D.	
	a	Excess of revenue over expenses and disbursements	2,00	0,010		*				
	b	Net investment income (if negative, enter -0-) .				. S. S.				25-31
	С	Adjusted net income (if negative, enter -0-)	1 22 22 X X	À 🦠 [1 N. C.	à®, 🦄	. 175N	0	L	. w. 🦓

SCANNED SEC & 2 2913

De	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	En	d of year
نگل		Should be for end-or-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ► Pledges receivable ► Less: allowance for doubtful accounts ►			
	4	Pledges receivable ►			
		Pledges receivable ►			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)]		
	7	Other notes and loans receivable (attach schedule) ▶	A SECRET		
		Less: allowance for doubtful accounts ▶		Charles and the control of the contr	
छ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U.S. and state government obligations (attach schedule)		 	
-	Ь	Investments—corporate stock (attach schedule) ATTACHMENT 1	0	2,000,0	10 1,971,534
	C	Investments—corporate bonds (attach schedule)	ļ <u>-</u>	2,000,0	1,571,554
	11	Investments—land, buildings, and equipment: basis ▶		140 S. S. S. S. S. S.	
		Less: accumulated depreciation (attach schedule) ▶			!
	12	Investments—mortgage loans	 		
	13	Investments—other (attach schedule)			
į	14	Land, buildings, and equipment. basis ▶	N 4 A 2 N 18 S	X	1 8 8 m 8 8 8 8 7 6 7 9 1
į	• •	Less: accumulated depreciation (attach schedule) ▶	Land Charles and the		
	15	Other accete (decorbe		 -	
	16	Total assets (to be completed by all filers—see the	 		
		instructions. Also, see page 1, item l)	0	2,000,0	10 1074 504
	17	Accounts payable and accrued expenses		2,000,0	10 1,971,534
	18	Grants payable	ļ -		
Liabilities	19	Deferred revenue	 -		
=	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable (attach schedule)			
<u> </u>	22		 		
1	23	Other liabilities (describe Total liabilities (add lines 17 through 22)	0		
—		Foundations that follow SFAS 117, check here ▶ □	<u> </u>		
Balances		and complete lines 24 through 26 and lines 30 and 31.	ł		
2	24	Unrestricted	,		
폍	25	Temporarily restricted			
m	26	Permanently restricted			\dashv
2	20	Foundations that do not follow SFAS 117, check here ▶ ✓		 	
Net Assets or Fun		and complete lines 27 through 31.			
5	27	Capital stock, trust principal, or current funds	o	2,000,0°	
5	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0	2,000,0	
Se	29	Retained earnings, accumulated income, endowment, or other funds	0		의 (J. 1988) 1
AS	30	Total net assets or fund balances (see instructions)	0	2 000 0	
e	31	Total liabilities and net assets/fund balances (see	} <u>v</u>	2,000,0	
Z.	٠.	instructions)		2 000 0	
Рa	rt III	Analysis of Changes in Net Assets or Fund Balances	0	2,000,0	10] 10 1 10 10 10 10 10 10 10 10 10 10 10 1
		I net assets or fund balances at beginning of year—Part II, colu	mn (a) line 30 (mus	t agree with	
•		of-year figure reported on prior year's return)			
2		r amount from Part I, line 27a		 	
3				 -	2,000,010
4		er increases not included in line 2 (itemize) lines 1, 2, and 3			
_	-				
6 8	Total	eases not included in line 2 (itemize) ► I net assets or fund balances at end of year (line 4 minus line 5)—	Part II. column (b) li	ne 30 6	
		. 115, addition falls balanced at one of your (line 4 fillings line 5)—	. a.c.n, ooidanii (b), ii		2,000,010 Form 990-PF (2015)
					rom 330-r r (2015)

Part	(a) List and describe the	kınd(s) of property sold (e.g., real estate, or common stock, 200 shs MLC Co.		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr)
<u>1a</u>	· · · · · · · · · · · · · · · · · · ·			ļ		
<u>b</u>				 		<u></u>
c				 	L	
<u>d</u>				 	ļ	
<u>e</u>						L
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		n or (loss) (f) minus (g)
a			ļ			
<u>b</u>						
c			 			
d			 		 	
<u>e</u>	Complete only for assets show	ving gain in column (h) and owned	by the foundation	on 12/31/60		
	Complete only for assets show					l. (h) gain minus t less than -0-) or
	(i) F M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col. (i) I. (j), if any		from col. (h))
a						
<u>b</u>						
<u>c</u>						
<u>d</u>			 			
<u>e</u>		(If gain	also enter in Da	ort Llino 7		
2	Capital gain net income or	INDI CADITAL INCCI (-	also enter in Pa , enter -0- ın Pa	3	2	N/A
3	If gain, also enter in Part I,	or (loss) as defined in sections , line 8, column (c) (see instru	ctions). If (loss)), enter -0- in (
		<u> </u>			3	N/A
Par		er Section 4940(e) for Reduate foundations subject to the				
Was		this part blank. section 4942 tax on the distribu qualify under section 4940(e). D			pase period?	☐ Yes ☐ No
1	Enter the appropriate amou	unt in each column for each ye	ar; see the instr	uctions before m	akıng any entries.	
Cal	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distribution	s Net value o	(c) of noncharitable-use a	ssets Dis	(d) tribution ratio divided by col. (c))
	2014					
	2013					
	2012					
	2011					
	2010					
_					1 . 1	
2	Total of line 1, column (d)					
3		or the 5-year base period—div ation has been in existence if le				
4	Enter the net value of nonc	haritable-use assets for 2015 f	from Part X, line	5	. 4	
5	Multiply line 4 by line 3 .				. 5	
6	Enter 1% of net investment	t income (1% of Part I, line 27b)		. 6	
7	Add lines 5 and 6				. 7	
8		ns from Part XII, line 4 er than line 7, check the box i				% tax rate. See the

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	instr	uctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
b	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check			
_	here ▶ ☐ and enter 1% of Part I, line 27b	1881m	<u> </u>	75 70
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of			
	Part I, line 12, col. (b).	***************************************		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0	
3	Add lines 1 and 2		0	<u> </u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0	
5 6	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	14-11-00	0	₩
а	Credits/Payments: 2015 estimated tax payments and 2014 overpayment credited to 2015 6a 0			
b	Exempt foreign organizations—tax withheld at source 6b			
c	Tax paid with application for extension of time to file (Form 8868) . 6c		4 4	
ď	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d	······································	0	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		0	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9		0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10		0	
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ Refunded ▶ 11		0	L
	VII-A Statements Regarding Activities During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	1.28	- V	T N I -
1a	participate or intervene in any political campaign?	1a	Yes	NO
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	la-	├	
_	Instructions for the definition)?	1b	[1
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		3.4	%. X
	published or distributed by the foundation in connection with the activities.	r.		x:31
С	Did the foundation file Form 1120-POL for this year?	1c		/
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
_	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
е	on foundation managers. ► \$		1	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	in well the car	√
	If "Yes," attach a detailed description of the activities.		% %.	2
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	milianilla		
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u> </u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u> </u>
ь 5	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		 _
,	If "Yes," attach the statement required by General Instruction T.	17.1	18. 77	-
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		**	
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	1	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	1	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶			
L	HI If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
b	(or designate) of each state as required by General Instruction G? If "No," attach explanation	122	المؤسط	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	8b	V	- K-1
J	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"		*****	لتستقا
	complete Part XIV	9]	1
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	1		
	names and addresses	10	✓	<u> </u>

Par	VILA Statements Regarding Activities (continued)			
	•	T	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		1
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		1
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	1	
44	Website address ► N/A			
14	The books are in care of ► Laulima Foundation Telephone no. ► (8 Located at ► 1100 Alakea Street, Suite 2200 Honolulu, HI ZIP+4 ►			
15	Located at ► 1100 Alakea Street, Suite 2200 Honolulu, HI ZIP+4 ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here	9681		
15	and enter the amount of tax-exempt interest received or accrued during the year		•	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authorit	y	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	1	1
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	i Right	11/1	4.30
	the foreign country ▶		<u> </u>	ŶŊ.
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1 5 82		
10	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. During the year did the foundation (either directly or indirectly):	32.552	Yes	No
1a	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?		\$ Z.	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		16	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No		18.3	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	the benefit or use of a disqualified person)?			
	foundation agreed to make a grant to or to employ the official for a period after	13.3		
	termination of government service, if terminating within 90 days.)			
b	, , , , , , , , , , , , , , , , , , ,			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here	N 3		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1c	أ. گنگ	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			1.1
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			1
а				
	6e, Part XIII) for tax year(s) beginning before 2015?			
b				
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	2.4	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	all years listed, answer "No" and attach statement—see instructions.)	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		* F	# A.1
3a	► 20 , 20 , 20 , 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
Ja	at any time during the year?			
b		1		
b	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the		1 / P	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		34	
_	foundation had excess business holdings in 2015.)	3b		!
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	3 %	√ 20 + 12 322
Ъ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b	. اعتقالاند	للإلا
		4D 0	لييبا	

Part	VII-B	Statements Regarding Activities	s for W	hich Form	4720	May Be R	equire	d (contii	nued)			
5a	During	the year did the foundation pay or incur a	iny amo	ount to:							7 AV.	A
		ry on propaganda, or otherwise attempt t						☐ Yes	✓ No			
		lence the outcome of any specific public		-		•						
		ctly or indirectly, any voter registration dr						Yes	✓ No			
		vide a grant to an individual for travel, stu							☑ No		343	
		vide a grant to an organization other than										
		tion 4945(d)(4)(A)? (see instructions)						☐ Yes	✓ No	10.34		
		vide for any purpose other than religious										
	-	poses, or for the prevention of cruelty to							☑ No	1.6 40 3.1		
Þ		inswer is "Yes" to 5a(1)–(5), did any of the							ribed in	سخست المستقا		أنش
	_	tions section 53.4945 or in a current notice	-			=	uctions			5b		· /A : :
_	_	zations relying on a current notice regardi inswer is "Yes" to question 5a(4), does t	-				 the tou					
C		e it maintained expenditure responsibility								3 N	3 4	
		•		=				☐ Yes	∐ No			
6a		" attach the statement required by Regula foundation, during the year, receive any					mume				(
oa		ersonal benefit contract?	101100,			, to pay pre		∏Yes	✓ No			
ь	•	foundation, during the year, pay premiur	ns dire	ectly or indire	ctly on	a nersonal	henefi			6b	. دگنده	£^
		to 6b, file Form 8870.	,	ony or mano	ony, on	a porsona	OC, ICI	Contract		200		<u> </u>
7a		ime during the tax year, was the foundation	a party	to a prohibited	d tax sh	elter transac	tion?	Yes	√ No			
		" did the foundation receive any proceed						_		7b	د استقاسات	77.M.43
Par	VIII	Information About Officers, Direc	tors, 1	rustees, F	ounda	tion Mana	gers,	Highly F	aid E	mploy	ees,	
		and Contractors									•	
1	List all	officers, directors, trustees, foundatio	n mana	agers and th	eir con	npensation	(see i	nstructio	ns).			
		(a) Name and address		e, and average		mpensation not paid,		Contribution: byee benefit		(e) Expe		
				ed to position		ter -0-)	and defe	erred compe	ensation	other a	allowanc	es
Bill D.	Mills		ļ		ł							
		., Ste 2200, Honolulu, HI 96813	Pres/D	irector	<u> </u>	0			0			0
David	C. Hulih	ee										
		eet, Honolulu, HI 96813	Vice P	resident/Dir	 -	0			0			0
	Chang		_		}				1			
		, Ste 2200, Honolulu, HI 96813	Treasu	rer/Director		0			0			0
Claire		C 2000 HI-I III 20042			[إ			_
2	Compo	., Ste 2200, Honolulu, Hi 96813 ensation of five highest-paid employe	Secret		se incl	uded on li	ne 1	see instr	Uction:	e) if no	200 0	<u>0</u>
	"NONE			·							лю, с	
	(a) Name a	and address of each employee paid more than \$50,00	00	(b) Title, and a hours per v devoted to p	veek ˜	(c) Comper	sation	(d) Contribution (d) Co	benefit deferred	(e) Exper	nse acco allowanc	
				 				compens	sauun			
NONE	-			1			i		}			
												
				}		<u> </u>						
				1		}			ſ			
				 								
				l					{			
				1		}			}			
Total	number	of other employees paid over \$50,000 .		· · · · ·		'			. ▶	N	ONE	
										orm 99		2015)

3	and Contractors (continued) Five highest-paid independent contractors for professional services (see instructions). If none, en	er "NON	F "
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	<u>,ei 11011</u>	(c) Compensation
ON			
-			ı
_	·		
		I	
_			
-4-	Turn box of athers recognize over CEO 000 for professional comices		
	number of others receiving over \$50,000 for professional services	•	NONE
Pai	IX-A Summary of Direct Charitable Activities		
Li	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the ranizations and other beneficiaries served, conferences convened, research papers produced, etc.	umber of	Expenses
1	N/A		
2			
_			1
3			
			i
			
4			
Pal	IX-B Summary of Program-Related Investments (see instructions)		
	cnbe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1	N/A		
2			
Α1	other program-related investments. See instructions.		
_	None		
3			
_			

Part	· · · · · · · · · · · · · · · · · · ·	ign foundation	ons,
	see instructions.)	It seems	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	44	
	purposes:		
a	Average monthly fair market value of securities	1a	1,971,534
b	Average of monthly cash balances	1b	0
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	<u>1,971,534</u>
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	<u>1,971,534</u>
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see	1 1	
_	instructions)	4	29,573
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,941,961
6	Minimum investment return. Enter 5% of line 5	6	3,884
Part	and certain foreign organizations check here ▶ ☐ and do not complete this part.)	oundations	
1	Minimum investment return from Part X, line 6	1	3,884
2a	Tax on investment income for 2015 from Part VI, line 5 2a 0		
b	Income tax for 2015. (This does not include the tax from Part VI.) 2b		
C	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,884
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	3,884
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	3,884
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	0
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
ь	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculatin qualifies for the section 4940(e) reduction of tax in those years.	g whether the	foundation
		Form 9	90-PF (2015)

Part	XIII • Undistributed Income (see instruction	ons)			
1	Distributable amount for 2015 from Part XI,	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
	line 7				3,884
2	Undistributed income, if any, as of the end of 2015:				
а	Enter amount for 2014 only				
b	Total for prior years: 20,20,20				
3	Excess distributions carryover, if any, to 2015:				
а	From 2010				
b	From 2011				
C	From 2012				
d	From 2013				
e	From 2014				
f	Total of lines 3a through e				
4	Qualifying distributions for 2015 from Part XII, line 4: ► \$				
	·				
a	Applied to 2014, but not more than line 2a.		3/2/2014/3/2014/3/2014	4 1 2 8 4 8 .W.A	
	Applied to undistributed income of prior years (Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2015 distributable amount				0
е	Remaining amount distributed out of corpus				<u> </u>
5	Excess distributions carryover applied to 2015				0
	(If an amount appears in column (d), the same				
_	amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
a	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 Prior years' undistributed income. Subtract				
ь	line 4b from line 2b				
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
. ا	tax has been previously assessed Subtract line 6c from line 6b. Taxable				
u	amount—see instructions				
	Undistributed income for 2014. Subtract line		N W. 28 (20 V) V (20 V)	<u> </u>	
·	4a from line 2a. Taxable amount—see				
	instructions				
f	Undistributed income for 2015. Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2016				3,884
7	Amounts treated as distributions out of corpus				W. S. V. C. Y
	to satisfy requirements imposed by section	1			
	170(b)(1)(F) or 4942(g)(3) (Election may be	1			
	required—see instructions)				
8	Excess distributions carryover from 2010 not	,			
	applied on line 5 or line 7 (see instructions).				
9	Excess distributions carryover to 2016.				
	Subtract lines 7 and 8 from line 6a	<u> </u>			Y X X X X X X Y Y Y Y Y Y Y Y Y Y Y Y Y
10	Analysis of line 9:				
a	Excess from 2011				12.10
b	Excess from 2012				
c	Excess from 2013		NA NA NA		
d	Excess from 2014				
е	Excess from 2015				5 5 7 5 1 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

orm 90	90-PF (2015)					Page 10
	XIV Private Operating Founda	tions (see instru	ctions and Par	t VII-A, question 9))	Page 10
	If the foundation has received a ruling	or determination	letter that it is a	private operating		
	foundation, and the ruling is effective fo Check box to indicate whether the four		-		ction [] 4042(i)	(2) 07 [] 4040()(5)
b 2a		Tax year	operating tourida	Prior 3 years	ection [] 4942(J)	(3) or 4942(j)(5)
24	income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
	investment return from Part X for each year listed	N/A	(6) 2014	(6) 2013	(4) 2012	
ь	85% of line 2a	IN/A		 -	 	
	Qualifying distributions from Part XII, line 4 for each year listed			1		
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test-enter:			ţ		
	(1) Value of all assets(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter ² / ₃ of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test—enter:			 		
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
	section 4942(j)(3)(B)(iii)			 		
	an exempt organization	Ì		1		
	(4) Gross investment income			1		
Part	XV Supplementary Information	on (Complete th	is part only if	the foundation h	ad \$5,000 or m	ore in assets at
	any time during the year-	-see instruction	s.)			
1	Information Regarding Foundation					
а	List any managers of the foundation					by the foundation
	before the close of any tax year (but o	only if they have co	intributed more t	than \$5,000). (See s	ection 507(d)(2).)	
	Mills					
b	List any managers of the foundation ownership of a partnership or other e					rge portion of the
lone	Information Regarding Contribution	Grant Ciff Las	n Coholorabia	oto Programa		
2					organizations and	door not seemt
	Check here ► ☑ If the foundation unsolicited requests for funds. If the					
	other conditions, complete items 2a,		giris, granis, elc	. (200 111311110110115)	o maividuais of Or	garrizations under
а	The name, address, and telephone no		dress of the per	son to whom applic	ations should be a	addressed:
b	The form in which applications should	be submitted and	information and	d materials they sho	uld include:	

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

c Any submission deadlines:

factors:

	90-PF (2015)			 	Page 1
Part 3	XV Supplementary Information (cons Grants and Contributions Paid During	tinued) the Year or Approv	ed for Fu	ture Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or	Amount
	Name and address (home or business)	or substantial contributor	recipient	contribution) runosm
а	Paid during the year				
					ļ
None			[ł
					ţ
			[
					1
					1
]		
			Ì		
			ì		
			ĺ		
		}	}		1
		1			
		}	ļ		}
		}	ļ		
			ļ		
			ļ		
		<u></u>	<u> </u>		
b	Total	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; 		<u> </u>	Ba
	Approved for fatare payment				
			ļ		
			ļ		l l
None					ł
					1
			ļ		
		1			1
					1
]		1
)
		1			}
				}	}
	Total	-l		<u> </u>	<u></u>

Pal	t X\	Analysis of Income-Producing Ac	tivities				
_	_	ss amounts unless otherwise indicated.	Unrelated bu	(b)	(c)	ion 512, 513, or 514	(e) Related or exempt function income
1	Pro	gram service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions.)
•	_	None		 -	 		
	b	None		· · · · · · · · · · · · · · · · · · ·	 	 	
	c		ļ			 	
	ď				f	<u> </u>	
	e	·					
	f			<u> </u>			
	g	Fees and contracts from government agencies		 	 	t	
2		mbership dues and assessments	<u> </u>	i	 	 	
3		rest on savings and temporary cash investments	\			 	
4		dends and interest from securities				f	<u> </u>
5		rental income or (loss) from real estate:		2.54 6 7.3 7 3.	2223843	3 N N N A A N N N	4477433
		Debt-financed property	* 4 A A A A A A A A A A A A A A A A A A	 	***		7 32 82 82 82 82 82
		Not debt-financed property	 		 		
6		rental income or (loss) from personal property					f
7		er investment income			 		<u> </u>
8		or (loss) from sales of assets other than inventory		 	 		
9		income or (loss) from special events		 	 	 	
10		ss profit or (loss) from sales of inventory	 	 	 		
		er revenue: a	ļ		 	 	
٠.	b		<u> </u>	 	 	 	
	c				 	 	
	ď				 		
	e		 	 	 -	 	}
19		ototal. Add columns (b), (d), and (e)			N 100		
	Juc						<u> </u>
	Tot	al Add line 12 columns (b) (d) and (e)				13	
13						13	0
13 (See	wor	ksheet in line 13 instructions to verify calculation	ıs.)			13	0
13 (See Pa	wor	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) (ccomplish m	ent of Exemp	t Purposes		
13 (See Pa	wor	ksheet in line 13 instructions to verify calculation N-B Relationship of Activities to the A	s.) (ccomplish m	ent of Exemp	t Purposes		
13 (See Pa	wor t X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) (ccomplish m	ent of Exemp	t Purposes		
13 (See Pa	wor t X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) (ccomplish m	ent of Exemp	t Purposes		
13 (See Pa	wor t X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) (ccomplish m	ent of Exemp	t Purposes		
13 (See Pa	wor t X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) (ccomplish m	ent of Exemp	t Purposes		
13 (See Pa	wor t X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) (ccomplish m	ent of Exemp	t Purposes		
13 (See Pa	wor t X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) (ccomplish m	ent of Exemp	t Purposes		
13 (See Pa	wor t X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) (ccomplish m	ent of Exemp	t Purposes		
13 (See Pa	wor t X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) (ccomplish m	ent of Exemp	t Purposes		
13 (See Pa	wor t X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) (ccomplish m	ent of Exemp	t Purposes		
13 (See Pa	wor t X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) (ccomplish m	ent of Exemp	t Purposes		
13 (See Pa	wor t X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) (ccomplish m	ent of Exemp	t Purposes		
13 (See Pa	wor t X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) (ccomplish m	ent of Exemp	t Purposes		
13 (See Pa	wor t X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) Accomplishm	ent of Exemp	t Purposes		
13 (See Pa	wor t X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) Accomplishm	ent of Exemp	t Purposes		
13 (See Pa	wor t X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) Accomplishm	ent of Exemp	t Purposes		
13 (See Pa	wor t X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) Accomplishm	ent of Exemp	t Purposes		
13 (See Pa	wor t X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) Accomplishm	ent of Exemp	t Purposes		
13 (See Pa	wor t X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) Accomplishm	ent of Exemp	t Purposes		
13 (See Pa	wor t X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) Accomplishm	ent of Exemp	t Purposes		
13 (See Pa	wor t X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) Accomplishm	ent of Exemp	t Purposes		
13 (See Pa	wor t X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) Accomplishm	ent of Exemp	t Purposes		
13 (See Pa	wor t X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) Accomplishm	ent of Exemp	t Purposes		
13 (See Pa	wor t X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) Accomplishm	ent of Exemp	t Purposes		

Part	XVII .		n Regarding Trans	fers To and Trai	nsaction	s and F	Relationshi	ps With I	Nonchar	itable
a	in sect organi: Transf (1) Ca (2) Otl Other	e organization of non 501(c) of the zations? ers from the rep sh ner assets . transactions:	directly or indirectly endered to compare the code (other than so coorting foundation to	ection 501(c)(3) org a noncharitable exe	anization	s) or in se	ection 527, r		political · ·	Yes No 1a(1) / 1a(2) /
c									1b(1)	
	value o	of the goods, o	ther assets, or servic	es given by the rep	orting for	undation.	If the found	lation rece	ived less	than fair marke
(a) Line		n any transaction Amount involved	on or sharing arrange (c) Name of noncha	ment, show in colu aritable exempt organizat					:	vices received.
			N/A							
	———									
										
										
	——									
										
		·								
	-+-		 							
					+					
	descri	oed in section 5	ectly or indirectly affile 501(c) of the Code (ot a following schedule.						_	Yes 🗹 No
<u>p</u>		(a) Name of organ		(b) Type of organization				(c) Description	n of relations	ship
N/A		-, rante of brigain		(b) 1390 of organization			(c) Description of relationship			
	WA									
										
Under penalties of perjuly, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle									my knowledg	e and belief, it is true
Sign Here	<u>/</u>	ture of officer or trus		nan taxpayer) is based on all information of which prepared by the state of the sta			May the I with the			S discuss this return aparer shown below ions)? Yes \ No
		Print/Type preparer		Preparer's signature			Date	 '	. C . PT	IN
Paid	- 1.			Treparer a signature	-		11/14/		k lif if	
Prepa	יים וב	GREGG K. FURU		()	127,137				P00290855	
Use Only Firm's name ► DELOITTE TAX LLP Firm's address ► 999 BISHOP STREET SUITE 2700, HONOLULU, HI 96813-4454							Firm's EIN		6-1065772	
		Firm 5 audress	333 DISTION STREET	SOITE ZIOU, HONOL	OLU, HI 9	0013-4434	<u>'</u>	Phone no		-543-0700

Schedule B

(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number Laulima Foundation 81-0858179 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF ✓ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ). Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

	organization	Employer identification number			
	oundation		81-0858179		
Part I	Contributors (See instructions). Use duplicate co	opies of Part I if additional space			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_1	Bill D. Mills 1100 Alakea Street, Suite 2200	\$ 2,000,01	(Complete Part II for		
	Honolulu, HI 96813		noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
(\$	Person Payroli Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 3 Name of organization **Employer identification number** Laulima Foundation 81-0858179 Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed. (c) FMV (or estimate) (a) No. (b) (d) from Description of noncash property given **Date received** Part I (See instructions) 55,835 shs Alexander & Baldwin Inc. 1 1,971,534 12/23/2015 (c) FMV (or estimate) (a) No. (b) (d) from Description of noncash property given **Date received** Part I (See instructions) (c) FMV (or estimate) (a) No. (b) (d) from Description of noncash property given Date received Part i (See instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received**

Part I

(See instructions)

Laulima Foundation EIN: 81-0858179 12/31/2015 Form 990-PF, Part II, Line 10B Investments - Corporate Stock

Name of Corporate Stock	Year End Book Value	Year End Fair Market Value
Alexander & Baldwin Inc.	2,000,010	1,971,534

Laulima Foundation EIN: 81-0858179 12/31/2015 Form 990-PF, Part VII-A, Line 10 Substantial Contributors

Name Address

Bill D. Mills 1100 Alakea Street, Suite 2200

Honolulu, HI 96813