

TAX RETURN FILING INSTRUCTIONS

PUBLIC DISCLOSURE COPY

Prepared by	CW Associates, CPAs 700 Bishop Street, Suite 1040 Honolulu, Hawaii 96813
Special Instructions	This copy of the return is provided only for public disclosure purposes. Any confidential information regarding large donors has been removed, if this organization is not a private foundation.
	The return should be signed and dated by the appropriate officer(s).
	Exempt organizations are required to provide copies of their Forms 990 for a period of three years from the filing date for public inspection upon request. Charities must also provide copies of Forms 990-T filed after August 17, 2006.
Application for Recognition of Exemption	Exempt Organizations are also required to provide a copy of the Application for Recognition of Exemption (Form 1023 or 1024) including all documents and statements submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application.
	An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.
Requests made in person	If the request is made in person, the organization must respond by the end of the business day.
Request made in writing	If the request is made in writing, response is required within 30 days.
Fees charged for copies	The organization can make a reasonable charge for copying and postage. The regulations limit the copying charge to that charged by the IRS for providing copies, currently \$1.00 for the first page and \$0.15 for each additional page. The organization may require the individual making the request to pay the fee before providing copies of the documents.
What if we post the Form 990 on our website?	The requirement to provide copies can be eliminated if the organization posts the relevant documents on its web site. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.
What if we fail to comply with requests?	Please be aware that significant monetary penalties may be imposed by the IRS on an organization for failure to follow the above provisions.

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Form	Ч	U	

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

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

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



Α	For th	e 2021 calendar year, or tax year beginning and e	ending		
В	Check if applicab	C Name of organization MANOA HERITAGE CENTER		D Employer identifie	cation number
	Addre	FKA MANOA VALLEY CULTURAL HERITAGE FOU	ND		
	Name chang	Doing business as		99-03295	
	returr Final returr	2856 OAHU AVE	Room/suite	E Telephone number (808)988	-1287
	termi ated	ⁿ⁻ City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	733,498.
	Amer returr	ded HONOTILL LT 06022		H(a) Is this a group re	eturn
	Appli tion	F Name and address of principal officer: SCOIL D. FOWER		for subordinates	? Yes X No
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates ir	cluded? Yes No
Т	Tax-ex	empt status: 🚺 501(c)(3) 🔲 501(c) ()◀ (insert no.) 🗌 4947(a)(1) o	r 📃 527	lf "No," attach a	list. See instructions
		te: > WWW.MANOAHERITAGECENTER.ORG		H(c) Group exemptio	n number 🕨
к	Form o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 📄 Other 🕨	L Year (of formation: 1996 N	State of legal domicile: HI
P	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities:	A HERI	TAGE CENTER	IS A
Activities & Governance		3.5-ACRE LIVING CLASSROOM THAT PROMOTES A	N UNDE	RSTANDING O	F HAWAII'S
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	ets.
ave	3	Number of voting members of the governing body (Part VI, line 1a)			14
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			14
8 8	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			8
/itie	6	Total number of volunteers (estimate if necessary)			105
cţi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
4	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)		686,004.	719,458.
Revenue	9	Program service revenue (Part VIII, line 2g)		2,247.	10,450.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ŭ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,431.	2,907.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		691,682.	732,815.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	217,570.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
c	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		362,362.	348,888.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		50,262.	50,262.
Der	. ь	Total fundraising expenses (Part IX, column (D), line 25) 126, 36	2.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		370,677.	357,680.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		783,301.	974,400.
		Revenue less expenses. Subtract line 18 from line 12		-91,619.	-241,585.
or	G		Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		3,920,323.	3,677,328.
Ass	21	Total liabilities (Part X, line 26)		37,262.	35,852.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		3,883,061.	3,641,476.
	art II	Signature Block			
Und	ler pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is
true	, corre	ct, and c m)le e. Dec are tich of prevarer (other than of cer) is basid on all in ormatil n of w i	c p eparer	has any knowledge.	
		I UDLIC DISCLOSUI	NĽ		
Sig	n	Signature of officer		Date	
He		SCOTT B. POWER, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	MELANIE A KING MELANIE A KING	1	1/15/22 self-employ	P00220997
Pre	parer	Firm's name 🕨 CW ASSOCIATES, CPAS		Firm's EIN 🕨	26-1659234
Use	Only	Firm's address 700 BISHOP STREET, SUITE 1040			
		HONOLULU, HI 96813		Phone no. 80	8-531-1040
Ma	y the I	RS discuss this return with the preparer shown above? See instructions	<u> </u>		X Yes No
-		9-21 I HA For Paperwork Reduction Act Notice, see the separate instruction	ns		Form 990 (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	MANOA HERITAGE CENTER
	990 (2021) FKA MANOA VALLEY CULTURAL HERITAGE FOUND 99-0329524 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: MANOA HERITAGE CENTER IS 3.5-ACRE LIVING CLASSROOM DEDICATED TO
	PROMOTING AN UNDERSTANDING OF HAWAII'S CULTURAL AND NATURAL HERITAGE.
	WE DO THIS BY CARING FOR AND SHARING A CULTURAL LANDSCAPE CENTERED
	AROUND KUKAOO HEIAU, NATIVE HAWAIIAN GARDENS AND THE HISTORIC KUALII
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 756,753. including grants of \$ 217,570.) (Revenue \$ 12,557.) MANOA HERITAGE CENTER PROMOTES AN UNDERSTANDING OF HAWAII'S CULTURAL
	AND NATURAL HERITAGE BY SHARING KUKAOO HEIAU AND ITS SURROUNDING
	GARDENS OF RARE, NATIVE HAWAIIAN PLANTS. DURING THE YEAR, MHC SERVED
	1,977 STUDENTS AND EDUCATORS THROUGH PLACE-BASED PROGRAMS. MHC'S SCHOOL
	AND EDUCATOR PROGRAMS, INCLUDING PROFESSIONAL DEVELOPMENT WORKSHOPS FOR
	EDUCATORS, ARE OFFERED AT NO CHARGE INCLUDING BUSING. AN ADDITIONAL
	1,631 PEOPLE WERE SERVED VIA TOURS AND WORKSHOPS. MHC IS DEDICATED TO
	BEING 1) AN ACTIVE RESOURCE FOR EDUCATORS; 2) AN EDUCATIONAL HUB FOR
	KUPUNA, FAMILIES, NEIGHBORS, CULTURAL PRACTITIONERS AND COMMUNITY
	ORGANIZATIONS; 3) A WELL-MAINTAINED FACILITY WITH ACCESSIBLE HISTORICAL
	AND EDUCATIONAL COLLECTIONS; AND 4) AN EFFICIENT, FINANCIALLY-STABLE
	NON-PROFIT FOCUSED ON ENJOYABLE LEARNING.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 756,753.
	Form 990 (2021)
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Form 990 (2021) FKA MANOA VALLEY CULTURAL HERITAGE FOUND Part IV Checklist of Required Schedules 99-0329524 Page 3

	Cite Chieckinst of Hequiled Schedules			_
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
0	If "Yes," complete Schedule A	1	X X	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions		<u></u>	
3	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
~	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	10	v	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14а ь	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- 23
U	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
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	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		X
17	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? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00 -	complete Schedule G, Part III	19		X X
		20a 20b		
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- 1	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21	х	
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Form	990 (2021) FKA MANOA VALLEY CULTURAL HERITAGE FOUND 99-0329	524	Р	age 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to 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? If "Yes," complete Schedule L, Part II	26		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see the 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			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	<u> </u>
	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			<u></u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u></u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pal	t 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	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 18	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
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MANOA	HERITAGE	CENTER

	990 (2021) FKA MANOA VALLEY CULTURAL HERITAGE FOUND 99-0329	524	Р	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		. <u> </u>	
			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 8		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
20	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e - <i>file</i> . See instructions.	3a		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> " <i>No</i> " <i>to line 3b, provide an explanation on Schedule O</i>			
ча	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country	та		
D.	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		X
	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		x
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	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		X
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? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
		-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11 a	Gross income from members or shareholders N/A			
a b	Gross income from other sources. (Do not net amounts due or paid to other sources against	1		
D.	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the 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		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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

Form 990 (2021)

FKA	MANOA	VALLEY	CULTURAL	HERITAGE	FOUND	99-0329524
	11111011	·	COLICITI	1101(7 11101	1 0 0 1 1 0	JJ 056J561

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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. See instructions. X

Sec	tion A. Governing Body and Management					
		1			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	14	<u>E</u>		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.		1			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	14	<u>E</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				37	
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the					
_				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			<u>7a</u>		X
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					x
•	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	5	Ũ	0.	X	
a	The governing body?			8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b	~	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<u> </u>	9		
	tion D. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		Yes	No
10-2	Did the organization have local chapters, branches, or affiliates?			10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			104		
b		•		10b	х	
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body		re filing the form?	11a	X	<u> </u>
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	, 5010		114		
12a				12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>//</i> "Y			12.0		
-	on Schedule O how this was done	, -		12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent v	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatio	n's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $ ightarrow HI$					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, ar	nd 990	D-T (section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.		((, (, (,			
	X Own website Another's website X Upon request Other (explain	n on S	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			d finan	cial	
	statements available to the public during the tax year.		. ,,			
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks an	d records			
	JESSICA WELCH - (808)988-1287		F			
	2856 OAHU AVENUE, HONOLULU, HI 96822					
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2021.05000 MANOA HERITAGE CENTER FKA EEGCOGN1

	MANOA HERI	TAGE C	ENTER				
Form 990 (2021)	FKA MANOA	VALLEY	CULTURAL	HERITAGE	FOUND	99-0329524	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated							
Employees, a	and Independent	Contracto	ors				
Check if Schedul	e O contains a respon	se or note to a	any line in this Par	t VII			
Section A. Officers, Direct	ors, Trustees, Key Er	nployees, an	d Highest Compe	ensated Employee	es		
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 organizati	on's ourrent koy omn	average if any	See the instruction	no for definition of	"kov omplovo	o "	

List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) (B) (C)			(D)	(E)	(F)					
Name and title	Average Positie					ne	Reportable	Reportable	Estimated	
	hours per	box	, unle	Inless person is both an er and a director/trustee)			n an	compensation	compensation	amount of
	week		cer ar I	id a d	irecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC/	1099-NEC)	organization and related
	organizations below	ual tr	tional		n ploye	t com	~	1099-NEC)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former			organizations
(1) JESSICA WELCH	40.00				-		4			
EXECUTIVE DIRECTOR				х				92,899.	0.	0.
(2) SCOTT B. POWER	1.00									
PRESIDENT	1.00	Х		Х				0.	0.	0.
(3) MARY M. COOKE	1.00									
VICE PRESIDENT	1.00	Х		х				0.	0.	0.
(4) HELEN NAKANO	1.00									
SECRETARY	1.00	Х		х				0.	0.	0.
(5) DAVID LEE	1.00									_
TREASURER	1.00	Х		х				0.	0.	0.
(6) MAENETTE AH NEE BENHAM	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(7) BERYL B. BLAICH	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(8) MARK BURAK	1.00									•
DIRECTOR	1 00	X				-		0.	0.	0.
(9) CATHERINE L. COOKE	1.00								•	0
DIRECTOR	1.00	X						0.	0.	0.
(10) JULIETTE COOKE	1.00								•	0
DIRECTOR	1 00	X						0.	0.	0.
(11) IAN FITZ-PATRICK	1.00								•	0
DIRECTOR	1.00	X						0.	0.	0.
(12) JACK GILLMAR	1.00								0	0
DIRECTOR	1 00	X						0.	0.	0.
(13) PATRICIA HALAGAO	1.00	x						0.	0.	0
DIRECTOR (14) LYNNE JOHNSON	1.00	A				<u> </u>		0.	0.	0.
(14) LYNNE JOHNSON DIRECTOR	1.00	x						0.	0.	0.
(15) SUSAN SHANER	1.00	^						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
						-		0.	0.	<u> </u>
		1								
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Form 990 (2021)

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Form 990											29.) 4 4	Pa	age U
	(A) Name and title	(B) Average hours per week	(do box	not c , unle	Pos heck i ss per	C) itior more rson i		one n an	(D) Reportable compensation from	(E) Reportable compensatior from related	ı	Est am	(F) imate ount o	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		comp fro orga and		e on ed
									02,000					
	al from continuation sheets to Part VI								92,899. 0. 92,899.		0. 0. 0.			0. 0. 0.
	al number of individuals (including but n npensation from the organization	ot limited to th	ose	liste	ed ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			Yes	0 No
line	the organization list any former officer, 1a? If "Yes," complete Schedule J for s	uch individual									[3		x
and	any individual listed on line 1a, is the su related organizations greater than \$150 any person listed on line 1a receive or a	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual			4		X
	dered to the organization? <i>If</i> "Yes," con B. Independent Contractors	plete Schedule	e J fo	or sı	ich i	oers	on					5		Х
1 Con	nplete this table for your five highest co organization. Report compensation for	-	-								ensat	ion froi	m	
	(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	C	(C) ompen		า
2 Tota	al number of independent contractors (i	ncludina but n	ot lin	niter	d to t	thos	se lis	ted	above) who received mo	ore than				
	0,000 of compensation from the organi	•			-	(•		,					

Form **990** (2021)

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Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue Related or exempt function revenue OD OD grad 1 a Federated campaigns 1 a Total revenue Related or exempt function revenue OD On the excluded from tax under sections 512 - 514 Total revenue Related or exempt function revenue OU nrelated business revenue Revenue excluded from tax under sections 512 - 514 Total revenue Part of the contributions included abusines include abusines incl		n 990 (LEY CULTU	JRAL HERITA	AGE FOUND	99-0329	524 Page 9
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e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions ▶ 732,815. 12,557. 0. 800.	s							
e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions ▶ 732,815. 12,557. 0. 800.	e e	11 a		ļļ				
e Total. Add lines 11a-11d ► 732,815. 12,557. 0. 800.	lan(enu	b						
e Total. Add lines 11a-11d ► 732,815. 12,557. 0. 800.	Sev	с						
12 Total revenue. See instructions ▶ 732,815. 12,557. 0. 800.	Nis 1	d						
					732 815	12 557	0	800
	132004			F	,	,,, .		

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Form 990 (2021) FKA MANOA VALLEY CULTURAL HERITAGE FOUND 99-0329524 Page 10 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).

Secti	on 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	217,570.	217,570.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	00.000	65 000	0 000	10 500
	trustees, and key employees	92,899.	65,029.	9,290.	18,580.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	011 071	100 776		11 040
7	Other salaries and wages	211,071.	198,776.	552.	11,743.
8	Pension plan accruals and contributions (include	1 0 5 1	1 207	140	10E
_	section 401(k) and 403(b) employer contributions)	4,951. 11,959.	<u>4,307.</u> 10,404.	<u>149.</u> 359.	<u>495.</u> 1,196.
9	Other employee benefits	28,008.	10,404.		2,801.
10	Payroll taxes	28,008.	24,367.	840.	2,801.
11	Fees for services (nonemployees):				
a	Management				
b		39,378.		39,378.	
	Accounting	39,370.			
d	Lobbying	50,262.			50,262.
e	Professional fundraising services. See Part IV, line 17	J0,202•			J0,202.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	100,032.	78,495.	12,515.	9 022
12	Advertising and promotion	7,251.	5,740.	487.	9,022. 1,024.
13		27,980.	6,101.	4,724.	17,155.
13	Office expenses	27,500.	0,1010		17,155.
15	Royalties				
16	Occupancy	28,858.	25,106.	866.	2,886.
17	Travel	772.	770.	2.	
18	Payments of travel or entertainment expenses	,,_,	,,,,,,		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
20	Payments to affiliates				
22	Depreciation, depletion, and amortization	98,870.	86,017.	2,966.	9,887.
23	Insurance	19,157.		19,157.	
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 0.)				
а	EDUCATION EXPENSES	32,549.	32,549.		
b	DONOR EVENTS	2,833.	1,522.		1,311.
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	974,400.	756,753.	91,285.	126,362.
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 Figure if following SOP 98-2 (ASC 958-720)				
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99-0329524 Page 11 FKA MANOA VALLEY CULTURAL HERITAGE FOUND

	990 (EX C	ULTURAL HERITA	AGE FOUND	99-	0329524 Page 11
Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			374,699.	1	267,009.
	2	Savings and temporary cash investments			5,1,055	2	20770051
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			35,752.	4	0.
	5	Loans and other receivables from any current o					
	ľ	trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual	-			-	
		under section 4958(f)(1)), and persons describe				6	
Ŋ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			40,026.	8	39,343.
As	9				642.	9	642.
	10a	Land, buildings, and equipment: cost or other		Γ			
		basis. Complete Part VI of Schedule D	10a	3,778,879.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	408,545.	3,469,204.	10c	3,370,334.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 33)	3,920,323.	16	3,677,328.
	17	Accounts payable and accrued expenses			37,262.	17	35,852.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
iliti		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines					
						25	
	26	of Schedule D Total liabilities. Add lines 17 through 25			37,262.	25 26	35,852.
	20	Organizations that follow FASB ASC 958, che	ock here	▶ X	57,202.	20	55,052.
es		and complete lines 27, 28, 32, and 33.					
anc	27				3,119,647.	27	3,001,745.
Balá	28	Net assets with donor restrictions			763,414.	28	639,731.
l pu		Organizations that do not follow FASB ASC 9			· · · · ·		
Ъ		and complete lines 29 through 33.		· _			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or e				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net	32				3,883,061.	32	3,641,476.
	33	Total liabilities and net assets/fund balances			3,920,323.	33	3,677,328.
							Form 990 (2021)

Form 990 (2021)

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	MANOA HERITAGE CENTER 990 (2021) FKA MANOA VALLEY CULTURAL HERITAGE FOUND	99-0	329524	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Tetal revenue (must aquel Bart)/III. column (A), line 19)	1	733	2 8	15
2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	2	732,815 974,400		
2	Revenue less expenses. Subtract line 2 from line 1	3	-241		
3 4	4	3,883	<u> </u>		
4 5	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	5	5,00.	, 0	<u></u>
6		6			
7	Donated services and use of facilities	7			
8	Investment expenses	8			
9	Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	9			0.
9 10	Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
10	column (B))	10	3,641	4	76.
Pa	rt XII Financial Statements and Reporting			- / -	
	Check if Schedule O contains a response or note to any line in this Part XII				\square
				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," explain on Schedule	0.	_		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	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 oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
3a	If the organization changed either its oversight process or selection process during the tax year, explain on Sche As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	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, explain why on Schedule O and describe any steps taken to undergo such audits				
				000	_

Form **990** (2021)

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SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service		0) the Treasury	Co	OMB No. 1545-0047 2021 Open to Public Inspection								
Nam	e of t	he organizatio		A HERITAGE	<pre>//Form990 for instructic CENTER</pre>				Employer	identification number		
			FKA (MANOA VALLI	EY CULTURAL H					9-0329524		
Pa	rt I	Reason	or Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.			
The 1 2 3 4	 organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 											
5					lege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in		
6 7 8 9	 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 											
		or university of	or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or		
10	 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. 											
				mplete Part III.)								
11 12 a		An organization more publicly lines 12a thro Type I. A su	on organized a supported or ugh 12d that upporting orga	and operated exclusi ganizations described describes the type of anization operated, su	vely to test for public saf vely for the benefit of, to d in section 509(a)(1) o f supporting organization upervised, or controlled l	perform the section the and composite support of the suppopulation of th	ne function 509(a)(2). plete lines ported org	ns of, or to ca See section 12e, 12f, and anization(s), t	509(a)(3). (I 12g. ypically by g	Check the box on		
			-		gularly appoint or elect a	majority o	t the direc	tors or truste	es of the su	ipporting		
b		Type II. A s control or n organization	upporting org nanagement o n(s). You mus	f the supporting organized for the support of the s	or controlled in connect anization vested in the sa Sections A and C.	ime persoi	ns that co	ntrol or mana	ge the supp	ported		
С					g organization operated i				lly integrate	d with,		
d e		Type III notthat is not frequirementCheck this	n-functionally unctionally int t (see instructi box if the orga	r integrated. A supp egrated. The organiz ions). You must con anization received a v). You must complete F porting organization oper- ation generally must sati nplete Part IV, Sections written determination from nally integrated supporting ally integrated supporting	ated in cor sfy a distri A and D, m the IRS	nnection w bution rec and Part that it is a	vith its suppo quirement and V.	l an attentiv	()		
f	Ente	r the number o	of supported c	organizations								
g				about the supporte		(iv) Is the orga	nization listed	(.)	6	() Ann		
	()	Name of suppo organization		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see in	-	(vi) Amount of other support (see instructions)		
		<u> </u>			above (see instructions))	Yes	No		/			
Tota												

A (Form 990) 2021	FKA	MANOA	VA
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Schedule / Part II

ALLEY CULTURAL HERITAGE FOUND 99-0329524 Page 2 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	805,683.	934,138.	1181798.	686,004.	719,458.	4327081.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3	805,683.	934,138.	1181798.	686,004.	719,458.	4327081.
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)						1131852.
	Public support. Subtract line 5 from line 4.						3195229.
Sec	ction B. Total Support				[
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	805,683.	934,138.	1181798.	686,004.	719,458.	4327081.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	213.	320.	2,839.	419.	800.	4,591.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						4331672.
	Gross receipts from related activities,	•	,			12	104,062.
13	First 5 years. If the Form 990 is for the	-	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi						
	Public support percentage for 2021 (I		•			14	73.76 %
	Public support percentage from 2020					15	80.05 %
16a	33 1/3% support test - 2021. If the o				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the o				line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •	-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th						. —
	organization meets the facts-and-circu		•		• •		
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2021

MANOA	HERITAGE	CENTER
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Sch	edule A (Form 990) 2021 F	KA MANOA	VALLEY CU	LTURAL HE	RITAGE FOU	JND 99-032	9524 Page 3
Ра	rt III Support Schedule for C	-					
	(Complete only if you checked			organization failed	to qualify under P	art II. If the organiz	ation fails to
800	qualify under the tests listed b	elow, please comp	olete Part II.)				
		() 0017	(1) 0010	() 0040	(1) 0000	() 0004	(0) T + +
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
4	ization's benefit and either paid to						
	or expended on its hehalf						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disgualified 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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support	I	•	1	1	1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale 9	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale 9	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale 9 10a	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties,	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale 9 10a	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale 9 10a	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale 9 10a b	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale 9 10a b	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale 9 10a b 11	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale 9 10a b 11 12	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale 9 10a t 10a 10a 11 12 13	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
Cale 9 10a t 10a 10a 11 12 13	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax y	/ear as a section 5	01(c)(3) organizatic	Dn,
Cale 9 10 <i>a</i> 10 <i>a</i> 11 12 13 14	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th check this box and stop here	ne organization's fi	rst, second, third,	fourth, or fifth tax y	/ear as a section 5	01(c)(3) organizatic	Dn,
Cale 9 10 <i>a</i> 10 <i>a</i> 10 <i>a</i> 10 <i>a</i> 10 <i>a</i> 11 12 13 14 Sec	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th check this box and stop here	ne organization's fi	irst, second, third,	fourth, or fifth tax y	year as a section 5	501(c)(3) organizatic	>n,
Cale 9 10 <i>a</i> 10 <i>a</i> 10 <i>a</i> 10 <i>a</i> 10 <i>a</i> 11 12 13 14 14 <u>Sec</u> 15	ndar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th check this box and stop here stion C. Computation of Public	ne organization's fi c Support Pei ine 8, column (f), c	irst, second, third,	fourth, or fifth tax y	year as a section 5	601(c)(3) organizatio	on, %
Cale 9 10 <i>a</i> 10 <i>a</i> 10 <i>a</i> 10 <i>a</i> 10 <i>a</i> 11 12 13 14 14 Sec 15 16	ndar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th check this box and stop here stion C. Computation of Public Public support percentage for 2021 (I Public support percentage from 2020	ne organization's fi c Support Per ine 8, column (f), c Schedule A, Part	rst, second, third, rcentage livided by line 13, III, line 15	fourth, or fifth tax y	year as a section 5	501(c)(3) organizatic	>n,
Cale 9 10 <i>a</i> 10 <i>a</i> 10 <i>a</i> 10 <i>a</i> 11 12 13 14 15 16 Sec Sec	ndar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th check this box and stop here ction C. Computation of Public Public support percentage for 2021 (I Public support percentage from 2020 ction D. Computation of Invest	ne organization's fi c Support Per ine 8, column (f), c Schedule A, Part stment Income	irst, second, third, rcentage divided by line 13, III, line 15 e Percentage	fourth, or fifth tax y	year as a section 5	501(c)(3) organizatic	on,
Cale 9 10a 10a 10a 10a 10a 11 11 12 13 14 12 13 14 15 16 6 17	ndar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th check this box and stop here stion C. Computation of Public Public support percentage for 2021 (I Public support percentage for 2020 stion D. Computation of Invess	ne organization's fi c Support Per ine 8, column (f), c Schedule A, Part stment Income 21 (line 10c, colum	rst, second, third, rcentage livided by line 13, III, line 15 Percentage mn (f), divided by I	fourth, or fifth tax y	/ear as a section 5	501(c)(3) organizatic	on,
Cale 9 102 102 102 102 102 102 11 12 13 14 12 13 14 15 16 Sec 17 18	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th check this box and stop here stion C. Computation of Public Public support percentage from 2020 tion D. Computation of Invess Investment income percentage from 2020	ne organization's fi c Support Per ine 8, column (f), c Schedule A, Part stment Income 221 (line 10c, colu 2020 Schedule A,	irst, second, third, rcentage divided by line 13, III, line 15 e Percentage mn (f), divided by I Part III, line 17	fourth, or fifth tax y column (f))	year as a section 5	15 16 17 18	on,
Cale 9 102 102 102 102 102 102 11 12 13 14 12 13 14 15 16 Sec 17 18	ndar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th check this box and stop here stion C. Computation of Public Public support percentage from 2020 toton D. Computation of Invess Investment income percentage from 2021 10 stiment income percentage from 2021 33 1/3% support tests - 2021. If the	ne organization's fi c Support Per ine 8, column (f), c Schedule A, Part tment Income 2020 Schedule A, organization did r	irst, second, third, rcentage divided by line 13, III, line 15 e Percentage mn (f), divided by l Part III, line 17 not check the box	fourth, or fifth tax y column (f)) ine 13, column (f)) on line 14, and line	year as a section 5	501(c)(3) organization 15 16 17 18 33 1/3%, and line 17	on,
Cale 9 10 <i>a</i> 10 <i>a</i> 10 <i>a</i> 10 <i>a</i> 11 12 13 14 12 13 14 15 16 Sec 17 18 19 <i>a</i>	ndar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th check this box and stop here stion C. Computation of Public Public support percentage for 2021 (I Public support tests - 2021. If the more than 33 1/3%, check this box ar	ne organization's fi c Support Per ine 8, column (f), c Schedule A, Part stment Income 2020 Schedule A, organization did r nd stop here. The	irst, second, third, irst, second, third, ivided by line 13, III, line 15 Percentage mn (f), divided by I Part III, line 17 not check the box organization qual	fourth, or fifth tax y column (f)) ine 13, column (f)) on line 14, and line fies as a publicly s	year as a section 5	501(c)(3) organization 15 16 17 18 13 1/3%, and line 17 ation	on,
Cale 9 10 <i>a</i> 10 <i>a</i> 10 <i>a</i> 10 <i>a</i> 11 12 13 14 12 13 14 15 16 Sec 17 18 19 <i>a</i>	ndar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th check this box and stop here stion C. Computation of Public Public support percentage from 2020 toton D. Computation of Invess Investment income percentage from 2021 10 stiment income percentage from 2021 33 1/3% support tests - 2021. If the	ne organization's fi c Support Per ine 8, column (f), column schedule A, Part stment Income 2020 Schedule A, organization did r nd stop here. The organization did r	rst, second, third, rcentage livided by line 13, III, line 15 Percentage mn (f), divided by I Part III, line 17 not check the box organization qual not check a box or	fourth, or fifth tax y fourth, or fifth tax y column (f)) ine 13, column (f)) on line 14, and line ifies as a publicly s h line 14 or line 19a	year as a section 5 year a	15 16 17 18 3 1/3%, and line 17 ttion ore than 33 1/3%, a	on,

		-	-		• • •	
20 Private foundation.	If the organization did	not check a box on lin	e 14 19a or 19	b check this box	x and see instructions	
Le l'Intate l'editaditem	in the erganization and		10 1 1; 100; 01 10			
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Schedule A (Form 990) 2021

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Part IV Supporting Organizations

Schedule A (Form 990) 2021

(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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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га	ונוע	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
с	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	more	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? <i>If "No." describe in</i> Part VI how the supported organization(s)			

	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, 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.
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
	Part VI how providing such hanofit corried out the purposes of the supported ergenization(a) that experted

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

Supervised		the supporting or	ganization.
Section C. T	ype II Supp	orting Organi	zations

 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
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Section D	. All Type III Supporting Organizations	
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Schedule A (Form 990) 2021

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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		

Section 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 instructions)
•		linal line organization used	to satisfy the integral Fart	rest during the year	1300 1130 000

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions).
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17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a 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 **Part VI.**

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* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

Yes No

1

2

Schedule A (Form 990) 2021

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	dule A (Form 990) 2021 FKA MANOA VALLEY CULTUR			9-0329524 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	1
Sect	on 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	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on 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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	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	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

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	on D - Distributions		leonand	<u>, , , , , , , , , , , , , , , , , , , </u>	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	0		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
<u> i</u>	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

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<u>chedule A (</u>	(Form 990) 2021							TURA									Page
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I Section D, lines 5, 6, and 8	, 2, 3b, 3 lines 2 aı	c, 4b, 4 nd 3; Pa	ic, 5a art IV,	, 6, 9a, 9 Sectior	9b, 9c 1 E, lir	, 11a, 1 nes 1c,∶	1b, and 2a, 2b, 3	11c; a, an	Part IV, d 3b; P	Sectior art V, lir	n B, line: ne 1; Par	s1a tV,\$	nd 2; I Sectio	Part IV, n B, line	Section e 1e; Pa	C, rt V,
	(See instructions.)																
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Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

202⁻

Employer identification number

FKA MANOA VALLEY CULTURAL HERITAGE FOUND 9

Schedule	B
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(Form	990)
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Department of the Treasury Internal Revenue Service

Name of	of the	organiza	tion

Organization type (check or	rganization type (check one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 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.

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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), 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 totaling \$5,000 or more during the year

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

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

Schedule B (Form 990) (2021)



MANOA HERITAGE CENTER FKA MANOA VALLEY CULTURAL HERITAGE FOUND			99-0329524
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
1		\$40,4	40. Person X At 0 . Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
2		\$50,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
3		\$35,7	66. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
4		\$15,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) s Type of contribution
5		\$20,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
6_		\$25,0	Person X Payroll

Schedule B (Form 990) (2021)

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Page **2**

Schedule B (Form 990) (2021)	
Name of organization	

Employer identification number

	HERITAGE CENTER ANOA VALLEY CULTURAL HERITAGE FOUND		99-0329524
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
7		\$100,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
8_		\$88,8	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
9		\$100,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
<u> 10</u>		\$25,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021) Name of organization

Employer identification number

Part I Image: Constructions of the second secon			Employer identification number
Part III Noncash Property (see instructions), Use duplicate copies of Part II if additional space is needed. (a) No. Part I (b) Description of noncesh property given (c) FMV (or estimate) (See instructions.) (d) Date receiv (a) No. from Part I (b) Description of noncesh property given FMV (or estimate) (See instructions.) (d) Date receiv (a) No. from Part I (b) Description of noncesh property given FMV (or estimate) (See instructions.) (d) Date receiv (a) No. from Part I (b) Description of noncesh property given FMV (or estimate) (See instructions.) Date receiv (a) No. No. from Part I (c) FMV (or estimate) (See instructions.) (d) Date receiv			99-0329524
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(a) (c) (d) No. (b) FMV (or estimate) (d) from Description of noncash property given (See instructions.) Date receive	No. from	FMV (or estimate	²⁾ Data received
No. (b) (c) (d) from Description of noncash property given (See instructions.) Date receive		\$	
	No. from	FMV (or estimate	²⁾ Data received
\$			

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Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

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Schedule I	B (Form 990) (2021)			Page 4				
	organization			Employer identification number				
	HERITAGE CENTER							
	ANOA VALLEY CULTURAL HE			99-0329524				
Part III	from any one contributor. Complete columns (a) through (a) and the following line a	ntry For organizations					
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 o	r less for the year. (Enter this info. o	once.) \$				
(a) No.	Use duplicate copies of Part III if additional	space is needed.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
Farti								
		(e) Transfer of gi	ift					
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
-								
	(e) Transfer of gift							
	Transferee's name, address, a	and $7IP \pm 4$	Relationship of tr	ansferor to transferee				
(a) No. from	(b) Purpose of gift (c) Use of g		f gift (d) Description of how gif					
Part I	()	(0) 000 01 g	(4) 2 3					
		(e) Transfer of gi	ift					
		., -						
	Transferee's name, address, a	ind ZIP + 4	Relationship of tr	ansferor to transferee				
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
	(e) Transfer of gift							
		/						
ŀ	Transferee's name, address, a	Ind ZIP + 4	Relationship of tr	ansferor to transferee				
	·	[
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SC	HEDULE D	Supplementa	al Financial Statements	OMB No. 1545-0047		
(Forr	n 990)		anization answered "Yes" on Form 990,	2021		
Depart	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.					
Interna	ernal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					
Nam	e of the organizati			Employer identification number 99-0329524		
Pa	t I Organiza		ULTURAL HERITAGE FOUND d Funds or Other Similar Funds or /			
1 ai		n answered "Yes" on Form 990, Part IV, lin		Complete in the		
			(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at er	nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5			writing that the assets held in donor advised fu	unds		
	are the organizatio	on's property, subject to the organization's	exclusive legal control?			
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	d only		
	for charitable purp		r donor advisor, or for any other purpose confe	·		
De	impermissible priv	ate benefit?		Yes No		
Pa			ganization answered "Yes" on Form 990, Part	IV, line 7.		
1		servation easements held by the organization				
		of land for public use (for example, recrea		storically important land area		
		f natural habitat	Preservation of a ce	ertified historic structure		
•		of open space	ind concernation contribution in the form of a	concernation accoment on the last		
2	day of the tax year	5 1	ied conservation contribution in the form of a	Held at the End of the Tax Year		
а						
a b						
c	•		ucture included in (a)			
d			after 7/25/06, and not on a historic structure			
				2d		
3			eased, extinguished, or terminated by the orga			
	year 🕨			-		
4	Number of states	where property subject to conservation eas	sement is located			
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of			
	violations, and enf	orcement of the conservation easements it	holds?			
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	tion easements during the year		
	▶					
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year		
	►\$					
8			e satisfy the requirements of section 170(h)(4)			
-						
9		•	on easements in its revenue and expense state			
			ote to the organization's financial statements	that describes the		
Pa	rt III Organization's acc	ounting for conservation easements.	Art, Historical Treasures, or Other	Similar Assets.		
		f the organization answered "Yes" on Form				
1a			8, not to report in its revenue statement and b	alance sheet works		
Ĩ	U U		blic exhibition, education, or research in further			
		· · · · ·	ncial statements that describes these items.			
b			8, to report in its revenue statement and balan	nce sheet works of		
	-		exhibition, education, or research in furtheran			
	provide the followi	ng amounts relating to these items:				
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1		► \$		
2						
	-	unts required to be reported under FASB A	-			
		eduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2021		
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2021.05000 MANOA HERITAGE CENTER FKA EEGCOGN1

	MANOA H	ERITAGE CE	NTER							
		OA VALLEY								Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Similar /	Assets	(contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that	make sig	nificant us	e of its		
	collection items (check all that apply):									
а	Public exhibition	c	1 🛄 L	oan or exc	hange progra	am				
b	Scholarly research	e	• 🗌 (Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how the	ey further th	ie organizatic	n's exem	pt purpose	in Part	XIII.	
5	During the year, did the organization solicit of	or receive donations of	of art, his	torical treas	sures, or othe	er similar a	issets		-	
	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered '	'Yes" on F	⁻ orm 990, I	Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod								7	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	ıble:					A	
									Amount	
	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance								7.4	
	Did the organization include an amount on F						y?	L	Yes	No
Par	If "Yes," explain the arrangement in Part XIII. TV Endowment Funds. Complete						<u></u>			
1 4		(a) Current year		rior year	(c) Two year		d) Three yea	are hack	(a) Four	veare hack
4.0	Designing of year balance	(a) Ourrent year		ioi yeai		S DACK ((e) i oui	years back
1a ⊾	Beginning of year balance									
D	Contributions									
C L	Net investment earnings, gains, and losses									
a	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance			h (-))					
2	Provide the estimated percentage of the curr	•		, column (a)) held as:					
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с		<u>%</u>								
0-	The percentages on lines 2a, 2b, and 2c sho	-								
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	are neid ar	id administer	ea for the	organizati	on	Г	Yes No
	by:									
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
D	If "Yes" on line 3a(ii), are the related organiza								3b	
4 Par	t VI Land, Buildings, and Equipm		wment fu	inas.						
1 41	Complete if the organization answere) Part IV	line 11a S	ee Form 990	Part X li	ne 10			
	Description of property	(a) Cost or c			or other		cumulated		(d) Book	
	Description of property	basis (investr		.,	(other)	. ,	reciation		(u) BOOM	value
19	Land		,		、 ··/					
	Buildings			3.71	4,733.	3	45,22	1.	3.369	,512.
	Leasehold improvements			-,	_,		,		-,	,
	Equipment				3,635.		2,95	5.		680.
	Other				0,511.		60,36			142.
	I. Add lines 1a through 1e. (Column (d) must e		X colum						3,370),334.
1010	in , laa in loo ra throagh ro. (Column (a) must e	iqual Form 990, Part		<u>а (р. ште т</u>					-,	/

Schedule D (Form 990) 2021

FKA MANOA VALLEY CULTURAL HERITAGE FOUND 99-0329524 Page 3 Schedule D (Form 990) 2021 Part VII Investments - Other Securities.

Complete if the organization answered "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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)		

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 2	25.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. 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

Schedule D (Form 990) 2021

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	MANOA HERITAGE CENTER			
Sche	edule D (Form 990) 2021 FKA MANOA VALLEY CULTURA	AL HERITAGE FO	OUND 99-0329524	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ements With Revenu	le per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
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.)	4b		
с	Add lines 4a and 4b			
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expen	ises per Return.	
	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12,</i>) rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line	tements With Expen	ses per Return.	
	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line	tements With Expen	ses per Return.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line	tements With Expen e 12a.	ses per Return.	
Par 1	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	e 12a.	ses per Return.	
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	tements With Expen	ses per Return.	
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	tements With Expen a 12a. 2a	ses per Return.	
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	tements With Expen a 12a. 2a 2b 2c	ses per Return.	
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	1	
Par 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	1 2e 2e	
Par 1 2 a b c d e	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other work a through 2d	2a 2b 2c 2d	1 2e 2e	
Par 1 2 a b c d e 3	TXII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	1 2e 2e	
Pa 1 2 a b c d 3 4	TXII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	1 2e 2e	
Par 1 2 a b c d e 3 4 a b	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	1 1 2e 3	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

U.S. GAAP REQUIRES UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE
CONSOLIDATED FINANCIAL STATEMENTS IF THEY ARE MORE LIKELY THAN NOT TO FAIL
UPON REGULATORY EXAMINATION. MANAGEMENT HAS EVALUATED THE TAX POSITIONS OF
THE CENTER AND FOUNDATION AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2021
AND 2020 AND DETERMINED THAT THEY HAD NO UNCERTAIN TAX POSITIONS REQUIRED
TO BE REPORTED IN ACCORDANCE WITH U.S. GAAP. THE CENTER AND FOUNDATION ARE
SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE
CURRENTLY NO AUDITS IN PROGRESS FOR ANY OPEN TAX PERIODS.

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	MANOA HERITAGE CENTER									
Schedule D (Form 990) 2021				CULTURAL	HERITAGE	FOUND	99-0329524	Page 5		
Part XIII Supplemental Inform	nation	(continued)								

Schedule D (Form 990) 2021

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SCHEDULE G	Suppleme	ties	OMB No. 1545-0047							
(Form 990)	or if the	2021								
Department of the Treasury			Open to Public							
Internal Revenue Service	► Go		Inspection entification number							
Name of the organization	me of the organization MANOA HERITAGE CENTER Employe FKA MANOA VALLEY CULTURAL HERITAGE FOUND 99-03									
	ing Activities complete this par	 Complete if the organization answ t. 	/ered "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-E2	Z filers are not		
 Indicate whether the a X Mail solicitat X Internet and C Phone solicitat A In-person so 2 a Did the organization key employees list 	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, P highest paid indir	e X Solicit g Solicit g Solicit g Solicit g Solicit g Special or oral agreement with any individual part VII) or entity in connection with viduals or entities (fundraisers) purs	ation of ation of al fundra al (incluc professi	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Ye			
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have ci or con contribu	aiser ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization		
CREATIVE FUND RAIS		CAPITAL AND ENDOWMENT CAMPAIGN, OPERATING	Yes	No X	522,459.		50,262.	472,197.		
Total 3 List all states in whi or licensing. HI		on is registered or licensed to solicit	contrib	utions	522,459. or has been notified	it is e	50,262.	,		
		ice, see the Instructions for Form FOR CONTINUATIONS	990 or	990-E	Z.		Schedul	e G (Form 990) 2021		

132081 10-21-21

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MANOA HERITAGE CENTER FKA MANOA VALLEY CULTURAL HERITAGE FOUND 99-0329524 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro	oss income on Form 990	D-EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
-			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
6	5	Noncash prizes				
bense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ā	8	Entertainment				
	9	Other direct expenses				
	10		9 in column (d)		▶	
	11		ne 3, column (d)		►	
Pa	rt I		answered "Yes" on Forn	n 990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			│	Yes %	Yes%	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	_					
		ter the state(s) in which the organization condu the organization licensed to conduct gaming ac		statos?		Yes No
		No," explain:				
		····, ····				
		ere any of the organization's gaming licenses re 'Yes," explain:			/ear?	Yes No
		· · ·				
	_					
13208	32 10	0-21-21			Sche	dule G (Form 990) 2021

		MANOA HERITA					
-	edule G (Form 990) 2021		LLEY CULTURA				Page 3
	Does the organization conduct ga					Yes	No No
12	Is the organization a grantor, bene to administer charitable gaming?					Yes	No
13	Indicate the percentage of gaming						
	The organization's facility					13a	%
k	An outside facility					13b	%
14	Enter the name and address of the	e person who prepares the	ne organization's gaminç	/special events books	s and records:		
	Name 🕨						
	Address 🕨						
15a	Does the organization have a cont	ract with a third party fro	m whom the organizatio	on receives gaming re	venue?	Yes	No No
k	If "Yes," enter the amount of gami	ng revenue received by t	he organization 🕨 💲	á	and the amount		
	of gaming revenue retained by the	third party ►\$					
c	If "Yes," enter name and address	of the third party:					
	Name ►						
	Address 🕨						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	▶ \$	_				
	Description of services provided	▶					
	Director/officer	Employee	Independent c	ontractor			
17	Mandatory distributions:						
a	Is the organization required under	state law to make charita	able distributions from the	ne gaming proceeds t	0		
						Yes	└── No
Ľ	 Enter the amount of distributions r organization's own exempt activiti 			r exempt organizatior	is or spent in the		
Pa	rt IV Supplemental Inform			Part I, line 2b, columns	s (iii) and (v); and Pa	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as						
~ ~							
<u>sc</u>	HEDULE G, PART I,	LINE 2B, LIS	T OF TEN HIG	HEST PAID F	UNDRAISERS	5:	
(I) NAME OF FUNDRAIS	SER: CREATIVE	FUND RAISIN	G ASSOCIATE	S, INC.		
(I) ADDRESS OF FUNDF	AISER: 98-89	1 KUHAO PLAC	E, AIEA, HI	96701-27	75	
/т		יאד איים האים איי					
<u>(</u>]	I) ACTIVITY: CAPIT		MANI CAMPAIG	N, UPERAIIN	G BUFFURI		
<u>SC</u>	HEDULE G, PART I,	LINE 3:					
	E ORGANIZATION IS	REGISTERED W	ITH THE HAWA	II ATTORNEY	GENERAL'S	5	
	FICE.				Osk - J		000) 0001
1320	83 10-21-21		22		Sched	ule G (Form	ອອບ) 2021

MANOA HERITAGE CENTER								
Schedule G (Form 990)	FKA	MANOA	VALLEY	CULTURAL	HERITAGE	FOUND	99-0329524	Page 4
Part IV Supplemental Inform	nation	(continued))					

Schedule G (Form 990)

132084 11-18-21

14111115 139010 EEGC0GN7.DAT

SCHEDULE I (Form 990) Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Department of the Treasury Internal Revenue Service Attach to Form 990. Name of the organization MANOA HERITAGE CENTER FKA MANOA VALLEY CULTURAL HERITAGE FOUND Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. X Part I Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
KUALI'I FOUNDATION 2856 OAHU AVENUE HONOLULU, HI 96822	99-0329344	501(C)(3)	217,570.	0.			TO SUPPORT PURPOSES & FUNCTIONS OF MANOA HERITAGE CENTER.			
 2 Enter total number of section 501(c)(3) 3 Enter total number of other organization 			l le line 1 table							

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

FKA MANOA VALLEY CULTURAL HERITAGE FOUND

99-0329524

Page 2

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) 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 noncash assistance

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

PART I, LINE 2:

Schedule I (Form 990) 2021

REVIEW OF ACCOUNTING RECORDS UPON REQUEST.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Copen to Public Inspection Employer identification number

OMB No. 1545-0047

FKA MANOA VALLEY CULTURAL HERITAGE FOUND 99-0329524

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MANOA HERITAGE CENTER

CULTURAL AND NATURAL HERITAGE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HOME AND COLLECTIONS.

FORM 990, PART VI, SECTION A, LINE 2:

MARY M. COOKE, CATHERINE L. COOKE AND JULIETTE COOKE HAVE A FAMILY

RELATIONSHIP.

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

FORM 990 WAS CIRCULATED TO THE BOARD OF DIRECTORS AND REVIEWED BY AN

OFFICER.

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

EACH DIRECTOR, PRINCIPAL OFFICER, AND MEMBER OF A COMMITTEE WITH GOVERNING

BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH

PERSON:

A. HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY,

B. HAS READ AND UNDERSTANDS THE POLICY,

C. HAS AGREED TO COMPLY WITH THE POLICY, AND

D. UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS

FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH

ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

FORM 990, PART VI, SECTION B, LINE 15A:

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

Schedule O (Form 990) 2021	Page 2
Name of the organization MANOA HERITAGE CENTER FKA MANOA VALLEY CULTURAL HERITAGE FOUND	Employer identification number $99 - 0329524$
THE HIRING COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND	APPROVES THE
EXECUTIVE DIRECTOR'S COMPENSATION. THE HIRING COMMITTEE CO	NSULTS
INDEPENDENT PERSONS, REVIEWS COMPARITABILITY DATA, AND SUB	STANTIATES THE
DECISION AND DECISION-MAKING PROCESS. COMPARABLE DATA USED	INCLUDE SALARIES
OF EXECUTIVE DIRECTORS FOR NON-PROFITS OF SIMILAR SIZE AND	SCOPE. THIS
PROCESS IS DOCUMENTED IN THE BOARD MINUTES, AND WAS LAST U	NDERTAKEN IN
2016.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	PON A WRITTEN
REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OUTSIDE SERVICE:	
PROGRAM SERVICE EXPENSES	78,495.
MANAGEMENT AND GENERAL EXPENSES	12,515.
FUNDRAISING EXPENSES	9,022.
TOTAL EXPENSES	100,032.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	100,032.

132212 11-11-21

SCHEDULE R (Form 990) Department of the Tree Internal Revenue Servi	asurv	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.											
Name of the org							dentification n 329524	umber					
Part I Ident	ification of Disregarded Entities. Com	nplete if the organization answered "Yes"	on Form 990, Part IV, line 3	3.									
Name	(a) e, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	(e) me End-of-year	assets [(f) Direct controllin entity	ng					
	ification of Related Tax-Exempt Organizations during the tax year.	nizations. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34, k	pecause it had one	or more related t	ax-exempt						
	(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 contro entity	olling _{con}	(g) 512(b)(13) htrolled htity?					
KUALI'I FOUN 2859 MANOA RO HONOLULU, HI		SUPPORTING ORGANIZATION TO	HAWAII	501(C)(3)		MANOA HERITAG CENTER		x					
For Paperwork	Reduction Act Notice, see the Instruc	tions for Form 990.				Sched	dule R (Form 9	90) 2021					

132161 11-17-21 LHA

MANOA HERITAGE CENTER Schedule R (Form 990) 2021 FKA MANOA VALLEY CULTURAL HERITAGE FOUND

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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.

	1 3	,									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	1)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	amount in box 20 of Schedule	partner	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	o
											+

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	(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	Sec 512(t contr ent	i) :tion ɔ)(13) rolled ity?
		country)				400010		Yes	No

Schedule R (Form 990) 2021 FKA MANOA VALLEY CULTURAL HERITAGE FOUND

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

Net	er Oennelede line 1 if env entite is listed in Deute II. III. en IV of this enhadule		Yes	No
	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		res	NO
	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			37
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b	X	<u> </u>
с	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
(3)			
(4)			
(5)			
(6)			0.1

MANOA HERITAGE CENTER Schedule R (Form 990) 2021 FKA MANOA VALLEY CULTURAL HERITAGE FOUND

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	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org	(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior allocat Yes	opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

Schedule R (Form 990) 2021

Schedule R	(Form 990)	2021

Part VII | Supplemental Information

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

Schedule R (Form 990) 2021

132165 11-17-21