

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is:	☐ a single-employer plan ☐ the first return/report ☐ an amended return/report ☐ a DFE (specify) _____ ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ▶ ☐	
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>401(K) PLAN FOR GRACE PACIFIC AFFILIATES</u>	1b Three-digit plan number (PN) ▶	<u>009</u>	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GRACE PACIFIC LLC</u> <u>PO BOX 78 HONOLULU, HI 96810</u> <div style="float: right; text-align: right;"> <u>949 KAMOKILA BLVD, SUITE 100</u> <u>KAPOLEI, HI 96707</u> </div>		1c Effective date of plan <u>10/01/2013</u>	
		2b Employer Identification Number (EIN) <u>99-0039140</u>	
		2c Plan Sponsor's telephone number <u>808-674-8383</u>	
		2d Business code (see instructions) <u>237310</u>	

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2018	BETTY GAMUNDOY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☐ Same as Plan Sponsor ALEXANDER & BALDWIN, INC. 822 BISHOP STREET HONOLULU, HI 06801	3b Administrator's EIN 45-4849780 3c Administrator's telephone number 808-525-6611
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 26
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 22 6a(2) 23 6b 0 6c 4 6d 27 6e 0 6f 27 6g 23 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 3H 2E 2F 2G 2J 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☐ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☐ **H** (Financial Information)
- (2)** ☒ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information)
- (4)** ☐ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>401(K) PLAN FOR GRACE PACIFIC AFFILIATES</u>	B Three-digit plan number (PN) ►	<u>009</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GRACE PACIFIC LLC</u>	D Employer Identification Number (EIN) <u>99-0039140</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT ACWI EX-US INDEX</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>		
c EIN-PN <u>45-6138589-223</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23404</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF STABLE FUND C</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>52-2250946-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11289</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT S&P 500 INDEX</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>		
c EIN-PN <u>45-6138589-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>63527</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT AGGREG BOND INDEX</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-110</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24395</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT EXT EQ MKT IDX</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-088</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>32601</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE I (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information—Small Plan This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan 401(K) PLAN FOR GRACE PACIFIC AFFILIATES	B Three-digit plan number (PN) ► 009
C Plan sponsor's name as shown on line 2a of Form 5500 GRACE PACIFIC LLC	D Employer Identification Number (EIN) 99-0039140

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I	Small Plan Financial Information
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Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. **Round off amounts to the nearest dollar.**

1 Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
a Total plan assets	1a	609231	923796
b Total plan liabilities	1b	0	0
c Net plan assets (subtract line 1b from line 1a)	1c	609231	923796
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable:			
(1) Employers	2a(1)	145913	
(2) Participants	2a(2)	115747	
(3) Others (including rollovers)	2a(3)	0	
b Noncash contributions	2b	0	
c Other income	2c	133687	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		395347
e Benefits paid (including direct rollovers)	2e	73834	
f Corrective distributions (see instructions)	2f	6443	
g Certain deemed distributions of participant loans (see instructions)	2g	0	
h Administrative service providers (salaries, fees, and commissions)	2h	505	
i Other expenses	2i	0	
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		80782
k Net income (loss) (subtract line 2j from line 2d)	2k		314565
l Transfers to (from) the plan (see instructions)	2l		0

3 Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.		Yes	No	Amount
a Partnership/joint venture interests	3a		X	
b Employer real property	3b		X	
c Real estate (other than employer real property)	3c		X	
d Employer securities	3d		X	
e Participant loans	3e		X	
f Loans (other than to participants)	3f		X	
g Tangible personal property	3g		X	

Part II Compliance Questions

4 During the plan year:	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)		X	
e Was the plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?		X	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined.
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

Plan: 38232

401k Plan for Grace Pacific Affiliates
SUMMARY OF NET TRUST ASSETS
Total Plan Assets as of 12/31/2017

<u>Fund Name</u>	<u>Share Balance 12/31/2017</u>	<u>Historical Cost</u>
HTFD INTL OP HLS IA	455.794	\$6,533.81
PRU/J SMALL CO Q	955.152	\$24,183.64
VANG VAL INDEX INST	2,294.370	\$79,476.38
VANG 500 INDEX ADM	0.000	\$0.00
VANG TOT BD MKT ADM	0.000	\$0.00
VANG TOT INTL STK AD	0.000	\$0.00
C&S INST REALTY SHS	175.274	\$7,844.86
P/QMA SM CAP VAL Z	947.591	\$19,649.37
METWEST TOT RTN BD P	3,622.044	\$36,566.49
AF EUROPAC GROWTH R6	1,187.030	\$56,992.99
WM BLAIR IS EM LDRS	1,241.734	\$9,963.59
MM SEL MID CAP GR R5	871.477	\$17,024.05
WF STABLE FUND C	214.251	\$10,987.36
NT ACWI EX-US INDEX	159.178	\$20,062.22
NT AGGREG BOND INDEX	207.879	\$23,767.85
NT EXT EQ MKT IDX	162.576	\$28,830.54
NT S&P 500 INDEX	267.970	\$55,601.33
FID EXT MKT IDX PR	0.000	\$0.00
FID GROWTH CO K	166.153	\$22,497.51
FID LOW PRICED STK K	504.138	\$25,514.78
FID FREEDOM K 2015	0.000	\$0.00
FID FREEDOM K 2020	0.000	\$0.00
FID FREEDOM K 2025	0.000	\$0.00
FID FREEDOM K 2030	0.000	\$0.00
FID FREEDOM K 2035	0.000	\$0.00
FID FREEDOM K 2040	0.000	\$0.00
FID FREEDOM K 2045	0.000	\$0.00
FID FREEDOM K 2050	0.000	\$0.00
FID FREEDOM K 2055	0.000	\$0.00
FID FREEDOM K 2060	0.000	\$0.00
FID FREEDOM 2015 K	9,757.275	\$129,758.90
FID FREEDOM 2020 K	6,193.016	\$101,175.32
FID FREEDOM 2025 K	1,083.782	\$15,279.98
FID FREEDOM 2030 K	1,430.198	\$25,374.97
FID FREEDOM 2035 K	2,519.272	\$36,969.49
FID FREEDOM 2040 K	5,040.612	\$51,899.01
FID FREEDOM 2045 K	708.815	\$8,258.10
FID FREEDOM 2050 K	1,575.249	\$18,511.11
FID FREEDOM 2055 K	825.166	\$10,929.06
FID FREEDOM 2060 K	1,285.708	\$15,034.54
OUTSTANDING LOAN BALANCE		

Assets are presented at fair value with the exception to fully benefit responsive investment contracts which are presented at contra Auditor's Guide for financial statement presentation and disclosure information.

Run Date: 03/09/2018

<u>Price</u>	<u>Total Market Value</u>
\$17.46	\$7,958.16
\$26.41	\$25,225.56
\$41.41	\$95,009.86
\$246.82	\$0.00
\$10.75	\$0.00
\$30.52	\$0.00
\$43.31	\$7,591.12
\$20.21	\$19,150.81
\$10.03	\$36,329.10
\$56.14	\$66,639.86
\$11.09	\$13,770.83
\$21.29	\$18,553.75
\$52.69	\$11,288.89
\$147.03	\$23,403.94
\$117.35	\$24,394.60
\$200.53	\$32,601.37
\$237.07	\$63,527.65
\$62.05	\$0.00
\$178.62	\$29,678.25
\$54.47	\$27,460.40
\$13.85	\$0.00
\$14.94	\$0.00
\$15.81	\$0.00
\$16.30	\$0.00
\$17.14	\$0.00
\$17.16	\$0.00
\$17.78	\$0.00
\$17.92	\$0.00
\$13.37	\$0.00
\$11.73	\$0.00
\$13.36	\$130,357.19
\$16.55	\$102,494.41
\$14.38	\$15,584.79
\$18.03	\$25,786.47
\$15.21	\$38,318.13
\$10.69	\$53,884.14
\$12.11	\$8,583.75
\$12.17	\$19,170.78
\$13.72	\$11,321.28
\$12.22	\$15,711.35
	\$0.00

NET ASSETS 12/31/2017:	\$923,796.44

act value as in previous years. See Chapter 7 of the Fidelity

Multiple-Employer Plan Participating Employer Information

401(k) Plan for Grace Pacific Affiliates/EIN99-0039140/Plan 009

Name of Participating Employers	EIN	% of total Contributions
Maui Paving, LLC	20-5571705	2%
GP/RM Prestress, LLC	20-3866825	42%
GLP Asphalt, LLC	56-2627393	56%
		100%