Department of the Treasury Internal Revenue Service			Return of Organization Exempt Fron	n Ind	come Tax	⊢	OMB No. 1545-0047
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		ns)	2020	
			Do not enter social security numbers on this form as it m	· · ·			
			Go to www.irs.gov/Form990 for instructions and the la	-	•	_	Open to Public Inspection
					P 30, 2021		
	Check if		organization	-	D Employer identifi	catio	n number
_	applicable:	• • • • • • • •					
	Address change	MANO	MET, INC.				
	Name change		isiness as		22-30513	62	
	Initial	J	and street (or P.O. box if mail is not delivered to street address) Room/s	/suite E	Telephone numbe		
	Final return/		BOX 1770		508-224-		21
	termin- ated		own, state or province, country, and ZIP or foreign postal code	C	Gross receipts \$		4,637,554.
	Amendeo return		MET, MA 02345	ŀ	H(a) Is this a group re	eturn	
	Applica-	F Name ar	nd address of principal officer: ELIZABETH SCHUELER		for subordinates		Yes X No
	pending		AS C ABOVE	F	(b) Are all subordinates ir	ncludec	Yes No
1	Tax-exem	npt status: 🗌	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	527	If "No," attach a		
J	Website:	• WWW •]	MANOMET.ORG	ŀ	H(c) Group exemptio	n nur	mber 🕨
ĸ	Form <u>o</u> f or	rganization: 🗌	X Corporation Trust Association Other ► L	Year of	formation: 1989	v Stat	te of legal domicile: MA
P		Summary					
	1 Br	riefly describ	e the organization's mission or most significant activities: MANOMET	USE	S SCIENCE A	AND	
nce	<u> </u>	OLLABO	RATION TO IMPROVE THE HEALTH OF FLYWAY	YS,	COASTAL EC	OSI	(STEMS,
rna	2 CI	heck this bo	$\kappa ightarrow \begin{tabular}{ll} \hline \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	more th	an 25% of its net as	sets.	
ove	3 N	umber of vot	ing members of the governing body (Part VI, line 1a)				19
Ō	4 N		ependent voting members of the governing body (Part VI, line 1b)				19
es 6	5 To		of individuals employed in calendar year 2020 (Part V, line 2a)				42
viti	6 To		of volunteers (estimate if necessary)				75
Activities & Governance	7 a To		I business revenue from Part VIII, column (C), line 12				0.
_	b N	et unrelated	business taxable income from Form 990-T, Part I, line 11		7b		0.
					Prior Year		Current Year
e	8 C		and grants (Part VIII, line 1h)		<u>3,978,567.</u>		4,237,748.
evenue	9 Pr	0	ce revenue (Part VIII, line 2g)		786.		0.
Rev			ome (Part VIII, column (A), lines 3, 4, and 7d)		501,475.		399,806.
	11 0		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,439.		
			add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,483,267.		4,637,554.
			nilar amounts paid (Part IX, column (A), lines 1-3)		0.		0.
		•	o or for members (Part IX, column (A), line 4)		0.		0.
ses			compensation, employee benefits (Part IX, column (A), lines 5-10)		3,032,405.		2,898,222.
Expense	16a Pr		Indraising fees (Part IX, column (A), line 11e)		0.		34,652.
X	b lo		ng expenses (Part IX, column (D), line 25) 239,136.		1 774 500		1 055 600
	1	-	s (Part IX, column (A), lines 11a-11d, 11f-24e)		$\frac{1,774,509}{4,806,914}$		1,855,688.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>4,806,914.</u> -323,647.		<u>4,788,562.</u> -151,008.
	19 Re	evenue less e	expenses. Subtract line 18 from line 12	Deala			
Net Assets or		atal coacte /	lart V line 16)	Begir	ning of Current Year 9 , 230 , 503 .	-	End of Year 32,779,494.
Asse	τα 20 Τα		lart X, line 16)		473,335.	<u> </u>	476,460.
Vet /	21 To		(Part X, line 26) und balances. Subtract line 21 from line 20	2	8,757,168.	-	32,303,034.
		Signature			5,151,100.	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>
		-	declare that I have examined this return, including accompanying schedules and sta	tatement	s and to the best of m	/ know	vledge and helief it is
			Declaration of preparer (other than officer) is based on all information of which prep				noago ana sonoi, it is
	.,			-pui 01 114			

Sign Here	Signature of officer ELIZABETH SCHUELER, PI	Date	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	BRENDA L. BOOTH	Gruda X. Coath	08/08/22 ^{if} self-employed P01342395
Preparer	Firm's name CBIZ MHM, LLC		Firm's EIN ▶ 26-3753134
Use Only	Firm's address 500 BOYLSTON ST	REET	
	BOSTON, MA 0211	6	Phone no.617-761-0600
May the I	RS discuss this return with the preparer shown at	oove? See instructions	X Yes No
032001 12-2	23-20 LHA For Paperwork Reduction Act No	tice, see the separate instructions.	Form 990 (2020)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	m 990 (2020) MANOMET, INC. art III Statement of Program Service Accomplishments	22-305	1362	Page 2
Ра				77
	Check if Schedule O contains a response or note to any line in this Part III			Χ
1	Briefly describe the organization's mission:			
	MANOMET USES SCIENCE AND COLLABORATION TO IMPROVE THE H			
	FLYWAYS, COASTAL ECOSYSTEMS, AND WORKING LANDS AND SEAS	•		
2	Did the exception undertake any eignificant preamon can lose during the year which were not listed on the			
2	Did the organization undertake any significant program services during the year which were not listed on the		Vee	XNo
	prior Form 990 or 990-EZ?		L res	
2	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services	<u>.</u>	Vee	XNo
3		Sf		
4	If "Yes," describe these changes on Schedule O.	as massived by		
4	Describe the organization's program service accomplishments for each of its three largest program services, a			1
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ners, the total ex	cpenses, ar	10
	revenue, if any, for each program service reported.			0
4a	a (Code:) (Expenses \$ 858,440. including grants of \$) (Rev FLYWAYS - SAFEGUARDING THE HEALTH OF BIRDS SEE SCHED			0.
	FLIWAIS - SAFEGUARDING THE HEALTH OF BIRDS SEE SCHED	JULE U.		
4b	O (Code:) (Expenses \$ 700,857. including grants of \$) (Rec	venue \$		0.
	RESILIENT HABITATS - MENDING NATURE TO BENEFIT WILDLIFE	AND HUM	AN	
	COMMUNITIES SEE SCHEDULE O.			
	710 701			0
4c		venue \$		0.
	EDUCATION AND OUTREACH - EMPOWERING THE NEXT GENERATION	I SEE	SCHED	ULE
	0.			
4d	Other program services (Describe on Schedule Q.)			
4d				
	(Expenses \$ 605,664 · including grants of \$) (Revenue \$)	
4d 4e	(Expenses \$ 605,664. including grants of \$) (Revenue \$)	90 (2020

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2 2020.06000 MANOMET, INC.

	<u>990 (2020)</u> MANOMET, INC. 22-3051	.362	Р	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
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		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
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	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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		X
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	17	Х	
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
032003	3 12-23-20	Form	990	(2020)

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Form	990	(2020)
1 01111	000	(2020)

Part R, Count NJ, Ine 27 Prive: "complete Schedule / Part I and III Yes No 22 Did the organization report more than \$5,000 of grants on other assistance to or for domestic individuats on Part X, clones, discretes, traines, we prohibes, and highest comparisation on the organization is current and form: offices, directes, traines, we prohibest, and highest comparisation directes of Prives." complete Schedule / A Contense, we prohibest, and highest comparisation directes of Prives." complete Schedule / Prives." C	Form	990 (2020) MANOMET, INC. 22-3051	362	Р	age 4
22 Did the organization spect more than \$3:000 of grants or other assistance to or domestic individuals on Part X, collardia <i>Karabia</i> (<i>k</i>). Fard <i>i</i> and <i>M</i> . 22 X 23 Did the organization answer. Yes' to Part VII. Section A, line 3.4, or 3 about compensation of the organization's current and former offens, directors, trustees, key employees, and highest compensated employees? If 'Yes, 'complete Schedule / H' Yes, 'to part at visual state of the organization market in a solution base, and highest compensated employees? If 'Yes, 'complete Schedule / H' Yes, 'to part at visual state of the organization market in a solution base, and highest compensate and more than \$100,000 as of the state of the organization market in a socure of the transmost in State (State) and complete Schedule / H' Yes, 'to part at visual solution base in the state of the organization and the transaction has a top of the organization. Schedule and the organization and the state of the organization and the transaction has not been reported on any of the expanziton. With a disqualified person than 'to B' 's 's'', 'complete Schedule L, Part I 28a 25a Section SO(45), SO(45), 40(44), H', and SO(42), 200 ergenization a grant or of the assistant is activity or annot on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trusten, key employee, creator or former difficer, 'complete Schedule L, Part I 28b X 25b Did the organization and the thereof or anny interes of a ngrin cortheas assistant is and state (State). L, Part I 27b X 25b Did the organization approx approx of the assistants or there organization approx approx of the assistanto and there organization ap		continued)		Yes	No
Part IX, column (A), line 2? if "Yes," complete Schedule / Parts and W 22 X 23 Dot the organization answer" yets 'ne Part IV, Schedule J, Aris at Au or Stabul compensation of the organization scurned and former offices, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J. 23 X 24a Dd the organization have a tax exempt bond issue with an outbanding principal amount of more than \$100,000 as of the list day of the year in twest any proceeds of tax exempt bonds beyond a temporary period exception? 24a X 25b Debte Organization networks and other than a refutured genore with the outpath type of the organization markets and proceed at the December 31, 2002? If 'Yes,' complete Schedule I, Part I 24a X 25b Section 501(c)(3), 601(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit trunsaction with a disqualified person during the year II 'I'ves, 'complete Schedule I, Part I 25a X 25b Debt to organization negation an exported on any of the organization prior Forms 900 or 906.27J 'I 'Yes, 'complete Schedule I, Part I 25a X 25b Debt to organization provide a grant or of hard to year II' 'I ves, 'complete Schedule I, Part I 25b X 27b Debt eogenization provide a grant or of hard y weard or of part of these persons? I' 'Yes, 'complete Schedule I, Part I'' 25b X 27b Debt eogenization provide a grant or of hard year of theoloxing parites (sec Schedule I, Part I'' 25b <td>22</td> <td>Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on</td> <td></td> <td>103</td> <td></td>	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	
22 Det the organization asswer "Ver" to Park WI, Section A, Ims 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 V. 23 X 24 Det the organization have a tax exemption bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, int value sized dar December 31, 2002? If "Yes," answer lines 24 through 24 and complete Schedule K. If "No," to thin 25a 24a X 24 Det the organization matrix an encore account other than a refunding escore ut any time during the year'. 24a X 24a Det the organization and tax an 'on behalt of issuer for bonds outstanding at any time during the year'. 24a X 25 Section 60(16)(25, 60(16)(4), 60(16)(4), 60(16)(4), 60(16)(4), 74(17), 10(16), 10(16)(4), 60(16), 10(16)(4), 60(16), 10(16),		• • •	22		х
and former offices, directors, trustees, key employees, and highest componsated employees? If 'Yes, ' complete Schedule L, and the organization names an accevance brook 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,' to to line 25a 24a 24b 24b Did the organization names an accow account the than a refunding accows at any time during the year? 24d 25a Schedule K, If 'No,' to to line 25a 24d 25a Schedule K, If 'No,' to to line accows a any time during the year? 24d 25a Schedule K, If 'No,' to to line accows a any time during the year? 24d 25a Schedule K, If 'No,' to to line organization. Schedule A and Schedule C (24) organizations. Do the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction key and the organization prior Form 390 or 904.527 if 'Yes,' complete Schedule L, Part I 25a 25a Did the organization reports any amount on Part Y, 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 orthit, or family member of any of these person? If 'Yes,' complete Schedule L, Part I 26b 27 W to be organization provide a grant or there assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled orthity of an busines transaction with on of the folowing parties (see Schedule L, Part N <td>23</td> <td></td> <td></td> <td></td> <td></td>	23				
Schedule / 28 X 24a D dthe organization have a tax-exempt bond issue with an cutstanding principal amount of more than \$100,000 as of the statule 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 24b the organization invest any proceeds of tax exempt bonds beyond a temporary partod exceptor? 24a 24b the organization maintain an ecrow account ofher than a refunding score at any time during the year to detease any tax exempt bonds? 24d 25a Section 50(16(3), 501(6(4), and 501(c)(29) organizations. Due to organization engage in an excess benefit transaction with a disqualified person during the year? 24d 25a Section 50(16(3), 501(6(4), and 501(c)(29) organizations. Due to organization engage in an excess benefit transaction with a disqualified person during the year? I "Yes," complete Schedule L, Part I 28a 25b Dd the organization ave tart to the scare Schedin than exit subdiation spior forms 900 or 9902:7 If "Yes," complete Schedule L, Part I 28a 27 Dd the organization aver to than y of these person? If "Yes," complete Schedule L, Part I 28a 27 Dd the organization aver that the schedule schedule is a part selection committee member and any othese general? I "Yes," complete Schedule L, Part I 28a 28 A stress controlled entity of neme or anni with member of any of these person? If "Yes," complete Schedule L, Part I 28a 27 Dd the organization relative supplote, creatior of fundir, insubstantid an					
24a Did the organization have a tax-every thool issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December \$1, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24a X 2 bit the organization mixed any proceeds of tax-every thoods beyond a temporary peolod exception? 24a X 2 bit the organization mixed any proceeds of tax-every thoods beyond a temporary peolod exception? 24a X 2 bit the organization mixed any proceeds of tax-every to both solutistanding a tary time during the year to defease any tax-every toorts? 24d 24d 2 bit the organization avae that the engaged in an excess benefit transaction with a disqualified person in a prory year, and that the transaction may now to the organization avae that the engage in an excess benefit transaction with a disqualified person in a prory year, and that the transaction may amount on Part X. line 5 or 22, for receivables from or payables to any current or forme officing, director, trustee, key employee, creator or founder, substantial contributor, or 30% controlled entity of nump member of any of these persons?? If "Yes," complete Schedule L, Part II 26a X 2 bit the organization prove the end or anny of these persons? If "Yes," complete Schedule L, Part II 26a X 2 bit the organization prove the end organization and exceptions; a current of forme office, director, trustee, key employee, creator or founder, substantial contributor, or 30% controlled end with weight the end organization exells exells and the end organization exells exells an			23	х	
at day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 24a X b Dd the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b 24b c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d d Did the organization animatian an encrow account ofher than a refunding encrow at any time during the year to defease any tax-seempt bonds? 24d d Did the organization acts as n° on behal of "issuer for bonds outstanding at any time during the year? 24d 25a Section 50(16)(3), 501(4)(4), and 501(4)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25b 25 Did the organization export at its engaged in an excess benefit transaction with a disqualified person during the year? 25b 26 Did the consistion save task its engaged in an excess benefit transaction with a disqualified person during the year? 25b 27 Did the organization provide a grant or their assistance to any current or forms officer, director, trustee, key employee, creator or founder, substantial contributor, or 36% controlled entity or family member of any of these person? 1'Yes,' complete Schedule L, Part I 28 Was the organization apert to the assistance to any current or forme officer, director, trustee, key employee, creator or founder, or substantial contributor? 2 29 Did the organization apert to applicables conditions, and exceptions? 2 X 29 Did the orga	24a				
Schedule K. If 'We,'' got of an 25a 24a X b Did the organization musical an escense account other than a refunding escrow at any time during the year to defease any tax-emptibonds? 24d 24d c Did the organization musical an escrese barrefit transaction with a disqualified person turn gith year? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess barrefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction any to the organization prior Forms 900 or 900E27. If 'Yes,' complete Schedule L, Part I 25a X 27 Did the organization report any amount on Pat X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or 356% controlled entity from thy member of any of these persons? If 'Yes,' complete Schedule L, Part I 26 X 27 Did the organization reporties here() or family interbord or grants discinction commutes member, or to a 53% controlled entity from thy member of any of these persons? If 'Yes,' complete Schedule L, Part II 26 X 28 Was the organization reported in a grant or other assistance to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor? If 'Yes,' complete Schedule L, Part IV 26 X 29 Did the organization neavely assistance to any individual descrote in th					
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excesse benefit transaction with a disqualified person during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization factors that the anguad in an excesse benefit transaction with a disqualified person during the year? 24d 25a Did the organization aver that anguad in an excesse banefit transaction with a disqualified person during the year? 25a X. 25b Did the organization aver that it engaged in an excesse banefit transaction with a disqualified person or pay take exemptions to any of these persons? If "Yes," complete Schedule L, Part I 25a X. 27b Did the organization appet theredo or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X. 27b Did the organization appet to a business transaction with an outprive theredo in applicable filing thresholds, conditions, and exceptions): 27 X. 27b Did the organization receive contributes, and exceptions): a current of mome officer, director, trustes, key employee, creator of nounder, substantial contributor? If "Yes," complete Schedule L, Part II 28a X. 27b Did the			24a		Х
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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 35a Did the organization nave a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 36 X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 37 X 38 Did the organization complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 1a 45 b Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable 1a 1a 45 b Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable 1a 1a <td< td=""><td></td><td>Schedule N, Part II</td><td>32</td><td></td><td>X</td></td<>		Schedule N, Part II	32		X
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032004 12-23-20 Form 990 (2020)		(gambling) winnings to prize winners?			
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Form	990 (2020) MANOMET, INC. 22-30513	362	P	age 5						
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 42		х							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)									
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	b If "Yes," enter the name of the foreign country									
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v						
	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								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0		x						
L	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>						
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch.								
7	were not tax deductible?	6b		<u> </u>						
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	70		х						
		7a 7b								
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	75		<u> </u>						
U	to file Form 8282?	7c		x						
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	10								
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х						
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 organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>						
b	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.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		L						
	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									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	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			37						
	excess parachute payment(s) during the year?	15		X						
	If "Yes," see instructions and file Form 4720, Schedule N.			v						
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.		000	(0000)						

Form **990** (2020)

032005 12-23-20

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			_
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a19			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint one or		ĺ	
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	ĺ	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9	ĺ	x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(mis decidin b requests mormation about policies norrequired by the internal nevenue dode.)		Yes	No
10a	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 chapters, affiliates,			<u> </u>
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	ĺ	
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
		12a	х	
	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10.	v	
	in Schedule O how this was done	12c	X X	
13	Did the organization have a written whistleblower policy?	13	•	
	Did the organization have a written document retention and destruction policy?	14	Х	
	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent			
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	14	X	
15 a	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	14 15a	X X	
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15 a b	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	14 15a	X X	
15 a b	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	14 15a	X X	
15 a b 16a	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	14 15a	X X	x
15 a b 16a	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	14 15a 15b	X X	x
15 a b 16a	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	14 15a 15b	X X	x
15 a b 16a b	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	14 15a 15b	X X	x
b 16a b	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	14 15a 15b 16a	X X	x
15 a b 16a b	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	14 15a 15b 16a	X X	x
15 a b 16a b Sec 17	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure	14 15a 15b 16a 16b	X X X	
15 a b 16a b Sec 17	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶MA	14 15a 15b 16a 16b	X X X	
15 a b 16a b Sec 17	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶MA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.	14 15a 15b 16a 16b	X X X	
15 a b 16a b Sec 17 18	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? titon C. Disclosure List the states with which a copy of this Form 990 is required to be filed MA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O)	14 15a 15b 16a 16b	X X X availa	
15 a b 16a b Sec 17 18	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶MA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (<i>explain on Schedule O</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	14 15a 15b 16a 16b	X X X availa	
15 a b 16a b	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tition C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶MA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	14 15a 15b 16a 16b	X X X availa	
15 a b 16a b Sec 17 18	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶MA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (<i>explain on Schedule O</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶	14 15a 15b 16a 16b	X X X availa	
15 a b 16a b Sec 17 18	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tition C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶MA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	14 15a 15b 16a 16b	X X X availa	

Form 990 (2020)	MANOMET, INC.	22-3051362 Page 7							
Part VII Compensi	sation of Officers, Directors, Trustees, Key Em	ployees, Highest Compensated							
Employees, and Independent Contractors									
Check if Sc	chedule O contains a response or note to any line in this Part	/II							
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
1a Complete this table	for all persons required to be listed. Report compensation for	the calendar year ending with or within the organization's tax year.							

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A)	(B) (C)							(D)	(F)				
Name and title	Average	Position (do not check more than one					ne	Reportable	Reportable	Estimated			
	hours per	per box, unless person is both an					nan	compensation	amount of				
	week		cer an	dad	irecto	r/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 organizations	ustee	trust		ee	bens		(W-2/1099-MISC)		organization and related			
	below	ual tr	tional		voldr	st con vee	_			organizations			
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations			
(1) ELIZABETH SCHUELER	40.00		_				-						
PRESIDENT/CEO		1		х				144,143.	Ο.	20,594.			
(2) STEPHEN BROWN	40.00												
VP, SHOREBIRD CONSERVATION		1				x		132,886.	Ο.	25,499.			
(3) ANDREW WHITMAN	40.00												
DIR., SUSTAINABLE ECONOMIES		1				x		110,687.	Ο.	28,200.			
(4) ERIC WALBERG	40.00												
SENIOR PROGRAM LEADER						Х		102,649.	0.	22,949.			
(5) CHERYL BOTIERI	40.00												
VP MISSION ADVANCEMENT						Х		116,653.	0.	6,597.			
(6) MARK LAFAVER	40.00												
VP FINANCE				Х				90,895.	0.	29,656.			
(7) KARON WIERMAN	40.00												
CONTROLLER, DIR, . HR				Х				94,612.	0.	15,516.			
(8) NANCY E. DEMPZE	1.00												
CHAIR		Х		Х				0.	0.	0.			
(9) DWIGHT H. DEMAY	1.00												
VICE CHAIR		Х		Х				0.	0.	0.			
(10) MICHAEL TAUBENBERGER	1.00												
TREASURER		Х		Х				0.	0.	0.			
(11) DAVID BRYAN	1.00												
SECRETARY		Х		Х				0.	0.	0.			
(12) LOUISE CONANT	1.00												
TRUSTEE		Х						0.	0.	0.			
(13) MOLLY N. CORNELL	1.00												
TRUSTEE		Х						0.	0.	0.			
(14) DAVID ELLIS	1.00												
TRUSTEE		Х						0.	0.	0.			
(15) ANDREW J. FALENDER	1.00												
TRUSTEE		Х						0.	0.	0.			
(16) WALTER J. GAMBLE, M.D.	1.00												
TRUSTEE		Х						0.	0.	0.			
(17) DEBORAH I. HARRISON	1.00							_					
TRUSTEE		Х						0.	0.	0.			
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	INC.								22-30)51	362	Pag	e 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(C				(D)	(E)			(F)	
Name and title	Average	(do		Posi heck n			no	Reportable	Reportable		Est	imated	
	hours per	box	, unle	ss per	son is	s both	an	compensation	compensatio	n	am	ount of	
	week	offi	cer ar	ıd a diı	recto	r/trust	ee)	from	from related	ı		other	
	(list any	ector						the	organization	s	comp	pensatic	วท
	hours for	or dir				ted		organization	(W-2/1099-MIS	5C)	fro	om the	
	related	stee c	ruste			ensa		(W-2/1099-MISC)			orga	anizatior	n
	organizations	al tru:	onal t		loyee	e com						related	
	below	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former				orga	nization	IS
	line)	Ind	lnst	Offi	Key	Hig em	For				<u> </u>		
(18) WESTON HOWLAND III	1.00												•
TRUSTEE		Х						0.		0.		(0.
(19) BRIAN HARRINGTON	1.00												
TRUSTEE		Х						0.		0.		(0.
(20) BARBARA MCMILLAN	1.00												
TRUSTEE		Х						0.		0.		(0.
(21) JEFFREY F. PETERS	1.00												
TRUSTEE		x						0.		0.		(0.
(22) J. MICHAEL REED	1.00												
TRUSTEE		x						0.		0.		(0.
(23) DANIEL G. SARLES	1.00	- 23								<u> </u>			<u>.</u>
TRUSTEE	1.00	x						0.		0.			0.
	1 0 0	^						0.		0.			<u>J.</u>
(24) LAWRENCE A. SELZER	1.00												^
TRUSTEE	1 0 0	Х						0.		0.		(0.
(25) DEAN H. STEEGER	1.00												_
TRUSTEE		Х						0.		0.	<u> </u>		0.
(26) EMILY V. WADE	1.00												
TRUSTEE		Х						0.		0.			0.
1b Subtotal								792,525.		0.	149	9,011	1.
c Total from continuation sheets to Part VII	, Section A							0.		0.		(0.
d Total (add lines 1b and 1c)	-							792,525.		0.	149	9,01	1.
2 Total number of individuals (including but no							o re	eceived more than \$100.	000 of reportable	,ı			
compensation from the organization						,							5
												Yes	No
3 Did the organization list any former officer,	director trust	ا مم		mnla		a or	hia	hest compensated emp	lovee on	[
c i	,	,				,	0	, , ,	,		3		х
line 1a? If "Yes," complete Schedule J for su											3		<u> </u>
4 For any individual listed on line 1a, is the su												x	
and related organizations greater than \$150	,		'								4	^	
5 Did any person listed on line 1a receive or a					-			-					.
rendered to the organization? If "Yes," com	olete Schedule	e J fo	or si	ich p	perso	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest cor	npensated inc	lepe	nder	nt co	ontra	actor	s th	hat received more than \$	100,000 of comp	ensat	tion fro	m	
the organization. Report compensation for t	he calendar ye	ear e	ndir	ng wi	ith c	or wit	hin	the organization's tax y	ear.				
(A)								(B)			(C)	
Name and business	address							Description of s	ervices	C	ompen	sation	
ROB CLAY, 60 EDIFICIO EMI	LIA, CE	RI	0	CO	ΓA	Y							
EEUU, ASUNCION, PARAGUAY								CONSULTANT			125	5,250	Ο.
							_						
2 Total number of independent contractors (in	•	ot lin	nited	t to t			ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	ation 🕨				1	-							
											Form S	990 ₍₂₀	20)

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				INC.				22-3051	362 Page 9
Pa	rt V	/	Statement of Revenue						
			Check if Schedule O contains a re	sponse	or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ខ្ល	1	а	Federated campaigns	1a					
rant	-			1b					
ې ق			· · · · · · · · · · · · · · · · · · ·	1c					
àifts ar A				1d					
s, G				1e	958,942.				
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts, grants, and similar amounts not included above	ıf 3,	278,806.				
otio		g			369,065.				
Con		-	Total. Add lines 1a-1f			4,237,748.			
<u> </u>					Business Code	, ,			
Ð	2	а			-				
Program Service Revenue		b							
Ser		с			-				
		d			-				
, ng		e			-				
Pro			All other program service revenue		-				
			Total. Add lines 2a-2f						
	3		Investment income (including dividend						
			other similar amounts)			399,806.			399,806.
	4		Income from investment of tax-exemp						
	5		Royalties	-					
			(i) I	Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
			Rental income or (loss) 6c						
		d	Net rental income or (loss)		►				
	7			curities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
ne			and sales expenses						
venue		с	Gain or (loss)						
		d	Net gain or (loss)		►				
Other Re	8	а	Gross income from fundraising events (no including \$						
0			contributions reported on line 1c). See						
			Part IV, line 18						
		h	Less: direct expenses						
			Net income or (loss) from fundraising e	·····	►				
	9		Gross income from gaming activities.						
	Ŭ	-	Part IV, line 19						
		b	Less: direct expenses						
			Net income or (loss) from gaming activ		>				
	10		Gross sales of inventory, less returns		F				
			and allowances	10a					
		b	Less: cost of goods sold						
_	L		Net income or (loss) from sales of inve						
		-	· · ·		Business Code				
sno	11	а							
nue		b							
ella		с							
Miscellaneous Revenue		d	All other revenue						
2			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			4,637,554.	0.	0.	399,806.
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	Check if Schedule O contains a respon				
	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				
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,				
	trustees, and key employees	535,227.	166,008.	354,643.	14,576.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,833,571.	1,234,386.	484,616.	114,569.
8	Pension plan accruals and contributions (include	00 005	<i>с</i> , , , , , , , , , , , , , , , , , , ,	00 105	F 001
	section 401(k) and 403(b) employer contributions)	93,227.	64,159. 163,553.	23,187. 76,945.	<u>5,881.</u> 15,644.
9	Other employee benefits	256,142.		76,945.	15,644.
10	Payroll taxes	180,055.	108,033.	62,119.	9,903.
11	Fees for services (nonemployees):				
а	Management	10.055		11 050	
b	Legal	12,857.	885.	11,972.	
С	Accounting	64,735.		64,735.	
d	Lobbying				24 (52)
е	Professional fundraising services. See Part IV, line 17	34,652.		120 402	34,652.
f	Investment management fees	130,403.		130,403.	
g	Other. (If line 11g amount exceeds 10% of line 25,	007 206	000 751	162 066	21 670
	column (A) amount, list line 11g expenses on Sch 0.)	987,396. 1,190.	802,751. 30.	<u>162,966.</u> 1,160.	21,679.
12	Advertising and promotion	155,023.	76,187.	64,930.	13 006
13	Office expenses	66,486.	40,020.	26,283.	13,906. 183.
14	Information technology	00,400.	40,020.	20,203.	103.
15	Royalties	109,505.	75,674.	33,831.	
16	Occupancy	97,665.	70,955.	26,710.	
17	Travel Payments of travel or entertainment expenses	57,005.	10,555.	20,710.	
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,484.	2,277.	207.	
19 20		2/1010		2074	
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	66,363.	6,552.	59,811.	
23	Insurance	58,431.	10,898.	47,533.	
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	PRINTING	36,616.	24,419.	7,438.	4,759.
b	EQUIPMENT	33,993.	31,118.	2,875.	
с	BANK FEES	15,952.	5,744.	6,824.	3,384.
d	PAYROLL PROCESSING	10,622.	103.	10,519.	
е	All other expenses	5,967.		5,967.	
25	Total functional expenses. Add lines 1 through 24e	4,788,562.	2,883,752.	1,665,674.	239,136.
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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MANOMET, INC. 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). Check if Schedule O contains a response or note to any line in this Part IX ...
(A) (B)

Check if Schedule O contains a response or note to any line in this Part X (A) (P) (P) (P) (P) (P) (P) (P) (P) (P) (P	Form 990 (2020) MANOMET, INC.				22-	3051362 Page 11		
Image: set of the se	Pa	rt X	Balance Sheet					
Beginning of year End of year 1 Cash - non-interest-bearing 858, 688.1 1, 806, 369. 2 Savings and temporary cash investments 6,789, 593.2 2,833, 015. 3 Pledges and grants receivable, net 191, 575.3 0. 4 Accounts receivable, net 191, 575.3 0. 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f(1)), and persons described in section 4958(c)(3)(8) 6 7 Notes and loans receivable, net 10, 492.9 7, 644. 8 Inventories for sale or use 8 7 7 9 Prepaid expenses and deferred charges 10, 492.9 7, 644. 10 Log 3, 530, 1.00. 8 10 429.2 22, 744. 11 Investments - other securities. See Part IV, line 11 12 12, 63, 03, 761. 12 12 12, 22, 227.11 12, 26, 303, 761. 11 In			Check if Schedule O contains a response or not	e to any	line in this Part X			
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Image: Second system Image: Se	Net	32	Total net assets or fund balances		L	28,757,168.		32,303,034.
33 Total liabilities and net assets/fund balances		33	Total liabilities and net assets/fund balances			29,230,503.	33	32,779,494.

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Par	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,63	-			
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>4,78</u> -15				
3							
4	J J J J L L L L L L L L L L						
5	Net unrealized gains (losses) on investments	5	3,69	6,8'	74.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	32,30	3,0	<u>34.</u>		
Par	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 in Schedule	0.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	b Were the organization's financial statements audited by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	c 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	X	<u> </u>		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	000			

Form **990** (2020)

SCH	IEDL	JLE A
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	(Form	990	or	990-EZ)
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Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2020
Open to Public Inspection

		of the Treasury nue Service			Attach to Form 990 or F			. .		Open to Public Inspection
		the organizati		Go to www.irs.go	v/Form990 for instruction	ons and tr	ie latest li	nformation.	Employer	identification number
Itan		ine organizati		MET, INC.						2-3051362
Pa	rt I	Reason			(All organizations must c	omplete th	nis part.) S	ee instructior		2 5051502
The	organ				For lines 1 through 12, c					
1			-		on of churches described	-		1)(A)(i).		
2	\square	-			Attach Schedule E (Forn			- // - //-		
3					anization described in se			ii).		
4		A medical res	search organiz	ation operated in co	njunction with a hospital	described	l in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	on that norma	lly receives a substa	ntial part of its support fr	rom a gove	ernmental	unit or from tl	ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:								
10		An organizati	on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	iip fees, and	d gross receipts from
		activities rela	ted to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
					(less section 511 tax) fro	om busines	sses acqui	red by the ore	ganization a	Ifter June 30, 1975.
				mplete Part III.)						
11		-	-	-	ively to test for public sa	•				
12		-	-	-	ively for the benefit of, to	-			•	
				-	ed in section 509(a)(1) o					Check the box in
	_	-	•	• •	f supporting organization				-	
а				-	upervised, or controlled	• • • •	-			
			-		gularly appoint or elect a	majority c	of the direc	ctors or truste	es of the su	ipporting
	_	¬ -		complete Part IV, Se						
b				-	l or controlled in connect			-		-
			0		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		¬ -		t complete Part IV,						
с			-		g organization operated				lly integrate	d with,
		-	-). You must complete I					
d	d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)									
			-		zation generally must sat	•		-	an attentiv	/eness
		- ·	,	,	nplete Part IV, Sections					
е			•		written determination fro			Туре I, Туре	II, Type III	
	- .				nally integrated supportion					
Ť			of supported c	•						
<u> </u>		(i) Name of supp		n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	f monetary	(vi) Amount of other
	``	organization		(,	(described on lines 1-10	in your governi Yes	ing document? No	support (see in	-	support (see instructions)
		-			above (see instructions))	165			· · ·	
Tota										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

Schedule A (Form 990 or 990-EZ) 2020 MANOMET, INC.

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3883779.	3665206.	3149136.	3978567.	4237748.	18914436.
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						
4	Total. Add lines 1 through 3	3883779.	3665206.	3149136.	3978567.	4237748.	18914436.
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)						2234966.
	Public support. Subtract line 5 from line 4.						16679470.
	ction B. Total Support	1					1
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	3883779.	3665206.	3149136.	3978567.	4237748.	18914436.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						1 6 4 4 9 5 5
	and income from similar sources \dots	261,702.	208,236.	240,636.	501,475.	399,806.	1611855.
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.)				2,349.		2,349. 20528640.
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	,	,			12	740,355.
13	First 5 years. If the Form 990 is for the	-	rst, second, third, t	fourth, or fifth tax y	ear as a section 5/	01(c)(3)	. —
<u> </u>	organization, check this box and stor						
	ction C. Computation of Publi			. (2)			01 05
	Public support percentage for 2020 (I					14	81.25 % 82.86 %
	Public support percentage from 2019					15	
16a	33 1/3% support test - 2020. If the o						N V
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2019. If the o						
4-	and stop here. The organization qual		•••		40.40		
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	vi now the organiz	
	meets the facts-and-circumstances te	-			-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
40	organization meets the facts-and-circu		•				
18	Private foundation. If the organization	on dia not check a	box on line 13, 16a	a, 160, 17a, or 17b			
					Sche	dule A (Form 990	OF 990-EZ) 2020

	Schedule A (Form 990 or	990-EZ) 2020	MANOMET,	INC
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support		,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services 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- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	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 in 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.)	Correction's f	I second third	fourth or fifth tour	l	 (1)(2) arganizati	
14	First 5 years. If the Form 990 is for the	-			•		
Sec	check this box and stop here	c Support Per	rcentage				
	Public support percentage for 2020 (I			column (f))		15	%
	Public support percentage from 2019					16	%
Sec	ction D. Computation of Invest	stment Income	e Percentage				
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2019. If the line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	3 01-25-21	and not oneon a	<u></u>	a, or rob, oneon th			0 or 990-EZ) 2020
02			15		2011		

2020.06000 MANOMET, INC.

1

2

3a

Yes No

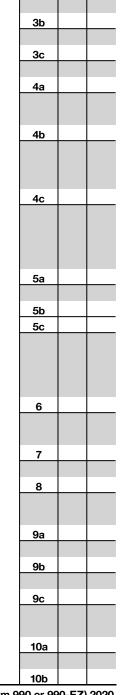
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **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.)

032024 01-25-21



Schedule A (Form 990 or 990-EZ) 2020

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SCH		202720	4 Fa	iye o
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			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 in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 instruction	ons).		,
a	The organization satisfied the Activities Test. Complete line 2 below.	··-,-		
и ь	The organization is the parent of each of its supported organizations. Complete line 3 holes:			

k	כ	The organ	ization is	the parer	nt of ead	ch of its	s supportec	l organizations.	Complete line :	3 below.

С	The organization	supported a	a governmental entity.	Describe in Pa	rt VI how	you supported a	aovernmental entity	/ (see instruction	s).

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 in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **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.* 032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

	(Form 990 or 990-EZ) 2020				
Part V	Type III Non-Funct	ionally Integrat	ted 509(a)(3) Supporting O	rganizations

		0 0		
1	Part VI). See instructions.			
Sect	All other Type III non-functionally integrated supporting organizations mustion 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	tion 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	ion 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 or 990-EZ) 2020

032026 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 MANOMET , IN(Schedule A	(Form 990 or	990-EZ) 2020	MANOMET,	INC
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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	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	s 3		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.	5	8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
C	c From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A ((Form 990 or 990-EZ)	2020 MA	NOMET,	INC.
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Part IV, Section A, lines 1, 2, 3 line 1; Part IV, Section D, lines	tion. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, s 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
32028 01-25-21	Schedule A (Form 990 or 990-EZ) 202
	20
70808 143399 271351	2020.06000 MANOMET, INC. 27135

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Nam	e of the organization MANOMET, INC •	Employer identification number 22-3051362
Par		
	organization answered "Yes" on Form 990, Part IV, line 6.	
		(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fund	de
Ŭ	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used of	
•	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	
	impermissible private benefit?	•
Par		. line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		orically important land area
	Protection of natural habitat	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	nservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
с	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	ization during the tax
	year ►	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	on easements during the year
	▶	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	sements during the year
	▶\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements th	at describes the
Par	organization's accounting for conservation easements. TIII Organizations Maintaining Collections of Art, Historical Treasures, or Other S	imilar Assots
1 41	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
10	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and bal	ance sheet works
ia	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheral	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	e sheet works of
~	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	
_	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
	Assets included in Form 990, Part X	
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

27 2020.06000 MANOMET, INC.

Sche	dule D (Form 990) 2020 MANOMET					22-30	51362	Pa	age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simila	r Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make s	significant	use of its		,	
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	mpt purpo	ose in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	ures, or other simila	r assets				
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the organization	n answered "Yes" o	n Form 990	0, Part IV,	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi						_		-
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
							Amount		
	Beginning balance								
	Additions during the year								
е	Distributions during the year								
f	Ending balance				1 f		7		1
	Did the organization include an amount on Fo				• • • • • • • • • • • • • • • • • • • •	····· ∟	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i					<u></u>	<u></u>		
1 41						veere beek	(-) [veere	
4.0	Designing of year belongs	(a) Current year 24,487,025.	(b) Prior year 23,505,920.	(c) Two years back 23,084,819.	1	years back 116,041.		<u>years</u> 705,2	
	Beginning of year balance	10,500.	5,840.	23,001,013.		2,600.	20,		068.
b	Contributions	3,894,995.	1,973,265.	1,423,058.	1 1	<u>2,000.</u> 507,935.	2	227,2	
C d		5,051,555.	1,575,205.	1,425,050.	±,.		<u> </u>	221,1	
d	Grants or scholarships								
е	Other expenditures for facilities	1,024,999.	998,000.	1,001,957.	5	841,757.		613,	534
4	and programs	1,021,000.		1,001,557.	· · · · ·			<u>, ere</u>	
	Administrative expenses End of year balance	27 367 521	24,487,025.	23,505,920.	23 (84,819.	22	416,0	041
g 2	End of year balance Provide the estimated percentage of the curr				,	,	,	,	
-	Board designated or quasi-endowment	13.5000	%						
b	Permanent endowment 58.8000	%							
		/0 %							
Ŭ	The percentages on lines 2a, 2b, and 2c show	· -							
3a	Are there endowment funds not in the posse	· · · · · ·	tion that are held an	d administered for t	he organiz	ation			
	by:	eeren er une ergann <u>-</u> a					ſ	Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the							I	
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or ot	ther (b) Cost	or other (c)	Accumulat	ed	(d) Bool	k value	 3
_		basis (investm	• • •		epreciatior				
1a	Land			5,113.			375	5,11	L3.
	Buildings				859,2	17.		2,01	
	Leasehold improvements			7,135.	104,6			2,46	
	Equipment			3,081.	53,0				0.
	Other			3,535.	530,8	65.		2,67	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part >	K. column (B). line 1()c.)			982	2,26	54.
	· · · · ·					Schedule	D (Form	990)	2020

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Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(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" of	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)			
<u>(6)</u>			
(7)			
<u>(8)</u>			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	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 Part X Other Liabilities.	<u>15.)</u>		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	() – · · ·
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			1 6 1 0 0
(2) LIABILITY UNDER UNITRUST A	GREEMENT		16,109.
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
	25 \		16,109.
Total. (Column (b) must equal Form 990, Part X, col. (B) line	,		

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 ... X

Schedule D (Form 990) 2020

032053 12-01-20

	edule D (Form 990) 2020 MANOMET, INC.					age 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	h Revenue per R	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.				
1	Total revenue, gains, and other support per audited financial statements			1	8,204,02	25.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	3,696,874	•		
b	Donated services and use of facilities	. 2b				
с	Recoveries of prior year grants	. 2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	3,696,87	
3	Subtract line 2e from line 1			3	4,507,15	51.
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	130,403	•		
b	Other (Describe in Part XIII.)	. 4b				
				4c	130,40)3.
С	Add lines 4a and 4b					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	4,637,55	
5	Add lines 4a and 4b 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 Statem				4,637,55 n.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	ents Wi			n.	54.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	th Expenses per	Retur	4,637,55 n. 4,658,15	54.
5 Pa	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 Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Wit	th Expenses per	Retur	n.	54.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents Wi	th Expenses per	Retur	n.	54.
5 Par 1 2	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.) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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	ents Wit	th Expenses per	Retur	n.	54.
5 Pa 1 2 a	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.) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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	ents Wit	th Expenses per	Retur	n.	54.
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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	ents Wi 	th Expenses per	Retur	n.	54.
5 Pa 1 2 a	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.) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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.)	ents Wit	th Expenses per	Retur	n. 4,658,15	<u>54.</u> <u>59.</u>
5 Pa 1 2 a b c d	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.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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	ents Wit	th Expenses per	Retur	n.	<u>54.</u> <u>59.</u>
5 Par 1 2 a b c d e	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.) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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.)	ents Wit	th Expenses per	Retur	n. 4,658,15	<u>54.</u> <u>59.</u>
5 Par 1 2 a b c d e 3	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.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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:	ents Wi 	th Expenses per	Retur	n. 4,658,15	<u>54.</u> <u>59.</u>
5 Pa 1 2 a b c d e 3 4	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.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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:	ents Wit	th Expenses per	Retur	n. 4,658,15 4,658,15	<u>0.</u> 59.
5 Pa 1 2 a b c d e 3 4 a b	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.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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	ents Wit	th Expenses per	Retur	n. 4,658,15	<u>0.</u> 59.
5 Pa 1 2 a b c d e 3 4 a b c 5	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.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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 Other (Describe in Part XIII.)	ents Wit	th Expenses per	Retur	n. 4,658,15 4,658,15	<u>0.</u> <u>59.</u> 03.

MANOMET, INC.

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 V, LINE 4:

THE ENDOWMENT CONSISTS OF DONOR-RESTRICTED AND BOARD-DESIGNATED FUNDS.

PRINCIPAL OF DONOR-RESTRICTED ENDOWMENT FUNDS IS KEPT IN PERPETUITY AND

ALL THE INCOME EARNED ON PRINCIPAL IS TO BE USED FOR RESEARCH INITIATIVE

PURPOSES.

PART X, LINE 2:

MANOMET ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A

"MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS

BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER

SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR

POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE

30

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Schedule D (Form 990) 2020

22-3051362 Page 4

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2020.06000 MANOMET, INC.

Part XIII Supplemental Information (continued)

UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS. MANOMET HAS IDENTIFIED ITS TAX STATUS AS A TAX EXEMPT ENTITY AS ITS ONLY SIGNIFICANT TAX POSITION; HOWEVER, MANOMET HAS DETERMINED THAT SUCH TAX POSITION DOES NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION. MANOMET IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION. MANOMET'S FEDERAL AND STATE TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE FILED.

Schedule D (Form 990) 2020

032055 12-01-20

31 2020.06000 MANOMET, INC.

Name of the organization					Employer identi	fication number
MANOMET, INC.					22-305130	52
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "	Yes" on
Form 990, Part I				sto in the organ		
		n maintain record	ds to substantiate the amount of its gra	nts and other a	assistance.	
			he selection criteria used to award the			Yes No
5 5 ,	5	,		5		
2 For grantmakers. Desc	cribe in Part V the	organization's	procedures for monitoring the use of its	grants and ot	ner assistance out	side the
United States.			-	0		
3 Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent	gram services, investments, grants to		specific type	investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
NORTH AMERICA	2	4	PROGRAM SERVICES	SHOREBIRD R	ECOVERY	6,850.
SOUTH AMERICA	0	30	PROGRAM SERVICES	SHOREBIRD R	ECOVERY	649,223.
						, <u>, , , , , , , , , , , , , , , , , , </u>
						+
3 a Subtotal	0	34				656,073.
b Total from continuation		54				
sheets to Part I	0	0				0.
		,				<u>.</u>
c Totals (add lines 3a	0	34				656 073

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

Schedule F (Form 990) 2020

OMB No. 1545-0047

Open to Public

Inspection

032071 12-03-20

08370808 143399 271351

Department of the Treasur
Internal Revenue Service

SCHEDULE F (Form 990)

Statement of Activities Outside the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

							-
2		recognized as charities by the f					
3		or counsel has provided a sect					
					Schedu	ule F (Form 990) 2020	

	-		cated if additional space is need	•	ganzation answeree		
(a) Name of organization	(b) IRS code section and EIN (if applicable)	I ICI REGION	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance

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(i) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2020

(a) Type of grant or assistance

MANOMET, INC.

(b) Region

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(c) Number of

recipients

(d) Amount of

cash grant

Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2020

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

22-3051362

(f) Amount of

noncash assistance (g) Description of

noncash assistance

(e) Manner of

cash disbursement

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2020

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3:

EXPENDITURES REPORTED IN COLUMN (F) ARE REPORTED IN MANOMET'S FINANCIAL

STATEMENTS UNDER GAAP (ACCRUAL METHOD.)

Schedule F (Form 990) 2020

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SCHEDULE G	Suppleme	ental Information Regarding	Fund	raisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the							
	organization entered more than \$15,000 on Form 990-EZ, line 6a.							Open to Public
Department of the Treasury Internal Revenue Service	► Ge	to www.irs.gov/Form990 for instr				on.		Inspection
Name of the organization	MANOMET	TNC					Employer ide 22-3051	entification number
Part I Fundrais		Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1		
required to	complete this par	t.						
a X Mail solicitat b Internet and c Phone solicit d X In-person so 2 a Did the organization	ions email solicitations tations licitations n have a written o		tion of tion of fundra (includ	non-g gover iising (overnment grants nment grants events ficers, directors, trus	tees,	or X Yes	s 🗌 No
	0	viduals or entities (fundraisers) pursu	ant to	agreer	ments under which th	ne fur	ndraiser is to b	e
compensated at le	ast \$5,000 by the	organization.	T					1
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
TS PHILANTHROPY - 1			Yes	No				
ROAD, RED HOOK, NY	12571	FUNDRAISING SERVICES		Х	60,000.		34,652.	25,348.
Tatal					60,000.		34,652.	25,348.
3 List all states in whi		on is registered or licensed to solicit o	contrib	utions	,	it is e		· · · · ·
or licensing.								
		ing and the location of the state	000	000 -		.		
LITA FOR Paperwork Re	eduction Act Not	ice, see the Instructions for Form 9	990 or	990-E	Z. 8	sche	ulle G (Form 9	990 or 990-EZ) 2020

Part II	Fundraising Events.	Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000
		outions and gross income on Form 990-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro				ts 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))
nue					. ,	
Revenue	1	Gross receipts				
£						
	2	Less: Contributions				
	-					
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	•					
	5	Noncash prizes				
ses						
ben:	6	Rent/facility costs				
Direct Expense:	_					
irec	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)		►	
	11	Net income summary. Subtract line 10 from line	ne 3, column (d)		►	
Pa	irt I	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on For	m 990, Part IV, line 19, or r	eported more than	
		\$13,000 off Form 990-EZ, life 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Jue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
£	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Ä	Ŭ					
Direct	4	Rent/facility costs				
ā						
	5	Other direct expenses				
		Maharda ay lah ay	│ Yes %		Yes%	
	6	Volunteer labor	No No	└── No	Νο	
	7	Direct expense summary. Add lines 2 through	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				
		he organization licensed to conduct gaming ac				Yes No
D.	п	No," explain:				
10a	We	re any of the organization's gaming licenses re	voked, suspended, or t	erminated during the tax y	rear?	Yes No
b	lf "	Yes," explain:				

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 MANOMET,INC .	22-30	051362	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
a	a The organization's facility		13a	%
k	an outside facility	L	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	S:		
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
k	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo of gaming revenue retained by the third party ▶\$	unt		
c	c) If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
â	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		<u> </u>	<u> </u>
	retain the state gaming license?		Yes	No No
k	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent ir	the		
Pa	organization's own exempt activities during the tax year s Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and Part	III, lines 9,	9b, 10b,
	150, 15C, 16, and 17D, as applicable. Also provide any additional information. See instructions.			
_				
0320	83 11-25-20 Schedule	G (Form	990 or 990	-EZ) 2020
	39			,

		0-k-d-t-0/F000 - 000
032084 04-01-20		Schedule G (Form 990 or 990-EZ)

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SC	HEDULE J	Compensation Information		OMB No. 1	545-004	17
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	-	20	ົງທ	<u> </u>
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	ZU)
Depa	tment of the Treasury	Attach to Form 990.		Open to		ic
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organization			identificatio		nber
		MANOMET, INC.	22	305136	2	
Ра	rt I Question	s Regarding Compensation				
	o				Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
	_	ation and gross-up payments Health or social club dues or initiation fee				
		spending account Personal services (such as maid, chauffer	ur, chei)			
h	If any of the haves	on line to are checked, did the exception follow a written policy recording normant or				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or		16	Х	
0		provision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>	<u></u>	<u> </u>
2	0			2		x
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?				
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's				
Ŭ		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		compensation consultant X Compensation survey or study				
	X Form 990 of o		ommittee			
			Johnmittee			
4	During the year, did	I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re					
а	-	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?				x
с		eive payment from an equity-based compensation arrangement?				X
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	,					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	on			
	contingent on the r					
а	The organization?			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the r	et earnings of:				
а	The organization?			6a		X
		ation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	n 53.4958-6(c)?		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)	2020

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22-3051362

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and		(E) Total of columns	(F) Compensation
(A) Name and Title		compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) ELIZABETH SCHUELER	(i)	144,143.	0.	0.	0.	0.		0.
PRESIDENT/CEO	(ii)	0.	0.	0.	1,446.	19,148.	20,594.	0.
(2) STEPHEN BROWN	(i)	132,886.	0.	0.	0.	0.	132,886.	0.
VP, SHOREBIRD CONSERVATION	(ii)	0.	0.	0.	8,386.	17,113.	25,499.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

Part III Supplemental Information

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

PART I, LINE 1A:

ON SITE HOUSING IS PROVIDED TO ELIZABETH SCHUELER AS PART OF THEIR

EMPLOYMENT COMPENSATION. THIS BENEFIT IS DETERMINED TO BE, AND IS TREATED

AS, NON TAXABLE

Schedule J (Form 990) 2020

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2020 Open to Public Inspection

Name of the or	ganization

►

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number
22-3051362

MANOMET, INC.

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	•	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8								
9	Securities - Publicly traded	X	26	369 065.	FMV ON DATE	OF	SAI	.E
	Securities - Publicly traded	21	20	505,005.	INV ON DAIL	01	DAI	
10								
11	Securities - Partnership, LLC, or							
10	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other 🕨 ()							
26	Other 🕨 ()							
27	Other 🕨 ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledge	ement 29			0	
							Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	tions?	31	X	
	Does the organization hire or use third parties of	•	-	•				
	contributions?					32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	a type of property	for which column (a) is cheo	cked.			
	describe in Part II.		-,		····,			
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).	Schedule N	/ (Forn	n 990)	2020
				-	Seriedale			

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Schedule M (Form 990) 2020 MANOMET, INC.

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS OF

STOCK GIFTS.

Schedule M (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service Name of the organization Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



22-3051362

MANOMET, INC.

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

AND WORKING LANDS AND SEAS.

FORM 990, PART III:

MANOMET'S MISSION: MANOMET USES SCIENCE AND COLLABORATION TO IMPROVE

THE HEALTH OF FLYWAYS, COASTAL ECOSYSTEMS, AND WORKING LANDS AND SEAS.

MANOMET'S VISION: MANOMET ENVISIONS A WORLD WHERE ECOSYSTEMS AND HUMAN

COMMUNITIES THRIVE TOGETHER.

MANOMET'S VALUES: LEAD WITH EXCELLENCE. UPHOLD SCIENTIFIC RIGOR. CREATE

EQUALITY. WORK BOLDLY. COMMIT TO ACCOUNTABILITY. COLLABORATE WITH ALL.

STAY FOCUSED. NURTURE WHOLENESS.

FLYWAYS: SAFEGUARDING THE HEALTH OF BIRDS. MANOMET IS BEST KNOWN FOR

ITS WORK ON AVIAN SPECIES AND IS A GLOBAL LEADER IN SHOREBIRD

CONSERVATION. WE WILL GROW THE IMPACT OF THIS WORK THROUGH ENHANCED

SITE CONSERVATION, EXPANDED MONITORING, AND INCREASED EMPHASIS ON

WORKING LANDS AND SEAS.

RESILIENT HABITATS: MENDING NATURE TO BENEFIT WILDLIFE AND HUMAN

COMMUNITIES. FOR ANIMALS THAT TRAVEL TREMENDOUS DISTANCES LIKE

MIGRATORY SHOREBIRDS THAT SPAN CONTINENTS OR FISH THAT LEAVE OCEAN LIFE

TO SPAWN IN RIVERS AND STREAMS A DIVERSE NETWORK OF HEALTHY AND

INTACT COASTAL, RIVERLINE, WETLAND, AND GRASSLAND HABITATS ARE CRITICAL

TO ENSURING THAT MIGRATORY POPULATIONS THRIVE. AT MANOMET, OUR GREATEST

CONSERVATION ACCOMPLISHMENTS INVOLVE OUR ABILITY TO WORK WITH OTHERS,

INTEGRATING CUTTING-EDGE SCIENCE, TARGETED MANAGEMENT ACTIONS, AND

LONG-TERM MONITORING TO IMPROVE HABITAT. WE IDENTIFY THREATS TO NATURE

AND DEVELOP MEASURES TO ALLEVIATE PRESSURE ON THE MOST VALUABLE AND

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

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 11-20-20

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization MANOMET, INC.	Employer identification number 22-3051362
SENSITIVE ECOSYSTEMS. HEALTHY ECOSYSTEMS AND VIBRANT WILDL	IFE
POPULATIONS ARE CRITICAL TO ENSURING THAT HUMAN COMMUNITIE	S THRIVE.
MANOMET IS COMMITTED TO UNDERSTANDING THESE ISSUES AND WOR	KING TOWARD
MAINTAINING AND RESTORING RESILIENT HABITATS TO BENEFIT WI	LDLIFE AND
PEOPLE.	
EDUCATION AND OUTREACH: EMPOWERING THE NEXT GENERATION. FO	R FIVE
DECADES, MANOMET HAS SERVED AS A RESEARCH AND EDUCATION RE	SOURCE FOR
LOCAL, NATIONAL, AND INTERNATIONAL STUDENTS. WE BELIEVE TH	AT EDUCATION
IS ONE OF THE BEST TOOLS TO CREATE LONG-TERM CHANGE. OUR H	OPE IS THAT
OUR EXPERTISE WILL INSPIRE THE NEXT GENERATION OF CONSERVA	TIONISTS,
PARTICULARLY AS WE BEGIN TO FEEL THE EFFECTS OF CLIMATE CH	ANGE. WE SEE
THE OPPORTUNITY TO INFLUENCE A BROAD ARRAY OF INDIVIDUALS	ON THE VALUE
OF THE NATURAL WORLD THROUGH OUTREACH IN SOUTHEASTERN MASS	ACHUSETTS,
EXTENDING NATIONALLY AND INTERNATIONALLY THROUGH VIRTUAL P	ROGRAMMING
AND ON-THE-GROUND EDUCATION.	
WORKING LANDS AND SEAS: APPLYING SCIENCE IS CORE TO EVERYT	HING WE DO.
BY PROVIDING TECHNICAL GUIDANCE AND CLEARLY COMMUNICATING	SCIENTIFIC
RESULTS TO STAKEHOLDERS, WE ENSURE THAT OUR SCIENCE IS APP	LIED TOWARD
SOLUTIONS. OUR SCIENCE TEAM WILL WORK CLOSELY WITH OUR PRO	GRAM TEAMS TO
ENSURE OUR GUIDANCE AND METRICS ARE THOROUGHLY INTEGRATED	AT PRIORITY
SITES.	
SCIENCE HAS ALWAYS BEEN AT THE CORE OF OUR WORK. MANOMET R	EMAINS
FOCUSED ON SCIENCE-DRIVEN SOLUTIONS TO IMPROVE ECOSYSTEM H	EALTH AND
HUMAN WELL-BEING, AND WE WILL CONTINUE TO CARRY OUT ORIGIN	AL SCIENCE TO
HELP DRIVE CHANGE.	
CLIMATE: CLIMATE CHANGE IS IMPACTING EVERY ASPECT OF OUR N	ATURAL,
SOCIAL, AND ECONOMIC SYSTEMS. BY EMBEDDING CLIMATE SCIENCE	INTO EVERY
FACET OF OUR WORK, MANOMET CAN SCALE IMPACT TO COMBAT CLIM	
032212 11-20-20 Scho 47	edule O (Form 990 or 990-EZ) 2020

47 2020.06000 MANOMET, INC. Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

MANOMET, INC.

271351 1

MORE EFFECTIVELY.

DIVERSITY, EQUITY, AND INCLUSION (DEI): WE ARE COMMITTED TO ACHIEVING

OUR MISSION AND SOLVING TODAY'S COMPLEX ISSUES IN A MEANINGFUL WAY THAT

BALANCES ECONOMIC AND ENVIRONMENTAL CONCERNS AND SOCIAL JUSTICE ISSUES.

WE WILL CONTINUE TO BRING TOGETHER PEOPLE WITH DIVERSE POINTS OF VIEW,

SKILLS, VALUES, AND KNOWLEDGE TO INCREASE THE IMPACT OF ALL THAT WE DO.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CLIMATE SMART LAND NETWORK, SUSTAINABLE ECONOMIES, FISHERIES -- SEE

SCHEDULE O.

08370808 143399 271351

EXPENSES \$ 605,664. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

A COPY OF THE ORGANIZATION'S FINAL FORM 990 IS PROVIDED FOR REVIEW TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY IN ELECTRONIC FORM PRIOR TO ITS FILING WITH THE IRS. THE ORGANIZATION'S CHAIR OF THE BOARD (TRUSTEE), PRESIDENT (OFFICER), VICE PRESIDENT OF FINANCE, AND COMPTROLLER EACH INDEPENDENTLY CONDUCT A THOROUGH REVIEW OF THE COMPLETE PREPARED FORM 990 BEFORE IT IS FILED. THE COMPLETE FORM 990 IS REVIEWED AND APPROVED BY THE ORGANIZATION'S AUDIT COMMITTEE PRIOR TO DISTRIBUTION TO THE GOVERNING BODY AND FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MONITORS PROPOSED AND ONGOING TRANSACTIONS FOR CONFLICTS OF INTEREST. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS TRUSTEES, OFFICERS, AND SENIOR MANAGERS. TRUSTEES, OFFICERS, AND SENIOR 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020 48

2020.06000 MANOMET, INC.

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
MANOMET, INC.	22-3051362
MANAGERS ARE REQUIRED TO DISCLOSE THEIR INTERESTS THAT COU	LD GIVE RISE TO
CONFLICTS OF INTEREST UPON ELECTION OR APPOINTMENT AND THE	REAFTER ANNUALLY
OR OTHERWISE AS CHANGED CIRCUMSTANCES MAY WARRANT. PERSONS	WITH A CONFLICT
ARE PROHIBITED FROM BEING PRESENT FOR OR PARTICIPATING IN	THE GOVERNING
BODY'S DELIBERATIONS AND DECISIONS WITH RESPECT TO THE TRA	NSACTION.

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

MANOMET CONDUCTS INDEPENDENT EVALUATIONS OF ITS COMPENSATION PROCESSES AND POLICIES TO ENSURE EQUITY AND FAIRNESS FOR ALL EMPLOYEES. DOING SO ALLOWS MANOMET TO ATTRACT AND RETAIN THE BEST TALENT TO PROPEL OUR MISSION FORWARD. THE PROCESS FOR DETERMINING THE COMPENSATION OF EMPLOYEES WAS PREFORMED THIS YEAR BY A WELL-REGARDED OUTSIDE CONSULTANT. SALARIES WERE ADJUSTED ACCORDINGLY. THE PROCESS FOR DETERMINING THE COMPENSATION OF THE TOP MANAGEMENT OFFICIAL INCLUDES REVIEW AND APPROVAL BY THE EXECUTIVE COMMITTEE, WHICH ACTS AS THE COMPENSATION COMMITTEE OF THE GOVERNING BODY. NO PERSON WITH A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE INVOLVED. THE EXECUTIVE COMMITTEE USES DATA AS TO THE COMPARABLE COMPENSATION FOR SIMILARLY-QUALIFIED PERSONS IN FUNCTIONALLY-COMPARABLE POSITIONS AT SIMILARLY-SITUATED ORGANIZATIONS. THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT ARE CONTEMPORANEOUSLY DOCUMENTED AND THE RECORDS KEPT. AFTER THE COMPENSATION OF THE OFFICER IS DETERMINED BY THE EXECUTIVE COMMITTEE, SUCH COMPENSATION IS CONSIDERED AND REVIEWED BY THE GOVERNING BODY. THE PROCESS IS USED TO ESTABLISH COMPENSATION OF THE PERSON WHO SERVE IN THE OFFICE OF THE PRESIDENT.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST Schedule O (Form 990 or 990-EZ) 2020 032212 11-20-20 49 2020.06000 MANOMET, INC. 271351_1

Schedule O (Form 990 or 990-EZ) 2020	Page
Name of the organization MANOMET, INC.	Employer identification number 22-3051362
POLICY, TAX RETURNS (FORM 990), AND AUDITED FINANCIAL STA	TEMENTS AVAILABLE
TO THE GENERAL PUBLIC. THE PUBLIC DOCUMENTS ARE AVAILABLE	FOR INSPECTION AT
THE ORGANIZATION'S OFFICE IN MANOMET, MASSACHUSETTS. IN A	DDITION, THE
ORGANIZATION'S FORM 990 IS MADE AVAILABLE TO THE PUBLIC T	HROUGH THE
MASSACHUSETTS ATTORNEY GENERAL'S WEBSITE AND ON CHARITY N	AVIGATOR'S
WEBSITE. THE ORGANIZATIONS AUDITED FINANCIAL STATEMENTS,	FORM 990, AND FORM
990-T ARE ALSO POSTED ON MANOMET'S WEBSITE: WWW.MANOMET.O	PRG.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	802,751.
MANAGEMENT AND GENERAL EXPENSES	52,564.
FUNDRAISING EXPENSES	21,679.
TOTAL EXPENSES	876,994.
MAINTENANCE & REPAIRS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	110,402.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	110,402.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	987,396.

032212 11-20-20

032161 10-28-20 LHA

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.

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

> MANOMET, INC.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
	1						
	1						

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

Schedule R (Form 990) 2020

OMB No. 1545-0047

2020 Open to Public Inspection

Employer identification number

22-3051362

Schedule R (Form 990) 2020 MANOMET, INC.

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	n)	(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	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo
										$ \vdash $	
	1										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b contr enti	(i) ction (b)(13) trolled tity?	
CHARITABLE REMAINDER UNITRUST (2)		country,						Yes	No	
P.O. BOX 1770	-									
MANOMET, MA 02345	CHARITABLE TRUST	MA	MANOMET, INC.	TRUST				x		
	-									
	-									

Schedule R (Form 990) 2020 MANOMET, INC.

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

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	; r
1 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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			_
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)			-
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)			_
k Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>		
Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)	1 m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o Sharing of paid employees with related organization(s)			_
p Reimbursement paid to related organization(s) for expenses	<u>1p</u>		
q Reimbursement paid by related organization(s) for expenses			+
r Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)	1s		

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) N/A		0.	
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2020 MANOMET, INC.

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)	(b)	(c)	(d)	6	-)	(f)	(g)	(۲	n)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all	Share of	Share of		• , opor-	Code V-LIBI	Genera	l or Percentag
of entity	T finding dotivity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c)(3)	total	end-of-year	Dispr tior allocat	nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag	ing woll ownership
,		country)	excluded from tax under sections 512-514)	Yes		income		Yes	No	(Form 1065)	Yes	
				res	NO			res	INO	(1011111000)	res	10
											$\left \right $	
		1		1							1	

Schedule R (Form 990) 2020