Form **990**

Department of the Treasury Internal Revenue Service

EXTENDED TO SEPTEMBER 15, 2023

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.

A	For	the 2021 calendar year, or tax year beginning NOV 1, 2021 and endir		22	E ENGLISHED		
-	Check	if C Name of organization	D Employer id		cation number		
		dress CERES, INC.					
		ne Doing business as CERES	22-305	37	A 7		
	Init ret	a Number and the Control of the Cont	/suite E Telephone nu	_			
	Fin	99 CHAUNCY STREET, 6TH FLOOR	1) [1] [1] [1] [2] [2] [2] [2] [3] [3] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4		7-0700		
	ate	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$		36,584,113.		
		Dica-	H(a) Is this a gro				
	per	SAME AS C ABOVE	for subordi				
ī	Tax-e	7 Table 10 T	H(b) Are all subording				
		exempt status: X 501(c)(3) 501(c) () ✓ (insert no.) 4947(a)(1) or site: WWW • CERES • ORG			list. See instructions		
			H(c) Group exer	nptior	number 🕨		
		Summary	Year of formation: 199	M	State of legal domicile: MA		
	1	Briefly describe the organization's mission or most significant activities: SEE SCH	EDULE O				
Activities & Governance	2	Check this box if the organization discontinued its operations or disposed of					
Ş	3	Number of the state of the stat		1			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	***************************************	3	24		
90	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		4	23		
jŧį	6			5	221		
Ę	7 :	Tetal consists discussions and an arrangement of the constant		_	58		
_ <		Net unrelated husiness tayable income from Form 000 T. D. 41 II. 44		7a 7b	0.		
		First unrelated business taxable income from Porm 990-1, Part I, line 11	Prior Year	1/6			
a	8	Contributions and grants (Part VIII, line 1h)	39,443,02	n	Current Year 26,550,198.		
Ž	9	Program service revenue (Part VIII, line 2g)	4,901,78		4,860,977.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	138,51		73,380.		
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-25,36		172,893.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	44,457,96		31,657,448.		
	13		4,617,12		4,209,897.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		o.	0.		
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15,712,53	2.	22,107,161.		
ŠUS	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	b	lotal fundraising expenses (Part IX, column (D), line 25) 2,325,762.	OF CO.				
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,517,61	5.	10,129,962.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	26,847,26	7.	36,447,020.		
	19	Revenue less expenses. Subtract line 18 from line 12	17,610,69		-4,789,572.		
S OF			Beginning of Current Ye		End of Year		
Assets 1 Balanc	20	Total assets (Part X, line 16)	45,325,36	5.	41,047,029.		
Net		Total liabilities (Part X, line 26)	4,638,39		6,051,709.		
37	22	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	40,686,97	5.	34,995,320.		
Unde							
true	r pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best o	f my k	nowledge and belief, it is		
nue,	COITE	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge,	_	 		
Sign		Signature of officer		25	12033		
Here		The state of the s	Date ²				
11010	•	SUSAN BOYER, CHIEF FIN. & ADMIN. OFFICER Type or print name and title					
			Date Check		DTIN		
Paid		BRENDA L. BOOTH	1		PTIN		
Prepa	arer	Firm's name CBIZ MHM, LLC	08/24/23 self-el		P01342395		
Use (Firm's address 500 BOYLSTON STREET	Firm's EIN	2	6-3753134		
	**	BOSTON, MA 02116		10	761 0600		
May	the II	RS discuss this return with the preparer shown above? See instructions	Phone no.) T /	-761-0600		
	1 12-0	and the second of the second o			X Yes No		
					Form 990 (2021)		

Other program services (Describe on Schedule O.)

8,241,472. including grants of \$

387,810.) (Revenue \$ 2,644,783.)

30,693,292. Total program service expenses ▶

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Form 990 (2021) 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	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 (2021) 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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V. line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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 on Schedule O for Part VI, lines 11b and 19?			
		38	Х	
Par	Note: All Form 990 filers are required to complete Schedule O To V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
		Г	aan	(0001)

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Form	990 (2021) CERES, INC. 22-3053	747	Р	age 5
Pai	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 221			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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 organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	l		

17

activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

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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				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 24	Ŀ						
	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 23	3						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		Х					
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	on Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
b	Other officers or key employees of the organization	15b	Х					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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 its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
800	exempt status with respect to such arrangements?	16b						
	tion C. Disclosure	TOT	<u> </u>					
17	List the states with which a copy of this Form 990 is required to be filed MA, NY, CA, AL, AK, AZ, AR, CO, CT							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ыe				
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Apothor's website X Upon request Othor (
40	X Own website X Another's website X Upon request Uther (explain on Schedule O)	d fin	nia!					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u iinan	Jidl					
20	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 books and records GABRIELA GOFF, CONTROLLER - (617) 247-0700							
	99 CHAUNCY STREET, 6TH FLOOR, BOSTON, MA 02111-1703							
132006	SEE SCHEDULE O FOR FULL LIST OF STATES	Forn	990	(2021)				
	 	. 5.11		\ · /				

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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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average	(do	not c	(0 Pos heck	C) ition) than	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any	offi			director/trustee)			compensation from the	compensation from related organizations	amount of other compensation
	hours for related organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	from the organization and related organizations
	line)	Individ	Institu	Officer	Key er	Highe	Former			
(1) MINDY LUBBER	40.00									
CEO AND PRESIDENT		Х		Х				296,810.	0.	13,848.
(2) SUSAN SAYERS	40.00									
CHIEF DEVELOPMENT OFFICER				Х				262,133.	0.	35,114.
(3) DAWN MARTIN	40.00									
EXEC. VP & CHIEF PROGRAM OFFICER				Х				230,386.	0.	22,067.
(4) STEVEN ROTHSTEIN	40.00									
MANAGING DIRECTOR						X		209,806.	0.	35,671.
(5) SUSAN BOYER	40.00									
SECRETARY/CHIEF FIN. & ADM. OFFICER				X				202,209.	0.	38,697.
(6) DAVID ZIV-KREGER	40.00									
VP, FOUNDATION DEVELOPMENT						X		192,165.	0.	32,609.
(7) KIRSTEN SPALDING	40.00	1								
VP, INVESTOR NETWORK						X		179,147.	0.	44,720.
(8) BROOKE BARTON	40.00	1								
VP, INNOVATION & EVALUATION						X		179,120.	0.	30,052.
(9) ANNE KELLY	40.00	-								
VP, GOVERNMENT RELATIONS						X		188,195.	0.	8,206.
(10) GEORGES BENJAMIN	5.00									
DIRECTOR		Х						0.	0.	0.
(11) DOMINIQUE NILS CONSEIL	5.00									
DIRECTOR (UNTIL MAY 2022)		Х						0.	0.	0.
(12) BILL DAVIS	5.00	ļ								
DIRECTOR		Х						0.	0.	0.
(13) TONY DAVIS	5.00									
DIRECTOR		Х						0.	0.	0.
(14) THOMAS DINAPOLI	5.00								_	_
DIRECTOR	F 00	Х	_		_	-		0.	0.	0.
(15) VERONICA EADY	5.00	. ,							_	_
DIRECTOR	F 00	Х	-			-		0.	0.	0.
(16) JACK EHNES	5.00	. ,							_	_
DIRECTOR (UNTIL FEB. 2022)	F 00	Х	-		_	-		0.	0.	0.
(17) MICHAEL FRERICHS	5.00	٦,							_	_
DIRECTOR 132007 12-09-21	<u> </u>	X						0.	0.	0 . Form 990 (2021)

132007 12-09-21 Form **990** (2021)

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Form 990 (2021) CERED,	INC.								22 3033	747 Fage 9
Part VII Section A. Officers, Directors,	Trustees, Key Emp	oloy	ees,	and	ΙHiς	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation	Reportable compensation	Estimated amount of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(18) MARCIE FROST	5.00									
DIRECTOR		Х						0.	0.	0.
(19) MICHEL GELOBTER DIRECTOR	5.00	Х						0.	0.	0.
(20) ALISA GRAVITZ	5.00							-	-	-
TREASURER		Х		Х				0.	0.	0.
(21) REBECCA HENDERSON	5.00									
DIRECTOR (UNTIL DEC. 2021)		Х						0.	0.	0.
(22) DOUGLAS HUSID SECRETARY (UNTIL FEB. 2022)	5.00	Х		Х				0.	0.	0.
(23) KIRSTY JENKINSON DIRECTOR	5.00	х						0.	0.	0.
(24) BRAD LANDER	5.00	-22	Н					0.	0.	0.
DIRECTOR	3.00	Х						0.	0.	0.
(25) BOB LITTERMAN	5.00									
DIRECTOR		Х						0.	0.	0.
(26) BERTRAND MILLOT	5.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								1,939,971.	0.	260,984.
c Total from continuation sheets to Pa	rt VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								1,939,971.	0.	260,984.
2 Total number of individuals (including b	out not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	

compensation from the organization

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on

Yes line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

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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	265,916.
K&L GATES LLP		
P.O. BOX 844255, BOSTON, MA 02284	PROGRAM CONSULTING	205,999.
M.J. BRADLEY & ASSOCIATES, LLC		
47 JUNCTION SQUARE DRIVE, CONCORD, MA 01742	PROGRAM CONSULTING	174,325.
FS VECTOR LLC, 1307 NEW YORK AVENUE NW,		
SUITE 601, WASHINGTON, DC 20005	PROGRAM CONSULTING	120,000.
ERIC PITT		
1 JOHN STREET #6A, BROOKLYN, NY 11201	PROGRAM CONSULTING	106,853.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization > 5		
~ ~ ~ ~ ~ ~ ~~	~	000

SEE PART VII, SECTION A CONTINUATION SHEETS

rendered to the organization? If "Yes," complete Schedule J for such person

Form 990 CERES, INC. 22-3053747

Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd F	lighe	est (Compensated Employe	Pes (continued)	
									COMMINUELL	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position						Reportable	Reportable	Estimated
	hours	(c	(check all that app			арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	'n				Highest compensated employee		the	organizations	compensation from the
	(list any hours for	directo				demp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	related	9e Or	stee			nsate		(** 2/ 1033 (**100)		and related
	organizations	Individual trustee or director	Institutional trustee) yee	эшы				organizations
	below	idual	tution	ъ	Key employee	est co	ıer			
	line)	Indi	Insti	Officer	Key	High	Former			
27) JACQUI PATTERSON	5.00									
IRECTOR		Х						0.	0.	0.
28) JANET RANGANATHAN	5.00									
ICE CHAIR		Х		Х				0.	0.	0.
29) PETER ROSENBLUM	5.00									
IRECTOR		Х						0.	0.	0.
30) TEDD SAUNDERS	5.00									
IRECTOR		Х						0.	0.	0.
31) BARNEY SCHAUBLE	5.00									
HAIR		Х		Х				0.	0.	0.
32) ALICIA SEIGER	5.00								_	_
IRECTOR		Х						0.	0.	0.
33) ANNE SIMPSON	5.00							_	_	_
IRECTOR		Х						0.	0.	0.
34) SCOTT STRINGER	5.00								_	
IRECTOR (UNTIL JAN. 2022)		Х			_			0.	0.	0.
35) VIEN TRUONG	5.00	l							•	
IRECTOR	F 00	Х			<u> </u>			0.	0.	0.
36) ION YADIGAROGLU	5.00	3,7						_	0	0
IRECTOR	F 00	Х	_		<u> </u>			0.	0.	0.
37) BETTY YEE	5.00	х						0.	0.	0
IRECTOR		Δ						0.	0.	0.
·										
		1								
		1								
		1								

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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 749,594. c Fundraising events 1c d Related organizations 1d 1,014,814. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 24,785,790 similar amounts not included above 1f 1,126,296 g Noncash contributions included in lines 1a-1f 26,550,198. h Total. Add lines 1a-1f **Business Code** 2 a MEMBERSHIP DUES 4,112,842 540000 4,112,842 Program Service Revenue 479,075 479,075 CONF. FEES & SPONS 540000 FEE FOR SERVICE 540000 269,060. 269,060. d f All other program service revenue 4,860,977 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 63,662 63,662 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 4,773,942. assets other than inventory 7a b Less: cost or other basis 4,764,224 and sales expenses 7b Other Revenue 7с 9,718. c Gain or (loss) 9,718. 9,718. d Net gain or (loss) 8 a Gross income from fundraising events (not 749,594. of including \$ contributions reported on line 1c). See 32,400. Part IV, line 18 162,441 **b** Less: direct expenses -130,041 -130,041. 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 SUBLEASE 530000 176,515. 176,515 b REIMBURSEMENTS/REVENUE 540000 68,234 68,234 c HONARARIA 540000 47,500 47,500. 540000 10,685 10,685. **d** All other revenue 302,934 Total. Add lines 11a-11d 31,657,448. 4,987,396, 119,854. Total revenue. See instructions 12

132009 12-09-21

Form 990 (2021) CERES, INC. Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	403,884.	403,884.		
_	and domestic governments. See Part IV, line 21	403,004.	403,004.		
2	Grants and other assistance to domestic				
3	individuals. See Part IV, line 22 Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	3,806,013.	3,806,013.		
4	Benefits paid to or for members	3,000,0130	3,000,0131		
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	2,110,608.	1,241,605.	471,529.	397,474
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	15,624,971.	12,634,220.	1,859,122.	1,131,629
8	Pension plan accruals and contributions (include			,	
	section 401(k) and 403(b) employer contributions)	620,995.	482,662.	85,457.	52,876
9	Other employee benefits	2,366,289.	1,834,507.	324,052.	207,730
10	Payroll taxes	1,384,298.	1,079,096.	193,005.	112,197
11	Fees for services (nonemployees):				
а	Management				
	Legal	133,710.	113,144.	20,566.	
С	Accounting	123,888.		99,523.	
d	Lobbying	257,219.	257,219.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	3,905,176.		72,627.	105,181.
12	Advertising and promotion	699,815.			
13	Office expenses	855,242.		55,853.	61,361
14	Information technology	484,251.	400,685.	50,997.	32,569
15	Royalties	015 051	654 005		
16	Occupancy	817,274.	671,387.	90,218.	55,669.
17	Travel	434,341.	383,694.	6,990.	43,657.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	FF7 00F	462 604	14 746	70 545
19	Conferences, conventions, and meetings	557,985.	463,694.	14,746.	79,545
20	Interest				
21	Payments to affiliates	451,300.	353,288.	60,612.	27 100
22	Depreciation, depletion, and amortization	451,300.	333,200.	00,012.	37,400
23	Insurance 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.) RESEARCH/WRITING	1,368,020.	1,367,020.		1,000
a b	PRINTING	23,853.	11,598.	4,781.	7,474
C	BAD DEBT EXPENSE	17,888.	11,350.	17,888.	, , = , = ,
d		2.,000.		= 1,000.	
u e	All other expenses				
25 25	Total functional expenses. Add lines 1 through 24e	36,447,020.	30,693,292.	3,427,966.	2,325,762
<u>26</u>	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)				

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Form 990 (2021)
Part X Balance Sheet

CERES, INC.

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			4,379,638.	1	2,895,149.
	2	Savings and temporary cash investments			20,726,287.	2	20,593,123.
	3	Pledges and grants receivable, net	16,118,950.	3	13,917,137.		
	4	Accounts receivable, net	682,914.	4	1,056,071.		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied pers				
		under section 4958(f)(1)), and persons described	d in sect	ion 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9	5			1,714,171.	9	1,088,764.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a 10b	3,993,385.			
	b	Less: accumulated depreciation	2,667,768.	1,579,138.	10c	1,325,617.	
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 3		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			124,268.	15	171,168.
	16	Total assets. Add lines 1 through 15 (must equ			45,325,366.	16	41,047,029.
	17	Accounts payable and accrued expenses	3,708,253.	17	5,260,214.		
	18	Grants payable		18			
	19	Deferred revenue			930,138.	19	791,495.
	20	Tax-exempt bond liabilities		ı		20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
jab		controlled entity or family member of any of the		22			
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines	-	· 1			
	00	of Schedule D			4,638,391.	25	6,051,709.
	26	Total liabilities. Add lines 17 through 25			4,030,331.	26	0,031,709.
Ś		Organizations that follow FASB ASC 958, che	ck nere				
nce	07	and complete lines 27, 28, 32, and 33.			10,095,750.	27	9,188,604.
ala	27	Net assets with departmentations	30,591,225.	28	25,806,716.		
g B	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 9			30,331,223.	20	23,000,710.
Ë			oo, che	ck liere			
Net Assets or Fund Balances	20	and complete lines 29 through 33. Capital stock or trust principal, or current funds				29	
ets	29	Paid-in or capital surplus, or land, building, or ed				30	
\ss(30	Retained earnings, endowment, accumulated in			31		
et 🗸	31				40,686,975.	32	34,995,320.
Ž	32	Total liabilities and not assets/fund balances			45,325,366.	33	41,047,029.
	33	Total liabilities and net assets/fund balances .		I	43,343,300.	33	41,047,029

Form 990 (2021) 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	31,65		
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,44		
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,78		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	40,68		
5	Net unrealized gains (losses) on investments	5	-90	2,0	83.
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	34,99	5,3	20.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	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	(2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

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).) 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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 your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	18675271.	19600917.	22893848.	43090067.	30663040.	134923143
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	18675271.	19600917.	22893848.	43090067.	30663040.	134923143
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						23080423.
6	Public support. Subtract line 5 from line 4.						111842720
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
		18675271.				30663040.	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	63,198.	91,765.	257,983.	106,124.	240,177.	759,247.
9	Net income from unrelated business	, , ,	- ,	,	,	,	,
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						135682390
	Gross receipts from related activities,	etc. (see instruction	ns)		•		,815,385.
	First 5 years. If the Form 990 is for the	•	,				•
	organization, check this box and stop						
Sec	tion C. Computation of Publi						•
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	82.43 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	80.19 %
16a	33 1/3% support test - 2021. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶ X
b	33 1/3% support test - 2020. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	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	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	-	•		-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circu				-		>
18	Private foundation. If the organization				•		s ▶□
			,				/Farm 000\ 0004

Schedule A (Form 990) 2021

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	Γ	T	T	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	· ·		·	•	. , . , .	
0-	check this box and stop here						>
	ction C. Computation of Publi			. (5)		T .= T	
	Public support percentage for 2021 (li	, , , , , , , , , , , , , , , , , , , ,	,	(//		15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Inves					16	%
	Investment income percentage for 20			ne 13 column (f)\		17	n/
	Investment income percentage for 20					18	<u>%</u>
	33 1/3% support tests - 2021. If the						
198	more than 33 1/3%, check this box ar						. —
L	33 1/3% support tests - 2020. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4-		
	4a		
	4b		
	75		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ol-		
	9b		
	9с		
	30		
	10a		
	10b		
-1-	Λ /Γονν	- 000	2024

Га	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
Sec	detail in Part VI. tion B. Type I Supporting Organizations	11c		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			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,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		1	
			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	1		
Sec	the supported organization(s). 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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. 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).			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
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			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3	these activities but for the organization's involvement. 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			
_	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			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021

e Excess from 2021

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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) orga	nizations: Complete Part III.			
Nam	ne of organization			Emp	loyer identification number
_	CERES	, INC.			22-3053747
Pa	art I-A Complete if the	organization is exempt und	ier section 501(c)	or is a section 527 or	ganization.
2	Political campaign activity expe	ganization's direct and indirect polition anditures npaign activities		> 9	S
Pa	art I-B Complete if the	organization is exempt und	ler section 501(c)(3).	
1	Enter the amount of any excise	tax incurred by the organization un	der section 4955	> \$	S
2	Enter the amount of any excise	tax incurred by organization manag	gers under section 4955	▶ 9	S
		ection 4955 tax, did it file Form 4720			
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.		In		.\(0)
	-	organization is exempt und			
		nded by the filing organization for se			S
2	•	rganization's funds contributed to o	· ·		
_		Add lines 1 and 0. Fater have			
3		ures. Add lines 1 and 2. Enter here		,	,
4		orm 1120-POL for this year?			
5		d employer identification number (E			
Ŭ		nization listed, enter the amount pa			
	• •	e promptly and directly delivered to			· · · · · · · · · · · · · · · · · · ·
	political action committee (PAC	c). If additional space is needed, pro	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) 2021

LHA

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Sch	nedule C (Form 990) 2021 CERES	s, inc.		22-3	053747 Page 2
Pa	art II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) a	nd file	ed Form 5768 (ele	ction under
	expenses, and share of exce	ngs to an affiliated group (and list in Part IV each a ess lobbying expenditures). eked box A and "limited control" provisions apply.	affiliated	group member's name	e, address, EIN,
	Limits on Lol	obying Expenditures means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a	, 5			257 210	
b	b Total lobbying expenditures to influence a le	egislative body (direct lobbying)		257,219.	
c	c Total lobbying expenditures (add lines 1a ar	nd 1b)		257,219.	
c	d Other exempt purpose expenditures			33,864,039.	
e	e Total exempt purpose expenditures (add lin	es 1c and 1d)		34,121,258.	
f	f Lobbying nontaxable amount. Enter the am	ount from the following table in both columns.		1,000,000.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		-	
	Not over \$500,000	20% of the amount on line 1e.			

 Over \$17,000,000
 \$1,000,000.

 g Grassroots nontaxable amount (enter 25% of line 1f)
 250,000.

 h Subtract line 1g from line 1a. If zero or less, enter -0 0.

 i Subtract line 1f from line 1c. If zero or less, enter -0 0.

\$100,000 plus 15% of the excess over \$500,000. \$175,000 plus 10% of the excess over \$1,000,000.

\$225,000 plus 5% of the excess over \$1,500,000.

reporting section 4911 tax for this year?

4-Year Averaging Period Under Section 501(h)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount b Lobbying ceiling amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
(150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	102,077.	77,935.	150,882.	257,219.	588,113.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

Yes

Over \$500,000 but not over \$1,000,000

Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000

Schedule C (Form 990) 2021 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)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k)
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
Par	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?t III-A Complete if the organization is exempt under section 501(c)(4), section	 n_501(c)(5)	or sec	rtion	
ı aı	501(c)(6).	11 30 1 (0)(3)	, 01 360	Zuon	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section	e prior year?	3		
_	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."			III-A, IIIIe	J, IS
1 2	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)		. 1		
2	expenses for which the section 527(f) tax was paid).	,aı			
a	Current year		2a		
	Carryover from last year				
	Total				
	4				
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds t				
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		. 5		
Par				•	
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part II-A	lines 1 a	nd 2 (See	
	actions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	,		

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

Inspection

Name of the organization CERES, INC.

Employer identification number 22-3053747

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		i Sillillar Fullus	or Accounts. Complete if the
		(a) Donor adv	vised 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 w	riting that the assets	held in donor advise	ed funds
	are the organization's property, subject to the organization's e	exclusive legal contro	ıl?	Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the organic			
1	Purpose(s) of conservation easements held by the organization	n (check all that app	ly).	
	Preservation of land for public use (for example, recreating			a historically important land area
	Protection of natural habitat	,		a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation con	tribution in the form o	of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а				2a
b				
c				
	Number of conservation easements included in (c) acquired af			
_	listed in the National Register	•		I I
3	Number of conservation easements modified, transferred, rele			
Ū	year ▶	asca, extinguishea,	or terminated by the	organization during the tax
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	•	ection handling of	
3	violations, and enforcement of the conservation easements it l	• • •		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
Ū	Land volunteer hours devoted to mornioring, inspecting, in	iariaming of violations	, and critorollig corto	orvation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and	enforcing conservati	ion easements during the year
•	\$	ing or violations, and	cinording conscivati	ion casements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirem	ents of section 170/h	n)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?		•	
9	In Part XIII, describe how the organization reports conservation			
Ū	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.	oto to the organization		The that describes the
Pa	rt III Organizations Maintaining Collections of	Art, Historical T	reasures, or Oth	her Similar Assets.
	Complete if the organization answered "Yes" on Form 9		•	
	If the organization elected, as permitted under FASB ASC 958		revenue statement ar	nd halance sheet works
	of art, historical treasures, or other similar assets held for publ			
	service, provide in Part XIII the text of the footnote to its finance	•	•	•
b				
-	art, historical treasures, or other similar assets held for public of	•		
	provide the following amounts relating to these items:	committeen, caacaner	, 01 100001011 111 101111	orance of public convices,
	(i) Revenue included on Form 990, Part VIII, line 1			• •
2	If the organization received or held works of art, historical trea			
~	the following amounts required to be reported under FASB AS			gain, provide
_	•	-		> \$
a h	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021

132051 10-28-21

▶ 1,325,617. Schedule D (Form 990) 2021

982,421

343,196

1,524,101.

1,143,667.

e Other

b Buildings

d Equipment

Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.)

2,506,522.

1,486,863.

		11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-ye	ar market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
II. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
	Faura 000 David IV lines	11. Cas Farms 000 Bart V line 10	
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-ye	ai illaiket välu
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(-)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets.	on Form 990 Part IV line	11d See Form 990 Part Y line 15	
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" of			(h) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" of (a) [on Form 990, Part IV, line Description		(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" c (a) [(1) (2)			(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" c (a) [(1) (2) (3)			(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" c (a) [(1) (2) (3) (4)			(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5)			(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5)			(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7)			(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" c (a) [(1) (2) (3) (4) (5) (6) (7) (8)			(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" c (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) The art IX Other Assets. Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Description 15.)		(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" of (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" of (art X)	Description 15.)	11e or 11f. See Form 990, Part X, line 25.	
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) The art IX Other Assets. Complete if the organization answered "Yes" of (a) [1] (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" of (a) Description of liability	Description 15.)	11e or 11f. See Form 990, Part X, line 25.	
art IX Other Assets. Complete if the organization answered "Yes" of (a) [1] (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" of (a) Description of liability (1) Federal income taxes	Description 15.)	11e or 11f. See Form 990, Part X, line 25.	
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" of (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" of (a) Description of liability (1) Federal income taxes (2)	Description 15.)	11e or 11f. See Form 990, Part X, line 25.	
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) The art IX Other Assets. Complete if the organization answered "Yes" of (a) [1] (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" of (a) Description of liability (1) Federal income taxes (2) (3)	Description 15.)	11e or 11f. See Form 990, Part X, line 25.	
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) The art IX Other Assets. Complete if the organization answered "Yes" of (a) [1] (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" of (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description 15.)	11e or 11f. See Form 990, Part X, line 25.	
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) The art IX Other Assets. Complete if the organization answered "Yes" of (a) [1] (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" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description 15.)	11e or 11f. See Form 990, Part X, line 25.	
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) The art IX Other Assets. Complete if the organization answered "Yes" of (a) [1] (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" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description 15.)	11e or 11f. See Form 990, Part X, line 25.	
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description 15.)	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description 15.)	11e or 11f. See Form 990, Part X, line 25.	

Schedule D (Form 990) 2021

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

CERES, INC. 22-3053747 Page 4 Schedule D (Form 990) 2021 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 31,261,631. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 -902,083. a Net unrealized gains (losses) on investments 343,825. Donated services and use of facilities 2c Recoveries of prior year grants 162,441 Other (Describe in Part XIII.) -395,817. Add lines 2a through 2d 2e 31,657,448. Subtract line 2e from line 1 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 Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 31,657,448. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. 5 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. 36,953,286. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 343,825. a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c 162,441 **d** Other (Describe in Part XIII.) 506,266. Add lines 2a through 2d 2e 36,447,020. 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. 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) 2021

Schedule D (Form 990) 2021

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization					Employer identi	fication number
CERES, INC.					22-305374	17
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	te if the organ	ization answered "	Yes" on
Form 990, Part IV						
			ds to substantiate the amount of its gra			. —
the grantees' eligibility for	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	tance? <u> </u>	Yes No
2 For grantmakers. Described United States.	ribe in Part V the	e organization's p	procedures for monitoring the use of its	grants and ot	ner assistance outs	side the
	he following Part	I line 3 table ca	n be duplicated if additional space is no	andad)		
(a) Region	(b) Number of	(c) Number of			vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to		specific type	investments
		in the region	recipients located in the region)	of service	(s) in the region	in the region
EAST ASIA AND THE		_				
PACIFIC	0	0	GRANTMAKING			1,182,492.
EUROPE (INCLUDING						
ICELAND & GREENLAND)	0	0	GRANTMAKING			2,583,521.
						, ,
SOUTH AMERICA	0	0	GRANTMAKING			40,000.
3 a Subtotal	0	0				3,806,013.
b Total from continuation						1 ' '
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	0				3,806,013.

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

Schedule F (Form 990) 2021

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)
			TO PUBLICLY BENCHMARK					
			CORPORATE PRACTICES					
			AND PROGRESS IN					
		SOUTH AMERICA	RELATION TO COMPANY	40,000.	WIRE	0.		
			IN SUPPORT OF CLIMATE					
		EUROPE (INCLUDING	ACTION 100+:					
		ICELAND AND	INVESTORS DRIVING					
		GREENLAND)	CORPORATE ACTION ON	1364361.	WIRE	0.		
			IN SUPPORT OF CLIMATE					
		EUROPE (INCLUDING	ACTION 100+:					
		ICELAND AND	INVESTORS DRIVING					
		GREENLAND)	CORPORATE ACTION ON	1181660.	WIRE	0.		
			IN SUPPORT OF CLIMATE					
			ACTION 100+:					
		EAST ASIA AND THE	INVESTORS DRIVING					
		PACIFIC	CORPORATE ACTION ON	1182492.	WIRE	0.		
			TO SUPPORT ENGAGEMENT					
		EUROPE (INCLUDING	GROUPS FOR 21					
		ICELAND AND	EUROPEAN, CANADIAN					
		GREENLAND)	AND ASIAN BANKS.	25,000.	WIRE	0.		
			TO RESEARCH AND DRAFT					
		EUROPE (INCLUDING	INITIAL DRAFT OF					
		ICELAND AND	INDICATORS FOR STEEL					
		GREENLAND)	NET ZERO STANDARD.	12,500.	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

>	0

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 CERES, INC.

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance

(b) Region

(c) Number of recipients

(d) Amount of cash grant

(a) Amount of cash disbursement

(b) Region

(c) Number of recipients

(d) Amount of cash disbursement

(e) Manner of cash disbursement

(f) Amount of noncash assistance

(h) Method of valuation noncash assistance

(a) Type 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)
						Sahad	ule F (Form 990) 2021

1	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

Schedule F (Form 990) 2021

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: SOUTH AMERICA

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

PROGRESS IN RELATION TO COMPANY DEFORESTATION COMMITMENTS AND GENERATE

CONTENT FOR INVESTORS AND COMPANIES REGARDING NATURAL CLIMATE SOLUTIONS.

REGION: EUROPE (INCLUDING ICELAND AND GREENLAND)

(D) PURPOSE OF GRANT: IN SUPPORT OF CLIMATE ACTION 100+: INVESTORS
DRIVING CORPORATE ACTION ON CLIMATE CHANGE.

REGION: EUROPE (INCLUDING ICELAND AND GREENLAND)

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

DRIVING CORPORATE ACTION ON CLIMATE CHANGE.

REGION: EAST ASIA AND THE PACIFIC

2021.06010 CERES, INC.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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

2021

Open to Public Inspection

Name of the organization Employer identification number 22-3053747 CERES, INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

132081 10-21-21

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

Schedule G (Form 990) 2021

Pa	rt I					
		of fundraising event contributions and gro	oss income on Form 990-		events with gross receipt	s greater than \$5,000.
			(a) Event #1 FUNDRAISING DINNER	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
o o			(event type)	(event type)	(total number)	33 (3))
Revenue	1	Gross receipts	781,994.			781,994.
	2	Less: Contributions	749,594.			749,594.
	3	Gross income (line 1 minus line 2)	32,400.			32,400.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	47,469.			47,469.
rect E	7	Food and beverages	77,089.			77,089.
Ö	8	Entertainment				
	9	Other direct expenses	37,883.			37,883.
	10	Direct expense summary. Add lines 4 through			>	162,441.
		Net income summary. Subtract line 10 from li				-130,041.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	Т		T	T
enne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
_	1	Gross revenue				
ses	2	Cash prizes				
irect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
	a	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
		Net garning income summary. Oustract line r	morrime 1, column (a)			
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
а	ls t	the organization licensed to conduct gaming ac	ctivities in each of these s	states?		Yes No
b	If "	No," explain:				
	_					
	_					
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No
.,		·, • · · · · · · · · · · · · · · · · · ·				

Schedule G (Form 990) 2021

132082 10-21-21

Schedule G (Form 990) 2021 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 form	
to administer charitable gaming?	Yes No
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 and	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	? Yes
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the of gaming revenue retained by the third party ▶ \$	e 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 or s	pent 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 (iii) a	nd (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule G (Form 990)	CERES, INC.	22-3053747	Page 4
Schedule G (Form 990) Part IV Supplemental Inform	nation (continued)		

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization CERES, IN	С.						Employer identification number 22-3053747
Part I General Information on Grants a							22 3033,1,
 Does the organization maintain records to criteria used to award the grants or assisted. Describe in Part IV the organization's process. 	stance?				•	stance, and the selecti	ਓ
Part II Grants and Other Assistance to recipient that received more than 9					anization answered "\	es" on Form 990, Parl	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CLEAN AIR TASK FORCE, INC. 114 STATE STREET, 6TH FLOOR BOSTON, MA 02109	04-3512550	501(C)(3)	20,000.	0.			FOR CATALYZING PROGRESS IN OIL & GAS SECTOR BY BENCHMARKING METHANE EMISSIONS.
CLIMATE COLLABORATIVE 87 STATE STREET, UNIT 309 MONTPELIER, VT 05601	86-2833200	501(C)(3)	36,073.	0.			TO RECRUIT 50 COMPANIES TO JOIN THE SME CLIMATE HUB, WITH 10 SETTING NET ZERO TARGETS BY 2040.
FOREST TRENDS ASSOCIATION 1203 19TH STREET, NW, 4TH FLOOR WASHINGTON, DC 20036	52-2135531	501(C)(3)	214,825.	0.			TO PUBLICLY BENCHMARK CORPORATE PRACTICES AND PROGRESS IN RELATION TO COMPANY DEFORESTATION
MERIDIAN INSTITUTE P.O. BOX 1829 DILLON, CO 80435	84-1435420	501(C)(3)	87,500.	0.			TO SUPPORT THE DEVELOPMENT OF A SECTOR ACTION PLAN FOR THE FOOD AND BEVERAGE SECTOR TO
MERIDIAN INSTITUTE P.O. BOX 1829 DILLON, CO 80435	84-1435420	501(C)(3)	45,486.	0.			TO PUBLICLY BENCHMARK CORPORATE PRACTICES AND PROGRESS IN RELATION TO COMPANY DEFORESTATION
2 Enter total number of section 501(c)(3) at 3 Enter total number of other organizations	•	•	e line 1 table				<u>4.</u> 0.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2021

Schedule I (Form 990) 2021 CERES, INC. 22-3053747

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	990, 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 req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
SUB-GRANTS ARE AWARDED TO ORGANIZAS	TIONS PEN	DING REVIE	W OF A PRO	JECT BUDGET	
AND DESCRIPTION. SUCH PROJECT MUST	r be Alig	NED WITH C	ERES ORGAN	IZATIONAL	
MISSION. ORGANIZATIONS ARE REQUIRE	ED TO SUE	MIT TO CER	RES FINANCI	AL REPORTS	
THAT SHOW HOW THE FUNDS WERE USED.	FUNDS A	RE PROVIDE	D ONLY FOR	COSTS	
APPROVED IN THE PROJECT BUDGET. WI	HEN EXPEN	DITURES VA	ARY MORE TH	AN 20% FROM	
AN APPROVED BUDGET LINE, PRIOR WRIT	TTEN AUTH	ORIZATION	FROM CERES	IS	
REQUIRED. SUB-GRANTEE SHALL MAKE A	AVAILABLE	TO CERES	OR ITS IND	EPENDENT	

Page 2

AUDITORS ALL ACCOUNTING RECORDS FOR EXAMINATION, EVALUATION, AND AUDIT FOR

Part IV Supplemental Information
A REASONABLE PERIOD OF TIME AFTER COMPLETION OF THE FUNDED WORK.
PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT: FOREST TRENDS ASSOCIATION
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PUBLICLY BENCHMARK CORPORATE
PRACTICES AND PROGRESS IN RELATION TO COMPANY DEFORESTATION COMMITMENTS
AND GENERATE CONTENT FOR INVESTORS AND COMPANIES REGARDING NATURAL
CLIMATE SOLUTIONS.
NAME OF ORGANIZATION OR GOVERNMENT: MERIDIAN INSTITUTE
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE DEVELOPMENT OF A
SECTOR ACTION PLAN FOR THE FOOD AND BEVERAGE SECTOR TO REACH NET ZERO
EMISSIONS.
NAME OF ORGANIZATION OR GOVERNMENT: MERIDIAN INSTITUTE
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PUBLICLY BENCHMARK CORPORATE
PRACTICES AND PROGRESS IN RELATION TO COMPANY DEFORESTATION COMMITMENTS
AND GENERATE CONTENT FOR INVESTORS AND COMPANIES REGARDING NATURAL
CLIMATE SOLUTIONS.

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.

2021

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

22-3053747

Name of the organization

CERES

INC.

Department of the Treasury

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

Questions Regarding Compensation Yes No 1a 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 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 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 Written employment contract X Compensation survey or study Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? 4a X 4b **b** Participate in or receive payment from a supplemental nonqualified retirement plan? X **c** Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: X a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2021

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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MINDY LUBBER	(i)	296,810.	0.	0.	11,600.	2,248.	310,658.	0.
CEO AND PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SUSAN SAYERS	(i)	262,133.	0.	0.	10,694.	24,420.	297,247.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAWN MARTIN	(i)	230,386.	0.	0.	9,316.	12,751.	252,453.	0.
EXEC. VP & CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) STEVEN ROTHSTEIN	(i)	209,806.	0.	0.	8,543.	27,128.	245,477.	0.
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SUSAN BOYER	(i)	202,209.	0.	0.	8,349.	30,348.	240,906.	0.
SECRETARY/CHIEF FIN. & ADM. OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DAVID ZIV-KREGER	(i)	192,165.	0.	0.	7,914.	24,695.	224,774.	0.
VP, FOUNDATION DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KIRSTEN SPALDING	(i)	179,147.	0.	0.	7,375.	37,345.	223,867.	0.
VP, INVESTOR NETWORK	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) BROOKE BARTON	(i)	179,120.	0.	0.	7,520.	22,532.	209,172.	0.
VP, INNOVATION & EVALUATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ANNE KELLY	(i)	188,195.	0.	0.	7,528.	678.	196,401.	0.
VP, GOVERNMENT RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990.

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

Name of the organization Employer identification number **CERES** INC. 22-3053747 Part I Types of Property

· u	Types of Freperty							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributio amounts reported o Form 990, Part VIII, line	noncash contribu	etermin		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	X	11	1 1 2 6 2 0	6 ENG 7			
9	Securities - Publicly traded	<u>X</u>	11	1,126,29	O.FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other							
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organiz	ation during	the tax vear for co	ontributions				
	for which the organization completed Form 828						0	
	9	,	3		1		Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I. lines 1 th	rough 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?					30a		х
b	If "Yes," describe the arrangement in Part II.					554		
31	Does the organization have a gift acceptance p	olicy that re	equires the review o	of any nonstandard conf	tributions?	31	х	
	Does the organization hire or use third parties of	-	•	•	***************************************	ان ا		
UZA			•	, ,		32a		х
h	contributions? If "Yes," describe in Part II.					3Za		-22
	If the organization didn't report an amount in co	olumn (a) fa	r a type of propert	for which column (c) is	chackad			
33	describe in Part II.	Martin (C) 101	a type of property	nor writeri columin (a) is	oneoneu,			
	ueschbe III Fait II.							1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

132142 11-17-21 Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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, 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 INSTITUTIONAL LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

132211 11-11-21

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

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:

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 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:

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,

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.

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

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

Name of the organization $\frac{\text{Employer identification number}}{\text{CERES, INC.}}$

SUSTAINABILITYOUR VISION AND PRACTICAL FRAMEWORK FOR GUIDING CORPORATE

SUSTAINABILITY LEADERSHIPCERES WORKS WITH COMPANY NETWORK MEMBERS TO

MANAGE SUSTAINABILITY FROM THE BOARDROOM TO THE COPY ROOM, AND FROM

FACTORIES TO FIELDS.

EXPENSES \$ 3,010,106. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,557,543.

WATER: CERES BUILDS INVESTOR AND BUSINESS LEADERSHIP TO PROTECT 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.

Schedule O (Form 990) 2021

EXPENSES \$ 1,931,715. INCLUDING GRANTS OF \$ 0. REVENUE \$ 71,775.

Name of the organization CERES, INC.

Employer identification number 22-3053747

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. EXPENSES \$ 3,299,651. INCLUDING GRANTS OF \$ 387,810. REVENUE \$ 15,465.

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

Schedule O (Form 990) 2021

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

Name of the organization CERES, INC.

Employer identification number 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

2021, WHICH IS DRAWN FROM 2021 W-2S.

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

OTHER PROFESSIONAL SERVICES:

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 Page 2

 Name of the organization
 Employer identification number 22-3053747

 PROGRAM SERVICE EXPENSES
 2,712,107.

 MANAGEMENT AND GENERAL EXPENSES
 19,838.

 FUNDRAISING EXPENSES
 17,586.

 TOTAL EXPENSES
 2,749,531.

MARKETING & COMMUNICATIONS:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	54,932.
TOTAL EXPENSES	772,043.

DATABASE, IT, TECH SUPPORT:

MANAGEMENT AND GENERAL EXPENSES 52,7 FUNDRAISING EXPENSES 32,6	89.
FUNDRAISING EXPENSES 32,6	
	<u>53.</u>
TOTAL EXPENSES 383,6	02.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 3,905,1	76.

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717,111.