						2939	327	801618	
Form 990-T	E	Exempt Organ	nization Bus	ine	ss Income T	ax Returi	ղ	OMB No 1545-0687	
- 81		· · (aı	nd proxy tax und	er se	ction 6033(e))	191	\cap	0047	
•	For ca	lendar year 2017 or other tax yea					<u>1,8</u>	2017	
Department of the Treasury Internal Revenue Service		► Go to www Do not enter SSN number	irs gov/Form990T for in				<u> </u>	en to Public Inspection for	
A Check box if		Name of organization (tion is a soricity	D Employe	(c)(3) Organizations Only ridentification number	
address changed		Name of organization (Officer box if fiamle c	nanyeu	and see man denons j		(Employe	ees' trust, see ons)	
B Exempt under section	Print	CERES, INC.					22	22-3053747	
X 501(c √3)	10	Number, street, and room					E Unrelate (See inst	d business activity codes ructions)	
408(e) 220(e)	Туре	99 CHAUNCY						•	
408A 530(a)		City or town, state or pro		r foreigi	n postal code				
529(a) C Book value of all assets		BOSTON, MA					<u> </u>		
20,690,5	78	F Group exemption numb G Check organization type		noration	501(c) trust	4016	a) trust	Other trust	
H Describe the organizatio				poration	30 I(c) il usi		a) ii usi	Other trust	
During the tax year, was				nt-subsi	diary controlled group?	•	Yes	X No	
	•	tifying number of the paren					-		
J The books are in care of				ER	Teleph	one number 🕨	(617)	247-0700	
Part I Unrelate	d Trac	de or Business Inc	ome		(A) Income	(B) Expensi	es	(C) Net	
1a Gross receipts or sale						۸,۰		, ,	
b Less returns and allo		A 1 7)	c Balance	1c		,		,,	
2 Cost of goods sold (\$3 Gross profit Subtrac		•		3					
4a Capital gain net incor				4a					
• •	•	art II, line 17) (attach Form	ı 4797)	4b					
c Capital loss deduction			,	4c					
5 Income (loss) from p	artnersh	ips and S corporations (att	ach statement)	5					
Rent income (Schedu	ıle C)			6					
7 Unrelated debt-finance		` ,		7					
•		and rents from controlled o	• , ,	8					
		on 501(c)(7), (9), or (17) or	rganization (Schedule G)	9 10					
10 Exploited exempt act11 Advertising income (\$\frac{1}{2}\$	•	• •		11					
12 Other income (See in		·	TATEMENT 1	12	106,875.			106,875.	
13 Total. Combine lines		· ·		13	106,875.			106,875.	
		ot Taken Elsewher							
(Except for	contribi	utions, deductions must	be directly connected	with the	he unrelated business	income)	· ·		
	ficers, di	rectors, and trustees (Sche	dule K)				14		
15 Salaries and wages							15		
16 Repairs and mainter17 Bad debts	iance			1	RECEIVED	2_01	16		
18 Interest (attach sche	edule)			1 1		1)8/	18		
19 Taxes and licenses	,,,,,			B608	SEP 2 3 2019	3 -030	19		
20 Charitable contributi	ions (Se	e instructions for limitation	rules)	8	JE1 - 1	<u>]ĕ</u>]	20		
21 Depreciation (attach	Form 4	562)		1	OGDEN, L	IT			
22 Less depreciation of	aimed oi	Schedule A and elsewhere	e on return	1_	UGL/27211,		22b		
23 Depletion		_					23		
24 Contributions to def		mpensation plans					24		
25 Employee benefit pr	-	shodulo IV					25		
26 Excess exempt expe27 Excess readership c		•					26		
28 Other deductions (at	•	•					28		
29 Total deductions A		•					29	0.	
		ncome before net operating	loss deduction Subtrac	t line 29	from line 13		30	106,875.	
31 Net operating loss d	eduction	(limited to the amount on	line 30)				31		
		ncome before specific dedu			30		32	106,875.	
33 Specific deduction (Generally	y \$1,000, but see line 33 in	structions for exceptions)			33	1,000.	
34 Unrelated business	taxable	income Subtract line 33 f	irom line 32. If line 33 is	greater	tnan line 32, enter the sm	ialier of zero or		105 975	

Form 990-1	(2017) CERES, INC. 22-	3053747	Page 2
Part I		-	
35	Organizations Taxable as Corporations See instructions for tax computation		
	Controlled group members (sections 1561 and 1563) check here See instructions and:		
	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
a			
	·· —		
D	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		
	(2) Additional 3% tax (not more than \$100,000)	.	22 620
C	Income tax on the amount on line 34 SEE STATEMENT 2	▶ 35c	22,620.
36	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 34 from:		
	Tax rate schedule or Schedule D (Form 1041)	▶ 36	
37	Proxy tax See instructions	▶ 37	
38	Alternative minimum tax	38	
39	Tax on Non-Compliant Facility Income See instructions	39	
40	Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	22,620.
Part I	V Tax and Payments		-
41a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a		
b	Other credits (see instructions) 41b		
c	General business credit Attach Form 3800 41c		
	Credit for prior year minimum tax (attach Form 8801 or 8827)		
	Total credits Add lines 41a through 41d	410	
	•	41e	22,620.
42	Subtract line 41e from line 40	42	22,020.
43	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sch	·	22 (20
44	Total tax. Add lines 42 and 43	44	22,620.
	Payments: A 2016 overpayment credited to 2017		
b	2017 estimated tax payments 45b 23, 0		
С	Tax deposited with Form 8868 45c 22, 5	32.	
d	Foreign organizations: Tax paid or withheld at source (see instructions) 45d		
е	Backup withholding (see instructions) 45e		
f	Credit for small employer health insurance premiums (Attach Form 8941) 45f		
a	Other credits and payments: Form 2439		
	Form 4136 Other Total • 45g		
46	Total payments. Add lines 45a through 45g	46	45,532.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached	47	
48	Tax due If line 46 is less than the total of lines 44 and 47, enter amount owed	▶ 48	
49	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	22,912.
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax 22,912. Refunded	50	0.
Part \		30_1	
L			Vee Ne
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country		
	here >		X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trus	t?	X
	If YES, see instructions for other forms the organization may have to file		
53	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		
۵.	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	knowledge and be	elief, it is true,
Sign	b contact, and symptote because of proposed (and shart applying a second of an information of minor proposed that any minor begge	May the IRS	discuss this return with
Here	DMM2— 9/96019 ▶ CFO		shown below (see
	Signature of officer Date Title	instructions	7 X Yes No
	Print/Type preparer's name Prepager's signature Date Check [if PTIN	1
Daid	Print/Type preparer's name Preparer's signature Date Check [Self- em		
Paid	DDENTS I DOOM!!	· ·	01342395
Prepa	CDTF MIN TIC		5-3753134
Use C	500 BOYLSTON STREET		, <u>, , , , , , , , , , , , , , , , , , </u>
		no 617-5	761-0600
	Firm's address ► BOSTON, MA 02116 Phone	IU OI/-	Form 990-T (2017)
			Form 330~1 (2017)

Schedule A - Cost of Goods	Sold. Enter	method of invent	tory valuation	n ► N/A				
1 Inventory at beginning of year	1			tory at end of year	r		6	
2 Purchases 2 7 Cost of goods sold.					subtract line 6			
3 Cost of labor	3	<u> </u>		line 5 Enter here		I I		
4a Additional section 263A costs			line 2			, i	7	
(attach schedule)	4a		8 Doth	e rules of section	263A (\	with respect to	Yes No	
b Other costs (attach schedule)	4b		prope	rty produced or a	cquired	for resale) apply to		
5 Total Add lines 1 through 4b	5		the or	ganization?				
Schedule C - Rent Income	From Real	Property and	Persona	Property L	ease	d With Real Prope	rty)	
(see instructions)				.=				
1 Description of property								
(1)								
(2)	•							
(3)								
(4)								
	2 Rent receiv	ed or accrued		•				
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	nd personal pro ersonal property t is based on pr	perty (if the percentag exceeds 50% or if ofit or income)	ge .	3(a) Deductions directly co columns 2(a) and	onnected with the income in 2(b) (attach schedule)	
(1)								
(2)								
(3)					•			
(4)								
Total	0.	Total			0.		• •	
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	0.	
Schedule E - Unrelated Deb		Income (see	instructions)	-			
			2 Gross	ncome from		3. Deductions directly conne to debt-financed		
1 Description of debt-fir	nanced property		Gross income from or allocable to debt-	able to debt-	(a)	Straight line depreciation	(b) Other deductions	
r besarption at debt to	ianced property		linanc	ed property		(attach schedule)	(attach schedule)	
(1)								
(2)								
(3)	,							
(4)	·							
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)		mn 4 divided column 5		7 Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)				%				
(2)				%				
(3)				%				
(4)				%				
						nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals				_		0.	0.	
Total dividends-received deductions in	ıcluded ın columr	ı 8				<u> </u>	0.	
		· -						

0.

Form 990-T (2017)

723731 01-22-18

(1) (2) (3) (4)

Totals (carry to Part II, line (5))

0.

0

Form 990-T (2017) CERES, INC.

[Partill] Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2 Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)					<u>.</u>		
(3)							
(4)	ĺ						
Totals from Part I	•	0.	0.				0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, cot (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	0.	0.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Nатте	2 Title .	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2017)

FORM 990-T	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
AMOUNTS PAID FOR DISALLOWED	FRINGES	106,875.
TOTAL TO FORM 990-T, PAGE 1,	LINE 12	106,875.

22-3053747

FORM	990-T LINE 35C TAX COMPUTATION	STATEMENT 2
1.	TAXABLE INCOME	105,875
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT	50,000
3.	LINE 1 LESS LINE 2	55,875
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT	25,000
5.	LINE 3 LESS LINE 4	30,875
6.	INCOME SUBJECT TO 34% TAX RATE	30,875
7.	INCOME SUBJECT TO 35% TAX RATE	0
8.	15 PERCENT OF LINE 2	7,500
9.	25 PERCENT OF LINE 4	6,250
10.	34 PERCENT OF LINE 6	10,498
11.	35 PERCENT OF LINE 7	0
12.	ADDITIONAL 5% SURTAX	294
13.	ADDITIONAL 3% SURTAX	0
14.	TOTAL INCOME TAX	24,542
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017	22,234
	DAYS	
16. 17.	TAX PRORATED FOR NUMBER OF DAYS IN 2017 61 TAX PRORATED FOR NUMBER OF DAYS IN 2018 304	4,102 18,518
18.	TOTAL TAX PRORATED 365	22,620