EXTENDED TO SEPTEMBER 15, 2022

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



^	FOI (I	e 2020 calendar year, or tax year beginning NOV 1, 2020 and end	ding ()	CT 31,	2021			
В	Check if applicat	C Name of organization		D Employe	er identifi	cation number		
	Addr	ess CERES, INC.						
	Nam- chan	general Carrier		22-3	30537	47		
	Initia		om/suite	E Telephon	2001			
	Final retur term	99 CHAUNCY STREET, 6TH FLOOR	J.1., CO.1.0			<u>7-</u> 0700		
_	ated Ame	City or town, state or province, country, and ZIP or foreign postal code		G Gross receip	ots \$	49,182,015.		
F	retur	BOSTON, MA 02111-1/03	- 114	H(a) Is this a				
9	tion pend	F Name and address of principal officer: MINDY LUBBER		for sub	ordinates	? Yes X No		
-		SAME AS C ABOVE				cluded? Yes No		
		tempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527			list. See instructions		
		ite: WWW.CERES.ORG	line supposes			n number 🕨		
		forganization: X Corporation	L Year o	f formation;	1990 N	State of legal domicile: MA		
9	1	Briefly describe the organization's mission or most significant activities: SEE SCI	HEDUI	TE O				
Governance	2	Chapt this box						
je,	3	Check this box if the organization discontinued its operations or disposed of Number of voting members of the governing body (Part VI, line 1a)			1 1			
é	4	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			3	27 26		
95	5	Total number of individuals employed in calendar year 2020 (Part V, line 1a)			4 5	165		
Activities &	6	Total number of volunteers (estimate if necessary)			6	57		
Ę.	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	••••••		7a	0.		
ĕ	Ь	Net unrelated business taxable income from Form 990-T, Part I, line 11			7a	0.		
*	T -	The state of the s	1	Prior Yea	-	Current Year		
	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	19,743,		39,443,020.		
one	9	Program service revenue (Part VIII, line 2g)	99.00	4,600,		4,901,787.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			774.	138,519.		
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		136,		-25,361.		
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		24,614,		44,457,965		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,214,		4,617,120.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.		
Š	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2	13,299,	771.	15,712,532.		
Š	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.		
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 1,844,898.				海南美国共和国 经税		
ш	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,201,		6,517,615.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		21,716,		26,847,267.		
	19	Revenue less expenses. Subtract line 18 from line 12		2,898,	382.	17,610,698.		
ts or	9			inning of Curre		End of Year		
Net Assets	20	Total assets (Part X, line 16)		<u> 29,352,</u>		45,325,366.		
et A	21	Total liabilities (Part X, line 26)	<u>-</u>	6,619,		4,638,391.		
2	22	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	4	22,732,	978.	40,686,975.		
				9 N.S. GU. Y.				
		alties of perjury, I declare that I have examined this return, including accompanying schedules and ct, and complete. Declaration of preparer (other than officer) is based on all information of which p				knowledge and belief, it is		
1100	, 00110	A and complete bedia and it of preparer (other than once) is based on all million and on which p	oreparer n	as any knowie	uge.			
Sig	n	Signature of officer		Date	•	1		
Her		SUSAN BOYER, CHIEF FIN. & ADMIN. OFFICER			919	12022		
		Type or print name and title		<i>,,</i>		1-0-0-0		
1).		Print/Type preparer's name Preparer's signature	Da	ite	Check	PTIN		
Paid	i	BRENDA L. BOOTH	0.9	/08/22	if self-emotove	P01342395		
Prep	parer	Firm's name CBIZ MHM, LLC			s EIN 🕨	26-3753134		
Use	Only	Firm's address 500 BOYLSTON STREET						
		BOSTON, MA 02116		Phon	e no. 617	7-761-0600		
May	the II	RS discuss this return with the preparer shown above? See instructions				X Yes No		

SEE SCHEDULE O FOR CONTINUATION(S)

22,940,337.

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11150908 143399 110262

Other program services (Describe on Schedule O.)

Total program service expenses ▶

6,502,357. including grants of \$

481,536.) (Revenue \$ 372,776.)

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Form 990 (2020) CERES, INC. Part 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	X	<u> </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		<u> X</u>
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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	X	
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		<u> X</u>
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			\ _{3,7}
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	3		v	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	40h		x
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13		14a	Х	<u> </u>
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 4 a	- 21	
D	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	175		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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	Х	
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		Х
	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	

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Form 990 (2020) CERES, INC.

Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
00	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	 		
٠,	Part V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		<u></u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00.5		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	ٽٽ		
00		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
		_		(2020)

Form 990 (2020) CERES , INC . Part 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	165			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ions o	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	rvices p	provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?	1		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ition fi	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е			
				8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:	1	ı			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	. د ا	1			
а ,		11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	رړ ا				
10-	amounts due or received from them.)	11b	<u> </u>	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	<u>'</u>	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	12b	1			
13				120		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the					
D	organization is licensed to issue qualified health plans	13b	1			
^	Enter the amount of reserves on hand	13c				
			•	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			עדי		
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		х
	If "Yes," complete Form 4720, Schedule O.					
	· · · · · · · · · · · · · · · · · · ·			Form	990	(2020)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X
<u>Sec</u>	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	1a	27			
	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 O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other	\neg			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision	Γ			
				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 99		Г	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?	Γ	5		Х
6	Did the organization have members or stockholders?		Г	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app		``` Г			
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto		···· [
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		···· [
а	The governing body?	-	[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 read		·····			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev					
		,			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		ſ	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such cha		Γ			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		Γ			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		[12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe				
	in Schedule O how this was done		L	12c	Х	
13	Did the organization have a written whistleblower policy?		L	13	Х	
14	Did the organization have a written document retention and destruction policy?		L	14	X	
15	Did the process for determining compensation of the following persons include a review and approval	l by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official		L	15a	X	
b	Other officers or key employees of the organization		L	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent with a				
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	ization's				
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure		~=		~-	
17	List the states with which a copy of this Form 990 is required to be filed ►MA, NY, CA, AL, A					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990-T (Section 501	(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	` '	on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of interest policy	, and	financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and records				
	GABRIELA GOFF, CONTROLLER - (617) 247-0700	2				
	99 CHAUNCY STREET, 6TH FLOOR, BOSTON, MA 02111-170	3			000	

SEE SCHEDULE O FOR FULL LIST OF STATES

Form **990** (2020)

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

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

X

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.

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

• 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.

(A) Name and title	(B) Average hours per	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	- (M-		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MINDY LUBBER	40.00			l				050 000	•	16 064
CEO & PRESIDENT	40.00	Х		X				279,289.	0.	16,864.
(2) SUSAN SAYERS	40.00	4						252 406	0	20 641
CHIEF DEVELOPMENT OFFICER	40.00			X				253,406.	0.	32,641.
(3) DAWN MARTIN EXEC. VP & CHIEF PROGRAM OFFICER	40.00			x				220,349.	0.	21,269.
(4) SUSAN BOYER	40.00							220,343.	•	21,203.
CHIEF FINANCIAL & ADMIN. OFFICER	1000	1		x				183,888.	0.	35,321.
(5) DAVID ZIV-KREGER	40.00							200,0001		33,322
VP, FOUNDATION DEVELOPMENT		1				x		185,252.	0.	32,955.
(6) STEVEN ROTHSTEIN	40.00							,	-	,
MANAGING DIRECTOR						x		186,883.	0.	27,192.
(7) KIRSTEN SPALDING	40.00									-
SR. PROGRAM DIR., INVESTOR NETWORK						Х		163,936.	0.	42,355.
(8) HILARY FORBES	40.00									
SR. DPT. DR., HR & OPERATIONS						X		164,030.	0.	15,656.
(9) ANNE KELLY	40.00	1								
VP, GOVERNMENT RELATIONS						X		171,648.	0.	7,871.
(10) DOMINIQUE NILS CONSEIL	5.00	1							_	
DIRECTOR		Х						0.	0.	0.
(11) TONY DAVIS	5.00	l								_
DIRECTOR		Х						0.	0.	0.
(12) THOMAS DINAPOLI	5.00								•	•
DIRECTOR	F 00	Х						0.	0.	0.
(13) VERONICA EADY	5.00	- -							•	_
DIRECTOR	F 00	Х						0.	0.	0.
(14) JACK EHNES	5.00	₩.						0.	0.	_
DIRECTOR (15) MICHAEL EDERICUS	5.00	Х	\vdash	-	\vdash	\vdash		"	0.	0.
(15) MICHAEL FRERICHS DIRECTOR	3.00	х						0.	0.	0.
(16) MICHEL GELOBTER	5.00	22			\vdash				0.	_
DIRECTOR	3.00	х						0.	0.	0.
(17) ALISA GRAVITZ	5.00	 							J •	•
TREASURER		х		x				0.	0.	0.
										Form 990 (2020)

Form 990 (2020)

Form 990 (2020) CERE	S, INC.								<u> </u>	/4/	Pa	age 🗪
Part VII Section A. Officers, Directo	ors, Trustees, Key Emp	oloy	ees,	and	ΙHiς	ghes	t Co	ompensated Employee	s (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average hours per week	box.	not c , unles cer an	ss per	more son is	than c s both	an	Reportable compensation from	Reportable compensation from related	am	timate nount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	pensa om the anizati d relate inizatio	e ion ed
(18) REBECCA HENDERSON	5.00								_			
DIRECTOR		Х						0.	0.			0.
(19) DOUGLAS HUSID SECRETARY	5.00	x		х				0.	0.			0.
(20) GINA MCCARTHY	5.00											
DIRECTOR		Х						0.	0.			0.
(21) BILL DAVIS	5.00											
DIRECTOR		Х						0.	0.			0.
(22) JANET RANGANATHAN	5.00											
VICE CHAIR		Х		Х				0.	0.			0.
(23) PETER ROSENBLUM	5.00											
DIRECTOR		Х						0.	0.			0.
(24) TEDD SAUNDERS	5.00	ا ا										_
DIRECTOR		Х						0.	0.			0.
(25) BARNEY SCHAUBLE	5.00	ا ۔۔ ا							•			_
CHAIR	F 00	Х		Х				0.	0.			0.
(26) ALICIA SEIGER DIRECTOR	5.00	х						0.	0.			0.
1b Subtotal	I						—	1,808,681.	0.	232	2,12	
c Total from continuation sheets to								0.	0.			0.
d Total (add lines 1b and 1c)								1,808,681.	0.	232	2,12	
2 Total number of individuals (includ							o re	•	000 of reportable			
compensation from the organization	-					,		,	,			33
											Yes	No
3 Did the organization list any forme	er officer, director, trust	ee, k	еу е	mpl	oye	e, or	higl	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedu	le J for such individual									3		Х
4 For any individual listed on line 1a,												

and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
TECH SUPERPOWERS LLC, 500 HARRISON AVENUE,		
STE. 108, BOSTON, MA 02118	TECH SUPPORT	267,840.
K&L GATES LLP		
P.O. BOX 844255, BOSTON, MA 02284	PROGRAM CONSULTING	195,089.
SCHLEGEL & ASSOCIATES, LLC		
2000 LAKESIDE AVENUE, BELLINGHAM, WA 98229	PROGRAM CONSULTING	189,268.
M.J. BRADLEY & ASSOCIATES, LLC		
47 JUNCTION SQUARE DRIVE, CONCORD, MA 01742	PROGRAM CONSULTING	159,900.

\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

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Х

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 CERES, INC. 22-3053747

	NC.								22-305	3/4/
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
	hours	(c				арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				eg m		organization	(W-2/1099-MISC)	from the
	hours for	ordir	eo			rted e		(W-2/1099-MISC)		organization
	related	stee	ruste		au au	sued				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	lividu	ittuti	Officer	y em	jhest	Former			
	line)	Ĕ	Ë	JO	å	'≟	요			
(27) ADELE SIMMONS	5.00	1								_
DIRECTOR (UNTIL APRIL 2021)		Х						0.	0.	0.
(28) SCOTT STRINGER	5.00									
DIRECTOR		Х						0.	0.	0.
(29) KIM THOMASSIN	5.00									
DIRECTOR		Х						0.	0.	0.
(30) VIEN TRUONG	5.00									
DIRECTOR		Х						0.	0.	0.
(31) ION YADIGAROGLU	5.00									
DIRECTOR		Х						0.	0.	0.
(32) BETTY YEE	5.00									
DIRECTOR		Х						0.	0.	0.
(33) BOB LITTERMAN	5.00							-	-	-
DIRECTOR		Х						0.	0.	0.
(34) BERTRAND MILLOT	5.00	1						•	•	
DIRECTOR		x						0.	0.	0.
(35) ANNE SIMPSON	5.00									•
DIRECTOR	3.00	x						0.	0.	0.
(36) GEORGES BENJAMIN	5.00							•	•	<u>_</u>
DIRECTOR	3.00	х						0.	0.	0 .
		22						0.	0.	
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CERES, INC. 22-3053747 Page 9 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns 1b **b** Membership dues 432,852. c Fundraising events 1c d Related organizations 1d 6,534,310 e Government grants (contributions) 1e f All other contributions, gifts, grants, and 32,475,858 similar amounts not included above 1f 4,605,383 g Noncash contributions included in lines 1a-1f 39,443,020 h Total. Add lines 1a-1f **Business Code** 2 a MEMBERSHIP DUES 900099 3,647,047. 3,647,047 Program Service Revenue 1,078,120 1,078,120 CONF. FEES & SPONS 900099 FEE FOR SERVICE 900099 176,620. 176,620. d f All other program service revenue 4,901,787 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 93,601 93,601 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 4,648,561 assets other than inventory 7a b Less: cost or other basis 4,603,643 and sales expenses 7b Other Revenue 7с 44,918. c Gain or (loss) 44,918. 44,918. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 432,852. of contributions reported on line 1c). See Part IV, line 18 120,407 **b** Less: direct expenses -120,407 -120,407. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a 9b **b** Less: direct expenses c Net income or (loss) from gaming activities \triangleright 10 a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a REIMBURSEMENTS/REVENUE 900099 62,023 62,023

12 To

Form **990** (2020)

12,523.

30,635.

900099

900099

b HONARARIA

c SUBLEASE

d All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions

20,500

12,523

95,046

44,457,965,

20,500

4,984,310.

Form 990 (2020) CERES, INC. Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	anlete column (A)	
Secu	Check if Schedule O contains a respor			ipiele column (A).	X
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		5/45/1955	gerreral experience	<u> </u>
•	and domestic governments. See Part IV, line 21	423,662.	423,662.		
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	4,193,458.	4,193,458.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,808,681.	984,490.	441,787.	382,404.
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	11,004,302.	9,239,888.	885,616.	878,798.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	432,924.	368,898.	33,026.	31,000.
9	Other employee benefits	1,452,824.	1,106,129.	196,222.	150,473.
10	Payroll taxes	1,013,801.	793,270.	123,092.	97,439.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	61,661.	43,155.	18,506.	
С	Accounting	123,784.		94,234.	
d	Lobbying	150,882.	150,882.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	2 000 500	0.060.010	E 4 E 2 E	00 140
	column (A) amount, list line 11g expenses on Sch 0.)	3,098,788.		54,735.	83,143.
12	Advertising and promotion	325,996.		47 005	709.
13	Office expenses	606,739.		47,995.	73,880.
14	Information technology	367,785.	313,014.	26,986.	27,785.
15	Royalties	834,168.	699,810.	69,253.	CE 10E
16	Occupancy	39,214.	33,233.	673.	65,105. 5,308.
17	Travel	39,214.	33,433.	073.	3,300.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	89,135.	79,184.	2,896.	7,055.
19	Conferences, conventions, and meetings	09,133.	19,104.	4,030.	1,000.
20	Interest Payments to affiliates				
21 22	Payments to affiliates Depreciation, depletion, and amortization	434,067.	350,044.	43,309.	40,714.
23	La companya di	±3±,00/•	330,044.	±3,309•	-U,/14•
23 24	Other expenses. Itemize expenses not covered				
24	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.)				
a	RESEARCH/WRITING	359,480.	359,470.		10.
b	BAD DEBT EXPENSE	23,702.	302,2700	23,702.	
c	PRINTING	2,214.	1,139.	==,	1,075.
d		, == 2 v	,====		,
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	26,847,267.	22,940,337.	2,062,032.	1,844,898.
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 if following SOP 98-2 (ASC 958-720)				
					000

22-3053747 Page **11** CERES, INC.

Form 990 (2020)
Part X Balance Sheet

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	5,081,089.	1	4,379,638.
	2	Savings and temporary cash investments	11,150,587.	2	20,726,287.
	3	Pledges and grants receivable, net	9,767,768.	3	16,118,950.
	4	Accounts receivable, net	659,430.	4	682,914.
	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)(B)		6	
က္	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
¥	9	Prepaid expenses and deferred charges	598,278.	9	1,714,171.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 3,820,354.			
	b	Less: accumulated depreciation 10b 2,241,216.	1,917,877.	10c	1,579,138.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	177,413.	15	124,268.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	29,352,442.	16	45,325,366.
	17	Accounts payable and accrued expenses	3,792,322.	17	3,708,253.
	18	Grants payable	225 112	18	222 422
	19	Deferred revenue	927,142.	19	930,138.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	1,900,000.		_
	00	of Schedule D	6,619,464.		0. 4,638,391.
	26	Total liabilities. Add lines 17 through 25	0,019,404.	26	4,030,391.
ဖွ		Organizations that follow FASB ASC 958, check here X			
) 	07	and complete lines 27, 28, 32, and 33.	5,705,824.	27	10,095,750.
ala	27	Net assets without donor restrictions	17,027,154.	28	30,591,225.
В В	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here	17,027,134.	20	30,331,223.
[등		and complete lines 29 through 33.			
<u>p</u>	20	Capital stock or trust principal, or current funds		29	
ets	29 20	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	30	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	31		22,732,978.	32	40,686,975.
Ž					45,325,366.
ž	32 33	Total net assets or fund balances Total liabilities and net assets/fund balances	29,352,442.	33	

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Form 990 (2020) CERES, INC. 22-3053747 Page 12

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			7,9			
2	Total expenses (must equal Part IX, column (A), line 25)	2			7,2			
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22	<u>,73</u>	2,9	78.		
5	Net unrealized gains (losses) on investments	5		34	3,2	99.		
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 4							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>					
					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 O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	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	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			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.						
За	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							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				
				Form	990	(2020)		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number Name of the organization INC. 22-3053747 **CERES** Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.")	16875722.	18675271.	19600917.	22893848.	43090067.	121135825
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	16875722.	18675271.	19600917.	22893848.	43090067.	121135825
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,						
							23549057.
6	column (f) Public support. Subtract line 5 from line 4.						97586768.
	etion B. Total Support						<i>p1300100</i> •
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4		18675271	19600917.	22893848	43090067.	121135825
	Gross income from interest,	100/3/22:	10075271.	<u> </u>	22033040.	±3030007•	121133023
0	,						
	dividends, payments received on						
	securities loans, rents, royalties,	35,259.	63,198.	01 765	257 093	106 124	554,329.
_	and income from similar sources	33,239.	03,190.	91,703.	231,303.	100,124.	334,323.
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.)						101600154
	Total support. Add lines 7 through 10						121690154
	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<u>,941,396.</u>
13	First 5 years. If the Form 990 is for the						
80	organization, check this box and stop						>
	ction C. Computation of Publi			(7)		T I	90 10 %
	Public support percentage for 2020 (I					14	80.19 %
	Public support percentage from 2019					15	78.92 %
16a	33 1/3% support test - 2020. If the	-					, 37
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2019. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	t - 2020. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶□
b	10% -facts-and-circumstances test	t - 2019. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circum	nstances test, che	ck this box and st	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s >
					Sche	edule A (Form 990	or 990-F7) 2020

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.)

Se	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	ļ					
	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	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	ļ					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,	ļ					
	and income from similar sources	ļ					
k	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	ļ					
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2020. If the	organization did n	not check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	>
k	33 1/3% support tests - 2019. If the	organization did n	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	ind
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

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.)

		Yes	No
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	2		
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	За		
	- Oa		
	26		
	3b		
	3c		
	_		
	4a		
	4b		
	4c		
	5a		
	- Gu		
	5b		
	5c		
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	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
_	_		

Pa	TIV 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	44-		
L	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
Sec	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
	and 21 type temperating enganizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
-	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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			
800	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 instructions)	·-		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		NI -
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in 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	2a		
h	that these activities constituted substantially all of its activities. Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	Za		
b	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
4	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Part V	Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (explain in	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu	ust complete S	Sections A through E.	
Section	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Ne	t short-term capital gain	1		
2 Re	coveries of prior-year distributions	2		
3 Otl	her gross income (see instructions)	3		
4 Ad	d lines 1 through 3.	4		
5 De	preciation and depletion	5		
6 Po	rtion of operating expenses paid or incurred for production or			
co	llection of gross income or for management, conservation, or			
ma	aintenance of property held for production of income (see instructions)	6		
7 Otl	her expenses (see instructions)	7		
8 Ad	justed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Ag	gregate fair market value of all non-exempt-use assets (see			
ins	tructions for short tax year or assets held for part of year):			
a Av	erage monthly value of securities	1a		
b Av	erage monthly cash balances	1b		
c Fa	ir market value of other non-exempt-use assets	1c		
d To	tal (add lines 1a, 1b, and 1c)	1d		
e Dis	scount claimed for blockage or other factors			
(ex	plain in detail in Part VI):			
2 Ac	quisition indebtedness applicable to non-exempt-use assets	2		
3 Su	btract line 2 from line 1d.	3		
4 Ca	sh deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see	e instructions).	4		
5 Ne	t value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Mu	ultiply line 5 by 0.035.	6		
7 Re	coveries of prior-year distributions	7		
8 Mi	nimum Asset Amount (add line 7 to line 6)	8		
Section	C - Distributable Amount			Current Year
1 Ad	justed net income for prior year (from Section A, line 8, column A)	1		
2 En	ter 0.85 of line 1.	2		
3 Mi	nimum asset amount for prior year (from Section B, line 8, column A)	3		
4 En	ter greater of line 2 or line 3.	4		
5 Inc	come tax imposed in prior year	5		
6 Dis	stributable Amount. Subtract line 5 from line 4, unless subject to			
em	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	inization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Pai	rt V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continue	ed)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	3			
_4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pri	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.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	;	(iii) 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	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
<u>a</u>	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:				

Schedule A (Form 990 or 990-EZ) 2020

a Excess from 2016
 b Excess from 2017
 c Excess from 2018
 d Excess from 2019
 e Excess from 2020

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

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Section 501(c)(4) (5) or (6) organizations: Complete Part III.

Name of org				Empl	oyer identification number
	CERES,	INC.			22-3053747
Part I-A	Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 org	ganization.
2 Politica		ation's direct and indirect politioures gn activities			
Part I-B	Complete if the org	anization is exempt und	er section 501(c)(3).	
1 Enter t	he amount of any excise tax	incurred by the organization und	der section 4955	▶\$	
2 Enter t	he amount of any excise tax	incurred by organization manag			
3 If the c	organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a	correction made?				Yes No
	," describe in Part IV.	·			1(0)
Part I-C	_	anization is exempt und			· · · · · · · · · · · · · · · · · · ·
	•	by the filing organization for se	•		
		ization's funds contributed to of	-	. .	
•					
		. Add lines 1 and 2. Enter here a			
		1100 DOL for this year?			
		1120-POL for this year?			
	,	tion listed, enter the amount pai	,	· ·	0 0
-	•	omptly and directly delivered to			<u>-</u>
politica	al action committee (PAC). If	additional space is needed, prov	vide information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020	CERES, INC	•	- F04/- \((0) C -	22-3	053747 Page 2				
Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).									
	•	filiated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,				
. — ' '	e of excess lobbying	. ,							
B Check ▶ if the filing organiza	tion cnecked box A	and "limited control" pro	visions apply.	(a) Filing	(In) Affiliated annual				
	ts on Lobbying Exp			(a) Filing organization's	(b) Affiliated group totals				
(The term "expend	ditures" means amo	unts paid or incurred.)		totals					
1a Total lobbying expenditures to influ	1a Total lobbying expenditures to influence public opinion (grassroots lobbying)								
b Total lobbying expenditures to influ	150,882.								
c Total lobbying expenditures (add li	nes 1a and 1b)			150,882.					
d Other exempt purpose expenditure	es			24,851,487.					
e Total exempt purpose expenditure	s (add lines 1c and 1	d)		25,002,369.					
f Lobbying nontaxable amount. Ente	er the amount from the	ne following table in both	n columns.	1,000,000.					
If the amount on line 1e, column (a) o	r (b) is: The lo	bbying nontaxable am	ount is:						
Not over \$500,000	20% o	f the amount on line 1e.							
Over \$500,000 but not over \$1,000	0,000 \$100,0	000 plus 15% of the exc	ess over \$500,000.						
Over \$1,000,000 but not over \$1,5	00,000 \$175,0	000 plus 10% of the exc	ess over \$1,000,000.						
Over \$1,500,000 but not over \$17,	000,000 \$225,0	000 plus 5% of the exces	ss over \$1,500,000.						
Over \$17,000,000	\$1,000),000.							
g Grassroots nontaxable amount (en	ter 25% of line 1f)			250,000.					
h Subtract line 1g from line 1a. If zer	o or less, enter -0-			0.					
i Subtract line 1f from line 1c. If zero	o or less, enter -0			0.					
j If there is an amount other than ze	ro on either line 1h o	r line 1i, did the organiza	ation file Form 4720	_					
reporting section 4911 tax for this	year?				Yes No				
		veraging Period Under	• •						
(Some organizations t		• •	•	of the five columns be	low.				
		rate instructions for lir							
	Lobbying Exp	enditures During 4-Yea	ir Averaging Period	T					
Calendar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total				
(or fiscal year beginning in)	(a) 2011	(b) 2010	(6) 2013	(u) 2020	(e) Total				
2a Lobbying nontaxable amount	923,944	1 000 000	1,000,000.	1 000 000	3,923,944.				
b Lobbying ceiling amount	723,744	1,000,000	1,000,000	1,000,000	3,323,344.				
(150% of line 2a, column(e))					5,885,916.				
(10070 01 1110 24, 00141111(0))					2,000,010.				
c Total lobbying expenditures	81,610	. 102,077.	77,935.	150,882.	412,504.				
C Total lobbying experionales	01,010	102,077	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	130,002.	112,501.				
d Grassroots nontaxable amount	230,986	250,000.	250,000.	250,000.	980,986.				
e Grassroots ceiling amount	, , , ,				,				
(150% of line 2d, column (e))					1,471,479.				

Schedule C (Form 990 or 990-EZ) 2020

43.

f Grassroots lobbying expenditures

43.

Schedule C (Form 990 or 990-EZ) 2020 CERES , INC. 22-30537 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

of the lobbying acti	r each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
			No		Amo	ount
1 During the ye	ear, did the filing organization attempt to influence foreign, national, state, or					
local legislati	on, including any attempt to influence public opinion on a legislative matter					
or referendu	m, through the use of:					
a Volunteers?						
b Paid staff or	management (include compensation in expenses reported on lines 1c through 1i)?					
	tisements?					
	nembers, legislators, or the public?					
	or published or broadcast statements? ner organizations for lobbying purposes?					
	at with the signature the signature of t					
=	onstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activiti						
	es? hes 1c through 1i					
	ities in line 1 cause the organization to be not described in section 501(c)(3)?					
	er the amount of any tax incurred under section 4912					
	er the amount of any tax incurred by organization managers under section 4912					
	rganization incurred a section 4912 tax, did it file Form 4720 for this year?					
art III A Co	mplete if the organization is exempt under section 501(c)(4), section	501(c)(5), or s	ection	on	
art III-A Co	1(c)(6).	. , ,	• •			
	. (5)(5).					
	.(৬)(৬).				Yes	N
50	ntially all (90% or more) dues received nondeductible by members?			1	Yes	N
50 1 Were substa			—	1 2	Yes	N
1 Were substa 2 Did the organ 3 Did the organ 2 art III-B Co 50	ntially all (90% or more) dues received nondeductible by members? nization make only in-house lobbying expenditures of \$2,000 or less? nization agree to carry over lobbying and political campaign activity expenditures from the period of the organization is exempt under section 501(c)(4), section 1(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N	orior year? 501(c)(5)), or s	ection	on	
1 Were substa 2 Did the organ 3 Did the organ Part III-B Co 50	ntially all (90% or more) dues received nondeductible by members? nization make only in-house lobbying expenditures of \$2,000 or less? nization agree to carry over lobbying and political campaign activity expenditures from the perpenditure of the organization is exempt under section 501(c)(4), section 1(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Newered "Yes."	orior year? 501(c)(5 Io" OR (l), or s b) Par	ection	on	
1 Were substa 2 Did the organ 3 Did the organ art III-B Co 50 and	ntially all (90% or more) dues received nondeductible by members? nization make only in-house lobbying expenditures of \$2,000 or less? nization agree to carry over lobbying and political campaign activity expenditures from the pumplete if the organization is exempt under section 501(c)(4), section 1(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Newered "Yes." sments and similar amounts from members	orior year? 501(c)(5) Io" OR (l), or s b) Par	ection	on	
1 Were substa 2 Did the organ 3 Did the organ art III-B Co 50 an 1 Dues, assess 2 Section 162(ntially all (90% or more) dues received nondeductible by members? nization make only in-house lobbying expenditures of \$2,000 or less? nization agree to carry over lobbying and political campaign activity expenditures from the perpenditure of the organization is exempt under section 501(c)(4), section 1(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Newered "Yes."	orior year? 501(c)(5) Io" OR (l), or s b) Par	ection	on	
1 Were substa 2 Did the organ 3 Did the organ art III-B Co 50 an 1 Dues, assess 2 Section 162(ntially all (90% or more) dues received nondeductible by members? nization make only in-house lobbying expenditures of \$2,000 or less? nization agree to carry over lobbying and political campaign activity expenditures from the pumplete if the organization is exempt under section 501(c)(4), section 1(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Newered "Yes." sments and similar amounts from members e) nondeductible lobbying and political expenditures (do not include amounts of political or which the section 527(f) tax was paid).	orior year? 501(c)(5 Io" OR (l), or s b) Par	ection to the second se	on	
1 Were substa 2 Did the orgal 3 Did the orgal art III-B Co 50 an: 1 Dues, assess 2 Section 162(expenses fo a Current year	ntially all (90% or more) dues received nondeductible by members? nization make only in-house lobbying expenditures of \$2,000 or less? nization agree to carry over lobbying and political campaign activity expenditures from the properties of the organization is exempt under section 501(c)(4), section 1(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Newered "Yes." sments and similar amounts from members e) nondeductible lobbying and political expenditures (do not include amounts of political or which the section 527(f) tax was paid).	orior year? 501(c)(5 Io" OR (l), or s b) Pai	ection till-	on	
1 Were substa 2 Did the organ 3 Did the organ 4 TIII-B Co 50 4 an: 1 Dues, assess 2 Section 162(expenses fo a Current year b Carryover from	ntially all (90% or more) dues received nondeductible by members? nization make only in-house lobbying expenditures of \$2,000 or less? nization agree to carry over lobbying and political campaign activity expenditures from the pumplete if the organization is exempt under section 501(c)(4), section 1(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Newered "Yes." sments and similar amounts from members e) nondeductible lobbying and political expenditures (do not include amounts of political or which the section 527(f) tax was paid).	orior year? 501(c)(5 Io" OR (l), or sb) Pai	ection to the second se	on	
1 Were substa 2 Did the organ 3 Did the organ 4 TIII-B Co 50 an: 1 Dues, assess 2 Section 162(expenses fo a Current year b Carryover fro c Total	ntially all (90% or more) dues received nondeductible by members? nization make only in-house lobbying expenditures of \$2,000 or less? nization agree to carry over lobbying and political campaign activity expenditures from the pumplete if the organization is exempt under section 501(c)(4), section 1(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Newered "Yes." sments and similar amounts from members e) nondeductible lobbying and political expenditures (do not include amounts of political or which the section 527(f) tax was paid).	orior year? 501(c)(5 Io" OR (l	2), or s b) Par	ection of the control	on	3, is
Were substa Did the organ Till-B Dues, assess Section 162(expenses fo a Current year b Carryover fro c Total Aggregate an	ntially all (90% or more) dues received nondeductible by members? nization make only in-house lobbying expenditures of \$2,000 or less? nization agree to carry over lobbying and political campaign activity expenditures from the particle of the organization is exempt under section 501(c)(4), section 1(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Newered "Yes." Immems and similar amounts from members Immediately in an amount of political expenditures (do not include amounts of political or which the section 527(f) tax was paid).	orior year? 501(c)(5) Io" OR (l	2), or s b) Par	ection of the control	on	
1 Were substa 2 Did the organ 3 Did the organ 3 Did the organ 4 Dues, assess 2 Section 162(expenses for a Current year b Carryover from Carryover f	ntially all (90% or more) dues received nondeductible by members? nization make only in-house lobbying expenditures of \$2,000 or less? nization agree to carry over lobbying and political campaign activity expenditures from the pumplete if the organization is exempt under section 501(c)(4), section 1(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Newered "Yes." sments and similar amounts from members e) nondeductible lobbying and political expenditures (do not include amounts of political or which the section 527(f) tax was paid). mulast year mount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	prior year? 501(c)(5) Io" OR (I	2), or s b) Par	ection of the control	on	
1 Were substa 2 Did the organ 3 Did the organ 3 Did the organ 4 Till-B Co 50 an: 1 Dues, assess 2 Section 162(expenses for a Current year b Carryover from a Aggregate and If notices we	ntially all (90% or more) dues received nondeductible by members? nization make only in-house lobbying expenditures of \$2,000 or less? nization agree to carry over lobbying and political campaign activity expenditures from the pumplete if the organization is exempt under section 501(c)(4), section 1(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Newered "Yes." sments and similar amounts from members e) nondeductible lobbying and political expenditures (do not include amounts of political or which the section 527(f) tax was paid). om last year mount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues re sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess anization agree to carryover to the reasonable estimate of nondeductible lobbying and political political estimate of nondeductible lobbying and political estimate	prior year? 501(c)(5) Io" OR (I	2), or s b) Par	ection of the control	on	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CERES, INC.

Employer identification number 22-3053747

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(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 v	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be ι	used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose o	conferring
_			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		1 1
	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
4	year	nament is leasted	
4 5	Number of states where property subject to conservation eas Does the organization have a written policy regarding the per		
3	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	Land volunteer modes devoted to morntoning, inspecting,	rialiting of violations, and officially const	orvation casemonts daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
•	▶ \$		ion cacomonic daming and year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170/h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	·	
	organization's accounting for conservation easements.	-	
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Otl	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items	S.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		• \$
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB A	_	
а	Revenue included on Form 990, Part VIII, line 1		> \$
-	Assets included in Form 990, Part X		> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,486,736.	1,257,708.	1,229,028.
d Equipment		1,333,618.	983,508.	350,110.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	1,579,138.			

Schedule D (Form 990) 2020

		11b. See Form 990, Part X, line 12.	
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market value
Financial derivatives			
Closely held equity interests		<u> </u>	
Other			
A)			
B)			
C)			
D)			
Ε)			
F)			
G)			
H)			
I. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
rt VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market value
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
<u> </u>			
(9)			
(9) II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ort IX Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	(b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) (a)		11d. See Form 990, Part X, line 15.	(b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) (1) 2)		11d. See Form 990, Part X, line 15.	(b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) (1) 2) 3)		11d. See Form 990, Part X, line 15.	(b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4)		11d. See Form 990, Part X, line 15.	(b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) IT IX Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6)		11d. See Form 990, Part X, line 15.	(b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6)		11d. See Form 990, Part X, line 15.	(b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6) 7)		11d. See Form 990, Part X, line 15.	(b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line (art X) Other Liabilities. Complete if the organization answered "Yes" (a)	Description		e 25.
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) TIX Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6) 7) 8) 9) II. (Column (b) must equal Form 990, Part X, col. (B) line (TX) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		e 25.
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6) 77 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line (rt X) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability 1) Federal income taxes	Description		e 25.
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6) 77 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line (rt X) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability 1) Federal income taxes	Description		e 25.
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line (rt X) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability 1) Federal income taxes 2)	Description		e 25.
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line rt X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability 1) Federal income taxes 2) 3)	Description		e 25.
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line and any and any and any	Description		e 25.
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line (a) Int X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) 3) 44	Description		e 25.
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line (a) Int X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability 1) Federal income taxes 2) 3) 4) 55 66	Description		e 25.
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) (a) (b) (c) (a) (c) (c) (d) (d) (e) (e) (e) (f) (f) (h) (h) (h) (h) (h) (h	Description		e 25.
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line (a) Int X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability 1) Federal income taxes 2) 3) 4) 55 66	Description		

032053 12-01-20

Schedule D (Form 990) 2020

44,457,965.

4c

5

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 27,445,963. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 478,289. a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c 120,407 **d** Other (Describe in Part XIII.) 598,696. Add lines 2a through 2d 2e 26,847,267. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) 4c c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)

Part XIII Supplemental Information.

Subtract line 2e from line 1

Other (Describe in Part XIII.)

c Add lines 4a and 4b

Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

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 X, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

CERES 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, UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS.

CERES HAS IDENTIFIED ITS TAX STATUS AS A TAX-EXEMPT ENTITY AND ITS

DETERMINATION AS TO WHAT INCOME IS RELATED AND UNRELATED AS ITS ONLY

Schedule D (Form 990) 2020

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

 \blacktriangleright Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

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

2020
Open to Public Inspection

Name of the organization

Employer identification number

CEDEG THE					20 20525	1.77
CERES, INC. Part I General Info	mation on A	ctivities Out	side the United States. Comple	ata if the avean	22-305374	4 /
Form 990, Part IV		otivities out	side the office offices. Comple	ete ii trie organi	ization answered	res on
1 For grantmakers. Does	the organization		ds to substantiate the amount of its gra he selection criteria used to award the			Yes No
United States.			procedures for monitoring the use of its		ner assistance outs	side the
			n be duplicated if additional space is n			
(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE						
PACIFIC	0	0	GRANTMAKING			1,512,800.
EUROPE (INCLUDING						
ICELAND & GREENLAND)	0	0	GRANTMAKING			2,600,285.
SOUTH AMERICA	0	0	GRANTMAKING			80,373.
3 a Subtotal	0	0				4,193,458.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	0				4,193,458.

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

Schedule F (Form 990) 2020

CERES, INC. Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) 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	(i) Method of valuation (book, FMV, appraisal, other)
			IN SUPPORT OF CLIMATE					
		EUROPE (INCLUDING	ACTION 100+:					
		ICELAND &	INVESTORS DRIVING					
		GREENLAND)	CORPORATE ACTION ON	1527458.	WIRE	0.		
			IN SUPPORT OF CLIMATE					
		EUROPE (INCLUDING	ACTION 100+:					
			INVESTORS DRIVING					
			CORPORATE ACTION ON	1072827.	 WIRE	0.		
			IN SUPPORT OF CLIMATE	-				
			ACTION 100+:					
			INVESTORS DRIVING					
			CORPORATE ACTION ON	1512800.	WIRE	0.		
			TO PUBLICLY BENCHMARK			-		
			CORPORATE PRACTICES					
			AND PROGRESS IN					
			RELATION TO COMPANY	80,373.	WIRE	0.		
				,				

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3	Enter total number of other organizations or entities

4
0
Schedule F (Form 990) 2020

CERES, INC.

Part III	rt III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.							
(a) [↑]	ype of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

22-3053747 Page 4

1 2	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," 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)	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? If "Yes," 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)	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? If "Yes," 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)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "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? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Part V | Supplemental Information

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 2:

SUB-GRANTS ARE AWARDED TO ORGANIZATIONS PENDING REVIEW OF A PROJECT
BUDGET AND STATEMENT OF WORK. SUCH PROJECT MUST BE ALIGNED WITH CERES
ORGANIZATIONAL MISSION. ORGANIZATIONS ARE REQUIRED TO SUBMIT TO CERES
FINANCIAL REPORTS THAT SHOW HOW THE FUNDS WERE USED. FUNDS ARE PROVIDED
ONLY FOR COSTS APPROVED IN THE PROJECT BUDGET. WHEN EXPENDITURES VARY
MORE THAN 20% FROM AN APPROVED BUDGET LINE, PRIOR WRITTEN AUTHORIZATION
FROM CERES IS REQUIRED. SUB-GRANTEE SHALL MAKE AVAILABLE TO CERES OR ITS
INDEPENDENT AUDITORS ALL ACCOUNTING RECORDS FOR EXAMINATION, EVALUATION,
AND AUDIT FOR A REASONABLE PERIOD OF TIME AFTER COMPLETION OF THE FUNDED
WORK.

PART II, COLUMN (D):

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: IN SUPPORT OF CLIMATE ACTION 100+: INVESTORS

DRIVING CORPORATE ACTION ON CLIMATE CHANGE.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: IN SUPPORT OF CLIMATE ACTION 100+: INVESTORS

DRIVING CORPORATE ACTION ON CLIMATE CHANGE.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: IN SUPPORT OF CLIMATE ACTION 100+: INVESTORS

DRIVING CORPORATE ACTION ON CLIMATE CHANGE.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO PUBLICLY BENCHMARK CORPORATE PRACTICES AND

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

name of the organization CERES,	INC.					22-3053	ntification number 747
	Complete if the organization answer	red "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
required to complete this part 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Poly b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual of art VII) or entity in connection with providuals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-governising of onal fundamental	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
otal			•				
List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontribu	utions	or has been notified	it is e	exempt from req	gistration

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

Schedule G (Form 990 or 990-EZ) 2020

Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and groups.				
		or iditarialsing event contributions and gr	(a) Event #1 ONLINE EVENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
40			(event type)	(event type)	(total number)	- col. (c))
Revenue	1	Gross receipts	432,852.			432,852.
	2	Less: Contributions	432,852.			432,852.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages	589.			589.
	8	Entertainment				
	9	Other direct expenses				119,818.
		,	()		>	120,407.
De	11 irt l	Net income summary. Subtract line 10 from I				-120,407.
Po	II L I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, of	r reported more than	
_		\$10,000 0111 01111 000 EZ, IIIIe 0a.	() D:	(b) Pull tabs/instant	() () ()	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Seve						
_	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		·	Yes %	Yes %	Yes%	
	6	Volunteer labor	No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1. column (d)			
						•
		ter the state(s) in which the organization condu	· · -			
		he organization licensed to conduct gaming a No," explain:				Yes No
	_					
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·		•	Yes No
	_					

Schedule G (Form 990 or 990-EZ) 2020

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020 CERES, INC.	22-3053/4/ Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity for	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books are	
Name ▶	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming reven	nue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and of gaming revenue retained by the third party ▶\$	I the amount
c If "Yes," enter name and address of the third party:	
Name ▶	
Address >	
16 Gaming manager information:	
Name	
Gaming manager compensation ▶ \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations of	or spent in the
organization's own exempt activities during the tax year ▶ \$	·
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii	i) and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule G	i (Form 990 or 990-EZ)	CERES,	INC.		22-3053747	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation _{(con}	tinued)			
		(00.1				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

2020

Open to Public Inspection

Name of the organization CERES, IN	IC.						Employer identification number $22-3053747$
Part I General Information on Grants a							
Does the organization maintain records:	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selecti	on
criteria used to award the grants or assis							
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	Domestic Organia	zations and Domesti	c Governments. C	Complete if the org	anization answered "\	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if addit	ional space is need	ed.	(0) 14 - 14 - 1 - 5		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							FOR CATALYZING PROGRESS
CLEAN AIR TASK FORCE, INC.							IN OIL & GAS SECTOR BY
114 STATE STREET, 6TH FLOOR							BENCHMARKING METHANE
BOSTON, MA 02109	04-3512550	501(C)(3)	37,000.	0.			EMISSIONS.
FOREST TRENDS ASSOCIATION							FOR COCOA BENCHMARK AND
1203 19TH STREET, NW, 4TH FLOOR							BUSINESS CASE FOR ENDING
WASHINGTON, DC 20036	52-2135531	501(C)(3)	209,416.	0.			DEFORESTATION.
THE CLIMATE GROUP, INC.							
335 MADISON AVENUE, 4TH FLOOR							FOR POLICY RECRUITMENT
NEW YORK, NY 10017	43-2073566	501(C)(3)	22,500.	0.			AND ADVOCACY SUPPORT.
							TO IDENTIFY EFFECTIVE
SOLIDARIDAD NORTH AMERICA							FINANCIAL SUPPLIER
2120 UNIVERSITY AVENUE							INCENTIVES FOR
BERKELEY, CA 94704	46-1528546	501(C)(3)	9,519.	0.			IMPLEMENTATION OF
							TO RECRUIT 50 COMPANIES
CLIMATE COLLABORATIVE							TO JOIN THE SME CLIMATE
87 STATE STREET, UNIT 309							HUB, WITH 10 SETTING NET
MONTPELIER, VT 05601	86-2833200	501(C)(3)	32,727.	0.			ZERO TARGETS BY 2040.
							TO SUPPORT THE
MERIDIAN INSTITUTE							DEVELOPMENT OF A SECTOR
P.O. BOX 1829							ACTION PLAN FOR THE FOOD
DILLON, CO 80435	84-1435420	501(C)(3)	112,500.	0.			AND BEVERAGE SECTOR TO
2 Enter total number of section 501(c)(3) a	and government or	ganizations listed in th	ne line 1 table				▶ 6.
3 Enter total number of other organization							
111A For Denominant Deduction Act Notice							Calaadula I /Farra 000) 0000

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2020

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
SUB-GRANTS ARE AWARDED TO ORGANIZAT	TIONS PEN	DING REVIE	W OF A PRO	JECT BUDGET	
AND DESCRIPTION. SUCH PROJECT MUST	BE ALIG	NED WITH C	ERES ORGAN	IZATIONAL	
MISSION. ORGANIZATIONS ARE REQUIRE	ED TO SUB	MIT TO CER	ES FINANCI	AL REPORTS	
THAT SHOW HOW THE FUNDS WERE USED.	FUNDS A	RE PROVIDE	D ONLY FOR	COSTS	
APPROVED IN THE PROJECT BUDGET. WE	IEN EXPEN	DITURES VA	RY MORE TH	AN 20% FROM	
AN APPROVED BUDGET LINE, PRIOR WRIT	TEN AUTH	ORIZATION	FROM CERES	IS	
REQUIRED. SUB-GRANTEE SHALL MAKE A	VAILABLE	TO CERES	OR ITS IND	EPENDENT	
AUDITORS ALL ACCOUNTING RECORDS FOR					

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

Attach to Form 990.

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Questions Regarding Compensation

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

CERES, INC. Employer identification number 22-3053747

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	_		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
2				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee			
	X Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
	Approval by the board of compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а		5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			₹.
а	The organization?	6a		X
b	Any related organization?	6b		X
-	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		v
	not described on lines 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	C		Х
^	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Α
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Regulations section 53.4958-6(c)?	. 9		ı

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

Schedule J (Form 990) 2020

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-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(6)(1)-(0)	in column (B) reported as deferred on prior Form 990		
(1) MINDY LUBBER	(i)	279,289.	0.	0.	11,279.	5,585.	296,153.	0.	
CEO & PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) SUSAN SAYERS	(i)	253,406.	0.	0.	9,260.	23,381.	286,047.	0.	
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) DAWN MARTIN	(i)	220,349.	0.	0.	8,893.	12,376.	241,618.	0.	
EXEC. VP & CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) SUSAN BOYER	(i)	183,888.	0.	0.	7,585.	27,736.	219,209.	0.	
CHIEF FINANCIAL & ADMIN. OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) DAVID ZIV-KREGER	(i)	185,252.	0.	0.	7,645.	25,310.	218,207.	0.	
VP, FOUNDATION DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) STEVEN ROTHSTEIN	(i)	186,883.	0.	0.	3,777.	23,415.	214,075.	0.	
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) KIRSTEN SPALDING	(i)	163,936.	0.	0.	6,695.	35,660.	206,291.	0.	
SR. PROGRAM DIR., INVESTOR NETWORK	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) HILARY FORBES	(i)	164,030.	0.	0.	6,417.	9,239.	179,686.	0.	
SR. DPT. DR., HR & OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) ANNE KELLY	(i)	171,648.	0.	0.	6,624.	1,247.	179,519.	0.	
VP, GOVERNMENT RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
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	(ii)	_		_					
	(i)								
	(ii)								

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

➤ Attach to Form 990.

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

Employer identification number

	CERES, INC.					22-30	053	747	
Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	nor	(d) Method of det ncash contribut		_	s
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	Intellectual property								
9	Securities - Publicly traded	Х	7	4,605,383.	FMV				
10	Securities - Closely held stock			, ,					
11	Securities - Partnership, LLC, or								
• •	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21									
22	Taxidermy Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25									
26	Other								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz	zation during	the tax year for o	ontributions					
23	for which the organization completed Form 82							0	
	101 Which the organization completed Form 62	oo, rait v, L	onee Acknowledg	ement <u>23 </u>				Yes	No
302	During the year, did the organization receive b	v contributio	n any property rep	orted in Part I lines 1 throug	h 28 th	at it		163	140
oou	must hold for at least three years from the date	•			-	at it			
	exempt purposes for the entire holding period					- 1	30a		х
b	If "Yes," describe the arrangement in Part II.						Jua		
31	Does the organization have a gift acceptance	oolicy that re	equires the review (of any nonstandard contribut	ions?	- 1	31	Х	
	Does the organization hire or use third parties	-	•	•	10110!		31		
JZd			_	•			32a		x
l ~	contributions? If "Yes," describe in Part II.					·····	o∠d		
	•	olump (a) fa	r a type of propert	for which column (a) is abas	skod	I			
33	If the organization didn't report an amount in c describe in Part II.	olullili (C) 101	a type of property	non willion column (a) is chec	∧cu,	I			
	GOOGLIDE III I AIT II.								

LHA

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

Schedule M (Form 990) 2020

032142 11-23-20 Schedule M (Form 990) 2020

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2020
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CERES, INC.

Employer identification number 22-3053747

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

CERES IS A SUSTAINABILITY NONPROFIT ORGANIZATION. CERES WORKS TO

ADVANCE SUSTAINABILITY LEADERSHIP AMONG INVESTORS, COMPANIES AND

CAPITAL MARKET INFLUENCERS TO DRIVE SOLUTIONS AND TAKE STRONGER ACTION

ON THE WORLD'S BIGGEST SUSTAINABILITY CHALLENGES, INCLUDING CLIMATE

CHANGE, WATER SCARCITY AND POLLUTION, AND INEQUITABLE WORKPLACES.

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

CERES MISSION IS TO TRANSFORM THE ECONOMY TO BUILD A SUSTAINABLE FUTURE

FOR PEOPLE AND THE PLANET. CERES WORKS WITH THE MOST INFLUENTIAL

INVESTORS AND COMPANIES TO BUILD LEADERSHIP AND DRIVE SOLUTIONS

THROUGHOUT THE ECONOMY. THROUGH POWERFUL NETWORKS AND ADVOCACY, CERES

TACKLES THE WORLD'S BIGGEST SUSTAINABILITY CHALLENGES, INCLUDING

CLIMATE CHANGE, WATER SCARCITY AND POLLUTION, AND INEQUITABLE

WORKPLACES.

PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990, SUSTAINABLE CAPITAL MARKETS: CERES MOBILIZES INFLUENTIAL FINANCIAL MARKET ACTORS TO ENGAGE AND COLLABORATE ON ENVIRONMENTAL, SOCIAL, AND GOVERNANCE ISSUES TO ADVANCE LEADING INVESTMENT PRACTICES, CORPORATE ENGAGEMENT STRATEGIES AND POLICY SOLUTIONS THROUGH WORKING GROUPS AND SHARED LEARNING OPPORTUNITIES, SUCH AS WEBINARS AND EVENTS. CERES WORKS WITH INVESTORS SPECIFICALLY TO BETTER MANAGE CARBON, WATER AND SUPPLY CHAIN RISKS, AND RAMP UP GLOBAL INVESTMENTS IN CLEAN ENERGY AND SUSTAINABLE FOOD AND WATER SYSTEMS. CERES DIRECTS THE CERES INVESTOR NETWORK ON CLIMATE RISK AND SUSTAINABILITY WHICH INCLUDES MORE THAN 220

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

Name of the organization

Employer identification number

CERES, INC. 22-3053747 INSTITUTIONAL INVESTORS, MANAGING MORE THAN \$60 TRILLION IN ASSETS, ADVANCING LEADING INVESTMENT PRACTICES, CORPORATE ENGAGEMENT STRATEGIES, AND KEY POLICY AND REGULATORY SOLUTIONS. OUR KEY GLOBAL INVESTOR COLLABORATIONS INCLUDE THE CLIMATE ACTION 100+ INITIATIVE, THE INVESTOR AGENDA, THE PARIS ALIGNED INVESTMENT INITIATIVE AND THE NET ZERO ASSET MANAGERS INITIATIVE. INFLUENTIAL INVESTORS FROM LEADING ASSET MANAGEMENT FIRMS, PUBLIC PENSION FUNDS, LABOR AND SOCIALLY-RESPONSIBLE INVESTMENT FUNDS, FOUNDATIONS, ENDOWMENTS AND FAMILY OFFICES MAKE UP THE CERES INVESTOR NETWORK. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: POLICY: THE CERES POLICY NETWORK, KNOWN AS BICEP, COMPRISES 75+ COMPANIES, INCLUDING DOZENS OF LEADING CONSUMER BRANDS AND FORTUNE 500S, ADVOCATING FOR STRONG CLIMATE, CLEAN ENERGY AND WATER POLICIES AT THE STATE AND FEDERAL LEVELS. THE CERES BICEP NETWORK HELPS COMPANIES VOICE THEIR SUPPORT FOR THE POLICIES OUR ECONOMY URGENTLY NEEDS TO PREVENT THE DIRE FINANCIAL AND MATERIAL RISKS OF THE CLIMATE CRISIS, WHILE UNLEASHING NEW INDUSTRIES, JOBS, AND GROWTH AS PART OF THE SOLUTION. THESE COMPANIES ARE RESPECTED LEADERS IN THEIR INDUSTRIES, AND THEY RECOGNIZE THAT TRANSITIONING TO A JUST AND INCLUSIVE CLEAN ENERGY ECONOMY IS WIN-WIN FOR THE PLANET AND FOR BUSINESS. CERES BICEP NETWORK MEMBERS HAVE WEIGHED IN ON A RANGE OF STATE AND FEDERAL POLICIES FROM RENEWABLE ENERGY ISSUES TO FUEL EFFICIENCY STANDARDS, TO VARIOUS CLEAN AIR ACT MEASURES TO THE PARIS CLIMATE AGREEMENT. THESE

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FORWARD-THINKING COMPANIES ARE RESPECTED LEADERS IN THEIR SECTORS WHO

RECOGNIZE THAT THE LOW-CARBON ECONOMY WILL CONTINUE STIMULATING GROWTH

AND CREATE NEW JOBS, WHILE STABILIZING OUR CLIMATE.

Name of the organization CERES, INC. Employer identification number 22-3053747

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: SUSTAINABLE BUSINESS STRATEGIES: CERES' COMPANY NETWORK COMPRISES 50+ COMPANIES, NEARLY 75 PERCENT OF THEM FORTUNE 500 FIRMS, SETTING THE HIGHEST BAR FOR SUSTAINABILITY LEADERSHIP. THROUGH DIRECT STAKEHOLDER ENGAGEMENT, STANDARD-SETTING, REGULAR BENCHMARKING, AND STRONG COLLABORATIONS WITH COALITIONS LIKE WE MEAN BUSINESS, CERES MOVES COMPANIES TO RAISE THEIR AMBITION ON ROBUST SUSTAINABILITY GOALS AND IMPROVE RESILIENCY IN THEIR OPERATIONS AND SUPPLY CHAINS. CERES' IN-HOUSE EXPERTISE, COMBINED WITH OUR UNIQUE ACCESS TO INVESTORS, COMPANIES AND OTHER ADVOCACY ORGANIZATIONS, PROVIDES MEMBERS THE CRITICAL INSIGHTS THEY NEED TO STRENGTHEN PERFORMANCE ON KEY 'MATERIAL' ENVIRONMENTAL AND SOCIAL IMPACT AREAS. LEVERAGING THE CERES ROADMAP FOR SUSTAINABILITY --OUR VISION AND PRACTICAL FRAMEWORK FOR GUIDING CORPORATE SUSTAINABILITY LEADERSHIP -- CERES WORKS WITH COMPANY NETWORK MEMBERS TO MANAGE SUSTAINABILITY FROM THE BOARDROOM TO THE COPY ROOM, AND FROM FACTORIES TO FIELDS.

CLIMATE AND ENERGY: CERES MOBILIZES THE MOST INFLUENTIAL INVESTORS AND

COMPANIES IN TACKLING CLIMATE CHANGE AS A SUSTAINABILITY ISSUE THAT

MUST BE ADDRESSED AT EVERY LEVEL OF BUSINESS AND INVESTMENT PLANNING

AND OPERATIONS. WE WORK WITH INVESTORS AND COMPANIES TO RAMP UP GLOBAL

SUSTAINABLE INVESTMENTS IN CLEAN ENERGY AND SUSTAINABLE FOOD AND WATER

SYSTEMS. OUR INVESTOR NETWORK MEMBERS ALSO ADVOCATE FOR ROBUST CLIMATE

DISCLOSURE IN FINANCIAL FILINGS AND ENGAGE DIRECTLY WITH COMPANIES TO

IMPROVE SUSTAINABILITY PERFORMANCE. THIS WORK IS DONE ACROSS KEY

SECTORS AFFECTED THE MOST BY CLIMATE CHANGE, INCLUDING ELECTRIC POWER,

Employer identification number Name of the organization CERES, INC. 22-3053747 OIL AND GAS, TRANSPORTATION, INSURANCE AND AGRICULTURE. SOLUTIONS THAT PROMOTE CLIMATE CHANGE RESILIENCE AND CLEAN ENERGY WILL HELP BUILD A LOW-CARBON ECONOMY WHILE PROTECTING OUR PLANET FOR CURRENT AND FUTURE **GENERATIONS.** EXPENSES \$ 2,645,352. INCLUDING GRANTS OF \$ 69,727. REVENUE \$ 173,752. FOOD AND FORESTS: CLIMATE CHANGE AND GROWING WATER SCARCITY ARE COMPROMISING AGRICULTURAL PRODUCTIVITY AND INCREASING PROCUREMENT COSTS. ADDITIONALLY, ILLEGAL AND UNETHICAL PRACTICES SUCH AS THE RAZING OF RAINFORESTS AND THE USE OF FORCED LABOR ARE INTENSIFYING AS GLOBAL FOOD DEMAND AND POPULATION PRESSURES MOUNT. THIS CREATES NEW PORTFOLIO RISKS FOR INVESTORS AND OPERATIONAL, REGULATORY AND REPUTATIONAL RISKS FOR COMPANIES. BUT IT ALSO CREATES NEW OPPORTUNITIES. MOST NOTABLY, CONSUMER DEMAND FOR FOOD THAT IS SUSTAINABLY SOURCED IS ON THE RISE, CREATING OPPORTUNITIES FOR INNOVATION AND DISRUPTION IN OUR CURRENT FOOD SYSTEM. TO MAINTAIN GROWTH AND PROFITABILITY IN THIS NEW CONTEXT, LARGE FOOD COMPANIES MUST DEVELOP SOURCING STRATEGIES THAT FUNDAMENTALLY DECOUPLE FOOD PRODUCTION FROM ENVIRONMENTAL DEGRADATION AND HUMAN EXPLOITATION. THIS MEANS SUPPORTING PRODUCTION PRACTICES, INDUSTRY EFFORTS AND GOVERNMENT POLICIES THAT PRESERVE WATER AND FORESTS, ACCELERATE CLIMATE-RESILIENCE, AND PROTECT THE FUNDAMENTAL HUMAN RIGHTS OF WORKERS. WITH OUR INVESTOR AND COMPANY MEMBERS, CERES IS DRIVING LARGE-SCALE CHANGES IN THE WAY FOOD IS PRODUCED AND SOURCED. ENGAGE THE CHAIN HELPS INVESTORS BETTER UNDERSTAND HOW THESE PRESSURES PRESENT RISKS AND OPPORTUNITIES FOR THE FOOD SECTOR.

WATER: CERES BUILDS INVESTOR AND BUSINESS LEADERSHIP TO PROTECT

EXPENSES \$ 2,359,772. INCLUDING GRANTS OF \$ 411,809. REVENUE \$ 91,702.

CERES, INC.

Name of the organization

Employer identification number

22-3053747

FRESHWATER SUPPLIES AROUND THE GLOBE, INTEGRATING CAPITAL MARKET SOLUTIONS INTO EVERYTHING WE DO. TO DRIVE BROADER, MORE SYSTEMIC CHANGE, WE LEVERAGE THE POWER OF INSTITUTIONAL INVESTORS TO DRIVE CORPORATE ATTENTION TO, AND MANAGEMENT OF, WATER RISKS. WE CONDUCT RESEARCH TO IDENTIFY GAPS IN INSTITUTIONAL INVESTOR WATER AWARENESS, AND SHARE BEST PRACTICES FOR INTEGRATING WATER INTO THE INVESTMENT DECISION-MAKING PROCESS. OUR INVESTOR WATER TOOLKIT IS THE ULTIMATE INVESTOR RESOURCE ON WATER RISK INTEGRATION IN PORTFOLIO MANAGEMENT. TO FURTHER DRIVE SYSTEMIC CHANGE, CERES ENGAGES WITH BOND INVESTORS, AND OTHERS IN THE CAPITAL MARKETS, TO DEVELOP CREDIT RISK ASSESSMENT METHODS AND STANDARDS THAT WILL HELP CHANNEL CAPITAL TOWARD SUSTAINABLE WATER SYSTEMS, AND WITH SOME OF THE BIGGEST COMPANIES IN THE WORLD TO IMPROVE THEIR WATER STEWARDSHIP. WE ARE FOCUSED ON IMPROVING PRACTICES IN THE FOOD SECTOR, WHICH USES 70 PERCENT OF THE WORLD'S FRESHWATER, LARGELY IN AGRICULTURAL SUPPLY CHAINS. OUR BENCHMARKING REPORT, FEEDING OURSELVES THIRSTY: TRACKING FOOD COMPANY PROGRESS TOWARD A WATER-SMART FUTURE TRACKS MORE THAN 40 OF THE LARGEST FOOD SECTOR COMPANIES AND HOW THEY ARE RESPONDING TO WATER RISKS IN THEIR OPERATIONS AND SUPPLY CHAINS. EXPENSES \$ 1,497,233. INCLUDING GRANTS OF \$ 0. REVENUE \$ 107,322. FORM 990, PART VI, SECTION B, LINE 11B:

OUR ACCOUNTING AND AUDITING FIRM SENDS THE ORGANIZATION A QUESTIONNAIRE TO
FILL OUT FOR PREPARING THE FORM 990. THIS QUESTIONNAIRE IS PREPARED AND
REVIEWED BY THE CONTROLLER. THEN, OUR ACCOUNTING AND AUDITING FIRM
PREPARES THE DRAFT 990, WITH THE INFORMATION GATHERED IN THE QUESTIONNAIRE
PROVIDED BY THE CONTROLLER, AND SENDS A DRAFT TO THE ORGANIZATION. THE
CONTOLLER REVIEWS THIS DRAFT AND EMAILS TO THE FULL BOARD FOR ITS REVIEW

11-20-20

Name of the organization CERES, INC. Employer identification number 22-3053747

PRIOR TO ITS FILING. AFTERWARDS THE 990 IS FILED.

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

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY. AS PART OF THE BOARD TRAINING, WHEN JOINING THE CERES BOARD, THE NEW BOARD MEMBER IS

PROVIDED WITH THE CERES BOARD POLICIES WHICH CONTAIN THE WRITTEN CONFLICT

OF INTEREST POLICY. IN THIS PACKAGE IS INCLUDED THE FORM "CONFLICT OF

INTEREST STATEMENT (CIS)" WHERE THEY ARE REQUIRED TO DISCLOSE ANY CONFLICT

OF INTEREST THAT MAY EXIST WITH THE ORGANIZATION. ONCE A YEAR, THE BOARD

MEMBERS COMPLETE THIS CIS FORM TO FILL OUT. ALSO, AS PART OF THE

GOVERNANCE COMPLIANCE THE BOARD MEMBERS ARE REQUIRED TO INFORM TO THE BOARD

CHAIR AND VICE CHAIR OF CERES OF ANY MATERIAL CHANGE THAT DEVELOPS DURING

THE YEAR IN THE INFORMATION CONTAINED IN THE FOREGOING STATEMENT.

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

THE EXECUTIVE COMMITTEE OF THE BOARD ANNUALLY REVIEWS AND APPROVES THE

CEO'S COMPENSATION. THE COMMITTEE GATHERS DATA FROM SALARY SURVEYS AND

STUDIES FROM COMPARABLE SIZED NONPROFITS. THE COMMITTEE THEN DECIDES ON

THE APPROPRIATE COMPENSATION LEVEL FOR THE COMING YEAR AND ANY BONUS

WARRANTED FOR THE PRIOR YEAR. THIS IS THEN CONVEYED WITH A RECOMMENDATION

TO THE FULL BOARD IN AN EXECUTIVE SESSION AND THE VOTE TAKEN TO APPROVE THE

RECOMMENDED COMPENSATION AND BONUS. NOTES OF THE DELIBERATIONS AND

DECISIONS REACHED REGARDING CEO COMPENSATION ARE KEPT BY THE SENIOR

DIRECTOR OF HUMAN RESOURCES, WHO ATTENDS ALL SUCH MEETINGS.

THE CEO IS RESPONSIBLE FOR ASSESSING THE APPROPRIATE LEVELS OF OTHER KEY

EMPLOYEES. COMPENSATION IS BASED ON PERFORMANCE, LEVEL OF RESPONSIBILITY,

COST OF LIVING FACTOR, AND THE NONPROFIT MARKET IN BOSTON AND OTHER

Schedule O (Form 990 or 990-EZ) 2020 Page 2 **Employer identification number** Name of the organization CERES, INC. 22-3053747 LOCATIONS CERES HAS STAFF THROUGH A REVIEW OF 990'S, AND SALARY SURVEYS AND STUDIES. THE CEO PROVIDES THE EXECUTIVE COMMITTEE OF THE BOARD A SUMMARY OF DATA GATHERED AND PROPOSED SALARIES FOR OFFICERS AND KEY EMPLOYEES (EXECUTIVE VICE PRESIDENT AND CHIEF PROGRAM OFFICER, CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER, AND CHIEF DEVELOPMENT OFFICER.) THE EXECUTIVE COMMITTEE ADVISES THE CEO IF THEY HAVE CONCERNS ABOUT ANY OF THE PROPOSED SALARY LEVELS. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: MA,NY,CA,AL,AK,AZ,AR,CO,CT,FL,GA,IL,KS,ME,MD,MI,MN,KY,MO,NH,NJ,NM,MS,OH,OK OR, PA, NC, SC, TN, UT, VA, RI, WV, WI, WA, DC FORM 990, PART VI, SECTION C, LINE 19: THE FORM 990, AUDITED FINANCIAL STATEMENTS AND ANNUAL REPORT ARE AVAILABLE AT HTTP://WWW.CERES.ORG/ABOUT-US/FINANCIALS. THE ORGANIZATION PROVIDES COPIES OF ITS FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS UPON REQUEST. CERES' FORM 990 IS ALSO AVAILABLE VIA GUIDESTAR, AND THE MASSACHUSETTS ATTORNEY GENERAL'S WEBSITE. FORM 990, PART VII: THE IRS REQUIRES COMPENSATION TO BE REPORTED FOR THE CALENDAR YEAR ENDING WITH OR WITHIN THE ORGANIZATION'S FISCAL YEAR, THEREFORE THE COMPENSATION DATA SHOWN ON FORM 990, PART VII IS FOR CALENDAR YEAR

FORM 990, PART IX, LINE 11G, OTHER FEES:

2020, WHICH IS DRAWN FROM 2020 W-2S.

OTHER PROFESSIONAL SERVICES:

Name of the organization CERES, INC.	Employer identification number 22-3053747
PROGRAM SERVICE EXPENSES	2,279,840.
MANAGEMENT AND GENERAL EXPENSES	36,064.
FUNDRAISING EXPENSES	41,315.
TOTAL EXPENSES	2,357,219.
MARKETING & COMMUNICATIONS:	
PROGRAM SERVICE EXPENSES	433,088.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	24,303.
TOTAL EXPENSES	457,391.
DATABASE, IT, TECH SUPPORT:	
PROGRAM SERVICE EXPENSES	247,982.
MANAGEMENT AND GENERAL EXPENSES	18,671.
FUNDRAISING EXPENSES	17,525.
TOTAL EXPENSES	284,178.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,098,788.