Case ID: CISS1ZJG2W

Form - 990

Return of Organization Exempt From Income Tax
Under section 501(c) 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 512



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7	\ I	For the	2015 calendar	<u>rear, or tax year b</u>	· -		, and ending					
Ε	3 C	heck if app	cable C Name o	l organization						D Employe	r Identification number	_
[] *	ddress cha	nge		Serenity S	Street Fou	ndation					
Ī	٦,	iame chang	we	usinoss 83		453108						
Ē	⇉		Nu⊐≎er	Bnd street (or PO box		d to sugget address)			Room/sute	E Telephon	- 1922 - 579-1922	
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Y	-	optication p	enday Tex	ry Kelley	or .				H(a) is this a gro	up return for s	Lbordina es? 🔲 Yes 📔	X ND
_	_			E Woodro	_	1			H(b) Are at sub	orduna es encho	_{rded?} Yes [No
				umbus			13207		II "No	attach o bși	(see instructions)	
-		ax-exemp			(c) () 4	(insert no)	4947(a)(1) or	527				
_		Website		tystreet					H(c) Group exer	mpuon numbe	ır 🕨	
-	, f	Form of one		poration litust	Association	Other 🏲	_	L		995	M State of legal domicile	OH
-	Pi	art I	Summar	<u></u>								
-			nefly describe the	e organization's mi	ssion or most si	gnificant activitie					<u> </u>	
			Help men	recover fro	m alcohol	and drug	addiction	on				
	ěΙ		-			_						
	Ë											
	8	2 C	neck this box	if the organiza	ition discontinue	ed its operations	or disposed of	more than 25%	of its net assets	S		
	Activities & Governance			nembers of the go						3	7	
	رة ح		-	ndent voting memb			VI. line 1b)			4	7	
	를		•	dividuals employed	~					5	1	
	(lunteers (estimate	•	ai 2010 (1 ai 1)	20)			6	0	
	۲			siness revenue fro	=	imn (C) Jine 12				7a		0
				ness taxable incon			RECEI	VED		7b		0
-	7	2.,,				1		isi	Prior Ye		Current Year	
	_	8 C	ontributions and	grants (Part VIII lii	ne 1h)	麗-	_OCI 25	910Z	96,7	5°2	104,	
	Revenue	9 Pr	ogram service re	evenue (Part VIII I	ine 2g)	<u>₩</u> Г		<u> </u>			115,	277
	8	10 In	vestment income	(Parl VIII, column	(A) lines 3 4	and 7d)	2005					9
	ا ت	11 Ot	ther revenue (Pa	rt VIII column (A)	lines 5 6d 8c	9c 10c and 44	YTTHIS IZ	<u>. 171</u>	121,2	OΣ	2,:	260
		12 To	olal revenue <u>- ac</u>	ld lines 8 through	11 (must equal F	Part Vill_column	(A) line 12)		217,9	745-	222,	221
_	П	13 G	rants and similar	amounts paid (Pa	rt (X. column (A) Imes 1-3)						0
	- 1	14 Be	enefils paid to or	for members (Par	t IX column (A)	line 4)						0
	6	15 Sa	alaries other cor	npensation emplo	yee benefits (Pa	art IX column (A) lines 5–10)		_	-	51,	360
	Expenses	16a Pr	ofessional fundi	aising fees (Part I)	Column (A) lir	ne 11e)						0
	힐	ьΤα	otal fundraising e	xpenses (Part IX	column (D) line	25) 🕨	8,	599	_			
	<u>ا</u> ش	17 Ot	ther expenses (F	art IX column (A)	lines 11a-11d	11f-24e)			14	6,988 ,988	129,	<u> 795</u>
	- [18 To	otal expenses. A	dd lines 13–17 imi	ust equal Part IX	(, column (A) lin	e 25)		140	, 988		155
_		19 Re	evenue less exp	enses Subtract lin	e 18 from line 1	2				0,966	41,	066
_	25			-					Beginning of Cur		End of Year	
	Balances		olal assets (Part	•						9,45B	370,	
	릁		otal habilities (Pa							0,810		
-	ž.	22 No		balances Subtrac	t line 21 from li	ne 20			21	<u>8,648</u>	259,	714
_	P	a <u>rt II</u>	Signatur	e Block								
S)	Un	фег репа	ites of pegary 1 or	clare that I have exa	mined this return	including accomp	anying schedule	s and statements	and to the best o	f my knowle	dge and belief it is	
SCANNE	ហេ	e correct	and complete D	eclaration of grepare	tomer man office	er) is based on all i	mormanon of wh	nen preparer has	any knowledge		110/11	
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	.	.	Pnn./Type preparers	патте		The sales of the sales	V80		Dale	Crock	X A PIIN	
	-aid	՝ ի	Ocnald Wells			1 (150) -4	yv		10/19	/16 80 f-en		
)	-ret	parer	Firm a name		CPA LLC					um s EIN F	<u>47-24613</u>	46
	Jse	Only				kwy Ste						
4			Firm s address 🕒	Dublin		016-6236				no enoit	614-206-7	
				im with the prepar			ns)				Yes	[No
Į.	or f	aperwo	rk Reduction Act	Notice, see the sep	arate instruction	15			-		Form 99 () (2015)
	<i>ب</i> د، ۱			CIS Case	Do Not	Correst	and fo	ra			្ង∃	រប្សទ
				JIJ CUJC	DO 1400	. Corresp	Jona 10	. u			~	

	Serenity Street		-1453108	Page 2
	atement of Program Services if Schedule O contain	rice Accomplishments s a response or note to any line in this	s Pad III	F
Bneily describ	be the organization's mission	- !		
Help men	recover from al	cohol and drug addiction	n	
Did the organi pnor Form 99		program services during the year which were no	listed on the	Yes X No
If Yes 'descr	nbe these new services on Sched	dute O e significant changes in how it conducts, any pro	ogram	
services? If Yes descr	nbe these changes on Schedule	0		Yes X No
expenses Se	•	complishments for each of its three largest prog anizations are required to report the amount of o th program service reported	_	
4a (Code Help men)(Expenses \$: recover from al	156,074 including grants of S cohol and drug addiction) (Revenue \$	115,277)
				<u> </u>
15 (Code) (Expenses \$	including grants of S) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
ld Other program (Expenses \$	m services (Describe in Schedule	O) Juding grants of \$	(Revenue S	

Form 990 (2015) Serenity Street Foundation Part IV Checklist of Required Schedules

	officering of Nadanca ocheanes			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes "		Yes	No
•	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C. Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If 'Yes' complete Schedule C, Part II	4		х
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 98 197 If "Yes" complete Schedule C			,
	Part III	_ 5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D. Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment historic land areas or historic structures? If Yes "complete Schedule D. Part II	7_		X
В	Did the organization maintain collections of works of art, historical (reasures, or other similar assets? If "Yes."	İ .		
	complete Schedule D. Part III	8		Х
9	Did the organization report an amount in Part X. line 21 for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X or provide credit counseling debt management credit repair, or	1		
	debt negotiation services? If "Yes," complete Schedule D. Part IV	9		Х
10	Did the organization directly or through a related organization hold assets in temporarily restricted		'	
11	endowments permanent endowments or quasi-endowments? If "Yes" complete Schedule D. Part V	10		X
••	If the organization's answer to any of the following questions is "Yes" then complete Schedule D. Parts VI. VII. VIII. IX, or X as applicable	!		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes	! !	!	
-	complete Schedule D. Part VI	11a	x	
b	Oid the organization report an amount for investments—other securities in Part X. line 12 that is 5% or more	118	-	
_	of its total assets reported in Part X. fine 162 If "Yes," complete Schedule D, Part VII	116		х
c	Did the organization report an amount for investments—program related in Part X. line 13 that is 5% or more	1		
	of its total assets reported in Part X, line 162 if "Yes" complete Schedule D. Part VIII	11c	ļ	x
d	Did the organization report an amount for other assets in Part X. line 15 that is 5% or more of its total assets			
	reported in Part X, line 169 If "Yes" complete Schedule D, Part IX	110		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes' complete Schedule D, Part X	11e	х	
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	111	ı	Х
12a	Did the organization obtain separate independent audited financial statements for the tax year? If "Yes" complete			
	Schedule D. Parts XI and XII	12a	,	Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	l	Ì	_
	"Yes " and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(u)? If "Yes" complete Schedule E	13		_X_
	Did the organization maintain an office employees or agents outside of the United States?	14a		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking		ĺ	
	fundralsing, business investment, and program service activities outside the United States or aggregate		Ì	
15	foreign investments valued at \$100,000 or more? If "Yes" complete Schedule F. Parts I and IV	14b		_ <u>X</u> _
15	Did the organization report on Part IX column (A) line 3 more than \$5,000 of grants or other assistance to or	ا . ا		40
16	for any foreign organization? If "Yes " complete Schedule 1: Parts II and IV	15		<u>x</u>
	Did the organization report on Part IX column (A) line 3 more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes " complete Schedule F. Parts III and IV.	ا 🚛 ا	ļ	v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		<u> </u>
• •	Part IX column (A) lines 6 and 11e ⁹ If "Yes " complete Schedule G, Part I (see instructions)	[,]		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		
	Part VIII lines 1c and 8a? If Yes' complete Schedule G. Part III	18		x
19	Did the organization report mole than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	 }	
	If 'Yes, complete Schedule G, Part III	19	l	x
			990	

<u> </u>	irt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes " complete Schedule H	20a		X
	If "Yes" to line 20a did the organization attach a copy of its audited financial statements to this return?	20b		├─-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ایرا	1	v
	domestic government on Part IX column (A) line 12 if Yes T complete Schedule I Parts Land II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
	Part IX column (A) line 2º If "Yes " complete Schedule I Parts I and III	22		_^_
23	Did the organization answer "Yes" to Part VII. Section A line 3.4 or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	33		ж
	employees? If "Yes complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes" answer lines 24b	ا مدد ا		х
	through 24d and complete Schedule K. If "No." go to line 25a	24a		
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
_	to defease any tax exempt bonds? Did the appropriate plant as a fee helpfulf of values for heads outstanding at any time during the year?	24c .		├
d ac-	Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year?	240		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
	transaction with a disqualified person during the year? If "Yes " complete Schedule L. Part I	230		
ь	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 organizations prior Forms 990 or 990 EZ?			1
		25b		х
26	If "Yes," complete Schedule L. Part I Ord the organization report any amount on Part X. line 5. 6 or 22 for receivables from or payables to any	230		
20	current or former officers directors trustees, key employees highest compensated employees or			
	disqualified persons? If Yes complete Schedule L Part II	26		x
27	Did the organization provide a grant or other assistance to an officer idirector, trustee likely employee	120		 -
41	substantial contributor or employee thereof a grant selection committee member or to a 35% controlled	l i		
	entity or family member of any of these persons? If "Yes" complete Schedule L. Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L.	 -		<u> </u>
20	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 IV	28a		Х
b	A family member of a current or former officer director, trustee or key employee? If 'Yes' complete			
_	Schedule L, Part IV	286		x
С	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 direct or indirect owner? If Yes " complete Schedule L. Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes" complete Schedule M	29		X
30	Did the organization receive contributions of art, historical freasures, or other similar assets, or qualified	<u> </u>		
	conservation contributions? If Yes," complete Schedule M	30		X
31	Did the organization liquidate Terminate or dissolve and cease operations? If "Yes" complete Schedule N			
	Part I	31		X
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701 2 and 301 7701-39 If "Yes" complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes " complete Schedule R. Parts II. III",			
	or IV, and Part V line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If 'Yes' to line 35a-did the organization receive any payment from ollengage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If Yes 1 complete Schedule R. Part V. line 2	35Ь		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non charitable			
	related organization? If "Yes" complete Schedule R. Part V. line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If Yes, complete Schedule R			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and			
	197 Note All Form 990 filers are required to complete Schedule O	38	X	<u>L</u>
			00	0 (2015)

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Pa	irt V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this I	Part V			,	<u> </u>
		1 1			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable	1a		-}		
Þ	Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable	1b		-{		
С	Did the organization comply with backup withholding rules for reportable payments to vendors an	d		1.	Ì	
_	reportable gaming (gambling) winnings to prize winners?			15_		-
2a	Enter the number of employees reported on Form W 3. Transmittal of Wage and Tax		•			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	1	┥		i
þ	If at least one is reported on line 2a idid the organization file all required federal employment tax to			2b	X	├
n _	Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruc	tions)		1_	1	77
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			_3a_		X
b 45	If "Yes" has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sched			3b	 	\vdash
4a	At any time during the calendar year, did the organization have an interest in lor a signature or of	•				
	over a financial account in a foreign country (such as a bank account securities account or other account)?	er iinanciai		1.		x
ь	·			4a		<u> </u>
U	If "Yes" enter the name of the foreign country See metal-tions for filing requirements for EuroPal Form 114. Record of Foreign and Figure	ual Announto				1
	See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Finance (FBAR).	ZINUODDA IBE		1	ļ	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	A				x
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter train			<u>5a</u> 5b		X
G	If "Yes" to line 5a or 5b, did the organization file Form 8886 T?	1\$action f		5c	 	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and d	d the		30		\vdash
	organization solicit any contributions that were not tax deductible as charitable contributions?	ind the		6a		х
b	If "Yes" did the organization include with every solicitation an express statement that such contril	nutions or		V6		
	gifts were not tax deductible?	Sandria Di		6Ь		
7	Organizations that may receive deductible contributions under section 170(c)			100		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	far annds		1	•	l
	and services provided to the payor?	30		7a		
ь	If "Yes " did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	it was				<u> </u>
	required to file Form 8282?			7c		1
d	If Yes *indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	fit contract?	<u> </u>	_7e		
f	Did the organization during the year pay premiums directly or indirectly on a personal benefit or	ontract?		7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file	Forn 8899 as	required?	79		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	inization file a Fi	om 1098 C2	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund main	'aired by the				
	sponsoring organization have excess business holdings at any time during the year?			8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds			1		1
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a	ļ	L
þ	Did the sponsoring organization make a distribution to a donor-donor advisor-or related person?			95	<u> </u>	L
10	Section 501(c)(7) organizations Enter			1		
a	Initiation fees and capital contributions included on Part VIII line 12	10a		4		
ь	Gross receipts included on Form 990. Part VIII line 12 for public use of club facilities	10ь		4		l
11	Section 501(c)(12) organizations Enter	1 1			1	
a	Gross income from members or shareholders	11a		-		
ь	Gross income from other sources (Do not nel amounts due or paid to other sources				'	
	against amounts due or received from them)	11b		4		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	1 1		12a		
b	If "Yes" enter the amount of tax exempt interest received or accrued during the year	126				l
13	Section 501(c)(29) qualified nonprofit health Insurance issuers					—
а	Is the organization licensed to issue qualified health plans in more trian one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O			1		1
Ь	Enter the amount of reserves the organization is required to maintain by the states in which	1 [
_	the organization is licensed to issue qualified health plans Foliar the amount of recognic on hand	136	·——·—	-{		ļ
с 14а	Enter the amount of reserves on hand	13c		14-		х
ъ	Oid the organization receive any payments for indoor fanning services during the tax year? If "Yes—has it filed a Form 720 to report these payments? If—No, "grovide an explanation in Sche	dula O		14a		
	The state of the state of the state of the second state of the state o	une U		145		

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orm 990 (2015)	Serenity	Street	Foundation
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Part VII	Compensation of Onicers, Directors, Frustees, Ney Employees, Highest Compensated Employees, and	
	Independent Contractors	_
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<u>Check if Schedule O contains a response or note to any line in this Part VII</u>

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

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

(A) Name and Title	(8) A orago hours per week (list any		(C) Position (do red check mere than one box unless person is both an officer and a director/fruster)			Position [do not check more than of box unless person is bold officer and a director/frust			Position (do not check more than one box ludiess person is both an officer and a director/fruster)					(D) Reportable cumpensation from the	(E) Reportante compensation from related organizations	(F) Estimated amount of Other compensation
	hours for related organizations below detied line)	or director	nsi tutonai trusice	Officer	key employen	Highest con pensaled employee	Former	ergenmation (W 2/1094 FilSC)	(W 211099 MISC)	from the organization and rotated organ ations						
(1) John Hambrick										-						
•	1 00	- 1	_					1	_							
Trustee	0 00	<u> </u>	-	+	╁-			0	0	0						
(2) Stuart Johnson	1 00		1				l									
Trustee	0.00				ļ	, ,		o	0	o						
(3) Charles Postelwa		1-	-	+-	╁╌	-		<u>_</u>								
(0) 011 022 00 100 002 110	1.00	1		1		1	l	l .								
Trustee	0.00		:	1				0	٥	o						
(4) Terry Kelley		- -	-	†	1	†		 -								
	8 00				1											
President	0.00	- 1		$ \mathbf{x} $	{			l o	0	0						
(5) Michael Roddy		П		\top												
	3 00															
Vice President	0.00		\perp	X	↓_			0	0	0						
(6) Michael Bridges	ļ	-		1												
	1 00															
Secretary	0 00		\bot	↓X	_	<u> </u>		0	. 0	0						
(7) Fred Damson				1	ł			{								
m	1 00			1.				_	_	_						
Treasurer	0 00		+	X	-		_	0	0	0						
(8)					ŀ											
(9)																
(10)					+-											
(11)																

compensation from the organization. Report compensation for the caler	idar year ending with or within the organization's tax year	<u></u>
(Å) Name and tusiness address	(8) Cescription of services	(C) Compensation
	_	
Total number of independent contractors (including but not limited to the		
2 Total number of independent contractors (including but not limited to the	ize ilzteg godye) wito	

received more than \$100,000 of compensation from the organization 🕨

<u> </u>	Check if Schedule	O comains	a response of				<u></u>
				(A) Total invenue	(B) Related or ezemipt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 514
្ទី គ្	a Federated campaigns	1a					
5	b Membership dues	16					
and Other Similar Amounts	c Fundraising events	1c			ŀ		•
ar	d Related organizations	1d					
Ē	Government grants (contributions)	16					
2	f All other contributions gifts grants						•
Ĕ	and similar amounts not included above	1f	104,675				
9	g Noncash contributions included in thesita	1f 5			İ		
	h Total Add lines 1a-1f			104,675			ļ
울			Busn Code	40 5-0	ļ		
Program Service Revenue			454110	60,670			60,670
요 영	b Program Fees		721310	39,257			39,257
֓֞֞֞֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֡֓֓֡֓֡֓֡֡֓֡֡֡֓	C Boarding Fees		721310	15,350			15,350
<u> </u>	d -		\				
Jrail .	e • All asher assessed and assessed				——— -	 _	
ξ.	f All other program service reve	nue	•	115,277			
3	g Total Add lines 2a-2f Investment income (including)	duudondo inte		112,277			1
'	and other similar amounts)	ulvidenus illia	ilest	9	او		
4		exempt hono	Lorocceds -				
5		cacinpi bone	. processos				
	(i) Real		(I) Personal				<u> </u>
6	a Gross rents		-				
١.	b Less rental exps						
	C Rental inc or (loss)				į		
1	d Nel rental income or (loss)	 	•				
	a Gross amount from (i) Securities	5	(ii) O her				
	sales of arsets other than inventory						
1	b Less. cost o other						
	basis 8 sales exps						
- -	c Gain or (loss)						
(d Net gain or (loss)						
೬ 8:	a Gross income from fundraising eve	en ts	1		-		
	(not including \$						ŀ
اخ	of contributions reported on line 1c)]			
F	See Part IV Jine 18	a					
\circ	b Less direct expenses	p					į.
- 1	 Net income or (loss) from fund 		>				
9:	 Gross income from garning activities 	±s ∣					
	See Part IV, line 19	a					
L	b Less direct expenses	ь					Ì
	 Net income or (loss) from gam 	ing activities					
10	a Gross sales of inventory less						
١.	returns and allowances	a					
	b Less cost of goods sold	ь					
<u>'</u>	 Net income or (loss) from sale Miscalaneous Pevenus 		Busn Code				
-	·			2 260			2 250
11			454110	2,260			2,260
	b ^		 			 	
	c d. All other revenue				 		
	e Total Add lines 11a-11d		•	2,260			
12		ns		222,221	9		117,537
						`	5 990

<u>_Pa</u>	rt IX Statement of Functional Exp	enses			
Secti	on 501(c)(3) and 501(c)(4) organizations must con			e column (A)	
	Check if Schedule O contains a respo		Part IX		
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralung expenses
1	Grants and other assistance to domestic organizations				
	and domesuc governments. See Part IV the 21			<u></u>	
2	Grants and other assistance to domestic			- T	
	individuals See Part IV line 22				
3	Grants and other assistance to foreign				
	organizations foreign governments and foreign				
	individuals. See Part IV, lines 15 and 16				_
4	Benefits paid to or for members				
5	Compensation of current officers directors				
	trustees, and key employees	1			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	i			
	persons described in section 4958(c)(3)(B)	[
7	Other salanes and wages	51,360	51,360		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1			
9	Other employee benefits		_		
10	Payroll taxes				<u></u>
11	Fees for services (nan-employees)				
a	Management				
ь	· ·				
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV line 17				
f	Investment management fees				- -
9	Outer (If line 11g amount exceeds 10% of the 25 column				
	(A) amount list ting 11g expenses on Schedule (C)				
12	Advertising and promotion				·
13	Office expenses	55,523	54,963	560	
14	Information technology	•			
15	Royalties		_		
16	Occupancy	24,166	24,166		-
17	Travel				
18	Payments of travel or entertainment expenses				-
	for any federal state or local public officials				
19	Conferences conventions and meetings				
20	<u> </u>			 - - - - - - - - -	
21	Payments to affiliates				
22	Depreciation depletion and amonization				
23	Insurance	7,908	7,908		
24	j				
	above (List miscellaneous expenses in line 24e If				
	The 24e amount exceeds 10% of line 25, column				
	(A) amount list line 24e expenses on Schedule (C)				
a	Loss on Vehicle	11,250		11,250	
b	Vehicle Maintenance	9,139	9,139		
c	Golf Outing	8,599			8,599
d	Fuel	8,538	8,538		
	All other expenses	4,672	- 0,550	4,672	-
25		181,155	156,074	16,482	8,599
	Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here	101,133	130,071	10,462	0,599
CAA	Jollowing SOP 98 2 (ASC 958 720)				

	Check if Schedule O contains a response or note to	any line in this Part X			
			(A) Beginning of year		(B) End of year
}	Cash—non-interest bearing		62,908	1	65,616
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable inet		3		
4	Accounts receivable net			4	
5	Loans and other receivables from current and former office				
	trustees, key employees, and highest compensated emplo	/ees			
-	Complete Part II of Schedule L	Ì	5		
6	Loans and other leceivables from other disqualified person				
1	4958(f)(1)) persons described in section 4958(c)(3)(B) an				
	sponsoring organizations of section 501(c)(9) voluntary em	ployees beneficary	ļ	İ	
۱.	organizations (see instructions). Complete Part If of Sched	ule L		Б	
7	Notes and loans receivable inet	Ţ		7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	
10	Land buildings, and equipment cost or				
	other basis. Complete Part VI of Schedule D.	[10a] 304,433			
l t	Less accumulated depreciation	10b	246,550	10c	304,433
11	Investments—publicly traded securities		11		
12	Investments—other securities. See Part IV. line 11			12	· · · · · · · · · · · · · · · · · · ·
13	investments—program-related. See Part IV. line 11		13		
14	intangible assets			14	
15	Other assets See Part IV line 11			15	
16	Total assets Add lines 1 through 15 (must equal line 34)		309,458	16	370,049
17	Accounts payable and accrued expenses		33,657	17	53,104
18	Grants payable	[]		18	
19	Deferred revenue			19	
20	Tax exempt bond liabilities		· 	20	
21	Escrow or custograf account trability. Complete Part IV of S	chedule D		21	
22	Loans and other payables to current and former officers id	rectors			
	trustees, key employees, highest compensated employees	and			
22	disqualified persons. Complete Part II of Schedule L.			22	
23	Secured mortgages and notes payable to unrelated third p.	arties		23	
24	Unsecured notes and loans payable to unrelated third parti	es	57,153	24	57,153
25	Other liabilities (including federal income tax payables to ri	elated third			
	parties, and other liabilities not included on lines 17 24). Co	omplete Part X			
	of Schedule D	L		25	78
26	Total liabilities Add lines 17 through 25		90,810	26	110,335
	Organizations that follow SFAS 117 (ASC 958) check	here ► X and		ľ	
	complete lines 27 through 29, and lines 33 and 34			ļ	
27	Unrestricted net assets	<u> </u>	218,648	27	259,714
28	Tempo anly restricted net assets	<u>i</u>		28	
29	Permanently restricted net assets			29	·
	Organizations that do not follow SFAS 117 (ASC 958),	check here ▶ and			
27 28 29 30 31 32	complete lines 30 through 34		İ	ŀ	
30	Capital stock or trust principal, or current funds	Ļ		_30	
31	Paid in or capital surplus or land building, or equipment fu	F	··	31	
	Retained earnings endowment accumulated income or o	ther funds		32	
33	Total net assets or fund balances	1_	218,648		259,714
34	Fotal liabilities and net assets/fund balances		309,458	34	<u> </u>

Farm	990 (2015) Serenity Street Foundation 31-1453108				Pa	ge 12
	rt XI Reconciliation of Net Assets					
_	Check if Schedule O contains a response or note to any line in this Part XI				_	_[^].
1	Total revenue (must equal Part VIII column (A) line 12)	_1_		22	2,	221
2	Total expenses (must equal Part IX column (A) line 25)	2		_18	3 <u>1</u> _	155
3	Revenue less expenses. Subtract line 2 from line 1	3		4	۱1,	066
4	Net assets or fund balances at beginning of year (must equal Part X, tine 33, column (A))	4		21	.8,	648
5	Net unrealized gains (losses) on investments	5_				
6	Donated services and use of facilities	6_				
7	Investment expenses	7				
8	Pnor period adjustments	_8_				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X. line					
	33 column (B))	10		25	9,	<u>714</u>
Pa	rt XII Financial Statements and Reporting	-			_	
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No.
1	Accounting method used to prepare the Form 990 X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or chacked "Other " explain in			- 1		
	Schedule C			ļ		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes " check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis consolidated basis or both		İ			
	Separate basis Consolidated basis Both consolidated and separate basis					İ
ь	Were the organization's financial statements audited by an independent accountant?			2ъ		X
	If "Yes check a box below to indicate whether the financial statements for the year were audited on a		- [
	separate basis consolidated basis or both			1		
	Separate basis Consolidated basis Both consolidated and separate basis		1			
Ç	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		1			}
	of the audit ireview, or compilation of its financial statements and selection of an independent accountant?		- 1	2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in			- T		
	Schedule O					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					1
	the Single Audit Act and OMB Circular A 133?			3 <u>a</u>		х
b	If "Yes " did the organization undergo the required audit or audits? If the organization did not undergo the		Γ			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3ь		<u> </u>
				For	99	0 (2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990 EZ

Open to Public

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule A (Form 990 or 990 EZ) and its instructions is at www.irs.gov/form990

Inspection

2015

OMB No 1545-0047

			Serenity S	Street Foundation	١ <u></u>		31-145	3108				
Pa	ırt I	Reas	on for Public Chai	rity Status (All organization	ns must co	mplete	this part) See instruction	S				
The	rgai	uzation is not	a private foundation beca	ause it is (For lines 1 through 11	check only or	ne box)						
1	\Box	A church cor	nvention of churches or	association of churches described	in section 1	70(b)(1)(A)(ı)					
2	П	A school des	cabed in section 170(b)	(1)(A)(II) (Attach Schedule E (For	rm 990 ar 990) EZ))	•••					
3	П			ervice organization described in se			1					
4	Ħ			aled in conjunction with a hospital				utal's name.				
-		city and state	=				and the standard and the stand					
5	\Box	-		fit of a college or university owned	for operated	by a gove	emmental unit described in					
•	ш	-	(b)(1)(A)(iv) (Complete I		a operated	o, a gov.						
6	\Box	A federal, state or local government or governmental unit described in section 170(b)(1)(A)(v)										
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public											
•	\Box	-	section 170(b)(1)(A)(vi)		ioni a govern	memar di	at or morn the general public					
8	\Box			on 170(b)(1)(A)(vi) (Complete Pa	ort II V							
9	X					atabulione	mombarehin fone and erece					
3			· .	s (1) more than 33 1/3% of its sup	•		•					
				xempt functions—subject to certain	-							
			=	e and unrelated business taxable (T tax) non businesses					
10	\Box		-	e 30 1975 See section 509(a)(2	- •		aV4)					
11	Н			ed exclusively to test for public sat				_t				
• • •	ш	_		ed exclusively for the benefit of to izations described in section 509(-							
			-	describes the type of supporting or		-		Hech				
а				rated supervised, or controlled by	-		<u>-</u>					
ď	ш			rer to regularly appoint or efect a m								
			You must complete Pa		iajority of the	OI ECIOIS	or trustees of it e supporting					
ь	\Box			pervised or controlled in connection	n with ite cun	norted or	ranization(s), by baying					
_	ш	=		ing organization vested in the sam								
			•	Part IV, Sections A and C	ic persons in	at Control	or menage the supported					
С	П		•	upporting organization operated in	connection :	alb and t	inachonally integrated with					
·	LJ			ructions). You must complete Pa								
d	\Box	_		A supporting organization operat								
•	\cup			organization generally must satisf			., .					
				rust complete Part IV, Sections	-	•	ment and an attended to					
0	\Box			eived a written determination from			el Typell Typelli					
_				functionally integrated supporting								
f	Ent	-	of supported organization	, , , ,	or gornzanor.							
9	_			supported organization(s)				<u> </u>				
		a of supported	(ii) EIN	(III) Type of organization	(iv) is the o	nganiza.on	(v) Amount of monetary	(vi) Amount of				
		anization		(described on tines 1-9		n doverure	support (see	otnor support (see				
				above (see instructions))	docu	ment?	mautuctions)	instructions)				
					Yes	No						
(A)												
		_	l									
(B)												
						l						
(C)												
(D)												
			ļ. <u></u>			<u> </u>						
(E)					}							
	-		 		-~ 	<u> </u>						
<u>T</u> otal	1				}	[
- 200			l	1		<u> </u>	l	i				

Schedule A (Form 990 or 990 EZ) 2015 Serenity Street Foundation 31-1453108 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) Section A Public Support (a) 2011 (b) 2012 (d) 2014 (e) 2015 Calendar year (or fiscal year beginning in) (c) 2013 (f) Total Gifts grants contributions and membership fees received. (Do not include any unusual grants *) 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 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on fine 1 that exceeds 2% of the amount shown on line 11 column (f) Public support. Subtract line 5 from line 4. Section B Total Support (c) 2013 (d) 2014 Catendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (e) 2015 (f) Total Amounts from line 4 Gross income from interest, dividends payments received on securities loans rents, royalties and income from similar sources Net income from unrelated business activities, 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 VI.) 11 Total support Add lines 7 through 10 12 Gross receipts from related activities left (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C Computation of Public Support Percentage Public support percentage for 2015 (line 6 column (f) divided by line 11 column (f)) 14 % Public support percentage from 2014 Schedule A. Part II. line 14 15 15 % 16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2014 If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% facts-and-circumstances test-2015 If the organization did not check a box on line 13 16a or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization b 10% facts-and-circumstances test-2014 If the organization did no, check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part VI how the organization meets the "acts and circumstances" test. The organization qualifies as a publicly

Private foundation If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2015

supported organization

instructions

Part III Support Schedule for Organizations Described in Section 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.)

	If the organization fails to	quality under the	tests listed be	low, please cor	npiete Part II.)					
	tion A Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total			
1	Gifts grants contributions and membership fees received (Do not include any unusual grants ')	39,070	53,349	96,510	104,676	104,675	398 280			
2	Gross receipts from admissions merchandise so'd or son ices performed or facilities furnished in any activity that is related to the organization's tax-exempt purpose					9	9			
3	Gross receipts from activities that are not an unrelated trade or business under section 513					117,537	117 537			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to the organization without charge									
6	Total Add knes 1 through 5	39,070	53,349	96,510	104,676	222,221	515,626			
7a	Amounts included on lines 1-2 and 3 received from disqualified persons					16,216	16,216			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year									
С	Add lines 7a and 7o					16,216	16,216			
8	Public support (Subtract line 7c from kne 6.)						499,610			
	tion B Total Support	<u> </u>								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total			
9	Amounts from line 6	39,070	53 349	96,510	104,676	222,221	515 826			
10a	Gross income from interest dividends payments received on securities loans, rents, royalties and income from similar sources					15,359	15 250			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30 1975					13,339	15,359			
c	Add lines 10a and 10b					15 359	15,359			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on									
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		62 016	79 872	66 402	2,260	210 550			
13	Total support (Add lines 9 10c 11		32 010	13 272	00 402	2,200	210 330			
	and 12)	39,070	115,365	176 382	171 078	239,840	741 735			
14	First five years. If the Form 990 is for the c		cond third fourth							
	organization, check this box and stop here						▶ □			
Sec	tion C Computation of Public Su	pport Percentag	ge							
15	Public support percentage for 2015 (line 8	column (f) divided by	line 13 column (f))		15	67 36%			
16	Public support percentage from 2014 Sched					16	67 00 %			
Sec	tion D. Computation of Investmen	<u>nt Income Perce</u>	entage							
17	Investment income percentage for 2015 (lin	ie 10c column (f) div	ided by line 13 col	umn (f))		17	2 %			
18	Investment income percentage from 2014 S	•				18	%_			
19a										
b	17 is not more than 33 1/3% check this box 33 1/3% support tests—2014. If the organ	=	-		• •		► X			
20	line 16 is not more than 33 1/3% check this Private foundation. If the organization did	=	-	•	,	zation				

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	ĺ	j	
	documents? If "No describe in Part VI how the supported organizations are designated. If designated by			
_	class or purpose describe the designation. It historic and continuing relationship, explain	1	-	
2	Did the organization have any supported organization that does not have an IRS determination of status	1	Ì	
	under section 509(a)(1) or (2)? If "Yes" explain in Part VI how the organization determined that the supported			
_	organization was described in section 509(a)(1) or (2)	22	 -	
3a	Did the organization have a supported organization described in section 501(c)(4) (5) or (6)? If "Yes, answer			
	(b) and (c) below	3a		
ь	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5) or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes" describe in Part VI when and how the	35		
	organization made the determination	35		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3c		
4-	purposes? If "Yes " explain in Part VI what controls the organization put in place to ensure such use	30		-
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	1 45		
_	Yes " and if you checked 11a or 11b in Part I answer (b) and (c) below	_ 4a	-	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes I describe in Part VI how the organization had such control and discretion	4b	}	ļ
с	despite being controlled or supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination.	1 70		
·	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes explain in Part VI what controls the organization used		}	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		ļ	1
	purposes	40	ĺ]
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If Yes,	140	 	
54	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	1	1	
	numbers of the supported organizations added substituted or removed (ii) the reasons for each such action	}]	ļ
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a	}	
ь	Type I or Type II only Was any added or substituted supported organization part of a class already	52		i —
_	designated in the organization's organizing document?	5b		
c	Substitutions only Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		†	
	anyone other than (i) its supported organizations (ii) individuals that are part of the charitable class benefited		1	ļ
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			ļ
	benefit one or more of the filing organization's supported organizations? If "Yes" provide detail in Part VI	6	1	
7	Did the organization provide a grant loan compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with]
	regard to a substantial contributor? If "Yes" complete Part I of Schedule L (Form 990 or 990 EZ)	7		!
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79			
	If Yes complete Part I of Schedule L (Form 990 or 990-EZ)	8		_
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		Ī	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			ļ
	in section 509(a)(1) or (2))? If "Yes provide detail in Part VI	9a	<u> </u>	<u> </u>
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which		i	
	the supporting organization had an interest? If "Yes " provide detail in Part VI	9b	<u> </u>	
c	Did a disqualified person (as defined in line 9a) have an ownership interest in lor derive any personal benefit			
	from assets in which the supporting organization also had an interest? If Yes provide detail in Part VI	9c_	<u> </u>	<u></u>
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non functionally integrated			
	supporting organizations)? if "Yes I answer 10b below	10a		
ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720 to			ļ

determine whether the organization had excess business holdings }

Sched	ule A (Form 990 or 990 EZ) 2015 Serenity Street Foundation	<u>31-1453108</u>		Page 5
_Par	t IV Supporting Organizations (continued)	. <u>-</u>		
•		<u> </u>	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls leither alone or together with persons described in (b) and (c)			
	below the governing body of a supported organization?	11a	<u> </u>	L
b	A family member of a person described in (a) above?	11 <u>b</u>		
С	A 35% controlled entity of a person described in (a) or (b) above? If Yes to a b or c provide detail in Part VI	11c		
	on B Type I Supporting Organizations			
		<u>-</u>	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or 'rustees at all times during the		ŀ	
	lax year? If No describe in Part VI how the supported organization(5) effectively operated supervised or			
	controlled the organization's activities. If the organization had more than one supported organization		1	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		ļ	
	organizations and what conditions or restrictions if any applied to such powers during the tax year] 1		ł
2	Did the organization operate for the benefit of any supported organization other than the supported	·	 	
-	organization(s) that operated supervised or controlled the supporting organization? If 'Yes' explain in Part		ļ	ł
				1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated		1	1
Section	supervised or controlled the supporting organization		L	<u> </u>
Sect	on C Type II Supporting Organizations		Т ::-	
		 -	Yes	No_
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If No describe in Part VI how control		1	
	or management of the supporting organization was vested in the same persons that controlled or managed		1	
	the supported organization(s)	<u>_ </u>	<u> </u>	<u> </u>
Sect	on D. All Type III Supporting Organizations			,
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the]	
	organization's tax year (i) a written notice describing the type and amount of support provided during the prior tax	(ļ	
	year (ii) a copy of the Form 990 that was most recently filed as or the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers directors or trustees either (i) appointed or elected by the supported	i	ļ	
	organization(s) or (a) serving on the governing body of a supported organization? If "No explain in Part VI how	į	1	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2) did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If Yes, I describe in Part VI the role the organization's		ļ	
	supported organizations played in this regard	3		
Sect	on E Type III Functionally-integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the integral Part Test during the year (see	instructions)		
	The organization satisfied the Activities Test Complete line 2 below	,		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	hi (see instalctions)		
·	ordenication and house or a descrimentary stills, presented in site (4) now Anti-published a dissemble to the	iy (acc manuchons)		
ງ	Activities Test Answer(a) and (h) below		Van	Na
	Activities Test. Answer (a) and (b) below		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1	1	
	the supported organization(s) to which the organization was responsive? If 'Yes then in Part VI identify		ļ	İ
	those supported organizations and explain how these activities directly furthered their exempt purposes			
	how the organization was responsive to those supported organizations, and how the organization determined		1	
	that these activities constituted substantially all of its activities	2a	 	
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If Yes explain in Part VI the		1	ŀ
	reasons for the organization's position that its supported organization(s) would have engaged in these		ļ	
	activities but for the organization's involvement	2b	<u> </u>	
3	Parent of Supported Organizations Answer (a) and (b) below			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, circctors, or	1		
	trustees of each of the supported organizations? Provide details in Part VI	3a	<u></u>	<u> </u>
ь	Did the organization exercise a substantial degree of direction over the policies programs, and activities of each			
_	of its supported organizations? If 'Yes, describe in Part VI the role played by the organization in this regard	3ь		
				

Schedule A (Form 990 or 990 EZ) 2015 Serenity Street Foundation		31-1453	108 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20			•
other Type III non functionally integrated supporting organizations must complete Sections A	thrau	gh E	 -
Section A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1 Net short term capital gain	1		
2 Recovenes of prior year distributions	2		
Other gross income (see instructions)	3	·	
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
 Aggregate fair market value of all non-exempt use assets (see 			
instructions for short lax year or assets held for part of year)	L		
a Average monthly value of secunties	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1¢		
d Total (add lines 1a 1b and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exempt-use assets	_2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1, 1/2% of line 3 (for greater amount			
see instructions)	4		·
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	_5		
6 Multiply line 5 by 035	6		I
7 Recoveries of prior year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line B. Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B. line 8. Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		<u> </u>
6 Distributable Amount. Subtract line 5 from line 4 unless subject to			
emergency temporary reduction (see Instructions)	6		
7 Check here if the current year is the organization's first as a non functionally integrated Ty	pe III s	supporting organization (se	e
instructions)		3 3 ==	

Schedule A (Form 990 or 990 EZ) 2015

	dule A (Form 990 or 990-EZ) 2013 Serenity Street		<u>31-</u> 1453	108 Page 7
	rt V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organizati	ons (continued)	
Sec	tion D. Distributions			Current Year
	Annualts paid to supported organizations to accomplish exempt purp	ooses		
2	Amounts paid to perform activity that directly furthers exempl purpos	ses of supported		
	organizations in excess of income from activity	<u> </u>		
3	Administrative expenses paid to accomplish exempt purposes of sup	oported organizations		
4_	Amounts paid to acquire exempt use assets		<u>-</u>	
5_	Qualified set aside amounts (pnor IRS approval required)		· · · · · · · · · · · · · · · · · · ·	
6_	Other distributions (describe in Part VI) See instructions			
7_	Total annual distributions Add lines 1 through 6			<u> </u>
8	Distributions to attentive supported organizations to which the organi	ization is responsive		
	(provide details in Part VI) See instructions		 -	
9	Distributable amount for 2015 from Section C. line 6			
10	Line 8 amount divided by Line 9 amount			<u> </u>
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) UnderdistributionsPre-2015	(iii) Distributable Amount for 2015
	Distributable amount for 2015 from Section C. line 6		·	
2	Underdistributions, if any for years prior to 2015			
	(reasonable cause required see instructions)			
3	Excess distributions carryover if any, to 2015			
а				
t	· · · · · · · · · · · · · · · · · · ·			
c				
d	From 2013			
e	From 2014			
	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
1	Carryover from 2010 not applied (see instructions)			
1	Remainder Subtract lines 3g 3h and 3i from 3f		_ , -,-	
4	Distributions for 2015 from Section		_	
	D line ? \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015 if			
	any Subtract lines 3g and 4a from line 2 (if amount	1		
	greater than zero_see instructions;			
6	Remaining underdistributions for 2015. Subtract lines 3h.			
	and 4b from line 1 (if amount greater than zero see			
	instructions)			
7	Excess distributions carryover to 2016 Add lines 3		_	
_	and 4c		!	
8	Breakdown of line 7		-	
а				
b			<u></u>	
	Excess from 2013			
	Excess from 2014		-	
	Excess from 2015	· - · · · · · · 		_ -

Schedule A (Form 990 or 990 EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Serenity Street Foundation

31-1453108

Page 8

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

Part III, Line 12 - Other Income Detail

Rebate \$ 2,260

PY return \$ 208,290

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990

► Information about Schedule D (Form 990) and its instructions is at www.irs.qov/form990

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer (dentification number

S	erenity Street Foundation		31-1453108
Pa	rt I Organizations Maintaining Donor Advise Complete if the organization answered "Ye	ed Funds or Other Similar Funds s" on Form 990, Part IV, line 6	s or Accounts
_		(a) Donor advised funds	(b) Funds and other accounts
ı	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
,	Did the organization inform all donors and donor advisors in writing	ng that the assets held in donor advised	
	funds are the organization's property, subject to the organization.	•	☐ Yes ☐ !
	Did the organization inform all grantees donors and donor advis	•	
	only for chantable purposes and not for the benefit of the donor of	-	
	conferring impermissible private benefit?	a contract of the only small perpose	Yes
a	rt II Conservation Easements	all an Form 200 Part N/ Inc. 7	
	Complete if the organization answered Ye		
I	Purpose(s) of conservation easements held by the organization (-	
	Preservation of land for public use (e.g. recreation or educat	<u> </u>	
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
!	Complete lines 2a through 2d if the organization held a qualified of	conservation contribution in the form of a co	f
	easement on the last day of the tax year		Held at the End of the Tax Yo
а	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure	re included in (a)	2c
d	Number of conservation easements included in (c) acquired after	r 8/17/06 and not on a	
	historic structure listed in the National Register		2d
	Number of conservation easements modified transferred release	ed extinguished or terminated by the organ	nization during the
	tax year 🕨		
ŀ	Number of states where property subject to conservation easeme	ent is located >	
•	Does the organization have a written policy regarding the periodic	c monitoring inspection, handling of	
	violations, and enforcement of the conservation easements it hold	ds?	Yes t
i	Staff and volunteer hours devoted to monitoring inspecting hand	dling of violations, and enforcing conservation	on easements during the year
	Property of account of a control of a contro	-f	
•	Amount of expenses incurred in monitoring inspecting handling	of violations, and enforcing conservation ea	asements during the year
	▶ S		40
•	Does each conservation easement reported on line 2(d) above sa	atisty the requirements of section 170(n)(4)	
	and section 170(h)(4)(B)(ii) 2		. Yes ∐ 1
•	In Part XIII describe how the organization reports conservation e	•	
	balance sheet, and include if applicable, the text of the footnote to organization's accounting for conservation easements.	to the organization's financial statements the	at describes the
) ,	rt III Organizations Maintaining Collections o	of Art. Historical Treasures, or Of	ther Similar Assats
_	Complete if the organization answered "Yes	s" on Form 990, Part IV, line 8	thei Ominai A336t3
а	If the organization elected as permitted under SFAS 116 (ASC 9	58) not to report in its revenue statement a	ind balance sheet
	works of art historical treasures, or other similar assets held for p	public exhibition, education, or research in fi	urtherance of
	public service provide in Part XIII the text of the footnote to its fi		
3	If the organization elected as permitted under SFAS 116 (ASC 9)		
	works of art, historical treasures, or other similar assets held for p	·	
	public service, provide the following amounts relating to these iter		
	(i) Revenue included on Form 990 Part VIII line 1		▶ s
	(ii) Assets included in Form 990, Part X		▶ S
	If the organization received or held works of art, historical treasure	es, or other similar assets for financial cam	• •
	following amounts required to be reported under SFAS 116 (ASC	-	F
а	Revenue included on Form 990 Part VIII line 1	. Jobs, Johnson to mede norms	▶ s
-	Assets included in Form 990, Part X		ν φ

Sched	tule D (Form 990) 2015 Serenity						<u>453108</u>	Page 2
Pa	rt III Organizations Maintaining	Collections	of Art, H	istorical Tre	easures, o	r Other	Similar Asset	ts (continued)
3	Using the organization's acquisition accession collection items (check all that apply)	, and other reco	ords, check a	ny of the follow	nng that are a	significan	t use of its	
а	Public exhibition	d	Loan or	exchange prog	ırams			
ь	Scholarly research	e	Other					
c	Preservation for future generations		—					
•	XIII			•				
5	During the year, did the organization solicit or i	eceive donation	s of ad histo	incal treasures	or other sun	ılar		
•	assets to be sold to raise funds rather than to							Yes No
Pa	rt IV Escrow and Custodial Arra		o pa-1 o- 11-a	<u> </u>	<u></u>			
	Complete if the organization		Yes" on Fo	rm 990 Par	d IV Jine 9	or repr	orted an amour	nt on Form
	990, Part X line 21					,		
-1-	Is the organization an agent trustee custodiar	or other interm	sediary for co	atabutions of o	ther assets n	nt .		
14	included on Form 990 Part X?	ror oute, whem	iculary for co	TRADUCTION OF O	ing basels in	ν.		Yes No
	If "Yes," explain the arrangement in Part XIII a	od complete the	followana tah	nie.				
L)	in res, explain the arrangement in Part Air a	no complete me	rollowing tal	лс			[Amount
_	Oss serve halance						1c	7 11100111
	Beginning balance						10	
	Additions during the year							
	Distributions during the year						1e	
	Ending balance						1f	
	Did the organization include an amount on For							☐ Yes ☐ No
	If "Yes" explain the arrangement in Part XIII. (Check here if the	explanation	has been prov	ided on Part	XIII		
Pa	rt V Endowment Funds		./ 1 - -	000 Da	- N. J. I	σ.		
	Complete if the organization							 -
	 	(a) Current year) Pror year	(c) Two yea	ors back	(d) Three years bac	(e) Four years track
1a	Beginning of year balance	 		 				
b	Contributions			-			 	
c	Net investment earnings, gains, and							
	losses				<u> </u>		<u> </u>	
d	Grants or scholarships				ļ			
ė	Other expenditures for facilities and]		[
	programs							
f	Administrative expenses				ļ			
9	End of year balance		<u> </u>				l	
2	Provide the estimated percentage of the curre	ni year end bala	ance (line 1g	column (a)) he	ld as			
а	Board designated or quasi-endowment	%						
ь	Permanent endowment ► %							
C	Temporanty restricted endowment >	%						
	The percentages on lines 2a 2b, and 2c shou	ld equal 100%						
3a	Are there endowment funds not in the possess	sion of the organ	nization that a	ere held and ad	ministered for	r the		
	organization by							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(II)
þ	If "Yes" on line 3a(ii), are the related organizat	ions listed as re	quired on Sci	hedule R?				3b
4	Describe in Part XIII the intended uses of the d	organization s ei	ndowment fui	nds				
Pa	rt VI Land, Buildings, and Equi							
	Complete if the organization		Yes" on Fo	rm 990. Par	rt IV, line 1	1a See	Form 990, Pa	rt X. line 10
	Description of property		Outer besis	(b) Cost or o			Accumulated	(d) Book value
		i .	Ument)	(oth		-	apreciation	• •
1a	Land			† 				
	Buildings			3	04,433		-	304,433
	Leasehold improvements			 	,			204,433
	·		-	1			+	
	Equipment Other	—		 				
	Other Add lines 1a through 1e (Column (d) must eq	ual Form 000 f	Dan Y colum	0 (B) line 10e '	_ _			204 422
Otal	Add lines 18 through re (Column (d) must ed	Del Form 930 F	arry Colum	ir(<u>is) inte tuc</u>			<u>-</u>	304,433
							8	chedule D (Form 990) 2019

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(9)

Total (Column (b) must equal Form 990 Part X col (B) line 25) ▶

Schedule D (Form 990) 2015 Serenity Street Foundation	on31-1	1453108	Page 4
Part XI	Reconciliation of Revenue per Audited Financial S	tatements With Revenue	per Return	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a		
1 Total r	evenue gains and other support per audited financial statements		1	
2 Amour	nts included on line 1 but not on Form 990. Part VIII. line 12] [-
a Netun	realized gains (losses) on investments	2a		
b Donate	ed services and use of facilities	26		
c Recov	enes of pnor year grants	2c		
d Other	(Describe in Part XIII)	2d		
e Add lin	ies 2a through 2d		2e	<u> </u>
3 Subtra	ct line 2e from line 1		3	
4 Amout	nts included on Form 990. Part VIII. line 12. but not on line 1.	[]	1 1	
a Investi	ment expenses not included on Form 990. Part VIII. line 7b	4a		
b Other	(Describe in Part XIII)	4b		
c Add In	nes 4a and 4b		4c	
5 Total r	evenue Add lines 3 and 4c (This must equal Form 990 Part I line 12)		5	
Part XII	Reconciliation of Expenses per Audited Financial		es per Returπ	
	Complete if the organization answered "Yes" on Form	990 Part IV line 12a		
1 Total e	expenses and losses per audited financial statements		1	
2 Amour	nts included on line 1 but not on Form 990. Part IX. line 25		1 1	
a Donate	ed services and use of facilities			
b Pnory	ear adjustments	2b		
c Other	losses	2c		
d Other	(Describe in Part XIII.)	<u>2</u> d		
e Add lir	nes 2a through 2d		26	
3 Subtra	oct line 2e from line 1		3	
4 Amou	nts included on Form 990. Part IX, line 25. but not on line 1.			
a invest	ment expenses not included on Form 990. Part VIII. line 7b.	4a		
b Other	(Describe in Part XIII)	46		
c Add lir	nes 4a and 4b		4c	
5 Total e	expenses Add lines 3 and 4c (This must equal Form 990 Part I line 18	<u>) </u>	5	
Part XIII	Supplemental Information			

Provide the descriptions required for Part II lines 3 5 and 9 Part III lines 1a and 4 Part IV lines 1b and 2b Part V line 4 Part X line

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

Schedule D (Form 990) 2015 Serenity Street Foundation 31-1453108

Part XIII Supplemental Information (continued)

Page 5

SCHEDULE O (Form 990 or 990 EZ) Supplemental Information to Form 990 or 990-EZ

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

2015

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Open to Public Inspection

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Serenity Street Foundation

Employer Identification number 31-1453108

Amended Return Explanation

We received an IRS notice dated August 2, 2016 regarding the filing of Form 990-EZ instead of Form 990. The Form 990 is being filed to comply with IRS quidelines

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The Form 990 is reviewed by the Board of Trustees prior to filing

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The Trustees are required to disclose any conflicts of interest when they arrise during the meeting and operations of Serenity Street Foundation

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Request for governing documents are required to be submitted in writing. The Board of Trustees review the request and determine the manner and if information if to be made available.