# Form **990**

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

➤ Go to www.lrs.gov/Form990 for instructions and the latest information.

<u> </u>	or th	e 2020 calendar year, or tax year beginning $0.7701$ , 2020, ar	ia enaing			06/30, 20			
Вс	heck if a	C Name of organization		D	Employer identif		r		
	Addre	PALL MOMI FOUNDATION		4	38-38403	327			
<u> </u>	chang	ge Doing business as							
-	Name	,	oom/suite		Telephone numb				
-	4	55 MERCHANT STREET, 24TH FLOOR		- (	308) 535-	- /100	···		
	termi	City or town, state or province, country, and ZIP or foreign postal code							
<u> </u>	Amer	n Hollohol, Hi Joots	<del> </del>		Gross receipts \$		29,769.		
L	_ Appli _ pend			H(	a) Is this a group is subordinates?	return for	Yes X No		
	*********	55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI	96813	H(	b) Are all subordinal		Yes No		
		xempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527		If "No," attac	h a list. See instru	ctions		
		ite: ▶ HTTPS://GIVING.HAWAIIPACIFICHEALTH.ORG			c) Group exemption				
		of organization: X Corporation Trust Association Other ▶	L Year of for	mation:	2010 <b>M</b> Sta	ate of legal dom	icile: HI		
P	art I	Summary							
	1	Briefly describe the organization's mission or most significant activities: THE MIS	SION OF	PALI	MOMI FOU	NOITAGNU	IS TO		
9		CREATE A HEALTHIER HAWAI'I.							
Jan									
Ş	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed	of more than 2	5% of	its net assets.	-			
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)			3	3	10.		
<b>න්</b>	4	Number of independent voting members of the governing body (Part VI, line 1b)				1	9.		
Ę	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)				5	0.		
ξij	6	Total number of volunteers (estimate if necessary)				3	17.		
Ą	7a	Total unrelated business revenue from Part VIII, column (C), line 12				а	0.		
	l	Net unrelated business taxable income from Form 990-T, Part I, line 11			ļ	b	0.		
***********			<u> </u>		rior Year		nt Year		
	8	Contributions and grants (Part VIII, line 1h)			527,187		38,003.		
Revenue	9	Program service revenue (Part VIII, line 2g)			0		0.		
Ve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d).			4,715	•	89,497.		
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).			0		0.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			531,902	-	27,500.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		•	568,684		38,716.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0		0.		
	4			0.					
Expenses	15		laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)						
듄	IDA	Professional fundraising fees (Part IX, column (A), line 11e)		0.			0.		
Ä	4.70		I fundraising expenses (Part IX, column (D), line 25) ▶ 534, 451.						
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	F		827,335 ,396,019		97,526. 36,242.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			-864,117		91,258.		
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12			·	<del></del>	<u> </u>		
ts o	20 21 22	T	Be	ginnin	g of Current Yea 770, 659		22,738.		
SSe	20	Total assets (Part X, line 16)							
E E	21	Total liabilities (Part X, line 26)	· · · · ·		151,669		258,666.		
		Net assets or fund balances. Subtract line 21 from line 20			618,990	. 2,4	64,072.		
	rt II	Signature Block			1 . 11				
		enalties of perjury, I declare that I have examined this return, including accompanying schedule: ect, and complete. Declaration of preparer (other than officer) is based on all information of which				ny knowledge a	nd belief, it is		
		am m u h			5/10/1				
Sig	ın	Signature of officer			Date				
He				D	Date				
			TREASU	RER					
		Type or print name and title	T Date		1 1 1	I DTIN			
Paid	ı	Print/Type preparer's name  JOCELYNE C MILLER  Preparer's signature  Jocelyne C. Miller	Date		Check if	PTIN	1070		
	- parer		5/5/22		self-employed		43/8		
Use Only Firm's name ►ERNST & YOUNG U.S. LLP					m's EIN ▶ 34				
		Firm's address ▶4365 EXECUTIVE DR, STE 1600 SAN DIEGO, CA 92121				8-535-72			
Ma	y the	IRS discuss this return with the preparer shown above? (see instructions) .				. X Ye			
For	Pape	erwork Reduction Act Notice, see the separate instructions.				Form	990 (2020)		

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P		n Service Accomplishments contains a response or note to any line in th	nis Part III	X
1	Briefly describe the organization			
	THE MISSION OF PALL MC	JMI FOUNDATION 15 TO CREATE A	A REALITIER HAWAI I.	
	prior Form 990 or 990-EZ?  If "Yes," describe these new ser  Did the organization cease of	any significant program services during vices on Schedule O. onducting, or make significant changes	s in how it conducts, any program	
4	If "Yes," describe these changes Describe the organization's prexpenses. Section 501(c)(3) at	on Schedule O. ogram service accomplishments for eac	th of its three largest program services, as moto report the amount of grants and allocations	easured by
4a	(Code:) (Expenses	\$538,716. including grants of \$	538,716. ) (Revenue \$0	)
	(Code: ) (Eynenses	s including grants of \$	) (Revenue \$	)
70		The locality grants of \$\psi_	) (Neverlae ψ	
4c	(Code:) (Expenses	s \$including grants of \$	) (Revenue \$	)
4d	Other program services (Descri (Expenses \$ inc	·	evenue \$	
4e	Total program service expenses	<b>▶</b> 538,716.		

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1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		Х
	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		Х
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5		Х
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	3		23
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		Х
	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			Х
	complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		21
(	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
Е	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-		Х
	d the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	11a		
	its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f	X	
	Schedule D, Parts XI and XII.	12a		Х
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	. 70		
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		Х
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
	If "Yes," complete Schedule G, Part III	19		Х
a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
-	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
0.4	employees? If "Yes," complete Schedule J.	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b</i>			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
له.	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			v
26	If "Yes," complete Schedule L, Part I	25b		Х
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		Х
b	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
••	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	-33		
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3.5
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		X
30	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>		X
1 9	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	000	/= ·
0E1030	1.000 2151CT 1018	Form		(2020) AGE
			1.7	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	425		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_				
	Enter the amount of reserves on hand	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
IJ	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. •	If "Yes," complete Form 4720, Schedule O.			
	· · · · · · · · · · · · · · · · · · ·			

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management		.,	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.  Enter the number of voting members included on line 1a, above, who are independent			
_	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
3	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization become aware during the year of a significant diversion of the organizations assets:	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
, a	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a		40		X
	with a taxable entity during the year?	16a		A
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	4.Ch		
Sooti	organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed HIT.	F (2	414	.04/ ,
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website X Upon request Other (explain on Schedule O)	ı (Sec	tion 5	01(C)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inte	rest r	olicy
	and financial statements available to the public during the tax year.		col þ	oncy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record CHENWEI LI 55 MERCHANT STREET, 24TH FLOOR HONOLULU, GU 96813	as 🕨		

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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

Lightharpoonup Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	not ch unless	s pe	ition more	e than of is both tor/trust Highest compensated	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) RAYMOND P. VARA JR.	.10					0.				
BOARD OF DIRECTOR	62.00	Х						0.	2,201,810.	2,584,503.
(2)DAVID OKABE	.10								, , , , , , , , , , , ,	, ,
TREASURER	49.90			x				0.	946,332.	377,896.
(3) CHARLES R. CHING	.10									
SECRETARY	39.90			Х				0.	770,901.	282,179.
(4) DAWN DUNBAR	5.00									
PRESIDENT	40.00			Х				0.	393,438.	104,947.
(5) EARL INOUYE	.10									
FORMER OFFICER	47.90						Х	0.	285,145.	69,530.
(6) CARRIE ANN TSUTSUI	.10									
ASSISTANT TREASURER	47.90			Х				0.	230,878.	53,413.
(7)JESSICA LEWIS	.50									
ASSISTANT SECRETARY	39.50			Х				0.	170,876.	40,404.
(8) AARON AKAU	.10							_	_	
BOARD OF DIRECTOR	0.	X						0.	0.	0.
(9)WADE GESTEUYALA	.10									
BOARD OF DIRECTOR	0.	X						0.	0.	0.
(10) BETH HOBAN, R.N.	.10									
BOARD OF DIRECTOR	0.	Х						0.	0.	0.
(11) KEITH HORITA	0.	X		3Z				0.	0.	0
BOARD OF DIRECTOR, VICE CHAIR  (12) EMILY KURAOKA	.10	Λ		Х				0.	0.	0.
BOARD OF DIR., CHAIR (PT YR)	.20	X		х				0.	0.	0.
(13) MIKE LAM	.10	21		21				0.	0.	0.
BOARD OF DIRECTOR	0.	Х						0.	0.	0.
(14) MICHELE OTAKE	.10							· ·		
BOARD OF DIRECTOR, CHAIR	0.	Х	1	$_{\rm X}$		1		0.	0.	0.

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and H	ligl	hest Compensat	ed Employees (d	ontinue		Page <b>8</b>
(A) Name and title	(B) Average			((	C) sition			(D) Reportable	(E) Reportable		(F)	١
Name and the	hours per week (list any hours for	box,	unles er and	heck ss pe	morerson	e than or is both a tor/truste	an ee)	compensation from the	compensation from related organizations	am	nount o other pensati	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org: and	om the anization d relate anization	on d
15) DARRYL TURNER	.10											
BOARD OF DIRECTOR	0.	X						0	0.			(
16) LUKE YEH  BOARD OF DIRECTOR	.10	X						0	0.			(
17) JAMES LAI, MD	.10	Λ						0	. 0.			
BOARD OF DIRECTOR	0.	X						0	0.			
1h Sub-total								0.	4,999,380.	3,5	512,8	872
1b Sub-total c Total from continuation sheets to Part VII, S	ection A		• •				•	0.	0.			0
d Total (add lines 1b and 1c)							<b></b>	0.	4,999,380.	3,5	512,8	872
2 Total number of individuals (including but not reportable compensation from the organization		hose 0.		d al	bov	e) who	re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3	X	
<b>4</b> For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	50,0	00?	. It	"Yes,	," (	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on 1	fron	n any	uni	related organization	on or individual	5		Х
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year.</li> </ol>												
<b>,</b>							Т					

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

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JSA 0E1055 1.000

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# Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or note to any	y line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Service Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns		2,838,003.			sections 512-514
Program Service Revenue	c d e f g	All other program service revenue		0.			
	3 4 5 6a b c	Investment income (including dividends, other similar amounts)	proceeds >	89,487. 0. 0.			89,487
evenue	d 7a b	Net rental income or (loss)	(ii) Other	0.			
Other R	d 8a b	Net gain or (loss)	0.	0.			10
	9a b	Gross income from gaming activities. See Part IV, line 19 9a  Less: direct expenses 9b  Net income or (loss) from gaming activities.	0.	0.			
	10a b	Gross sales of inventory, less returns and allowances	0.	0.			
Miscellaneous Revenue	11a b c d	All other revenue	Business Code	0.			
	12	Total revenue See instructions		2 927 500			89 497

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JSA 0E1051 1.000 2151CT 1018

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

PALI MOMI FOUNDATION

000	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	538,716.	538,716.						
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	0.							
3	Grants and other assistance to foreign								
	organizations, foreign governments, and								
	foreign individuals. See Part IV, lines 15 and 16	0.							
4	Benefits paid to or for members	0.							
5	Compensation of current officers, directors,								
	trustees, and key employees	0.							
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	0.							
7	Other salaries and wages	0.							
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	0.							
9	Other employee benefits	0.							
10	Payroll taxes	0.							
11	Fees for services (nonemployees):								
а	Management	0.							
	Legal	0.							
c	Accounting	11,834.		11,834.					
d	Lobbying	0.							
е	Professional fundraising services. See Part IV, line 17	0.							
1	Investment management fees	0.							
g	Other. (If line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O.) ATCH 1	612,742.		191,468.	421,274.				
12	Advertising and promotion	44.			44.				
13	Office expenses	7,306.		5,112.	2,194.				
14	Information technology	20,166.			20,166.				
15	Royalties	0.							
16	Occupancy	16,624.			16,624.				
17	Travel	1,402.		1,402.					
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	0.							
19	Conferences, conventions, and meetings	82.			82.				
20	Interest	0.							
21	Payments to affiliates	0.							
22	Depreciation, depletion, and amortization	0.							
23	Insurance	7,450.		7,450.					
24	Other expenses. Itemize expenses not covered								
	above (List miscellaneous expenses on line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)	45.000		45.000					
_	CORPORATE ALLOCATION	45,809.		45,809.	20.055				
~	PRINTING & DESIGN SERVICES	38,955.			38,955.				
-	CUSTOM SIGNS	15,869.			15,869.				
_	GRANT WRITING	9,360.			9,360.				
	All other expenses	9,883.	E20 716	262 075	9,883.				
_	Total functional expenses. Add lines 1 through 24e	1,336,242.	538,716.	263,075.	534,451.				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here								
_	following SOP 98-2 (ASC 958-720)	0.			Form <b>990</b> (2020)				

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# Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	40,790.	2	1,882,405.
	3	Pledges and grants receivable, net	230,408.	3	252,240.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ts	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
Ř	9	Prepaid expenses and deferred charges	0.	9	0.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	0.	10c	0.
	11	Investments - publicly traded securities	90,292.	11	126,484.
	12	Investments - other securities. See Part IV, line 11	132,003.	12	190,793.
	13	Investments - program-related. See Part IV, line 11.	234,660.	13	234,660.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	42,506.	15	36,156.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	770,659.	16	2,722,738.
	17	Accounts payable and accrued expenses	5,324.	17	39,362.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	0.		0.
	20	Tax-exempt bond liabilities	0.		0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	146,345.	25	219,304.
	26	Total liabilities. Add lines 17 through 25	151,669.	26	258,666.
seo		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
ılan	27	Net assets without donor restrictions	-1,268,901.	27	-1,881,550.
B	28	Net assets with donor restrictions	1,887,891.	28	4,345,622.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
¥.	32	Total net assets or fund balances	618,990.	32	2,464,072.
ž	33	Total liabilities and net assets/fund balances	770,659.	33	2,722,738.
_					Form <b>990</b> (2020)

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Part						
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,9	27,5	500.
2	Total expenses (must equal Part IX, column (A), line 25)	2			36,2	
3	Revenue less expenses. Subtract line 2 from line 1	3			91,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		6	18,9	90.
5	Net unrealized gains (losses) on investments	5			26,4	
6	Donated services and use of facilities	6			4,6	500.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		2	22,7	746.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		2,4	64,0	72.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		[	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud					
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiah	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounts	_		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e		I			
	Schedule O.	P				
3 <i>a</i>	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
Ju	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	derao	the			
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		

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#### **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

PAI	LI MOMI FOUNDATION					38-38403	27			
Pai	rt Reason for Public Cha	rity Status. (All o	organizations must	complet	te this p	art.) See instructions	S.			
The	organization is not a private four	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)				
1	A church, convention of chu	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	A school described in section	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3	A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).				
4	A medical research organiz	ation operated in	conjunction with a hos	spital des	scribed in	n section 170(b)(1)(A)	(iii). Enter the			
	hospital's name, city, and st	ate:								
5	An organization operated f	or the benefit of	a college or universit	y owned	d or ope	rated by a governme	ntal unit described in			
	section 170(b)(1)(A)(iv). (C	omplete Part II.)								
6	A federal, state, or local go	vernment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).				
7	X An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public			
	described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)							
8	A community trust describe	d in section 170(b	o)(1)(A)(vi). (Complete	Part II.)						
9	An agricultural research org	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix) (	operated	I in conjunction with a	land-grant college			
	or university or a non-land-	grant college of ag	riculture (see instruct	ions). Ei	nter the	name, city, and state of	f the college or			
	university:									
10	An organization that normal receipts from activities relassupport from gross investmacquired by the organization	ted to its exempt f lent income and u n after June 30, 19	unctions, subject to c nrelated business tax 975. See <b>section 509</b> 0	ertain ex able incc ( <b>a)(2).</b> (C	ceptions ome (les: Complete	s; and (2) no more thar s section 511 tax) from e Part III.)	n 331/3 % of its			
11	An organization organized a	•		-						
12	An organization organized a	•	•	-						
	of one or more publicly sup Check the box in lines 12a to	-								
_		_			_	· ·	_			
а	Type I. A supporting orga	•	•	•		• , ,				
	the supported organization				ajority of	the directors or truste	es of the			
<b>L</b>	supporting organization. Y				. with ito	aupported organization	an(a) by baying			
b	<b>Type II.</b> A supporting organization control or management o	-								
				lile Saili	e persor	is that control of man	age the supported			
•	organization(s). You must  Type III functionally integ			tod in a	annoctio	n with and functional	ly intograted with			
С	its supported organization						iy integrated with,			
d	Type III non-functionally						ted organization(s)			
u	that is not functionally inte			•		• •	• ,			
	requirement (see instructi	-	<del>-</del>	-		· ·	an attentiveness			
е	Check this box if the orga	•	-				I Type III			
·	functionally integrated, or						i, type iii			
f	Enter the number of supported				n gariizai					
а	Provide the following information									
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of			
	,	, ,	(described on lines 1-10		ur governing	support (see	other support (see			
			above (see instructions))	Yes	nent?	instructions)	instructions)			
				1.00	1.10					
(A)										
(B)										
(C)										
(D)										
`´ (E)										
Tota	al l									

Page 2 Schedule A (Form 990 or 990-EZ) 2020

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	907,719.	395,532.	673,857.	527,187.	2,838,003.	5,342,298.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4	Total. Add lines 1 through 3	907,719.	395,532.	673,857.	527,187.	2,838,003.	5,342,298.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount								
_	shown on line 11, column (f)						2,043,243.		
6	Public support. Subtract line 5 from line 4						3,299,055.		
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(4) 2010	(e) 2020	(f) Total		
	, , , , , ,	907,719.	<b>(b)</b> 2017	673,857.	( <b>d)</b> 2019	2,838,003.	(f) Total 5,342,298.		
7 8	Amounts from line 4.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	7,244.	15,956.	10,291.	4,778.	89,487.	127,756.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.		
11	Total support. Add lines 7 through 10						5,470,054.		
12	Gross receipts from related activities, etc. (s	ee instructions) .				12			
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u></u>							
Sec	tion C. Computation of Public Supp	oort Percenta	ge						
14	Public support percentage for 2020 (lin	ne 6, column (f)	, divided by line	11, column (f))		14	60.31%		
15	Public support percentage from 2019 \$					15	88.33 <b>%</b>		
16a	331/3% support test - 2020. If the org	janization did n	ot check the box	k on line 13, an	id line 14 is 33	1/3 % or more, ch			
	box and <b>stop here</b> . The organization qu								
b	331/3% support test - 2019. If the org								
	this box and <b>stop here.</b> The organization			-					
17a	10%-facts-and-circumstances test - 2								
	10% or more, and if the organization					-	-		
	Part VI how the organization meets t			=		-			
_	organization								
b	10%-facts-and-circumstances test - 2	-							
	15 is 10% or more, and if the organization most					-	-		
	in Part VI how the organization meets			•	•	•			
10	organization. Private foundation. If the organization								
18	-								
	instructions								

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 Page 3

#### Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support		I	T	T		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
•	organization without charge						
6	Total. Add lines 1 through 5						
ı a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						
•	or 1% of the amount on line 13 for the year.  Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		1				
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
	sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
40							
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here.						▶ 🔲
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2020 (line 8,	column (f), divid	led by line 13, colu	mn (f))		15	%
16	Public support percentage from 2019 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investment	Income Per	centage				
17	Investment income percentage for 2020 (lin	ie 10c, column (	(f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2019 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2020. If the org	ganization did r	not check the bo	ox on line 14, a	nd line 15 is m	ore than 331/3%	, and line
	17 is not more than 331/3%, check this	box and stop	here. The organ	nization qualifies	as a publicly s	upported organiza	ation . 🕨 🔲
b	331/3% support tests - 2019. If the orga	anization did no	t check a box on	line 14 or line	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than $331/3\%$ , check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organi	ization 🕨 🔙
20	Private foundation. If the organization d	id not check a	a box on line 1	4, 19a, or 19b,	check this box	and see instruc	ctions <b>&gt;</b>

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 Page 4

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
  - **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
  - **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 2 3a 3b 3с 4a 4b 4c 5a 5b 6 7 8 9a 9b 9c 10a 10b

JSA 0E1229 1.010 Schedule A (Form 990 or 990-EZ) 2020

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Page 5 Schedule A (Form 990 or 990-EZ) 2020

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44-		
Secti	detail in Part VI. on B. Type I Supporting Organizations	11c		
	on D. Type i capper and or game and the		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Secti	on C. Type II Supporting Organizations	2		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	on o. Type ii oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?	4		
2		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	_		
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	o inot	uotion	۵۱
С	The organization supported a governmental entity. Describe in <b>Fait vi</b> now you supported a governmental entity (se	e msu	Yes	r e
2	Activities Test. Answer lines 2a and 2b below.		. 55	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3h		

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page **6** 

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S						
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( <i>explain in Part VI</i> ). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.								
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)					
_1	Net short-term capital gain	1							
_2	Recoveries of prior-year distributions	2							
_3	Other gross income (see instructions)	3							
4	Add lines 1 through 3.	4							
5	Depreciation and depletion	5							
6	gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6							
_7		7							
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):								
a	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
C	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
e	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e							
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d.	3							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 0.035.	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Se	ection C - Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, column A)	1							
	Enter 0.85 of line 1.	2							
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3							
4	Enter greater of line 2 or line 3.	4							
5	-	5							
6									
-	emergency temporary reduction (see instructions).	6							
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting	g organization					
	(see instructions).								

Schedule A (Form 990 or 990-EZ) 2020

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and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2021. Add lines 3j

Part VI. See instructions.

Breakdown of line 7:

Excess from 2016 . . .

Excess from 2017 . . .

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

and 4c.

Schedule A (Form 990 or 990-EZ) 2020 Page **7** 

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A (Form 990 or 990-EZ) 2020

38-3840327

JSA

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

or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Schedule of Contributors

OMB No. 1545-0047

**2020** 

**Employer identification number** 

PALI MOMI FOUNDATION 38-3840327 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (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** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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 (entering "N/A" in column (b) instead of the contributor name and address), 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

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) (2020)

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).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization PALI MOMI FOUNDATION

Employer identification number 38-3840327

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	N/A	\$\$	Person X 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 Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization PALI MOMI FOUNDATION

Employer identification number 38-3840327

Part II	Noncash Property	(see instructions)	Use duplicate copie	s of Part II if additiona	I space is needed
	140110a3111 10pcity	1000 111011 401101107.	. Obc adplicate copic	o oi i ait ii ii aaaiiioiia	i opace is riceaca.

(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
		\$	
(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
		\$	
(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
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization PALI MOMI FOUNDATION **Employer identification number** 38-3840327 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

# Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Petrol	PAI	I MOMI FOUNDATION	38-3840327
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.    Total number at end of year	Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts.
Total number at end of year			
2 Aggregate value of contributions to (during year) 4 Aggregate value at end of year		(a) Donor advised funds	(b) Funds and other accounts
2 Aggregate value of contributions to (during year) 4 Aggregate value at end of year	1	Total number at end of year	
3 Aggregate value of grants from (during year) .  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised much series and the organization from all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or dovors on writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or dovors, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of open space  2 Complete in line 2 at through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement in the last day of the tax year.  a Total number of conservation easements  5 Total acreage restricted by conservation easements  6 Number of conservation easements on a certified historic structure included in (a) .  7 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year P  4 Number of states where property subject to conservation easements is located P  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements though, in specting, handling of violations, and enforcing conservation easements during the year P  8 Does each conservation easement from monitoring, inspecting, handling of violations, and enforcing conservation easements during the year P  8 Does each conservation easement from the onservation easements in its revenue and expenses statement and balance sheet, and include, if applicable, the text of the following armounts required			
Aggregate value at end of year.  Did the organization inform all donors and donor advisors in writing that the assets held in donor advisors   Yes   No    Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Partill Conservation Easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Preservation of on a preservation of pen space   Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  Total number of conservation easements   2a   Preservation of conservation easements   2b   Preservation of conservation easements   2a   Preservation of conservation easements   2b   Preservation   2d   Preservation			
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  1 Purpose(s) of conservation Easements.  2 Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements and certified historic structure included in (a)			
tunds are the organization's property, subject to the organization's exclusive legal control?			n donor advised
Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Conservation Easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area Protection or natural habitat  Preservation of open space  Complete lines 2s through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  Total number of conservation easements.  Total number of conservation easements included in (a)			
Part II Conservation Easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  Total number of conservation easements . 2a Held at the End of the Tax Year  Total acreage restricted by conservation easements . 2b Leave of conservation easements on a certified historic structure included in (a) . 2c Leave of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . 2d Leave to conservation easements included in (a) . 2d Leave to conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year P Leave to conservation easements included in (b) regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Leave to conservation easements during the year P Leave to conservation easement property subject to conservation easements during the year P Leave to conservation easement property subject to conservation easements of section 170(h)(4)(B)(li) repart of the conservation easements in tholds? Leave to conservation easements during the year P Leave to conservation easement property of the conservation easements during the year P Leave to conservation easement property of the conservation easements of section 170(h)(4)(B)(li) repart to the conservation easement the conservation easements during the year P Leave to the conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(li) reported to the reported on line 2(d) above satisfy t	6		
Conferring impermissible private benefit?    Part   Conservation Easements.   Complete if the organization answered "Yes" on Form 990, Part IV, line 7.    Purpose(s) of conservation easements held by the organization (check all that apply).   Preservation of land for public use (for example, recreation or education)   Preservation of a historically important land area   Preservation of natural habitat   Preservation of pen space   Preservation of open space   Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.   Preservation of conservation easements   2a   Description			
Part II Conservation Easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Protection of natural habitat protection of protection		conferring impermissible private benefit?	Yes No
Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements no a certified historic structure included in (a)  2c  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easements is located  Number of states where property subject to conservation easements is located  Number of states where property subject to conservation easements is located  Number of states where property subject to conservation easements is located  Number of states where property subject to conservation easements is located  Number of states where property subject to conservation easements is located  Number of states where property subject to conservation easements of subject on the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year  No  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  No  The properties of states are properties of the properties of states and easements of section 170(h)(4)(B)(ii)  and section 170(h)(4)(B)(ii)  Pers No  In Part XIII, describe how the organization reports conserv	Pa		
Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  Total number of conservation easements.  District of the last day of the tax year.  Total acreage restricted by conservation easements.  Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.  Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.  Number of states where property subject to conservation easement is located ▶  Noes the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Society of the conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)  and section 170(h)(4)(B)(iii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the fotonote to the organization's financial statements that describes the organization's accounting for conservation easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  Part III Organization selected, as permitted under FASB ASC 958, not to report in its revenue and expense statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or		Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
Protection of natural habitat	1	Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  Total number of conservation easements  Total acreage restricted by conservation easements  Number of conservation easements on a certified historic structure included in (a)		Preservation of land for public use (for example, recreation or education)  Preservation of	f a historically important land area
Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  Total number of conservation easements		Protection of natural habitat Preservation of	f a certified historic structure
easement on the last day of the tax year.  a Total number of conservation easements.  b Total acreage restricted by conservation easements.  c Number of conservation easements on a certified historic structure included in (a).  d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   4 Number of states where property subject to conservation easement is located   5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   \$ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation answered "Yes" on Form 990, Part IV, line 8.  1a If the organization Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1b If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet		Preservation of open space	
a Total number of conservation easements . 2a	2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	he form of a conservation
b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  2d  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a  If the organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1b If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works		easement on the last day of the tax year.	Held at the End of the Tax Year
c Number of conservation easements on a certified historic structure included in (a)	а	Total number of conservation easements	2a
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	b	Total acreage restricted by conservation easements	2b
historic structure listed in the National Register	С	Number of conservation easements on a certified historic structure included in (a)	2c
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	d		
A Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?			·
Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part X.  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported	3	Number of conservation easements modified, transferred, released, extinguished, or termin	ated by the organization during the
Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Substantial provides and incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Substantial provides and include in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Substantial provides in the year provides in the year provides and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part X.  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 95		·	
violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  \$\sigma\$  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  \$\sigma\$  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)  and section 170(h)(4)(B)(iii)?  10 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part X.  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 r	4		
Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  \$  \$  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part X	5		-
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    S	_		
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1	6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing c	conservation easements during the year
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1	_		
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)  and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  In the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1.  (ii) Assets included in Form 990, Part X.  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	1		nservation easements during the year
and section 170(h)(4)(B)(ii)?		•	~ 170/h)/4)/D)/i)
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part X	0		
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Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1			in statements that accombed the
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b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1			
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art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1	<b>L</b>		
(i) Revenue included on Form 990, Part VIII, line 1	D	art, historical treasures, or other similar assets held for public exhibition, education, or research	arch in furtherance of public service,
<ul> <li>(ii) Assets included in Form 990, Part X</li></ul>			
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:			
following amounts required to be reported under FASB ASC 958 relating to these items:	_		
	2		ssets for financial gain, provide the
a Kevenue included on Form 990, Part VIII, line 1	_		<b>&gt;</b> 0
	a b	Assets included in Form 990. Part X	

Schedule D (Form 990) 2020 Page 2

Pa	rt    Organizations Maintaini	ng Collections of	Art, Historical Tı	easures, or (	Other Similar	Assets (d	continuea	()			
3	Using the organization's acquisition	on, accession, and c	ther records, che	ck any of the	following that	make sigr	nificant us	e of its			
	collection items (check all that app	ly):									
а	Public exhibition		d Loan	or exchange p	orogram						
b	Scholarly research		e Othe	r							
С	Preservation for future gene	rations									
4	Provide a description of the organ	nization's collections	and explain how	they further t	the organization	n's exemp	t purpose	in Part			
	XIII.										
5	During the year, did the organization					_	_				
	assets to be sold to raise funds rath		ained as part of the	organization's	collection?		Yes	No			
Pa	Part IV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
1a	Is the organization an agent, trus	tee, custodian or of	ther intermediary	for contributio	ns or other as	sets not					
	included on Form 990, Part X?					[	Yes	No			
b	If "Yes," explain the arrangement i	n Part XIII and comp	lete the following to	able:							
						Amount					
С	Beginning balance			1c							
d	Additions during the year			1d							
е	Distributions during the year										
f	Ending balance										
	Did the organization include an am	•				, _	Yes	No			
	If "Yes," explain the arrangement i	n Part XIII. Check he	ere if the explanation	n has been pro	ovided on Part X	<u> </u>					
Ра	rt V Endowment Funds. Complete if the organiza	ation answered "Ye	s" on Form 990	Part IV line	10						
	Complete ii the organiza	(a) Current year	(b) Prior year	(c) Two years		years back	(e) Four ye	are hack			
		234,660.	234,660		` ,	30,000.	(e) i oui ye	- Dack			
1a	Beginning of year balance	231,000.	231,000	184,		20,000.	7	30,000			
b	Contributions			104,	200.	20,000.	,	,000			
С	Net investment earnings, gains,										
_	and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses	234,660.	234,660	234,	660 5	50,000.		30,000			
g	End of year balance					00,000.		,000			
2	Provide the estimated percentage Board designated or quasi-endown		end balance (line 1 %	j, column (a)) h	ield as:						
a	Permanent endowment ▶ 100.0		_ ^0								
	Term endowment	<del>%</del>									
C	The percentages on lines 2a, 2b, a	• ' •	00%								
3 2	Are there endowment funds not in	· · · · · · · · · · · · · · · · · · ·		t are held and	administered fo	or the					
Ja	organization by:	the possession of the	ie organization tha	t are nela ana	administered to	n tile	Ye	es No			
	(i) Unrelated organizations						3a(i)	X			
	(ii) Related organizations						3a(ii)	X			
h	If "Yes" on line 3a(ii), are the relate						3b				
4	Describe in Part XIII the intended u	•	•				0.0				
_	rt VI Land, Buildings, and Equ	uipment.									
	Complete if the organize	ation answered "Ye									
	Description of property	(a) Cost or (invest		or other basis other)	(c) Accumulated depreciation	(d	) Book value	9			
1a	Land	,	·	,							
b	Buildings										
С	Leasehold improvements										
d	Equipment										
	Other										
	Add lines 1a through 1e (Column		n 990 Part X colur	on (B) line 10c	.)						

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Schedule D (Form 990) 2020 Page **3** 

B 4 3 7 11		. 0.1 0 14	
Part VII	Investmei	nts - Other Securities.	

Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) COMBINED INVESTMENT POOL	190,793.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	190,793.	

### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) LIMITED PARTNERSHIPS	138,144.	FMV
(2) EQUITY SECURITIES	78,904.	FMV
(3) DEBT SECURITIES	12,676.	FMV
(4) CASH AND SHORT-TERM INVESTMENT	4,936.	FMV
(5)		
(6)		
<u>(7)</u>		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	234,660.	

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

#### Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DUE TO PALI MOMI MEDICAL CENTER	72,577.
(3)	DUE TO HAWAI'I PACIFIC HEALTH	47,899.
(4)	DUE TO KAPI'OLANI MED CTR WOMEN & C	41,733.
(5)	DUE TO KAPI'OLANI HEALTH FOUNDATION	33,694.
(6)	DUE TO HAWAI'I PACIFIC HEALTH RSRCH	23,255.
(7)	DUE TO WILCOX MEMORIAL HOSPITAL	146.
(8)		
(9)		
Tota	I. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	219,304.

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

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Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	-	
	Add lines 4a and 4b	4c	
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
I alt	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities	-	
	Prior year adjustments	-	
C	Other losses.	-	
d	Other (Describe in Part XIII.)	2e	
е 3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b4a		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Provide 2; Part	Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform  PAGE 5	Part V, li nation.	ne 4; Part X, line

Schedule D (Form 990) 2020 PALI MOMI FOUNDATION 38-3840327 Page 5

#### Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

DESCRIPTION OF INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

ENDOWMENT FUNDS ARE MANAGED TO ENSURE THAT THE RETURNS SUPPORT THE

MEDICAL CENTER'S OPERATIONS; HIRING OF STAFF; IMPLEMENTATION OF PROGRAMS;

RESEARCH AND EDUCATION; AND PROVIDE QUALITY CARE FOR PATIENTS, ALL IN

ACCORDANCE WITH THE DONOR'S INTENT AND THE ORGANIZATION'S MISSION.

SCHEDULE D, PART X, LINE 2

UNCERTAIN TAX POSITIONS AUDITED FINANCIAL STATEMENT FOOTNOTE

THE COMPANY HAS NOT RECORDED ANY EXPENSE OR ACCRUED FOR ANY RELATED

EXPENSE FOR ANY UNCERTAIN TAX POSITIONS. THE COMPANY'S 2017 THROUGH 2020

TAX YEARS REMAIN SUBJECT TO EXAMINATION FOR FEDERAL INCOME TAX PURPOSES,

WHEREAS THE 2016 THROUGH 2020 TAX YEARS REMAIN SUBJECT TO EXAMINATION FOR

STATE TAXING JURISDICTIONS IN WHICH THE COMPANY OPERATES.

### **SCHEDULE I** (Form 990)

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

2020

OMB No. 1545-0047

Department of the Treasury

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

**Open to Public** Inspection

Employer identification number

► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization

PALI MOMI FOUNDATION						38-38403	27
Part I General Information on Grants an	d Assistanc	е				'	
<ol> <li>Does the organization maintain records to s the selection criteria used to award the gran</li> <li>Describe in Part IV the organization's proce</li> </ol>	ts or assistand	ce?					X Yes No
Part II Grants and Other Assistance to Deart IV, line 21, for any recipient to		-					es" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PALI MOMI MEDICAL CENTER							
55 MERCHANT ST, 24TH FL HONOLULU, HI 96813	99-0274038	501(C)(3)	496,868.	36,971.	FMV	COVID-19 SUPPLIES	GENERAL SUPPORT
(2)	_						
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
<ul><li>2 Enter total number of section 501(c)(3) and</li><li>3 Enter total number of other organizations lis</li></ul>	•	•					1.

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

Schedule I (Form 990) 2020

Schedule I (Form 990) (2020)

# Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
_ 5					
6					
7					

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

FORM 990, SCHEDULE I, PART I, LINE 2

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS TEMPORARILY RESTRICTED FUNDS RELEASED (& GRANTED) TO THE AFFILIATED ORGANIZATION ARE RELEASED AFTER THE SPECIFIC PURPOSE OF THE FUND HAS BEEN MET. ONCE THE AFFILIATED ORGANIZATION COMMUNICATES THE EXPENSE AND SATISFIES THE SUBSTANTIATION OF THE EXPENSE FOR THE PURPOSE THAT THE FUNDS WERE CONTRIBUTED FOR, THE FOUNDATION RELEASES THE RESTRICTION AND RECORDS THE GRANT TO THE AFFILIATED ORGANIZATION. NO FURTHER MONITORING OF THE FUNDS AFTER DISTRIBUTION IS NECESSARY.

Schedule I (Form 990) (2020)

### **SCHEDULE J** (Form 990)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PALI MOMI FOUNDATION

Employer identification number

38-3840327

Questions Regarding Compensation			
		Yes	No
Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
Discretionary spending account Personal services (such as maid, chauffeur, chef)			
If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	1b		
Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
1a?	2		
organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
Compensation committee Written employment contract			
Form 990 of other organizations  Approval by the board or compensation committee			
During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	4 -		X
		v	Λ
			X
	40		
in tes to any or lines 4a-6, list the persons and provide the applicable amounts for each item in Fait in.			
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
The organization?	E 0		
	ı oa		Х
Any related organization?	5a 5b		X
Any related organization?			
If "Yes" on line 5a or 5b, describe in Part III.			
If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:	5b		X
If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?	5b 6a		X
If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?	5b 6a 6b		X X X
If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	5b 6a		X
If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	5b 6a 6b		X X X
If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization?  Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe	6a 6b		X X X
If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	5b 6a 6b		X X X
	First-class or charter travel  Travel for companions  Tax indemnification and gross-up payments  Discretionary spending account  First-class or charter travel  Tax indemnification and gross-up payments  Discretionary spending account  Fersonal services (such as maid, chauffeur, chef)  If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  Written employment contract  Independent compensation consultant  Form 990 of other organizations  Written employment contract  Compensation survey or study  Approval by the board or compensation committee  During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:	First-class or charter travel Travel for companions Discretionary spending account  Mealth or social club dues or initiation fees Discretionary spending account  Personal services (such as maid, chauffeur, chef)  If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  Compensation of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee Written employment contract Independent compensation consultant From 990 of other organization:  Receive a severance payment or change-of-control payment?  Participate in or receive payment from a supplemental nonqualified retirement plan?  Approval by the board or compensation committee  During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  Receive a severance payment from a supplemental nonqualified retirement plan?  4a  4b  Complemental nonqualified retirement plan?  4b  Complemental nonqualified retirement plan?  4c  The participate in or receive payment from an equity-based compensation arrangement?  4c  The participate in or receive payment from an equity-based compensation arrangement?  4c  The payments for business use of personal residence That the present led the organization or excell	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.    First-class or charter travel

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 Page 2

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and		(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
RAYMOND P. VARA JR.	(i)	0.	0.	0.	0.	0.	0.	0.
1BOARD OF DIRECTOR	(ii)	1,110,173.	372,487.	719,150.	2,558,309.	26,194.	4,786,313.	593,274.
DAVID OKABE	(i)	0.	0.	0.	0.	0.	0.	0.
2TREASURER	(ii)	553,990.	132,543.	259,799.	362,800.	15,096.	1,324,228.	224,487.
CHARLES R. CHING	(i)	0.	0.	0.	0.	0.	0.	0.
3SECRETARY	(ii)	436,925.	104,835.	229,141.	262,171.	20,008.	1,053,080.	164,297.
DAWN DUNBAR	(i)	0.	0.	0.	0.	0.	0.	0.
4PRESIDENT	(ii)	299,741.	57,822.	35,875.	81,124.	23,823.	498,385.	65,358.
EARL INOUYE	(i)	0.	0.	0.	0.	0.	0.	0.
5FORMER OFFICER	(ii)	201,366.	40,705.	43,074.	67,586.	1,944.	354,675.	46,925.
CARRIE ANN TSUTSUI	(i)	0.	0.	0.	0.	0.	0.	0.
6ASSISTANT TREASURER	(ii)	195,857.	17,756.	17,265.	41,055.	12,358.	284,291.	0.
JESSICA LEWIS	(i)	0.	0.	0.	0.	0.	0.	0.
7ASSISTANT SECRETARY	(ii)	170,876.	0.	0.	15,118.	25,286.	211,280.	0.
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
_11	(ii)							
	(i)							
_12	(ii)							
	(i)							
_13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

#### Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FORM 990, SCHEDULE J, PART I, LINE 3

SUPPLEMENTAL COMPENSATION INFORMATION

THE ORGANIZATION'S PRESIDENT IS PAID BY ITS TAX EXEMPT PARENT, HAWAI'I

PACIFIC HEALTH ('HPH'), AND IS DISCLOSED AS A PERSON PAID BY A RELATED

ORGANIZATION. SEE SCHEDULE O, FORM 990 PART VI, LINE 15A FOR THE PROCESS

USED BY HPH TO DETERMINE COMPENSATION.

FORM 990, SCHEDULE J, PART I, LINE 4B

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

THE RESTORATION PLAN WAS DESIGNED TO RESTORE BENEFITS THAT ARE LOST DUE

TO LIMITS IMPOSED BY SECTIONS 401 AND 415 OF THE INTERNAL REVENUE CODE ON

COMPENSATION CONSIDERED UNDER SUCH PLANS.

AMOUNTS PAID OUT BY RELATED ORGANIZATIONS:

RAYMOND P. VARA JR. - \$443,030

DAVID OKABE - \$156,411

CHARLES R. CHING - \$84,461

ANNUAL INCENTIVE PLAN

Schedule J (Form 990) 2020

JSA

Schedule J (Form 990) 2020 Page 3

#### Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

THE ANNUAL INCENTIVE PLANS ARE AFFORDED TO EXECUTIVES BASED ON ANNUAL

SYSTEM GOALS THAT ARE NOT BASED ON A PERCENTAGE OF NET EARNINGS.

AMOUNTS PAID OUT BY RELATED ORGANIZATIONS:

RAYMOND P. VARA JR. - \$372,488

DAVID OKABE - \$132,543

CHARLES R. CHING - \$104,835

EARL INOUYE - \$40,705

DAWN DUNBAR - \$57,822

CARRIE ANN TSUTSUI - \$17,756

RETENTION INCENTIVE PLAN

THE RETENTION INCENTIVE PLAN WAS DESIGNED TO ENCOURAGE CONTINUED INTEREST

IN THE SUCCESS OF THE ORGANIZATION AND PROVIDE COMPETITIVE RETIREMENT

BENEFITS. THE SOLE PLAN PARTICIPANT IS HAWAI'I PACIFIC HEALTH'S CHIEF

EXECUTIVE OFFICER, RAYMOND P. VARA JR. THE PLAN DOES NOT REPLACE THE

ANNUAL AND LONG-TERM INCENTIVE PLAN NOR THE SERP RESTORATION PLAN.

Schedule J (Form 990) 2020

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

AMOUNTS PAID OUT DURING THE YEAR BY A RELATED ORGANIZATION:

RAYMOND P. VARA JR - \$1,015,000

## **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PALI MOMI FOUNDATION

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Employer identification number

38-3840327

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods	X		2,304.	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		12.	2,269.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			21.55				
25	Other ►( ATCH 1 )		5.	34,667.				
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received							
	which the organization completed I	Form 8283,	Part V, Donee Acknowledge	ement	29			
							Yes	No
30a	During the year, did the organizat				_			
	28, that it must hold for at least the	•			•			37
	to be used for exempt purposes for		olding period?			30a		X
	If "Yes," describe the arrangement i		pro esta esta esta esta esta esta esta esta					
31	Does the organization have a					0.4	v	
	contributions?					31	Х	
32a	Does the organization hire or use	-	-	•		00.5		v
_	contributions?					32a		X
	If "Yes," describe in Part II.		alone (a) tan	mante familia (1971)	ota aba ta t			
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked,			
	describe in Part II.							

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

Schedule M (Form 990) 2020

Schedule M (Form 990) (2020) Page **2** 

Part II Supplen

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN B

COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

JSA Schedule M (Form 990) (2020)

0E1508 1.000

2151CT 1018 PAGE 40

38-3840327

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, Part II or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

Page 2

## SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

Schedule M (Form 990) (2020)

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
COVID-19 SUPPLIES	X	4.	29,667.	FMV
OTHER- PREPAID GIFTCARD	X	1.	5,000.	FMV
TOTALS	-	5.	34,667.	

Schedule M (Form 990) (2020) JSA

0E1508 1.000

2151CT 1018 PAGE 41

## **SCHEDULE O** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Inspection

38-3840327

Department of the Treasury Internal Revenue Service

PALI MOMI FOUNDATION

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

FORM 990, PART III, LINE 4

PROGRAM SERVICE ACCOMPLISHMENTS

THE MISSION OF PALI MOMI FOUNDATION (THE FOUNDATION) IS TO CREATE A HEALTHIER HAWAI'I.

PALI MOMI MEDICAL CENTER (PALI MOMI) IS A NOT-FOR-PROFIT MEDICAL CENTER LOCATED IN WEST O'AHU THAT IS DEDICATED TO THE HEALTH AND WELL-BEING OF ALL HAWAI'I RESIDENTS. PALI MOMI HAS DELIVERED MANY MEDICAL FIRSTS FOR CENTRAL AND WEST O'AHU OFFERING A FULL RANGE OF SERVICES. PALI MOMI IS PART OF HAWAI'I PACIFIC HEALTH, ONE OF THE STATE'S LARGEST HEALTH CARE SYSTEMS.

AS A NOT-FOR-PROFIT MEDICAL CENTER, PALI MOMI RELIES ON PHILANTHROPI SUPPORT FROM THE COMMUNITY TO FULFILL ITS MISSION AND CARE FOR PATIENTS REGARDLESS OF THE PATIENT'S ABILITY TO PAY. CONTRIBUTIONS, BOTH UNRESTRICTED AND DESIGNATED, HELP THE MEDICAL CENTER PROVIDE EXCEPTIONAL MEDICAL CARE. GENEROUS DONATIONS ASSIST, AND ARE NOT LIMITED TO, THESE AREAS: PATIENT AND SPECIALITY CARE, CAPITAL IMPROVEMENTS, EDUCATION AND RESEARCH, COMMUNITY HEALTH AND UNCOMPENSATED CARE.

PATIENT AND SPECIALTY CARE

CANCER CENTER

THE HAWAI'I PACIFIC HEALTH CANCER CENTER AT PALI MOMI MEDICAL CENTER OFFERS DIAGNOSIS, TREATMENT AND SUPPORT SERVICES FOR CANCER PATIENTS AND FAMILIES. THE 24,000 SQUARE-FOOT-CENTER PROVIDES COMPREHENSIVE AND COORDINATED CANCER CARE. RECENT CANCER CARE FUNDED PROJECTS INCLUDE THE CANCER SURVIVORSHIP PROGRAM AS WELL AS CAPITAL IMPROVEMENTS TO THE FACILITY INCLUDING THE DEVELOPMENT OF A NEW MULTISPECIALTY CLINIC.

#### CAPTIAL IMPROVEMENTS

#### EMERGENCY DEPARTMENT

PALI MOMI MEDICAL CENTER IS HOME TO THE ONLY LEVEL III TRAUMA CENTER ON OAHU, CARING FOR AN AVERAGE OF 300 TRAUMA PATIENTS EACH YEAR. IN ADDITION THERE ARE MORE THAN 33,000 EMERGENCY VISITS ANNUALLY TO PALI MOMI. RECENT CAPITAL PROJECTS INCLUDE THE CONSTRUCTION OF A NEW EMERGENCY DEPARTMENT WAITING ROOM WHICH PROVIDES MORE SPACE AND IMPROVES THE QUALITY OF CARE FOR PATIENTS.

#### EDUCATION AND RESEARCH

#### SIMULATION TRAINING

THE INNOVATION AND NEW TECHNOLOGY FUND IS HELPING TO SUPPORT THE HAWAI'I PACIFIC HEALTH CENTER FOR SIMULATION AT PALI MOMI MEDICAL CENTER. THIS SIMILATION LAB OFFERS CLINICAL TRAINING AND CONTINUING EDCUATION FOR MEDICAL PROFESSIONALS IN CENTRAL AND WEST OAHU. FUNDING HAS INCREASED ACCESS AND THE CAPABILITIES OF THESE TRAININGS AND HAS RESULTED IN IMPROVED EFFICIENCIES, AND OVERALL PATIENT OUTCOMES AT THE MEDICAL CENTER.

### COMMUNITY HEALTH AND UNCOMPENSATED CARE

Name of the organization

PALI MOMI FOUNDATION

Semployer identification number

38-3840327

PATIENT ASSISTANCE FUND: OHANA FUND

THE PURPOSE OF THE PATIENT ASSISTANCE FUND IS TO ASSIST MEDICAL CENTER PATIENTS AND/OR THEIR SUPPORT SYSTEM RECEIVING SERVICES, INCLUDING EMERGENCY ROOM AND OUTPATIENT SERVICES AT THIS FACILITY. THE MANAGEMENT AND DISBURSEMENT OF THE PATIENT ASSISTANCE FUND, OR OHANA FUND, IS LEFT TO THE DISCRETION OF THIS FACILITY TO MEET SPECIFIC PATIENT CARE NEEDS. THE FUNDS MAY BE USED FOR PATIENTS AND/OR THEIR SUPPORT SYSTEM THAT HAVE FINANCIAL BARRIERS AND NEED CONTINUED MEDICAL OR PSYCHOSOCIAL SUPPORT OR TO FACILITATE DISCHARGE.

FORM 990, PART V, LINE 1A

FORM 1096 REPORTING

HAWAI'I PACIFIC HEALTH (HPH), THE ORGANIZATION'S TAX EXEMPT PARENT, PAYS ALL VENDORS. THEREFORE, HPH ISSUES FORMS 1099 UNDER ITS TAX ID.

FORM 990, PART VI, SECTION A, LINE 6

MEMBERS AND RIGHTS

HAWAI'I PACIFIC HEALTH IS THE SOLE MEMBER WHO HAS THE RIGHT TO

PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE WITH THE RIGHT TO ELECT THE

MEMBERS OF THE GOVERNING BODY AND/OR APPROVE SIGNIFICANT DECISIONS OF THE

GOVERNING BOARD.

FORM 990, PART VI, SECTION A, LINE 7A

DESCRIPTION OF CLASSES OF PERSON AND THE NATURE OF THEIR RIGHTS

HAWAI'I PACIFIC HEALTH IS THE SOLE MEMBER, AND HAS THE POWER TO APPROVE

THE ELECTION OF MEMBERS OF THE GOVERNING BODY. HAWAI'I PACIFIC HEALTH, AS

Name of the organization Employer identification number
PALI MOMI FOUNDATION 38-3840327

MEMBER, ALSO HAS THE POWER TO ELECT ONE OR MORE EX-OFFICIO VOTING MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7B

DESCRIPTION OF CLASSES OF PERSONS, DECISIONS REQUIRING APPROVAL & TYPE OF VOTING RIGHTS

HAWAI'I PACIFIC HEALTH, AS MEMBER, HAS EXCLUSIVE POWER TO TAKE AND DIRECT THE FOLLOWING ACTIONS OF THE CORPORATION:

- (I) NOMINATE CANDIDATES TO THE BOARD FOR THE FOLLOWING POSITIONS:

  PRESIDENT, VICE-PRESIDENT(S), TREASURER, SECRETARY, ASSISTANT TREASURERS

  AND SECRETARIES, AND ANY OTHER OFFICER, EXCEPT THE CHAIR AND VICE-CHAIR

  OF THE BOARD;
- (II) AFTER CONSULTATION WITH THE BOARD, REMOVE THE PRESIDENT,

  VICE-PRESIDENT(S), TREASURER, SECRETARY, ASSISTANT TREASURERS AND

  SECRETARIES, AND ANY OTHER OFFICER, EXCEPT THE CHAIR AND VICE-CHAIR;

  (III) REMOVE A DIRECTOR FROM THE BOARD;
- (IV) DELEGATE MANAGEMENT AUTHORITIES FROM THE BOARD TO OFFICERS OR

  COMMITTEES OF THE CORPORATION IN ACCORDANCE WITH A DELEGATED AUTHORITIES

  MATRIX ADOPTED BY THE MEMBER;
- (V) AMEND THESE BYLAWS;
- (VI) CAUSE THE CORPORATION'S PARTICIPATION IN ALL LONG TERM FINANCING TRANSACTIONS WHICH ARE IN EXCESS OF ONE (1) YEAR AND/OR ONE MILLION DOLLARS (\$1,000,000) OR MORE;
- (VII) SELECT BANKS, TRUST COMPANIES, OR OTHER DEPOSITORIES TO WHICH THE

Name of the organization

PALI MOMI FOUNDATION

Semployer identification number

38-3840327

CORPORATION'S FUNDS SHALL BE DEPOSITED;

(VIII) DIRECT, MANAGE AND CONTROL THE CUSTODY, ADVISORY SERVICE, AND ASSET MANAGEMENT OF THE FINANCIAL ASSETS OF THE CORPORATION;

- (IX) DETERMINE AND EFFECT INTER-CORPORATE FUND TRANSFERS BY AND BETWEEN THE CORPORATION AND ANY AFFILIATE;
- (X) DEVELOP AND IMPLEMENT THE GENERAL POLICIES REGARDING THE CORPORATION'S EXECUTIVE COMPENSATION AND BENEFIT PLANS;

OTHER ORGANIZATION THAT IS OWNED SOLELY BY THE CORPORATION;

- (XI) FORM A NEW CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP, OR
- (XII) DEVELOP AND PROMULGATE OVERALL CORPORATE GOALS AND THE LONG-RANGE
- (XIII) DEVELOP AND IMPLEMENT THE ANNUAL CAPITAL, OPERATING, AND CASH FLOW BUDGETS.

THE CORPORATION SHALL NOT TAKE THE FOLLOWING ACTIONS WITHOUT FIRST OBTAINING MEMBER APPROVAL:

- (I) ELECT ANY DIRECTOR TO THE BOARD;
- (II) AMEND THE ARTICLES;
- (III) MERGE THE CORPORATION WITH ANY ENTITY;

AND STRATEGIC PLAN OF THE CORPORATION; AND

- (IV) DISSOLVE THE CORPORATION;
- (V) ENTER INTO ANY UNBUDGETED CONTRACTS ON BEHALF OF THE CORPORATION WHICH REQUIRE ANNUAL PAYMENTS BY OR ON BEHALF OF THE CORPORATION EXCEEDING ONE MILLION DOLLARS (\$1,000,000) IN VALUE;
- (VI) ACQUIRE ASSETS WORTH OVER ONE MILLION DOLLARS (\$1,000,000) EXCEPT

FOR THOSE ASSETS ACQUIRED BY GIFTS, GRANT, OR DONATION;

- (VII) ACQUIRE SHARES IN ANOTHER CORPORATION;
- (VIII) SELL, LEASE, EXCHANGE, ENCUMBER OR DISPOSE OF TWENTY-FIVE PERCENT
- (25%) OR MORE OF THE PROPERTY AND ASSETS HELD BY THE CORPORATION TO ANY

ENTITY THAT IS NOT AN AFFILIATE;

- (IX) ISSUE THE CORPORATION'S MEMBERSHIP TO ANYONE OTHER THAN THE MEMBER;
- (X) FORM A JOINT VENTURE OR OTHER BUSINESS RELATIONSHIP (OTHER THAN THE ORDINARY COURSE OF BUSINESS CONTRACTS) BETWEEN THE CORPORATION AND ANY PERSON OR ENTITY; AND
- (XI) DEVELOP A NEW LINE OF BUSINESS OR A NEW SERVICE.

FORM 990, PART VI, SECTION B, LINE 11B

REVIEW OF THE FORM 990 BY THE ORGANIZATION'S GOVERNING BODY

VARIOUS SCHEDULES OF THE FORM 990 ARE PREPARED PRIMARILY BY STAFF WITHIN

THE ACCOUNTING AREA OF THE ORGANIZATION WORKING WITH VARIOUS OTHER AREAS

OF THE ORGANIZATION SUCH AS MANAGEMENT OF OPERATING UNITS, HR, LEGAL,

ETC. DISCLOSURE NARRATIVES ARE WRITTEN AND COMPLETED INTERNALLY BASED ON

INPUT AND DISCUSSION WITH FINANCIAL ANALYSTS AND THE CHIEF OPERATING

OFFICER/EXECUTIVE DIRECTOR OF THE REPORTING ENTITY. THE CHIEF OPERATING

OFFICER/EXECUTIVE DIRECTOR OF EACH REPORTING ENTITY REVIEWS AND APPROVES

THE DISCLOSURE NARRATIVES WHICH DESCRIBE THE MISSION/PURPOSE AND PROGRAM

ACCOMPLISHMENTS OF THEIR ORGANIZATION. SENIOR MANAGEMENT OF THE HEALTH

CARE SYSTEM REVIEWS THE FORM 990 OF EACH FILING ORGANIZATION WITHIN THE

HEALTH CARE SYSTEM. ONCE SENIOR MANAGEMENT HAS COMPLETED ITS REVIEW, THE

FORMS 990 ARE THEN PROVIDED TO THE GOVERNANCE AND NOMINATING COMMITTEE OF

THE HEALTH CARE SYSTEM'S BOARD OF DIRECTORS FOR THEIR REVIEW. THE

GOVERNANCE AND NOMINATING COMMITTEE OF THE PARENT ENTITY'S (HAWAI'I PACIFIC HEALTH "HPH") BOARD PROVIDES OVERSIGHT FOR THE FORM 990 REPORTING AND REVIEWS THE FORM 990 FOR EACH ENTITY PRIOR TO FILING. IN ADDITION, THE FORM 990 FOR EACH ENTITY IS MADE AVAILABLE TO THE BOARD MEMBERS OF EACH SUBSIDIARY UNIT OF HPH AND THE HPH BOARD OF DIRECTORS THROUGH A BOARD MEMBER PORTAL FOR REVIEW PRIOR TO THE FILING OF THE FORM 990. THE FORMS 990 WILL BE POSTED TO HPH'S WEBSITE FOR PUBLIC ACCESS AFTER THE FILING OF THE RETURN WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C

MONITORING & ENFORCEMENT OF CONFLICT OF INTEREST POLICY

ANNUALLY, EACH DIRECTOR, OFFICER, KEY EMPLOYEE AND MEMBER OF A COMMITTEE

WITH BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS

THAT SUCH PERSON:

- 1) RECEIVED A COPY OF THE CONFLICT OF INTEREST ("COI") POLICY;
- 2) HAS READ AND UNDERSTANDS THE POLICY;
- 3) AGREES TO COMPLY WITH THE POLICY;
- 4) HAS DISCLOSED ANY CONFLICTS OR POTENTIAL CONFLICTS OR ECONOMIC INTERESTS AS REQUIRED; AND
- 5) UNDERSTANDS THAT THE ORGANIZATION IS A CHARITABLE ORGANIZATION, AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, THE ORGANIZATION MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

THE IN-HOUSE LEGAL DEPARTMENT DISTRIBUTES THE STATEMENT REQUEST AND

TRANSACTION OR ARRANGEMENT.

REVIEWS THE COI STATEMENTS RETURNED. IDENTIFIED CONFLICTS OF INTEREST ARE PRESENTED TO THE BOARD FOR REVIEW, DELIBERATION AND CONFIRMATION/REFUTATION THAT A CONFLICT OF INTEREST EXISTS. IF A CONFLICT OF INTEREST HAS BEEN FOUND, THE INDIVIDUAL MAY ADDRESS THE BOARD AND EXPLAIN THE TRANSACTION OR ARRANGEMENT CAUSING THE CONFLICT. AFTER THE PRESENTATION, THE INDIVIDUAL IS EXCUSED FROM THE MEETING AND SHALL NOT PARTICIPATE WITH ANY DISCUSSION OR VOTE ON MATTERS PERTAINING TO THE

IN MEETINGS WHERE APPLICATION OF THE COI POLICY OCCURS, THE MEETING MINUTES INCLUDE NATURE OF THE FINANCIAL INTEREST/CONFLICT, NAME(S) OF THE PERSON(S) WITH THE POTENTIAL OR ACTUAL CONFLICT, ANY ACTION TAKEN TO ASSIST IN THE DETERMINATION OF WHETHER A CONFLICT EXISTED, INCLUDING ANY DISCUSSION OF ALTERNATIVE ARRANGEMENTS, THE BOARD'S DECISION(S) REGARDING THE CONFLICT AND NAMES OF PERSONS PRESENT IN THE DISCUSSION AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT.

FORM 990, PART VI, SECTION B, LINES 15A & 15B PROCESS OF DETERMINING COMPENSATION

THE PRESIDENT, OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION ARE NOT COMPENSATED BY THE FILING ORGANIZATION, BUT RATHER BY THE TAX EXEMPT PARENT HAWAI'I PACIFIC HEALTH ("HPH"). FOLLOWING IS THE PROCESS THAT THE PARENT ORGANIZATION UNDERTAKES TO APPROVE THE PRESIDENT, OFFICERS AND KEY EMPLOYEES' COMPENSATION. COMPENSATION FOR HAWAI'I PACIFIC HEALTH ("HPH") EXECUTIVES (VICE PRESIDENT AND ABOVE) IS SET BY THE HPH COMPENSATION COMMITTEE, WHICH IS COMPOSED SOLELY OF INDEPENDENT, COMMUNITY-BASED

Name of the organization Employer identification number PALI MOMI FOUNDATION 38-3840327

MEMBERS OF THE HPH BOARD OF DIRECTORS. ON AN ANNUAL BASIS THE HPH BOARD CHAIRPERSON (WHO IS INDEPENDENT) SELECTS A NEUTRAL THIRD PARTY EXECUTIVE COMPENSATION CONSULTANT TO REVIEW THE EXECUTIVES' COMPENSATION AND BENEFITS. THE CONSULTANT PROVIDES A WRITTEN REPORT TO THE COMPENSATION COMMITTEE AT ITS ANNUAL MEETING. INCLUDED IN THE REPORT IS MARKET BASED DATA FROM LIKE ORGANIZATIONS. THE COMPENSATION COMMITTEE MAKES FINAL DECISIONS REGARDING COMPENSATION AND BENEFITS AT THE MEETING AFTER REVIEW AND DISCUSSION OF THE CONSULTANT'S REPORT, AND SUCH DECISIONS ARE DOCUMENTED IN THE COMPENSATION COMMITTEE MEETING MINUTES. COMMUNITY BASED DIRECTORS OF THE ORGANIZATION ARE NOT COMPENSATED.

CERTAIN EMPLOYED PHYSICIANS MAY BE OFFICERS OR AN IDENTIFIED KEY EMPLOYEE

OF THE REPORTING OR RELATED ORGANIZATION. PHYSICIAN COMPENSATION IS ALSO

HANDLED IN THE SAME MANNER AS EXECUTIVE COMPENSATION, WITH THE HPH

COMPENSATION COMMITTEE RECEIVING A REPORT FROM A NEUTRAL CONSULTANT AND

FOLLOWING THE SAME PROCESS AS DESCRIBED ABOVE ON AN ANNUAL BASIS. THIS

PROCESS WAS LAST COMPLETED ON MARCH 09, 2021 TO REVIEW PHYSICIAN

COMPENSATION AND ON JULY 28, 2021 TO REVIEW EXECUTIVE COMPENSATION.

DISCLOSURE OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

DISCLOSURE OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND STANDARDS OF CONDUCT ARE AVAILABLE ON THE HAWAI'I PACIFIC HEALTH WEBSITE. THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC VIA THE HAWAI'I PACIFIC HEALTH WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19

Name of the organization Employer identification number PALI MOMI FOUNDATION 38-3840327

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS

EQUITY TRANSFERS FROM HPH \$ 184,540

INTERCOMPANY TRANSFERS BETWEEN FOUNDATIONS \$ 38,208

IMMATERIAL ROUNDING \$ -2

TOTAL \$ 222,746

ATTACHMENT 1

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
INTERNAL SVC. PROVIDER EXPENSE	545,715.	0.	191,468.	354,247.
MANAGER/DIRECTOR BONUS	67,027.	0.	0.	67,027.
TOTALS	612,742.	0.	191,468.	421,274.

### SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

PALI MOMI FOUNDATION

Employer identification number 38-3840327

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr enti	12(b)(13) rolled
						Yes	No
(1) HAWAI'I PACIFIC HEALTH 99-0246363							
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	ADMIN SVCS.	HI	501(C)(3)	12C, III-FI	N/A		X
(2) KAPI'OLANI HEALTH FOUNDATION 99-0246364							
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	FUNDRAISING	HI	501(C)(3)	7	НРН	X	l
(3) KAPI'OLANI MED CTR FOR WOMEN & CHILDREN 99-0177350							
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	HOSPITAL	HI	501(C)(3)	3	HPH	X	l
(4) KAPI'OLANI MEDICAL SPECIALISTS 99-0322406							
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	HEALTHCARE	HI	501(C)(3)	3	HPH	X	l
(5) KAUA'I MEDICAL CLINIC 99-0326099							
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	HOSPITAL	HI	501(C)(3)	3	HPH	X	l
(6) PALI MOMI MEDCIAL CENTER 99-0274038							
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	HOSPITAL	HI	501(C)(3)	3	НРН	X	İ
(7) PROVIDERS INSURANCE COMPANY 71-0893000							
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	INSURANCE	HI	501(C)(3)	12B, II	НРН	Х	

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

Schedule R (Form 990) 2020

### SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
PALI MOMI FOUNDATION

Employer identification number 38-3840327

Parti	identification of Disregarded Entitles. Complete if the organization	answered tes on	roiiii 990, Pait i	v, ilite 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of relate	ed organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti	g) 512(b)(13) rolled ity?
							Yes	No
(1) STRAUB CLINIC & HOSPITAL	91-2151670							
	HONOLULU, HI 96813	HOSPITAL	HI	501(C)(3)	3	HPH	X	
(2) STRAUB FOUNDATION	99-0109350							
	HONOLULU, HI 96813	FUNDRAISING	HI	501(C)(3)	7	НРН	Х	
(3) WILCOX HEALTH FOUNDATION	99-0204242							
	LIHUE, HI 96766	FUNDRAISING	HI	501(C)(3)	7	НРН	X	
(4) WILCOX MEMORIAL HOSPITAL	99-0074365							
	LIHUE, HI 96766	HOSPITAL	HI	501(C)(3)	3	НРН	X	
(5)								
(6)								
(7)	<u> </u>							

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

Schedule R (Form 990) 2020

(6)

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
		,		,			Yes	No		Yes	No	
(1) ASC PACIFIC VENTURES, LLC												
SEE PART VII	AMBU. SURG. CTR.	AL	N/A	N/A								
(2)	-											
(3)	-											
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	led ?
(1) HAWAI'I PACIFIC HEALTH PARTNERS, INC.	99-0318588								_
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813		HOLDING COMPANY	HI	N/A	C CORP				
(2) STRAUB PHARMACY, INC.	99-0145107								
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813		INACTIVE	HI	N/A	C CORP				
(3) HICORD, INC.	99-0251496								
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813		INVESTMENT	HI	N/A	C CORP				
(4)									
(5)									
(6)									
<u>(7)</u>									

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		Х
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
							3.5
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
0	Sharing of paid employees with related organization(s)				10	Λ	
					1	Х	
р	Reimbursement paid to related organization(s) for expenses				1p	X	
q	Reimbursement paid by related organization(s) for expenses				1q	21	
_	Other transfer of each or manager to related association(s)				1r	х	
r	Other transfer of cash or property to related organization(s)				1s	X	
	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cov	ered relationships and transa	action thre			
	(a)	(b)	(c)		(d)		
	Name of related organization	Transaction	Amount involved	Method	of dete		g
		type (a-s)		amou	int invo	oivea	
(1)	PALI MOMI MEDICAL CENTER	В	354,408.	FMV			
(2)	KAPI'OLANI HEALTH FOUNDATION	Q	77,006.	FMV			
(2)							
(3)							—
(4)							
<u> </u>							
(5)							
(6)							
(6)							

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## Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	EIN of entity  (b)  Primary activity  Legal domicile (state or foreig country)		(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)  (e) Are all partners section 501(c)(3) organizations?  Yes No			(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	ner?	ownership	
			sections 512 - 514)	Yes	No			Yes	No	,	Yes	No		
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
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(11)														
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(16)														

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#### Supplemental Information Part VII

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART III

RELATED ORG. TAXABLE AS PARTNERSHIP:

ASC PACIFIC VENTURES, LLC

EIN: 27-0540034

ADDRESS: 55 MERCHANT ST., 27TH FLOOR, HONOLULU, HI 96813

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