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DLN: 93493268005072

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public

► The organization may have to use a copy of this return to satisfy state reporting requirements

	the 2011 ca	lendar year, or tax year beginning 01-01-2011 and ending 12	2-31-2011				
_	k ıf applıcable	C Name of organization CERES INC			-	-	ntification number
	ess change	Doing Business As		-	22-30 E Teleph		
_	e change				(617)		
Initial 		Number and street (or P O box if mail is not delivered to street address) 99 CHAUNCY STREET 6TH FLOOR	Room/suite	·			5 7,477,608
Termi		99 CHAUNCE STREET OTH FLOOR		_			,
_ Amen	nded return	City or town, state or country, and ZIP + 4 BOSTON, MA 021111703					
Applic	cation pending	555757,777					
		F Name and address of principal officer		H(a) Is thi		return	
		MINDY LUBBER 99 CHAUNCY STREET 6TH FLOOR		affilia	tes?		⊤Yes ▼ No
		BOSTON,MA 021111703		H(b) Are all	affiliates	include	ed?
Tav	exempt status	✓ 501(c)(3)	F 3 7				(see instructions)
-	<u> </u>	W CERES ORG	527	H(c) Grou	p exempt	ion nur	mber 🟲
			ļ	I			
Part		Corporation		L Year of for	mation 19	90 M	State of legal domicile MA
		escribe the organization's mission or most significant activities	<u> </u>				
Activities & Governance	CERES, LEADER PRACTI	INC (CERES) IS A BOSTON-BASED ORGANIZATION ENGA S TO ADDRESS SOCIAL AND ENVIRONMENTAL CHALLEN CES INTO BUSINESS OPERATIONS THIS IS ACCOMPLISI ION, A NETWORK OF ENVIRONMENTAL AND OTHER PUBL	AGING INS GES THRO HED WITH	UGH THE I THE HELP	NTEGRA ^T OF MEME	TION (BERS C	OFSUSTAINABLE
5	2 Check th	is box ▶┌ if the organization discontinued its operations or di	sposed of ı	more than 2	5% of its	net as	sets
s		of voting members of the governing body (Part VI, line 1a)				3	20
	4 Number	of independent voting members of the governing body (Part VI	, line 1b)		Ì	4	19
.	5 Total nur	mber of ındıvıduals employed ın calendar year 2011 (Part V, lı	ne 2a) .			5	8.5
[[]	6 Total nur	mber of volunteers (estimate if necessary)				6	17
	7a Total uni	related business revenue from Part VIII, column (C), line 12				7a	(
	b Net unre	lated business taxable income from Form 990-T, line 34 .				7b	C
				Prio	r Year		Current Year
a		butions and grants (Part VIII, line 1h)	4,301,4			4,686,932	
1	_	m service revenue (Part VIII, line 2g)		2,525,28			2,567,029
# L		ment income (Part VIII, column (A), lines 3, 4, and 7d) .		27,834			25,994
_ '		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1 evenue—add lines 8 through 11 (must equal Part VIII, columi	-		241,696		184,781
		• • • • • • • • • • • • • • • • • • •			7,096,2	274	7,464,736
1		and similar amounts paid (Part IX, column (A), lines 1-3) .				0	0
1	14 Benefit	ts paid to or for members (Part IX, column (A), line 4)			0		0
တ္တ 1		es, other compensation, employee benefits (Part IX, column (A	(), lines	4,063,211		, ,	5,031,969
Expenses t	5–10) 16a Profes	sional fundraising fees (Part IX, column (A), line 11e)					3,031,909
कु ' ⊜		ndraising expenses (Part IX, column (D), line 25) •806,333		3,125,380		722	
		expenses (Part IX, column (D), line 25) (Part IX, 11f-24e) .				280	2,878,271
		expenses Add lines 13-17 (must equal Part IX, column (A), li			7,196,0		7,910,240
		ue less expenses Subtract line 18 from line 12	-		-99,7		-445,504
8 %		·		Beginning	of Curre		End of Year
9 eg .	20 Total a	ussets (Part X, line 16)		T ·	ear 8,004,2	221	7,614,133
≨§ 1							6,472,627
÷∟ 2					- / /-		- 7 - 1 - 7 - 2 - 1
조명 12명 12명	21 Total I22 Net as	sets or fund balances Subtract line 21 from line 20 ature Block erjury, I declare that I have examined this return, including accomp	 Danying sch		1,086,0 6,918,1	90 31 and to	1,141,5 6,472,6 the best of my
Part Under p	penalties of pedge and belief dge.	ture of officer		20 Da	12-09-13 te		
Part Under p knowled knowled	penalties of pedge and believed believed believed believed believed by the second by the second believed by the second by the second believed by the second by the second believed by the second by the	**					
Part Under p knowled knowled	penalties of pedge and belief dge. **** Signa GORI Type	ture of officer DON MACFARLAND CFO or print name and title		Da	te	s taynay	er identification number
Part Under p Gnowled Gnowled Sign Here	penalties of pedge and believed believed believed believed believed by the second by the second believed by the second by the second believed by the second by the second believed by the second by the	** ture of officer DON MACFARLAND CFO or print name and title	Che self	Da eck if	Preparer's	uctions)	er identification number
Part Under p Knowled Knowled Sign Here	penalties of pedge and believed by the second by the second believed by the second believed by the second believed by the second believed by the second by the s	** ture of officer DON MACFARLAND CFO or print name and title S JOSEPH M GISO Date	Che self	Da eck if	te Preparer's	uctions)	
Part Under p Gnowled Gnowled Sign Here	**** Signa GORT Type Preparer signature Fer's Firm's nature of pedication of pedic	ture of officer OON MACFARLAND CFO or print name and title Date JOSEPH M GISO The company of	Che self	Da eck if	Preparer's	uctions) 26	
Part Under prowled Chowled Cho	**** Signa GORT Type Preparer signature Fer's Firm's nature of pedication of pedic	ture of officer OON MACFARLAND CFO or print name and title Date Date The control of the cont	Che self	Da eck if	Preparer's (see instr P0003012	uctions) 26 375313	

1 Brefly describe the organization's mission 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 99 or 990-E27 .	Part	1111		Program Serv le O contains a res			III		৮
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 If "Yes," describe these new services on Schedule O Jid the organization corganization cases conducting, or make significant changes in how it conducts, any program services or program services? Jif "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the smount of grants and allocations to others, the total expenses, and revenue, if any, for each program service required to report the smount of grants and allocations to others, the total expenses, and revenue, if any, for each program service required to report the smount of grants and allocations to others, the total expenses, and revenue, if any, for each program service required to report the smount of grants and allocations to others, the total expenses, and revenue, if any, for each program service required to report the smount of grants and allocations for cutting a 2003, ceres subjectle and control of the smooth of	1	Briefl	y describe the org	janızatıon's mıssıor	า				
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Did the organization cease conducting, or make significant changes in how it conducts, any program services services? 16									s ✓ No
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SUSTAINABLE BUSINESSES CERES ADVANCES LARGE-SCALE CHANGE IN CORPORATE SUSTAINABILITY PERFORMANCE BY ENGAGING SENIOR LEADERSHIP OF COMPANIES IN KEY INDUSTRIES TO IMPLEMENT THE "21ST CERTURY CORPORATION CERES ROADMAP FOR SUSTAINABILITY," WHICH DEFINES BOTH THE PA AND MEASURABLE OUTCOMES TO BE A TRULY SUSTAINABLE BUSINESS THIS ENGAGEMENT INCLUDES ORGANIZING STAKEHOLDER GROUPS DRAWN FROM CEI COALITION ORGANIZATIONS THESE STAKEHOLDER GROUPS PROVIDE INPUT ON COMPANY DISCLOSURE OF SUSTAINABILITY, BEFORMANCE, STRATEGY, AND GOALS IN APRIL 2012 WE RELEASED "THE ROAD TO 2020 CORPORATE PROGRESS THE CREASE ORADMAP FOR SUSTAINABILITY, WHICH ASSESSED PROG MADE BY 600 LEADING US COMPANIES OVER 10,000 PEOPLE HAVE INTERACTED WITH THE REPORT THROUGH OUR ONLINE PLATFORM DURING THE NEXT TH YEARS WE ARE PLACING SPECIAL EMPHASIS ON SUSTAINABILITY OF CORPORATE SUPPLY CHAINS 4c (Code) (Expenses \$ 2,659,464 including grants of \$) (Revenue \$ 496,563) CLIMATE AND CLEAN ENERGY CERES PROMOTES LOW-CARBON BUSINESS, INVESTOR, AND POLICY SOLUTIONS TO DRIVE ECONOMIC GROWTH AND MITIGATE IMPACTS OF CLIMATE CHANGE THROUGH DIALOGUES WITH VARIOUS COMPANIES IN THE ELECTRIC POWER, INSURANCE, TRANSPORTATION, AND OIL & GAS INDUSTRIES CERES ALSO ADVOCATES FOR FEDERAL POLICIES AND REQUIATIONS THAT WILL HELP BUILD A CLEAR NERGY ECONOMY OUR BUSINESS FOR INNOVATIVE CLIMATE & ENERGY POLICY (BICEP) NETWORK CONSISTS OF 22 WELL-KNOWN CONSUMER BRANDS THAT ADVOCATE FOR STRONG STATE AND NATIONAL POLICIES ON GREENHOUSE GAS REDUCTIONS, ENERGY EFFICIENCY AND ENEW SECRET SETE OR SUPPORT WERE SUBMITTED TO PUBLIC OFFICIALS AND LEGISLATIVE BODIES CONCERNING CALIFORNIA LOW-CARBON FUEL STANDARDS, CALIFORNIA ADVANCED CLEAN CAR RULES, THE NAT PRODUCTION TAX CREDIT FOR WIND ENERGY, AND EPA CARBON POLLUTION STANDARDS, CALIFORNIA ADVANCED CLEAN CAR RULES, THE NAT PRODUCTION TAX CREDIT FOR WIND ENERGY BY MITH A RANGE OF INVESTORS, CORPORATE AND NGO STRACHOLDERS TO PRODUCE THE CERES ADUGINES SINVESTOR, AND GOVERNMENT POLICIES AND PRACTICES THAT ENCOURAGE ADEQUATE CLEAN WATER SU	4b	(Code	<u> </u>) (Expenses \$	1.642.537	including grants of \$) (Rev	venue \$	1.735.274)
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4e Total program service expenses▶\$ 6,443,337		(Exp	enses \$	917,032 ind	cluding grants o	of \$) (Revenue \$	135	,929)
	4e	Tota	l program service	expenses+\$	6,443,33	7			

art IV	Checklis	t of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		No
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, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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	Yes	
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		N o
	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		N o
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II and IV</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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		
25a	Section 501(c)(3) and 501(c)(4) 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		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part	ı		
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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		No
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

•	<u> </u>	
Part V	Statements Regarding Other IRS Filings and Tax Compliance	

	Check it Schedule O contains a response to any question in this Part V	· .	• 1	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 35			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		103	
	Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
la	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
la	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 or securities account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
ь	organization solicit any contributions that were not tax deductible?			
	were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).		V	
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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	_		
£	contract?	7e 7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			110
_	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		
,	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter Instruction foce and constal contributions included on Part VIII. line 1.2			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
_	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
ט	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	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 12b			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate 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 aggregate amount of reserves on hand			
42	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		110

Form 990 (2011) Page **6** Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for Part VI a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management

1 a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$.	5		Νo
6	Did the organization have members or stockholders?	6	Yes	
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	
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	10b	Yes	
b 11a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b		
b 11a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
b 11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review the Form 990	10b	Yes	
b 11a b 12a 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 12a 12b	Yes	
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review the Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b	Yes Yes Yes	
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review the Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c	Yes Yes Yes	
b 11a b 12a b c	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 12a 12b 12c 13	Yes Yes Yes Yes	
b 11a b 12a c 13 14	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review the Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 11a b 12a c 13 14	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review the Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review the Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
11a b 12a b c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review the Form 990	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	

Section C. Disclosure

- 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, FL, GA, IL, KS, $\mbox{ME}\xspace$, $\mbox{MD}\xspace$, $\mbox{MI}\xspace$, $\mbox{MN}\xspace$, $\mbox{NH}\xspace$, $\mbox{N$ OR, PA, NC, SC, TN, UT, VA, RI, WV, WI, WA, DC
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply ✓ Own website ✓ Another's website ✓ Upon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization GABRIELA GOFF SR MGR FINANCE 99 CHAUNCY STREET 6TH FLOOR BOSTON, MA 021111703 (617) 247-0700

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

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) A verage hours per week (describe hours	unles an	on (d e thai	n on son er ai	e bo is bo nd a stee)	x, oth)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		11250)	organizations
(1) VIDETTE BULLOCK MIXON DIRECTOR	5 00	х						0	0	0
(2) NORM DEAN CO-CHAIR	5 00	х		Х				0	0	0
(3) THOMAS DINAPOLI DIRECTOR	5 00	х						0	0	0
(4) JACK EHNES DIRECTOR	5 00	х						0	0	0
(5) MICHEL GELOBTER DIRECTOR	5 00	х						0	0	0
(6) NEVA GOODWIN DIRECTOR	5 00	х						0	0	0
(7) JULIE FGORTE PHD DIRECTOR	5 00	Х						0	0	0
(8) ALISA GRAVITZ TREASURER	5 00	Х		Х				0	0	0
(9) ASHOK GUPTA DIRECTOR	5 00	х						0	0	0
(10) DOUG HUSID SECRETARY	5 00	х		Х				0	0	0
(11) DENISE NAPPIER DIRECTOR	5 00	х						0	0	0
(12) CARL POPE DIRECTOR	5 00	х						0	0	0
(13) JANET RANGANATHAN DIRECTOR	5 00	х						0	0	0
(14) PETER ROSENBLUM DIRECTOR	5 00	х						0	0	0
(15) TEDD SAUNDERS DIRECTOR	5 00	Х						0	0	0
(16) BARNEY SCHAUBLE DIRECTOR	5 00	х						0	0	0
(17) DAMON SILVERS DIRECTOR	5 00	Х						0	0	0 Earm 900 (2011)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (describe	Average hours more than one box, per unless person is both week (describe director/trustee) Average hours per unless person is both director/trustee) Position (do not check Reportable compensation compensation from the organization (W- organizations 2/1099-MISC) Reportable compensation from the organization (W- 2/1099-MISC)									ated of other sation the
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	rela organız	
(18) BILL SOMPLATSKY-JARMAN DIRECTOR	5 00	х						0	C		0
(19) ANNE STAUSBOLL CO-CHAIR	5 00	Х		Х				0	C		0
(20) MINDY LUBBER PRESIDENT	40 00	Х		х				182,614	C		27,289
(21) LANCE PIERCE EXECUTIVE DIR /COO	40 00			х				140,391	C		18,288
(22) GORDON MACFARLAND CFO	40 00			х				104,752	C		19,430
(23) NANCY YANOFSKY DEVELOPMENT DIR	40 00					х		139,095	C		15,813
(24) PEYTON FLEMING DIR STRATEGIC COMMUNICATIONS	40 00					Х		117,129	C		21,476
(25) CHRISTOPHER FOX CO-DIR POLICY PROGRAM	40 00					х		107,482	C		19,446
1b Sub-Total		٠	٠.	<u>. </u>	<u>. </u>		<u> </u>			<u> </u>	
c Total from continuation sl	neets to Part VII, Sect	tion A					•				
d Total (add lines 1b and 1c) Total number of individuals \$100,000 of reportable co	s (including but not lim	ited to		lıst			who	791,463 received more than	ס		121,742
 Did the organization list ar on line 1a? If "Yes," comple For any individual listed or 	ete Schedule J for such in line 1a, is the sum of	reporta	al . ble c	• omp	• ensa	• ation a	nd o	other compensation	from the	Yes	No No
organization and related or individual				J? [1 • •	"Ye	s," con	nple •	te Schedule I for suc		4 Yes	
5 Did any person listed on lii services rendered to the o										5	No

Section B. Independent Contractors

1 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
DAVID GARDINER & ASSOCIATES 910 17TH ST NW SUITE 210 WASHINGTON, DC 20006	CONSULTING SERVICES	151,047
ASGK PUBLIC STRATEGIES LLC 730 NORTH FRANKLIN ST SUITE 404 CHICAGO, IL 60654	ADVERTISING PRODUCTION	150,820
7. Total number of independent contractors (including but not limited to those listed above)	l Nube received more than	

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

Part \	<u> </u>	Statement of Revenue					
.	I.	Entonin		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
発	1a	Federated campaigns 1a					
豆黄	b	Membership dues 1b					
S.€	c	Fundraising events 1c					
Ě	d	Related organizations 1d					
% <u>₹</u>	e	Government grants (contributions) 1e					
<u>≘</u> .≅	l f	All other contributions, gifts, grants, and 1f 4	,686,932				
돌	'	similar amounts not included above	· · ·				
温音	g	Noncash contributions included in					
Contributions, gifts, grants and other similar amounts	h	lines 1a-1f \$ Total. Add lines 1a-1f	▶	4,686,932			
O m	⊢ "			.,			
e E	_	Busines					
E .	2a	MEMBERSHIP DUES	900099	1,843,052	1,843,052		
<u> 8</u>	b	CONF FEES & SPONS	900099	570,620	570,620		
<u> </u>	С	FEE FOR SERVICE	541900	153,357	153,357		
¥	d						
ج ج	e						
Program Serwce Revenue	f	All other program service revenue					
<u>်</u>		Tetal Add lines 2s 25		2 555 555			
	g 3	Total. Add lines 2a-2f		2,567,029			
		Investment income (including dividends, interes	^t ▶	32,009			32,009
	4	and other similar amounts) Income from investment of tax-exempt bond proceeds	L	32,009			32,009
	5	Royalties	· · ·				
		(i) Real (ii) Per					
	6a	Gross rents (1) Kedi (11) Fel	301101				
	Ь.	Less rental					
		expenses Rental income					
	C	or (loss)					
	d	Net rental income or (loss)	. •				
		(i) Securities (ii) O	ther				
	7a	Gross amount 6,857 from sales of					
		assets other than inventory					
	ь	Less cost or 7,306	5,566				
		other basis and sales expenses					
	c	Gain or (loss) -449	-5,566				
	d	Net gain or (loss)		-6,015			-6,015
	8a	Gross income from fundraising					
пе		events (not including					
₹		of contributions reported on line 1c)					
é		See Part IV, line 18					
		a					
Other Revenue	b	Less direct expenses b					
J	C	Net income or (loss) from fundraising events .	• -				
	9a	Gross income from gaming activities See Part IV, line 19					
		a					
	ь	Less direct expenses b					
	С	Net income or (loss) from gaming activities .					
	10a	Gross sales of inventory, less returns and allowances .					
	b	Less cost of goods sold b	. •				
	С	Net income or (loss) from sales of inventory . Miscellaneous Revenue Business					
	110		900099	184,781	184,781		
	11a	OTHER REVENUE	353033	104,701	104,701		
	b						
	C						
	d	All other revenue					
	e	Total. Add lines 11a-11d	▶	184,781			
	12	Total revenue. See Instructions	•	7,464,736	2,751,810	0	25,994
	1		1	1,404,130	Z,/JI,01U	U	L 23,9941

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

			/=\	(-)	
	t include amounts reported on lines 6b, , 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 governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	492,764	292,425	123,027	77,312
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	3,559,241	2,889,344	247,573	422,324
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	138,702	110,033	12,508	16,161
9	Other employee benefits	520,057	412,563	46,899	60,595
10	Payroll taxes	321,205	254,814	28,966	37,425
11	Fees for services (non-employees)				
а	Management				
b	Legal	1,727		1,727	
С	Accounting	55,164		55,164	
d	Lobbying	25,282	25,282		
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
	Other				
	Advertising and promotion	185,667	185,667		
13	Office expenses	291,091	234,453	21,548	35,090
	Information technology			,	
	Royalties				
16	Occupancy	232,311	183,785	22,190	26,336
	Travel	359,461	307,502	23,115	28,844
	Payments of travel or entertainment expenses for any federal, state, or local public officials	339,401	307,302	23,113	20,044
19	Conferences, conventions, and meetings	394,888	365,962	5,833	23,093
20	Interest	331,000	303/302	3,655	23,033
	Payments to affiliates				
	Depreciation, depletion, and amortization	101,762	80,735	9,171	11,856
23	Insurance	101,702	30,733	3,1,1	11,030
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
	PROFESSIONAL FEES	1,087,725	1,028,789	4,195	54,741
b	PRINTING	84,868	71,983	329	12,556
c	BAD DEBT EXPENSE	58,325		58,325	
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	7,910,240	6,443,337	660,570	806,333
	Joint costs. Check here ► ☐ If following	.,= ==,= 10	2, 112,237		,
_ -	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet** (A) (B) Beginning of year End of year 793.482 1,465,044 1 1 376,631 667,142 2 2 3 3,064,860 2.012,407 3 687.018 4 682.992 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 9 108,511 9 154,916 Prepaid expenses and deferred charges 500.123 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 312,526 261,890 b Less accumulated depreciation 10c 187,597 11 11 2,699,146 2,431,352 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 12,683 15 15 12,683 8,004,221 7,614,133 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 669,690 488,381 17 17 Accounts payable and accrued expenses . 18 18 19 416,400 19 653, 125 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D 26 1,086,090 26 1,141,506 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 1,945,440 27 2,270,026 Unrestricted net assets 4,972,691 28 4,202,601 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶

and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 6.918.131 33 6,472,627 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 8.004.221 7.614.133 34

Ра	Check if Schedule O contains a response to any question in this Part XI		•		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,4	164,736
2	Total expenses (must equal Part IX, column (A), line 25)	2			10,240
3	Revenue less expenses Subtract line 2 from line 1	3		-2	145,504
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6,9	918,131
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		6,4	172,627
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	ı	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is				
-	on a separate basis, consolidated basis, or both				
	▼ Separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

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. ▶ See separate instructions.

Inspection

1 2		A school described	d in section 170(b)(1	ssociation of churches s L)(A)(ii). (Attach Schedu	ıle E)				
3 4	 -	•	h organization opera	=	bed in section 170(b)(1) hospital described in sec		A)(iii). En	ter the	
5	Г	=	erated for the benefi (A)(iv). (Complete P	=	y owned or operated by a	governmental u	ınıt descri	bed in	
6	Γ	A federal, state, or	local government o	governmental unit desc	rıbed ın section 170(b)(1)(A)(v).			
7		described in	at normally receives (A)(vi) (Complete P	·	support from a governme	ntal unit or from	the gener	al public	:
8	Г			1 170(b)(1)(A)(vi) (Con	nplete Part II)				
9	Ĺ.	· · · · · · · · · · · · · · · · · · ·			of its support from contrib	outions, member	ship fees.	and gro	ss
-	'				t to certain exceptions, a				
		·		-	·				
		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)							
0	Г		=	·		•			
1	į.	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 public	ly supported organiz	ations described in secti porting organi <u>za</u> tion and o	on 509(a)(1) or section ! complete lines 11e through - Functionally integrated	509(a)(2) See s gh 11h		9(a)(3).	Check
e	Γ				olled directly or indirectl licly supported organizat				
f		If the organization check this box			S that it is a Type I, Type		supporting	organız	ation,
g		following persons?	_		or contribution from any				
			·	·	ogether with persons des	cribed in (ii)		Yes	No
		and (III) below, the	governing body of th	ie the supported organiza	ition?		11g(i)	
		,	er of a person descri	` '			11g(i		
				n described in (i) or (ii) a			11g(ii	i)	
h		Provide the following	ng information about	the supported organizat	on(s)				
			(iii)	(iv)	(11)	(vi)			

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) lisi your gove docume	ion in ted in rning	(v) Did you notify the organization in col (i) of your support? (vi) Is the organization in col (i) organized in the U S?		on in anized	(vii) A mount of support?	
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

S	ection A. Public Support	. organization	ians to quanty t	inder the tests	iistea below, pic	sase comp	icte i d	1111.7
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011		(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,449,83	6,223,376	8,491,149	5,905,922	6,529	9,984	30,600,264
2	Tax revenues levied for the organization'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	3,449,83	6,223,376	8,491,149	5,905,922	6,529),984	30,600,264
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included							9,105,994
	on line 1 that exceeds 2% of the amount shown on line 11, column							
	(f)							
6	Public Support. Subtract line 5							21,494,270
	from line 4							
	ection B. Total Support endar year (or fiscal year		T					
Care	beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011		(f) Total
7	Amounts from line 4	3,449,833	6,223,376	8,491,149	5,905,922	6,529	,984	30,600,264
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	30,457	29,319	23,166	27,696	32	2,009	142,647
9	Net income from unrelated business activities, whether or not the business is regularly							
10	Carried on Other income (Explain in Part IV) Do not include gain or loss							
11	from the sale of capital assets Total support (Add lines 7 through 10)							30,742,911
12	Gross receipts from related activiti	es, etc (See ins	tructions)	•	<u>'</u>	12		5,043,150
13	First Five Years If the Form 990 is check this box and stop here	for the organızat	ion's first, second	, thırd, fourth, or f	ıfth tax year as a	501(c)(3) o	_	tion,
	·		Daniel					<u>'</u>
<u></u>	ection C. Computation of Pub Public Support Percentage for 201			11 column (f))		14		69 920 %
- · 15	Public Support Percentage for 2019	-		11 (1)		15		70 280 %
	33 1/3% support test—2011. If the	·	•	v on line 13 and l	ine 14 is 33 1/3%		neck thi	
104	and stop here. The organization qua				me 1 1 13 33 1/370	, 01 111010, 01	icck till	▼ ▼
	33 1/3% support test—2010. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organiza	n qualifies as a p — 2011. If the org	ublicly supported janization did not	organization check a box on lir	ne 13, 16a, or 16t	and line 14	1	heck this
	in Part IV how the organization med	ets the "facts an	d cırcumstances"	test The organiz	ation qualifies as	a publicly si	upporte	_
h	organization 10%-facts-and-circumstances test-	-2010 . If the ord	ianization did not	check a box on lin	ie 13.16a.16b.o	or 17a and li	ne	•
	15 is 10% or more, and if the organ							
	Explain in Part IV how the organiza supported organization	tion meets the "	facts and circums	tances" test The	organızatıon qual	ıfıes as a pu	ublicly	▶ □
18	Private Foundation If the organizations	ion did not checl	k a box on line 13	, 16a, 16b, 17a oi	r 17b, check this	box and see		▶ □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).							
	Facts And Circumstances Test							
	Explanation							

Schedule A (Form 990 or 990-EZ) 2011

Additional Data

Software ID:

Software Version: EIN: 22-3053747

Name: CERES INC

Form 990, Special Condition Description:

STRENGTHENED EXISTING WATER STRATEGIES

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 917,032 including grants of \$) (Revenue \$ 135,929)
WATER CERES IS ENGAGED IN ADVANCING BUSINESS, INVESTOR, AND GOVERNMENT POLICIES AND PRACTICES THAT

ENCOURAGE ADEQUATE CLEAN WATER SUPPLIES AND HEALTHY ECOSYSTEMS CERES WORKED WITH A RANGE OF INVESTORS, CORPORATE AND NGO STAKEHOLDERS TO PRODUCE THE CERES AQUA GAUGE, RELEASED IN OCTOBER OF 2011, A BENCHMARKING TOOL ENABLING INVESTORS TO ASSESS, SCORE AND COMPARE COMPANIES' WATER MANAGEMENT CERES IS WORKING TO MOBILIZE LARGE COMPANIES AND THEIR SUPPLIERS OPERATING IN HIGH-RISK WATERSHEDS TO DEVELOP STRATEGIES DESIGNED TO IMPROVE WATER MANAGEMENT THUS FAR, 10 CERES COMPANIES AND HAVE DEVELOPED NEW OR

DLN: 93493268005072

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

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

Political Campaign and Lobbying Activities

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Internal Revenue Service

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

- ◆ 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

the Se Se the Se	ction 501(c)(3) organizations that ction 501(c)(3) organizations that	s," to Form 990, Part IV, Line 4, or It have filed Form 5768 (election under sthave NOT filed Form 5768 (election urs," to Form 990, Part IV, Line 5 (Pro	section 501(h)) Conder section 501(h	omplete Part II-A Do in)) Complete Part II-En 990-EZ, line 35c (I	not co 3 Do r Proxy	omple not co / Tax	te Part II-B omplete Part	: II-A
	RES INC							
) O 11	t T. A. Complete if the or	ganization is exempt under s	soction E01/c	22-305				<u> </u>
L 2		ganızatıon's dırect and ındırect politic		-		<u> </u>	<u>jamzano</u>	/ 11.
3	Volunteer hours			·		Ψ_		
ar		ganization is exempt under s)(3).				
L	Enter the amount of any excise	e tax incurred by the organization und	er section 4955		•	\$ <u>_</u>		
2	Enter the amount of any excise tax incurred by organization managers under section 4955							
3	If the organization incurred a s	ection 4955 tax, did it file Form 4720) for this year?				☐ Yes	┌ No
1 a	Was a correction made?						☐ Yes	┌ No
b	If "Yes," describe in Part IV							
ar	t I-C Complete if the or	ganization is exempt under s	ection 501(c) except section	n 50:	1(c)	(3).	
L	Enter the amount directly expe	ended by the filing organization for sec	tion 527 exempt	function activities	►	\$_		
2	Enter the amount of the filing o	rganızatıon's funds contributed to oth	ier organizations	for section 527	F	\$ <u>_</u>		
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	nd on Form 1120	-POL, line 17b	>	\$		
1	Did the filing organization file F	Form 1120-POL for this year?				· -	┌ Yes	┌ No
5	organization made payments f amount of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and dii political action committee (PAC) If a	amount paid fron	n the filing organizat o a separate politica	ion's alorga	funds anıza	s Also ente tıon, such a	rthe
	(a) Name	(b) Address	(c) EIN	(d) A mount paid	from	(e	A mount o	f political

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

chedule C (F	01	rm 990 or 990-E2)2011 Page
Part II-A		Complete if the organization is exempt under section $501(c)(3)$ and filed Form 5768 (election under section $501(h)$).
		under section 501(n)).
Check	Г	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EII
		expenses, and share of excess lobbying expenditures)

	Check If the filing organization checked box	A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means an		(a) Filing Organization's Totals	(b) Affiliated Group Totals
a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	0	
b	Total lobbying expenditures to influence a legisla	25,282		
c	Total lobbying expenditures (add lines 1a and 1b	25,282		
d	O ther exempt purpose expenditures	7,078,625		
e	Total exempt purpose expenditures (add lines 1	7,103,907		
f	Lobbying nontaxable amount Enter the amount f	505,195		
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	126,299	
h	Subtract line 1g from line 1a If zero or less, ente	er-0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	0	

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

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

	Lobbying Expendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying non-taxable amount	375,959	467,829	478,695	505,195	1,827,678
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,741,517
c	Total lobbying expenditures	20,000	95,158	11,683	25,282	152,123
d	Grassroots non-taxable amount	93,990	116,957	119,674	126,299	456,920
e	Grassroots ceiling amount (150% of line 2d, column (e))					685,380
f	Grassroots lobbying expenditures	0	0	0	0	

_	edule C (Form 990 or 990-EZ) 2011				Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768
		(a)	(b)
		Yes	No	Am	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				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i		_		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), d	or sect	tion
			_	Y	es 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?		L	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

DLN: 93493268005072

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Open to Public

itema	F Attach to Fo	orm 990. F See separate instructions.			Tilispec	1011
	me of the organization RES INC		Emp	loyer ident if icat	ion numbe	er
OL.	ALS AND		22-3	3053747		
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99		unds	or Accounts.	Comple	te if the
	organization answered Tes to Form 55	(a) Donor advised funds	(b) Funds and ot	her accou	nts
1	Total number at end of year			-		
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the		or advı	sed	┌ Yes	
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	efit of the donor or donor advisor, or for ar	ny othe	r purpose	┌ Yes	┌ No
Pa	rt II Conservation Easements. Complete	if the organization answered "Yes" to	<u>o Forn</u>	n 990, Part IV,	, line 7.	
1 2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality	on or pleasure) Preservation of an Preservation of a c	certifie	d historic structi	•	a
	easement on the last day of the tax year	[Held at the I	End of the	Vanz
а	Total number of conservation easements		2a	neid at the i	ena or the	Tear
b	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified his	+	2c			
d	Number of conservation easements included in (c) ac	` '	2d			
3	Number of conservation easements modified, transfe	·		e organization d	uring	
,	the taxable year -	irrea, released, extinguished, or terminate	ed by th	e organization d	uring	
4	Number of states where property subject to conserva	ation easement is located ►				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of	violations, and	┌ Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents d	uring the year 🛌		
7	A mount of expenses incurred in monitoring, inspectings	ng, and enforcing conservation easements	s durinç	the year		
В	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion		┌ Yes	┌ No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financial				
ar	Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treasures,	or Otl	ner Similar A	ssets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch ın fu			Ξ,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ii				
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			► \$		
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		or finan	· -		
а	Revenues included in Form 990, Part VIII, line 1			► \$		

b Assets included in Form 990, Part X

Par	Organizations Maintaining Co	llections of Art	<u>, His</u>	<u>stori</u>	<u>cal T</u>	reasu	<u>res, or Ot</u>	<u>her</u>	<u>Similar Asse</u>	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	he fol	lowing	that are	e a significar	nt us	e of its collection	า	
а	Public exhibition		d	Γ	Loan	or exch	nange progra	ms			
b	Scholarly research		e	Γ	Othe	er					
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ıın hov	w the	y furth	er the o	rganızatıon's	sexe	mpt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									Yes	┌ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						answered	"Ye	s" to Form 990),	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other interme	edıary	for c	ontrıb	utions o	rotherasse	ts no	ot _	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follov	ving t	able				A		
_							<u> </u>		Amou	ınt	
C C	Beginning balance							lc			
d	Additions during the year						<u> </u>	Ld			
e	Distributions during the year						_	le			
f	Ending balance							Lf			
2a	Did the organization include an amount on Fo	•	e 21?	>					Г	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete									N E V	
1-	Degraping of very balance	(a)Current Year	(Б) Prior	Year	(c) w	o Years Back	(a)11	ree Years Back (e)Four Y	ears Back
1a	Beginning of year balance					1					
b	Contributions										
С	Investment earnings or losses					<u> </u>					
d	Grants or scholarships					<u> </u>					
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
С	Term endowment ▶										
За	Are there endowment funds not in the posse organization by	ssion of the organiz	atıon	that	are he	ld and a	dmınıstered	for tl	ne	Yes	No
	(i) unrelated organizations								3a(i)	103	110
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(II), are the related organizatio	ns listed as require	d on S	Sched	lule R7				3b		Ī
4	Describe in Part XIV the intended uses of th	e organızatıon's en	dowm	ent fu	ınds						
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	art X	, lıne	10.					
	Description of property					or other estment)	(b)Cost or ot basis (othe		(c) Accumulated depreciation	(d) Bo	ook value
1a	Land										
b	Buildings							\neg			
	Leasehold improvements						81,	075	43,208		37,867
	Equipment						419,	048	269,318		149,730
	Other						<u> </u>		,		-
	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colui	mn (B), line	10(c).)			►		187,597
	, , , , , , , , , , , , , , , , , , , ,	, , ,			, , ,	-			Schedule D (I	Form 9	
											,

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	(-,	Cost or end-o	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
(3)Other			_
(A) CERTIFICATES OF DEPOSIT	2,431,352		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	2,431,352		
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
			d of valuation
(a) Description of investment type	(b) Book value		-year market value
Total. (Column (b) should equal Form 990. Part X. col (B) line 13)			
(-,,			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
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Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (b) Should equal Form 990, Part X, col.(B) line 1:	e 15. tion 5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (b) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (b) Should equal Form 990, Part X, col.(B) line 1:	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,464,736
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,910,240
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-445,504
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-445,504
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	7,546,546
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	81,810
3	Subtract line 2e from line 1	3	7,464,736
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	7,464,736
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	7,992,050
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
е	Add lines 2a through 2d	2e	81,810
3	Subtract line 2e from line 1	3	7,910,240
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	7,910,240
Pai	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	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, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS INTEREST AND PENALTIES ASSESSED, IF ANY, ARE
		ACCRUED AS INCOME TAX EXPENSE CERES HAS IDENTIFIED ITS TAX STATUS AS A TAX EXEMPT ENTITY AS ITS ONLY SIGNIFICANT TAX POSITION AND HAS DETERMINED THAT SUCH TAX POSITION DOES NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION CERES IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION ITS FEDERAL AND STATE INCOME TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THE PAST THREE YEARS FOLLOWING THE DATE OF FILING THE RELATED RETURN

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"Yes" to Form 990, Part IV, line 14b.

DLN: 93493268005072

OMB No 1545-0047

2011

Open to Public

SCHEDULE F (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Statement of Activities Outside the United States

Internal Revenue Service Name of the organization **Employer identification number CERES INC** 22-3053747

Part I General Information on Activities Outside the United States. Complete if the organization answered

1	For grantmakers. Does the dassistance, the grantees' eligible the grants or assistance?	gibility for the	grants or assi	stance, and the selec	tion criteria used to awa	
2	For grantmakers. Describe in Pa United States	irt V the organiz	zatıon's procedu	res for monitoring the us	se of grant funds outside th	ne
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region of independent contractors	(d) Activities conducted in region (by type) (e g ,	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	NORTH AMERICA	1	1	PROGRAM SERVICES	AS THE VICE PRESIDENT OF CORPORATE PROGRAMS FOR CERES, ANDREA MOFFAT WORKS WITH A RANGE OF COMPANIES ON REPORTING AND DISCLOSURE, POLICY DEVELOPMENT, AND STAKEHOLDER ENGAGEMENT HER DAILY ACTIVITIES IN CANADA INCLUDE MANAGING THE CERES CORPORATE PROGRAM TEAM AND WORKING WITH US AND INTERNATIONAL COMPANIES ON CORPORATE SUSTAINABILITY PERFORMANCE	76,032
	Sub-total	1	1			76,032
ŀ	 Total from continuation sheets to Part I 	0	<u> </u>			0
	Totale (add lines 3a and 3h)	1	1	<u> </u>		76.032

Pa	Part IV, I	ine 15, for any	sistance to Orgar recipient who recesspace is needed.	nizations or Entiti erved more than \$5,	es Outside the Un 000. Check this box	nited States. Composite of the composite	olete if the organiza received more that	tion answered "Yes' n \$5,000	' to Form 990, ► 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie the IRS, or fo	ent organizations lis or which the granted	ted above that are e or counsel has pro	recognized as chari ovided a section 50:	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . 🕨	
3	Enter total nur	mber of other	organizations or en	tities					: (Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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Part IV Foreign Forms

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 (see instructions for Form 926)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Г	Yes	굣	Νo
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)	Г	Yes	[ত	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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	া	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)	Г	Yes	া	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 file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	ন	Νo

Schedule F (Form 990) 2011

Identifier	ReturnReference	uctions) required in Part I, line 2, and any Explanation
		<u>'</u>
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OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

ın Part III

section 53 4958-6(c)?

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

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization **Employer identification number** CERES INC 22-3053747 **Questions Regarding Compensation** Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e g, maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Nο 4h Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo **4**c Participate in, or receive payment from, an equity-based compensation arrangement? Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? **5**a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Yes

Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

8

Νo

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	penents	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) MINDY LUBBER	(1) (11)	182,614 0	0	0 0	7,147 0		209,903	0
(2) LANCE PIERCE	(1) (11)	137,351 0	3,040 0	0 0	2,407 0	15,881 0	158,679 0	0
(3) NANCY YANOFSKY	(1) (11)	139,095 0	0	0 0	5,422 0		154,908 0	0 0

Schedule J (Form 990) 2011 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
	PART I, LINE 7	THE CEO, UPON A 90-DAY REVIEW OF NEW HIRE EXECUTIVE DIRECTOR/COO (START DATE 1/31/11), APPROVED A BONUS AS NOTED ON HIS OFFER LETTER

Schedule J (Form 990) 2011

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization CERES INC	Employer identifi	cation number
CERES INC	22-3053747	

Identifier	Return Reference	Explanation
	, , , , , , , , , , , , , , , , , , ,	THE NEGATIVE CHANGE IN NET ASSETS IN 2010 AND 2011 IS OFFSET IN PART BY THE RECEIPT OF SEVERAL LARGE MULTIPLE YEAR GRANTS IN PRIOR YEARS, MUCH OF WHICH IS BEING RELEASED (EARNED) IN SUBSEQUENT YEARS

ldentifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART III, LINE 1	CERES' MISSION IS MOBILIZING INVESTOR AND BUSINESS LEADERSHIP TO BUILD A THRIVING, SUSTAINABLE GLOBAL ECONOMY CERES IS KNOWN FOR ITS UNIQUE ABILITY TO BRING DIVERSE GROUPS TOGETHER TO FIND POSITIVE SOLUTIONS FOR COMPLEX ENVIRONMENTAL AND SOCIAL CHALLENGES FOR EXAMPLE, OVER THE PAST 10 YEARS CERES HAS CO-HOSTED FIVE INVESTOR SUMMITS AT THE UNITED NATIONS, DRAWING REPRESENTATIVES FROM U.S. AND INTERNATIONAL INVESTOR GROUPS TO EXAMINE EMERGING BUSINESS OPPORTUNITIES FROM CLIMATE CHANGE AND RELATED MACRO ENVIRONMENTAL IMPACTS CERES INTRODUCED THE CONCEPT OF "CLIMATE RISK" TO WORLD BUSINESS LEADERS AND MOBILIZES ENGAGEMENT OF INVESTORS IN THIS EFFORT THROUGH THE INVESTOR NETWORK ON CLIMATE RISK IN 2010, CERES LAUNCHED "THE 21ST CENTURY CORPORATION THE CERES ROADMAP FOR SUSTAINABILITY," A PROGRAM THAT LAYS OUT 20 KEY EXPECTATIONS RELATED TO GOVERNANCE, STAKEHOLDER ENGAGEMENT, DISCLOSURE AND PERFORMANCE IN 1995 CERES HELPED FOUND THE GLOBAL REPORTING INITIATIVE, NOW THE DE-FACTO STANDARD FOR REPORTING ENVIRONMENTAL AND SOCIAL PERFORMANCE OF 2,500 COMPANIES WORLDWIDE

ldentifier	Return Reference	Explanation
	PART VI,	ALL MEMBERS HAVE EQUIVALENT POWER EXCEPT FOR CERTAIN MEMBERS WHO HAVE ROLES WITH THE BOARD SUCH AS THE CO-CHAIRS, TREASURER, AND SECRETARY FOR EXAMPLE, THE TREASURER WOULD CONDUCT FINANCE COMMITTEE MEETINGS AND OVERSEE THE FINANCES OF THE ORGANIZATION, WHILE THE SECRETARY'S ROLE WOULD BE TO SIGN ORGANIZATIONAL DOCUMENTS ALL MEMBERS WOULD HAVE THE SAME POWER TO VOTE WHEN IT COMES DOWN TO ORGANIZATIONAL DECISIONS

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	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 FINANCE TEAM THEN, OUR ACCOUNTING AND AUDITING FIRM PREPARES THE 990, WITH THE INFORMATION GATHERED IN THE QUESTIONNAIRE PROVIDED BY THE FINANCE TEAM, AND SENDS A DRAFT TO THE ORGANIZATION THE SENIOR MANAGEMENT TEAM REVIEWS THIS AND EMAILS TO THE FULL BOARD FOR ITS REVIEW PRIOR TO ITS FILING. THE AUDIT COMMITTEE MEETS WITH THE AUDITORS TO REVIEW AND ACCEPT THE 990. AFTERWARDS THE 990 IS FILED.

ldentifier	Return Reference	Explanation
	,	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 ALSO, AS PART OF THE GOVERNANCE COMPLIANCE THE BOARD MEMBERS ARE REQUIRED TO INFORM TO ANY OF THE BOARD CO-CHAIRS OF CERES ANY MATERIAL CHANGE THAT DEVELOPS DURING THE YEAR IN THE INFORMATION CONTAINED IN THE FOREGOING STATEMENT

Identifier Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE OF THE BOARD ANNUALLY REVIEWS AND APPROVES THE CEO'S COMPENSATION A MEMBER OF THAT COMMITTEE GATHERS DATA FROM SALARY SURVEY'S FROM COMPARABLE SIZED NONPROFITS AND BRINGS THAT INFORMATION BACK TO THE COMMITTEE FOR ITS DELIBERATIONS. 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. 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, INFLATION, AND TO SOME DEGREE THE NONPROFIT MARKET IN BOSTON (SALARY SURVEY STUDIES). THE EXECUTIVE COMMITTEE OF THE BOARD IS PROVIDED BY THE CEO A SUMMARY OF SALARIES PAID TO OFFICERS. AND KEY EMPLOYEES (COO, CFO, AND DEVELOPMENT DIRECTOR) OF COMPARABLE ORGANIZATIONS WITH DATA THAT WAS DRAWN FROM 990'S AND SALARY SURVEYS. THE AVERAGES ARE COMPARED TO PROPOSED SALARIES FOR EQUIVALENT CERES STAFF. THE EXECUTIVE COMMITTEE ADVISES THE CEO IF THEY HAVE CONCERNS ABOUT ANY OF THE PROPOSED SALARY LEVELS.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE FORM 990 AND ANNUAL REPORT ARE AVAILABLE AT HTTP //WWW CERES ORG/ABOUT-US/FINANCIALS THE ORGANIZATION PROVIDES COPIES OF THE FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS UPON REQUEST CERES' FORM 990 IS ALSO AVAILABLE VIA GUIDESTAR, AND THE MASSACHUSETTS ATTORNEY GENERAL'S WEBSITE