

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

▶ 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.

٠4

	For	calendar year 2016 or tax year beginning SEP	26, 2016	, and ending	DEC 31, 2016	
	Nai	me of foundation			A Employer identification	number
		THE MACNAUGHTON GROUP FOUN	81-3963258			
		mber and street (or P O. box number if mail is not delivered to street		Room/suite	B Telephone number	
		.288 ALA MOANA BLVD STE 20	877-829-55	00		
		y or town, state or province, country, and ZIP or foreign po IONOLULU,HI 96814		C If exemption application is p	ending, check here	
		Check all that apply: X Initial return		ormer public charity	D 1. Foreign organizations	, check here
		Final return Address change	Amended return Name change		2 Foreign organizations me check here and attach co	eting the 85% test,
	H C	Check type of organization: X Section 501(c)(3) exc			1 .	
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Other taxable private found	ation	If private foundation state under section 507(b)(1)	
	l Fa	air market value of all assets at end of year   J Accounting	<del></del>	Accrual	F If the foundation is in a 8	
	(fr		her (specify)		under section 507(b)(1)	
	<u> </u>	\$ 1,099,726. (Part I, colur	mn (d) must be on cash	basis)		<del></del>
	Pa	Art I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books (b) Net investment income		(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
		1 Contributions, gifts, grants, etc., received	1,102,447.			
		2 Check I if the foundation is not required to attach Sch B				
Ŵ		3 Interest on savings and temporary cash investments	 <del> </del>	·		
<b>\$</b>		4 Dividends and interest from securities	<del></del>		<del></del>	
\$		5a Gross rents  b Net rental income or (loss)				
Ď		6a Net gain or (loss) from sale of assets not on line 10	4,093.	<del></del>		STATEMENT 1
SCANNED MAY	Revenue	b Gross sales price for all 1,026,540.	,			
	eve	7 Capital gain net income (from Part IV, line 2)	* * *e	874,039.		
હ્ય	Œ	8 Net short-term capital gain	4 /			
(G)		9 Income modifications Gross sales less returns	*		<u> </u>	
2017		10a and allowances	**	RECEIVED		
		b Less Cost of goods sold c Gross profit or (loss)	**************************************		8	
		11 Other income	8			
		12 Total. Add lines 1 through 11	1,106,540.	874,039		
		13 Compensation of officers, directors, trustees, etc	0.	OGDEN UTO.	0.	0.
		14 Other employee salaries and wages				
	es	15 Pension plans, employee benefits				<u> </u>
		16a Legal fees				
	Expens	b Accounting fees c Other professional fees	<del></del>	<del></del>		
		17 Interest				
	Administrative	18 Taxes	<del></del>	<del></del>		<del></del>
	ııstı	19 Depreciation and depletion	<del></del>			
	Ĕ	20 Occupancy				
	A	21 Travel, conferences, and meetings				
	and	22 Printing and publications				
	Operating	23 Other expenses		<del></del>		
	erat	24 Total operating and administrative	0.	0		0
	g	expenses . Add lines 13 through 23 25 Contributions, gifts, grants paid	0.	0.	0.	0.
		26 Total expenses and disbursements.		<del> </del>		
		Add lines 24 and 25	0.	0.	o.'	0.
		27 Subtract line 26 from line 12:		<u> </u>		<u>~</u>
		Excess of revenue over expenses and disbursements	1,106,540.			
		b Net investment income (if negative, enter -0-)		874,039.		
	-	c Adjusted net income (if negative, enter -0-)	_		0.1	

	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	f year
ட	<u>art</u>	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
$\overline{\cdot}$	1	Cash - non-interest-bearing		80,000.	80,000.
		Savings and temporary cash investments			<del></del>
		Accounts receivable	<del></del>		
		Less; allowance for doubtful accounts	1		
		<del></del>			<del> </del>
	4	Pledges receivable	-		
		Less: allowance for doubtful accounts			<u> </u>
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other		ļ	
		disqualified persons			
	7	Other notes and toans receivable			
		Less: allowance for doubtful accounts	1		
"	۵	Inventories for sale or use			
Assets	ů				
\ss	9	Prepaid expenses and deferred charges	<u> </u>		
•		Investments - U.S. and state government obligations		 	
	þ	Investments - corporate stock			
	ε	Investments - corporate bonds	ł		
	11	Investments - land, buildings, and equipment, basis			
		Less accumulated depreciation	-		· · · · · · · · · · · · · · · · · · ·
	12	Investments - mortgage loans	<del></del>		
	13	Investments - other	· · · · · · · · · · · · · · · · · · ·	<del></del>	
			<u> </u>		
	14	Land, buildings, and equipment basis			
	ľ	Less accumulated depreciation		4 005 540	1 010 806
	15	Other assets (describe ► SEVEN POST)	0.	1,026,540.	1,019,726.
	16	Total assets (to be completed by all filers - see the		}	
	ļ	instructions. Also, see page 1, item I)	0.	1,106,540.	1,099,726.
	17	Accounts payable and accrued expenses			
	18	Grants payable	· · · · · · · · · · · · · · · · · · ·	<del> </del>	
<b>,</b> 0	19	Deferred revenue			ļ
Liabilities	!				,
Ŧ	20	Loans from officers, directors, trustees, and other disqualified persons			1
<u>.</u>	21	Mortgages and other notes payable			
_	22	Other liabilities (describe )		<u> </u>	Ì
	ł		}		,
	23	Total liabilities (add lines 17 through 22)	) O.	0.	
		Foundations that follow SFAS 117, check here	Ţ	1	,
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted	1	J	j
Net Assets or Fund Balance			<del></del>	<del></del>	
ala	25	Temporarily restricted			1
B	26	Permanently restricted		<del></del>	(
Š		Foundations that do not follow SFAS 117, check here			
F	İ	and complete lines 27 through 31.	İ	l .	1
S	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	]
Asi	29	Retained earnings, accumulated income, endowment, or other funds	0.	1,106,540.	
et	30	Total net assets or fund balances	0.	1,106,540.	
Z	"	Total lict assets of fully balances		1,100,3101	1
	١			1 100 540	
	31	Total liabilities and net assets/fund balances	0.	1,106,540.	<u> </u>
P	art	Analysis of Changes in Net Assets or Fund E	Balances		
=					г
1		net assets or fund balances at beginning of year - Part II, column (a), line	2 30		
	-	st agree with end-of-year figure reported on prior year's return)		1	0.
2	Ente	r amount from Part I, line 27a		2	1,106,540.
3	Othe	r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	1,106,540.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	column (b), line 30	6	1,106,540.
~	, , , (a	The about of rand balances at one of year time 4 militus line of Falt II, C	V.S.III (2), IIIO 00		

		ses for Tax on In		Income	17651	How an	quired	(a) Data		(d) Data cold
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)					I P	- Purcl	hase I	(c) Date a (mo., d		(d) Date sold (mo., day, yr.)
1a										
b SEE ATTACHED	STATI	EMENT		<del></del>	<u> </u>					
d		<del></del>		<del></del>	-					· · · · · · · · · · · · · · · · · · ·
e		<del></del>	<del></del>		$\vdash$					
(e) Gross sales price  (f) Depreciation allowed (g) Cost or other basis plus expense of sale								ain or (loss) s (f) minus (		
<u>a</u>										
b c					$\dashv$					<del></del>
d					$\dashv$					
e 1,026,540.				152,50	1.					874,039.
Complete only for assets showing		<del></del>			$\Box$			I) Gains (C	ol (h) gain	minus
(i) F.M.V. as of 12/31/69		Adjusted basis s of 12/31/69		cess of col (i) col (j), if any				Losses	not less thar (from col. (	h)) 
<u>a</u>	<del></del>									
b c										
d	_				$\neg$					
e									<del></del>	874,039.
2 Capital gain net income or (net cal	pıtal loss)	If gain, also enter If (loss), enter -0-	ın Part I, line ın Part I, line	7 7	}	2				874,039.
3 Net short-term capital gain or (los	s) as define	•								
If gain, also enter in Part I, line 8,		` '	. ,		}				27 / 2	
If (loss), enter -0- in Part I, line 8  Part V   Qualification U	nder Se	ction 4940(e) for	Reduced	Tax on Net	Inv	3 estn	ent In	come	N/A	
(For optional use by domestic private		<del> ` _ `</del>					TOTAL III	Conne		N/A
		•	540(a) tax 011	THOU HIVESUITORE II	1001110	-· <i>)</i>				217 22
If section 4940(d)(2) applies, leave th	iis part blan!	k.								_
Was the foundation liable for the sect	ion 4942 ta	x on the distributable ame	ount of any ye	ear in the base pe	rıod?					Yes No
If "Yes," the foundation does not quali					ntrion			<u>.</u>	<del>-</del>	
1 Enter the appropriate amount in e	ach column		structions be	tore making any e				<del></del>	· <u></u>	(d)
(a) Base period years Calendar year (or tax year beginnir	na m)	(b) Adjusted qualifying dist	ributions	Net value of no	(c) onchai		use assets	s	Distrib (col. (b) div	oùtión ratio rided by col. (c))
2015	·9 ···/							<del>-  </del> -	(5511 (57 511	2, 22. (27)
2014										
2013										
2012					_					
2011								$\rightarrow$		<del></del>
2 Total of line 1, column (d)								2		
3 Average distribution ratio for the 5	5-year base	period - divide the total o	n line 2 by 5,	or by the number	of ye	ars				
the foundation has been in exister	nce if less th	an 5 years						3		
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5					4_					
5 Multiply line 4 by line 3					5					
6 Enter 1% of net investment incom	ie (1% of Pa	art I, line 27b)						6		
7 Add lines 5 and 6	,	, <del> ,</del>						7		
	Dart VII lie	no A						8		· <u>-</u>
8 Enter qualifying distributions from If line 8 is equal to or greater than	•		1b, and comp	olete that part usir	ng a 1	% tax r	ate.		<u> </u>	
See the Part VI instructions.		. <u></u>								

Form 990-PF (2016) THE MACNAUGHTON GROUP FOUNDAT		81-396			Page 4
Part VI Excise Tax Based on Investment Income (Section 494)		4948 - see	instru	ctior	าร) _
1a Exempt operating foundations described in section 4940(d)(2), check here  and et	nter "N/A" on line 1.				
• Date of ruling or determination letter: (attach copy of letter if nec	cessary-see instructions)	1 1			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	► and enter 1%	1 1	1	7,4	81.
of Part I, line 27b	Ì				
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Part I, line 12, col. (b).	1 1			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Ot	• •	2			0.
3 Add lines 1 and 2	,	3	1	7,4	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only 0	)thers enter -0-)	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	1	7,4	81.
6 Credits/Payments:		<u> </u>			
a 2016 estimated tax payments and 2015 overpayment credited to 2016	6a				:
b Exempt foreign organizations - tax withheld at source	6b	-			j
c Tax paid with application for extension of time to file (Form 8868)	6c	┥ ╽			
d Backup withholding erroneously withheld	60	-			
		<b>-</b>			0.
<ul> <li>7 Total credits and payments. Add lines 6a through 6d</li> <li>8 Enter any penalty for underpayment of estimated tax. Check here</li></ul>	ahad	8	_	2	90.
	Litted	. 9	1	7,7	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		<del></del>		<i>' , '</i>	<u>/                                    </u>
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10.6	10			
11 Enter the amount of line 10 to be: Credited to 2017 estimated tax	Refunded >	. 11			
Part VII-A Statements Regarding Activities				Vaal	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legis	station or did it participate or interve	ne in	<del></del>	Yes	
any political campaign?			1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purpos			1b		
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities a	and copies of any materials publ	ished or	1		
distributed by the foundation in connection with the activities			]		- <u>-</u>
c Did the foundation file Form 1120-POL for this year?			1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the					
(1) On the foundation. > \$ 0 . (2) On foundation managers		<u>•</u>	[ [		
e Enter the reimbursement (if any) paid by the foundation during the year for political expendi	iture tax imposed on foundation				
managers. > \$0.					
2 Has the foundation engaged in any activities that have not previously been reported to the li	RS?		2		Х
If "Yes," attach a detailed description of the activities			1 1		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing in	instrument, articles of incorporation	, or			i
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change	es		3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year	ır?		4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•		5		X
If "Yes," attach the statement required by General Instruction T					
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied en	ither.		1 1		'
<ul> <li>By language in the governing instrument, or</li> </ul>			i i		l
<ul> <li>By state legislation that effectively amends the governing instrument so that no mandator</li> </ul>	y directions that conflict with the st	ate law			
remain in the governing instrument?			6		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," con	inplete Part II, col. (c), and Part i	ΧV	7	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructio	ons) ►		1 1		1
HI			1 1		1
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	ttorney General (or designate)	<del></del>			
of each state as required by General Instruction G? If "No," attach explanation	, , ,		86	X	1
9 Is the foundation claiming status as a private operating foundation within the meaning of se	ection 4942(j)(3) or 4942(j)(5) for ca	alendar			
year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," c			9		Х
10 Did any persons become substantial contributors during the tax year? If "Yes" attach a schedu	•	STMT 2	10	X	
			orm QQ(		(0046)

* NOTE: Payment remitted via federal wire reference 20170515L1B78B1C000256 *

Form **990-PF** (2016)

Pa	art VII-A Statements Regarding Activities (continued)	1430		Page
		<del></del>	Yes	No
<b>†</b> 1	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		Х
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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address NONE			<u> </u>
14	The books are in care of ► NANCY INFANTE  Telephone no. ►808-20	3-2	216	
	Located at ► 1288 ALA MOANA BLVD STE 208, HONOLULU, HI ZIP+4 ►96	861	4	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b></b>	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
_	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 If any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly).			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	1 1		
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	i l		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			,
	(5) Transfer any income or assets to a disqualified person (or make any of either available	1 1		4
	for the benefit or use of a disqualified person)?		Ę	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	l	*:	3 ·
	If the foundation agreed to make a grant to or to employ the official for a period after	٤	1	۶ و
	termination of government service, if terminating within 90 days.)	.	<u>.                                    </u>	10
D	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	ا مشد	. A 40	1/3
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  N/A	1b		
_	Organizations relying on a current notice regarding disaster assistance check here	, ,	r,	8.
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1	n Li	44
•	before the first day of the tax year beginning in 2016?	1c		Х
4	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	ľ		~ ,
_	defined in section 4942(j)(3) or 4942(j)(5)):		,	~ L
d	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	ľ	;	
	before 2016?  Yes X No			
	If 'Yes,' list the years ,	1 1	- 1	
U	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	_		
	statement - see instructions.)  N/A	2b		
·	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			£
2-	Pud the foundation hold many than 200' days to			
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
	1C5   A   NU		ŀ	
U	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the 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 foundation had excess business holdings in 2016)  N/A	3b		
+a h	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u>
U	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		j	
	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4h l		X

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)  3 Five highest-paid independent contractors for professional services. If none, enter "NONE."  (a) Name and address of each person paid more than \$50,000 (b) Type of service  NONE	(c) Compensation
3° Five highest-paid independent contractors for professional services. If none, enter "NONE."  (a) Name and address of each person paid more than \$50,000  (b) Type of service	(c) Compensation
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
I .	1
	ļ
<del></del>	
Table I number of others recovered over \$50,000 for professional convens	<b>•</b>
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
ı N/A	
2	
3	
4	
Part IX-B Summary of Program-Related Investments	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NONE	
	0
2	
All other program-related investments. See instructions.	
3 N/A	
<u></u>	

Form **990-PF** (2016)

Total. Add lines 1 through 3

Page 8

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 1,022,447. a Average monthly fair market value of securities 1a 1b 80,000. b Average of monthly cash balances 1c c Fair market value of all other assets 1,102,447. 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 1,102,447. 3 Subtract line 2 from line 1d 16,537 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 1,085,910. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4 5 Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD 14,430. Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here 
and do not complete this part.) 14,430. Minimum investment return from Part X, line 6 17,481 Tax on investment income for 2016 from Part VI, line 5 Income tax for 2016. (This does not include the tax from Part VI.) 2b 2c 17,481. Add lines 2a and 2b 3 Distributable amount before adjustments. Subtract line 2c from line 1 4 Recoveries of amounts treated as qualifying distributions 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 0. Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) 3a 3b b Cash distribution test (attach the required schedule) 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b 5 Adjusted qualifying distributions. Subtract line 5 from line 4 6 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Form **990-PF** (2016)

Page 9

THE MACNAUGHTON GROUP FOUNDATION Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,		·		
line 7				0.
2 Undistributed income, if any, as of the end of 2016		-		
a Enter amount for 2015 only			0.	
b Total for prior years				
		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011		•		
bFrom 2012				
c From 2013				;
dFrom 2014				
eFrom 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ►\$				
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2016 (if an amount appears in column (d), the same amount	0.		· · · · · · · · · · · · · · · · · · ·	0.
must be shown in column (a) )  6 Enter the net total of each column as				,
indicated below:	0			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract		0.	*	Ì
line 4b from line 2b		<u> </u>	· · · · · · · · · · · · · · · · · · ·	,
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) tax has been previously				^
assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)				ļ.,
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	0.			<u> </u>
9 Excess distributions carryover to 2017.	•			
Subtract lines 7 and 8 from line 6a	0.			<del> </del>
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016			1	L

	NAUGHTON GR			81-39	63258 Page 10		
Part XIV   Private Operating F	<del></del>		-A, question 9)	N/A			
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating					
foundation, and the ruling is effective for	•	•	. ▶				
<b>b</b> Check box to indicate whether the found	dation is a private operatir	ng foundation described i		4942(j)(3) or49	42( ₁ )(5)		
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years				
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total		
investment return from Part X for							
each year listed							
<b>b</b> 85% of line 2a							
c Qualifying distributions from Part XII,							
line 4 for each year listed	}			}			
d Amounts included in line 2c not							
used directly for active conduct of							
exempt activities			İ				
e Qualifying distributions made directly				† <del></del>			
for active conduct of exempt activities.							
Subtract line 2d from line 2c							
3 Complete 3a, b, or c for the		<del></del>	<del> </del>	<del> </del>			
alternative test relied upon:				Ì			
<ul><li>a "Assets" alternative test - enter:</li><li>(1) Value of all assets</li></ul>		Ì					
, ,				<del> </del>			
(2) Value of assets qualifying under section 4942(1)(3)(B)(1)			ļ				
b "Endowment" alternative test - enter	<del></del>	<del> </del>	<del></del>	<del> </del>			
2/3 of minimum investment return	1						
shown in Part X, line 6 for each year	1						
listed	<u> </u>			<del>                                     </del>			
c "Support" alternative test - enter:			Į.				
(1) Total support other than gross investment income (interest,							
dividends, rents, payments on							
securities loans (section							
512(a)(5)), or royalties)		ļ — —		<u> </u>			
(2) Support from general public and 5 or more exempt			}				
organizations as provided in							
section 4942(j)(3)(B)(III)							
(3) Largest amount of support from				1			
an exempt organization							
(4) Gross investment income	L						
Part XV Supplementary Info			if the foundation	n had \$5,000 or mo	re in assets		
at any time during	the year-see insti	ructions.)					
1 Information Regarding Foundation	on Managers:						
a List any managers of the foundation wh			ributions received by the	e foundation before the clos	e of any tax		
year (but only if they have contributed r	nore than \$5,000) (See s	ection 507(d)(2).)					
NONE							
b List any managers of the foundation wh			(or an equally large port	ion of the ownership of a pa	rtnership or		
other entity) of which the foundation ha	s a 10% or greater interes	st.					
NONE							
2 Information Regarding Contribut							
Check here 🕨 🗓 if the foundation of							
the foundation makes gifts, grants, etc.	(see instructions) to indiv	riduals or organizations u	nder other conditions, o	omplete items 2a, b, c, and	ď		
a The name, address, and telephone num	ber or e-mail address of t	he person to whom appli	cations should be addre	ssed.			
b The form in which applications should t	oe submitted and informa	tion and materials they sh	nould include.				
••		•					
c Any submission deadlines:	c Any submission deadlines:						
•							
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields.	kınds of institutions, or	other factors:			
-	, , , , , , , ,	•	,				

Part XV Supplementary Informatio				
3 Grants and Contributions Paid During the	Year or Approved for Future F	Payment		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year		<del></del>	<del></del>	<del> </del>
NONE				1
NONE				ļ
·			- · · · · · · · · · · · · · · · · · · ·	<u></u>
				ł
		'		
		<u> </u>		
	1			Į
		:		
				ł
				<del>                                     </del>
Total			▶ 3a	-
b Approved for future payment				
NONE				
NONE				
				İ
		1		
				ļ
		1		
		L	<u> </u>	<del> </del>
Total			► 3b	1

# Part XVI-A Analysis of Income-Producing Activities

ter gross amounts unless otherwise indicated.	<u> </u>	d business income		ided by section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a					
b					
·	_		<u> </u>		
i					
			<u> </u>	ļ	
			<u> </u>	ļ	
Fees and contracts from government agencies	ļ	<del></del>	<del> </del>	ļ	
Membership dues and assessments	ļ		——		
nterest on savings and temporary cash nvestments				1	
ovesiments  Ovidends and interest from securities			+	<del>  -                                   </del>	· · · · · · · · · · · · · · · · · · ·
let rental income or (loss) from real estate.	<u> </u>				<del></del>
Debt-financed property	<u></u>				
Not debt-financed property		<u> </u>	+		<del></del>
let rental income or (loss) from personal	<u> </u>		+		
roperty	<u> </u>		1		
Other investment income			$\top$		
Gain or (loss) from sales of assets other			<del>                                     </del>		
han inventory			18	4,093.	
let income or (loss) from special events			<b> </b>		
Gross profit or (loss) from sales of inventory					
Other revenue:					
l					
)			<u> </u>		
	1				
_	1				
	1				
d d e Gubtotal. Add columns (b), (d), and (e)	1	0	•	4,093.	
G d e Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e)		0	•	4,093.	4,09
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations		0	•		4,09
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations	s)			13	4,09
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  Relationship of Activities	s)	omplishment of E	Exemp	13_ ot Purposes	4,09
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  INTERT XVI-B Relationship of Activities	es to the Acco	omplishment of E	Exemp	13_ ot Purposes	4,09
subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  INTEXVI-B Relationship of Activitie  No. Explain below how each activity for which	es to the Acco	omplishment of E	Exemp	13_ ot Purposes	4,09
subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  INTEXVI-B Relationship of Activitie  No. Explain below how each activity for which	es to the Acco	omplishment of E	Exemp	13_ ot Purposes	4,09
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  INTEXVI-B Relationship of Activitie  No. Explain below how each activity for which	es to the Acco	omplishment of E	Exemp	13_ ot Purposes	4,09
ubtotal. Add columns (b), (d), and (e)  fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  IT XVI-B Relationship of Activitie  e No. Explain below how each activity for which	es to the Acco	omplishment of E	Exemp	13_ ot Purposes	
subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  INTEXVI-B Relationship of Activitie  No. Explain below how each activity for which	es to the Acco	omplishment of E	Exemp	13_ ot Purposes	
subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  INTEXVI-B Relationship of Activitie  No. Explain below how each activity for which	es to the Acco	omplishment of E	Exemp	13_ ot Purposes	
subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  INTEXVI-B Relationship of Activitie  No. Explain below how each activity for which	es to the Acco	omplishment of E	Exemp	13_ ot Purposes	
ubtotal. Add columns (b), (d), and (e)  fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  IT XVI-B Relationship of Activitie  e No. Explain below how each activity for which	es to the Acco	omplishment of E	Exemp	13_ ot Purposes	
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  INTEXVI-B Relationship of Activitie  No. Explain below how each activity for which	es to the Acco	omplishment of E	Exemp	13_ ot Purposes	
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  Eworksheet in line 13 instructions to verify calculations  FOR THE TOTAL RELATIONSHIP OF ACTIVITIES  END. Explain below how each activity for which	es to the Acco	omplishment of E	Exemp	13_ ot Purposes	
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  E worksheet in line 13 instructions to verify calculations  FOR THE RELATIONSHIP OF ACTIVITIES  E No. Explain below how each activity for which	es to the Acco	omplishment of E	Exemp	13_ ot Purposes	
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  Eworksheet in line 13 instructions to verify calculations  FOR THE TOTAL RELATIONSHIP OF ACTIVITIES  END. Explain below how each activity for which	es to the Acco	omplishment of E	Exemp	13_ ot Purposes	
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  E worksheet in line 13 instructions to verify calculations  For XVI-B Relationship of Activities  Revo. Explain below how each activity for which	es to the Acco	omplishment of E	Exemp	13_ ot Purposes	
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  E worksheet in line 13 instructions to verify calculations  FOR THE RELATIONSHIP OF ACTIVITIES  E No. Explain below how each activity for which	es to the Acco	omplishment of E	Exemp	13_ ot Purposes	
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  E worksheet in line 13 instructions to verify calculations  Art XVI-B Relationship of Activities  Revo. Explain below how each activity for which	es to the Acco	omplishment of E	Exemp	13_ ot Purposes	

FORM 990-PF (2				P FOUNDATION		01-39		rage 13	
Part XVII	Information Re Exempt Organi	•	sfers To a	and Transactions	and Relations	ships With Nonch	aritable		
1 Did the org	ganization directly or indir	ectly engage in any o	of the followin	g with any other organizati	on described in sec	tion 501(c) of	Yes	s No	
the Code (	other than section 501(c)	(3) organizations) or	ın section 52	7, relating to political orgai	nizations?			T	
a Transfers	from the reporting founda	ition to a noncharitat	ole exempt org	ganization of:			1 1	Í	
(1) Cash					_		1a(1)	X	
(2) Other assets								X	
b Other trans		•					1a(2)	<del>                                     </del>	
(1) Sales of assets to a noncharitable exempt organization									
(2) Purchases of assets from a noncharitable exempt organization									
` '	1b(2) 1b(3)	X							
F-									
(4) Reimbursement arrangements									
• •	s or loan guarantees						1b(5)	X	
` '	rmance of services or mei	•	•				1b(6)	$\frac{1}{x}$	
	facilities, equipment, mai						10	<u> </u>	
or services	s given by the reporting fo	oundation. If the four	idation receive	dule. Column (b) should al ed less than fair market val					
	(b) Amount involved			exempt organization	(d) December	on of transfers, transactions	od sharing access	mente	
(a)Line no	(b) MINOUIL INVOIVED	(c) Name of		evembi oranization	(u) Description	n of transfers, transactions, ar	io snaring arrangen	nents	
			N/A		<del>- </del>				
		<u> </u>							
		L							
							-		
						· · · · · · · · · · · · · · · · · · ·			
				<del></del>					
	<del></del>								
<del></del>		<del></del>	<del></del>		+				
0 1 1 1 1 1			.1.4. 14						
				or more tax-exempt organ	izations described			ਦਾ	
	501(c) of the Code (other		(3)) or in sect	ion 52/7			Yes Z	X No	
b If "Yes," co	implete the following sche				<del></del> _				
	(a) Name of org	anization		(b) Type of organization		(c) Description of relation	nship ————————————————————————————————————		
	N/A				ļ				
				g accompanying schedules and			May the IRS discus	e this	
Sign and be	elief it is true correct and com	nplete Declaration of pre	eparer (other than	n taxpayer) is based on all infor	mation of which prepar	er has any knowledge	eturn with the prep	arer	
Here	Sland			5/15/17	TREASU	rer i	X Yes	∐ No	
Sign	nature of officer or trustee	<del></del>	<del></del>	Date	Title		163		
	Print/Type preparer's na		Preparer's si		Date	Check if PTI			
	, po propurer a na			+ /		self- employed	-		
Paid	TONIA DULANT D	DEMOII	) Son	atu French	5/8/17		0146727	c	
_	JONATHAN F				<u> </u>		0146727	<del></del>	
Preparer	Firm's name ► AND	ERSEN TAX	ГГС			Firm's EIN ► 33-	1197384		
Use Only									
	Firm's address ► 10				·				
	SA	N FRANCIS	CO, CA	94105		Phone no (415	764-2	700	
		*					Form <b>990-PI</b>	F (2016)	

81-3963258

Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse, or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo, day, yr.) 5,081 SHS EBAY INC 07/15/9812/29/16 D b 900 SHS APPLE INC D 09/14/0612/29/16 300 SHS AUTOMATIC DATA PROCESSING INC D 06/15/8812/29/16 07/13/0612/29/16 100 SHS AUTOZONE INC D e 1,766 SHS IDEXX LABS D VARIOUS 12/29/16 INC D 04/16/0912/29/16 1 266 SHS PHILIP MORRIS INTL 308 ROPER TECHNOLOGIES INC D 03/09/0912/29/16 06/08/1212/30/16 1,005 SHS ACTELION LTD ALLSCHWIL  $\overline{\mathtt{D}}$ 500 SHS LONZA GROUP AG ZUERICH  $\overline{\mathbf{D}}$ 06/08/1212/30/16 SWISS LIFE HOLDING AG D 06/26/1212/30/16 SHS m n 0 (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 1,591. 150,317. 151,908 a 9,547. 95,436. 104,983. b 31,020. 30,356. 664. 79,934. 8,488. 71,446. 35,309. 173,870. 209,179. е 10,106. 14,277. 24,383. 44,748. 56,326. 11,578. 220,792. 38,321. 182,471. 68,609. 86,254. 17,645. 61,761. 19,252. 42,509. m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (1) but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any 150,317. 95,436. b 30,356. C 71,446. d 173,870. е 14,277. 44,748. 182,471. h 68,609. 42,509. 1 m n 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 2 Capital gain net income or (net capital loss) 2 874,039. 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 N/A

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Infernal Revenue Service

## **Schedule of Contributors**

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.

OMB No 1545-0047

2016

Name of the organization

Employer identification number

	T	HE MACNAUGHTON GROUP FOUNDATION	81-3963258					
Organiz	ation type (check o	one)						
Filers of	f:	Section:						
Form 990 or 990-EZ		501(c)( ) (enter number) organization						
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
		527 political organization						
Form 99	0-PF	X 501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
	nly a section 501(c)	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (1 <b>0)</b> organization can check boxes for both the General Rule and a Special Ru	ule See instructions					
X		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II See instructions for determining a contributor						
Special	Rules							
	sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount, line 1 Complete Parts I and II	, or 16b, and that received from					
	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 totaling \$5,000 or more during the year.							
but it m	ust answer "No" or	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F i Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its F the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

THE M	ACNAUGHTON GROUP FOUNDATION		L-3963258
Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DUNCAN MACNAUGHTON  4337 PANINI LOOP  HOLOLULU, HI 96816	\$80,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DUNCAN MACNAUGHTON  4337 PANINI LOOP  HONOLULU, HI 96816	\$1,022,447.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions)

Employer identification number

## THE MACNAUGHTON GROUP FOUNDATION

81-3963258

Part II	Noncash Property (See instructions) Use duplicate copies of Part II if additional space is needed.							
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received					
2	5,081 SHS EBAY INC		<del></del>					
		s <u>153,649.</u>	12/27/16					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received					
2	900 SHS APPLE INC		<del></del>					
		\$105,084.	12/28/16					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received					
2	300 SHS AUTOMATIC DATA PROCESSING INC							
		\$ 30,915.	12/28/16					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received					
2	100 SHS AUTOZONE INC							
		\$ 79,589.	12/28/16					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received					
2	1,766 SHS IDEXX LABS INC							
		\$ 207,947.	12/28/16					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received					
2	266 SHS PHILIP MORRIS INTL INC							
23453 10-18		\$ 24,190.	12/28/16 990, 990-EZ, or 990-PF) (20					

Name of organization

Employer identification number

## THE MACNAUGHTON GROUP FOUNDATION

81-3963258

Part II	Noncash Property (See instructions) Use duplicate copies of Part II if additional space is needed							
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received					
2	308 ROPER TECHNOLOGIES INC							
		\ \\$ 56,613.	12/28/16					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received					
2	1,005 SHS ACTELION LTD ALLSCHWIL	_						
		\$\$	12/28/16					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received					
2	500 SHS LONZA GROUP AG ZUERICH							
		\$85,340.	12/28/16					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received					
2	219 SHS SWISS LIFE HOLDING AG							
		\$61,533.	12/28/16					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received					
		\$						
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received					
		—   s						

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

FORM 99	0-PF (	GAIN OR (LOSS) F	ROM SALE	OF	ASSETS		STA	TEMENT	1
DESCRIP	(A) TION OF PROPERTY	Y			MANNER ACQUIRED	DA ^r ACQU		DATE SO	OLD
5,081 S	HS EBAY INC	_			DONATED	07/1	5/98	12/29	/16
	(B) GROSS	(C) VALUE AT	(D) EXPENSE	<b>○</b> F	(E)			(F)	
	SALES PRICE	TIME OF ACQ.	SALE	Or	DEPRE	c.	GAIN	OR LOSS	5
	151,908.	153,649.		0	).	0.		<1,74	41.>
DESCRIP	(A) TION OF PROPERT	Y			MANNER ACQUIRED	DA! ACQU		DATE SO	OLD
900 SHS	APPLE INC	<del></del>		_	DONATED	09/1	4/06	12/29,	/16
	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPRE		GAIN	(F)	S
	104,983.	105,084.		0	).	0.		<10	 01.>
DESCRIP	(A) TION OF PROPERT	Y			MANNER ACQUIRED	DA' ACQU		DATE SO	OLD
300 SHS	AUTOMATIC DATA	PROCESSING INC		_	DONATED	06/1	5/88	12/29	/16
	(B) GROSS	(C) VALUE AT	(D) EXPENSE	OF			CA TA	(F)	a
	SALES PRICE	TIME OF ACQ.	SALE		DEPRE		GAIN	OR LOS	
	31,020.	30,915.		0	).	0.		10	05.

(A) DESCRIPTION OF PROPERTY				MANNER CQUIRED	DATE ACQUIRE	ED DATE SOLD
100 SHS AUTOZONE INC		DONATED		07/13/0	12/29/16	
(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPRE	C. GA	(F) AIN OR LOSS
79,934.	79,589.		0.		0.	345.
(A) DESCRIPTION OF PROPERTY				MANNER CQUIRED	DATE ACQUIRE	ED DATE SOLD
1,766 SHS IDEXX LABS IN	c		DO	ONATED	VARIOUS	12/29/16
(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPRE	C. GA	(F) AIN OR LOSS
209,179.	207,947.		0.		0.	1,232.
(A) DESCRIPTION OF PROPERTY				MANNER CQUIRED	DATE ACQUIRI	ED DATE SOLD
266 SHS PHILIP MORRIS I	TL INC		DO	ONATED	04/16/0	12/29/16
(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPRE	C. GA	(F) AIN OR LOSS
24,383.	24,190.		0.		0.	193.
(A) DESCRIPTION OF PROPERTY				MANNER CQUIRED	DATE ACQUIRI	ED DATE SOLD
308 ROPER TECHNOLOGIES	INC		D	ONATED	03/09/	09 12/29/16
(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPRE		(F) AIN OR LOSS
56,326.	56,613.		0.		0.	<287.>

(A) DESCRIPTION OF PROPERTY		MANNER ACQUIRED		TE IRED	DATE SOLD		
1,005 SHS ACTELION LTD ALLSCHWIL				DONATED		8/12	12/30/16
(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E)			(F)
220,792.			0.		0.		3,205.
(A) DESCRIPTION OF PROPERTY  500 SHS LONZA GROUP AG	_	-	AC	ANNER QUIRED ———	ACQU	TE IRED	DATE SOLD 12/30/16
(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE		(E)			(F) OR LOSS
86,254.	85,340.		0.		0.		914.
(A) DESCRIPTION OF PROPERTY	_		AC	ANNER QUIRED	ACQU	TE IRED	
219 SHS SWISS LIFE HOLD  (B)  GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE		NATED (E) DEPRE			12/30/16 (F) OR LOSS
61,761.	61,533.		0.		0.	<u> </u>	228.
CAPITAL GAINS DIVIDENDS	FROM PART TV						0.
TOTAL TO FORM 990-PF, P.							4,093.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT

NAME OF CONTRIBUTOR

**ADDRESS** 

DUNCAN MACNAUGHTON

4337 PANINI LOOP HONOLULU, HI 96816

#### GENERAL EXPLANATION

STATEMENT

FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

FORM 990-PF, PART XV, PURPOSE OF GRANT OR CONTRIBUTION - STATEMENT A

**EXPLANATION:** 

STATEMENT A

STATEMENT REGARDING THE PURPOSE OF ALL GRANTS/CONTRIBUTIONS:

THE MACNAUGHTON GROUP FOUNDATION SHALL ENGAGE PRIMARILY IN THE MAKING OF GRANTS, DONATIONS, GIFTS AND CONTRIBUTIONS TO PUBLIC CHARITIES, INTIALLY BUT NOT NECESSARILY PERPETUALLY FOR IMPACTS WITHIN THE STATE OF HAWAII, AND INITIALLY BUT NOT NECESSARILY PERPETUALLY IN SUPPORT OF THE FOLLOWING AREAS: (I) THE ARTS, (II) EDUCATION, (III) HEALTH, (IV) ENVIRONMENT AND SUSTAINABILITY, (V) FAMILY, (VI) AFFORDABLE HOUSING AND HOMELESSNESS, (VII) JOB CREATION, (VIII) CULTURE, (IX) HUMAN WELFARE, AND (X) AREAS IN WHICH EMPLOYEES OF THE MACNAUGHTON GROUP CHARITABLY CONTRIBUTE.