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		DED TO SEPTI							
Form 990-T	Exempt Orga	nization Bus			ax Return	-	OMB No 1545-0687	-	
		,	2018						
	For calendar year 2018 or other tax ye	<u> </u>	ZU 10						
Department of the Treasury Internal Revenue Service	► Go to www ► Do not enter SSN numbe	- C	Open to Public Inspection for 501(c)(3) Organizations Only	-					
A Check box if address changed							yer identification number oyees' trust, see ctions)	_	
B Exempt under section	Print CERES, INC.						22-3053747		
X 501(c)(3 03	or Number, street, and roor	n or suite no. If a P.O. box	x, see ii	nstructions.		E Unrelated business activity code (See instructions)			
408(e) 220(e)	Tune	STREET, 6TH				(366 III	sudctions)		
408A 530(a)	City or town, state or pro								
C Book value of all assets at end of year	F Group exemption num	ber (See instructions.)						_ /	
23,270,1	28. G Check organization typ		poration	n 501(c) trust	401(a)	trust	Other trust		
	organization's unrelated trades or I	businesses. >		•	he only (or first) un				
trade or business here					complete Parts I-V.		•		
	lank space at the end of the previo	us sentence, complete Pa	ırts I an	d II, complete a Schedule	M for each additions	al trade	or		
business, then complete		-#-h-td		diamina and all all all and an analysis		7 /	s X No	-	
* * *	the corporation a subsidiary in an nd identifying number of the parer		nt-subs	idiary controlled group?	P L	Ye:	3 A NO		
	► GABRIELA GOF		ER	Telenho	ne number 🕨 (617) 247-0700	-	
	Trade or Business Inc			(A) Income	(B) Expenses		(C) Net	-	
1a Gross receipts or sale				(,)	(-,]	
b Less returns and allow		c Balance	1c						
2 Cost of goods sold (S		,	2					Ì	
3 Gross profit Subtract	line 2 from line 1c		3					_	
4a Capital gain net incon	ne (attach Schedule D)		4a					_	
b Net gain (loss) (Form	4797, Part II, line 17) (attach Forn	n 4797)	4b						
c Capital loss deduction	for trusts		4c				RECEIVED	_	
5 Income (loss) from a	partnership or an S corporation (a	ttach statement)	5		Ç			၂႘	
6 Rent income (Schedu	le C)		6		i i		SEP 17 2020	RS-OSC	
7 Unrelated debt-financ	ed income (Schedule E)		7		13			-185	
8 Interest, annuities, roy	ralties, and rents from a controlled	organization (Schedule F)	8			-	GDEN UT	- -	
9 Investment income of	a section 501(c)(7), (9), or (17) o	rganization (Schedule G)	9		<u></u>	\Longrightarrow	ODLIN, OT		
	vity income (Schedule I)		10					_	
11 Advertising income (S	•		11					-	
•	structions, attach schedule)		12					-	
13 Total. Combine lines		· · · · · · · · · · · · · · · · · · ·	13	0.				-	
	ns Not Taken Elsewher contributions, deductions mus				ncome)			_	
•	icers, directors, and trustees (Scho	edule K)				14		-	
15 Salaries and wages						15		-	
16 Repairs and mainten	ance					16		-	
17 Bad debts						17		-	
_ ,	dule) (see instructions)					18_		-	
19 Taxes and licenses	(C :					19		-	
	ons (See instructions for limitation	rules)		ايما		20		-	
21 Depreciation (attach	•	o on roturn		21		22b			
•	umed on Schedule A and elsewher	e on return		22a	· -	23		-	
·	Depletion Contributions to deferred compensation plans							-	
24 Contributions to defe25 Employee benefit pro	·					24 25		-	
26 Excess exempt expe	-				;	26	 	-	
27 Excess readership of	,					27		-	
28 Other deductions (at	,				I	28		-	
•	•					29	0.	•	
 Total deductions Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 					30	0.	•		
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)					31		Ì		
·	axable income Subtract line 31 from		, ., _0	is (see mondonomy)		32	0.	2	
	r Paperwork Reduction Act Notice						Form 990-T (2018) 14	

Form 990-T			<u> 22-3(</u>	<u> </u>	.7	Page 2
Part II	Total Unrelated Business Taxable Income					
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	e instructions)		33		0.
34	Amounts paid for disallowed fringes			34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	ictions)		35		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the su	um of				
	lines 33 and 34			36		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1.0	00.
	Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater than line	36				
	enter the smaller of zero or line 36			38		0.
(Partil)	Tax Computation					
	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)			▶ 39		0.
	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount of	on line 38 from:	•	- 03	i	
	Tax rate schedule or Schedule D (Form 1041)			40	<i>!</i>	
41	Proxy tax See instructions			41	 	
	Alternative minimum tax (trusts only)		•		 	
	Tax on Noncompliant Facility Income See instructions			42		
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			43		0.
Partiv				44	<u></u>	<u> </u>
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	450		تتعيا	ı	
	Other credits (see instructions)	45a				
	General business credit Attach Form 3800	45b				
		45c				
	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			4	
	Total credits. Add lines 45a through 45d			45e	ļ <u>.</u>	
	Subtract line 45e from line 44	aa 🗀 au		46	!	0.
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 880	66 Other	(attach schedule			
	Total tax Add lines 46 and 47 (see instructions)			48_	<u> </u>	0.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	1 1	4 7 0 0 0	49		0.
	Payments. A 2017 overpayment credited to 2018	50a	17,000		ł	
	2018 estimated tax payments	50b	6,000) -		
C	Tax deposited with Form 8868	50c		_		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	_50d				
е	Backup withholding (see instructions)	50e		_		
f	Credit for small employer health insurance premiums (attach Form 8941)	50f		_		
g	Other credits, adjustments, and payments: Form 2439					
	Form 4136 Other Total ▶	50g			l	
51	Total payments. Add lines 50a through 50g			51	23,0	00.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached 🕨 🔙			52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		•	▶ 53		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		•	▶ 54	23,0	00.
	Enter the amount of line 54 you want: Credited to 2019 estimated tax		funded 🕨	► 55	23,0	00.
(PartiV	Statements Regarding Certain Activities and Other Information	n (see instru	ctions)			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature (or other authori	ty		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	may have to file	9			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the f	foreign country				
	here >					X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to, a fo	reign trust?			Х
	If "Yes," see instructions for other forms the organization may have to file					
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$					
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stat correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	tements, and to the	best of my know	wledge and	belief, it is true,	
Sign	Const., and complete Declaration of prepare (order main taxpayer) is based on an information of which prepare	rias ariy kilowiecgi	· .	Mov the ID	S discuss this return v	with
Here	Squature of officer Date CFO				er shown below (see	7101
	Signature of officer Date Title			instruction	s)? X Yes	No
	Print/Type preparer's name Preparer's signature Dat	le	Check	ıf PTI	IN	
Paid			self- employe	ed		
Prepar	BRENDA L. BOOTH Gruda X. Ceale 08	/28/20	,		01342395	
Use O	CDTZ MIM LIC		Firm's EIN		6-375313	
OSE O	500 BOYLSTON STREET					
	Firm's address ► BOSTON, MA 02116		Phone no	617-	761-0600	
823711 01-0					Form 990-T	