· 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)

OMB No 1545-0047

Dep	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection												
A			ndar year, or tax year					nd ending			, 20		
В		applicable	C Name of organization S		. INC.					D Employe	r identification number		
$\bar{\Box}$	Address	' '	Doing business as		,					35-13	24859		
$\overline{\Box}$	Name ch	-	Number and street (or P	.O. box if ma	i is not delivered to	street addres	is)	Room/suite	· · · · · · · · · · · · · · · · · · ·	E Telephone number			
H	Initial ret	7	РО ВОХ 279				·			(812) 283-9407			
Ξ		m/terminated		ovince, count	ry, and ZIP or forei	gn postal code		,					
Ħ	Amende		JEFFERSONVILI							G Gross red	ceipts \$ 222,680.		
Ħ			F Name and address of pr		Name and Address of the Owner, where the Owner, which is the Owne	,	-		H(a) Is this a q	roup return for s	ubordinates ⁷ Yes No		
EDWIN GOLDBERG, 129 N RANDOLPH, CLARKSVILLE, IN 47130 H(b) Are all subordinates included?													
1	Tax-exe	mpt status	▼ 501(c)(3)	501(c) (o) 🔲 4947(a)		☐ 5 2 7			list. (see instructions)		
j	Website		1/A			1	X.7		H(c) Group	exemption number			
K			Corporation Trust	Associati	on ☐ Other ▶	<u> </u>	L Yea	r of formatio	n 197	4 M State	of legal domicile IN		
P	art I	Summ				1		· · · · · · · · · · · · · · · · · · ·			, , , , , , , , , , , , , , , , , , , ,		
	1		escribe the organization	on's missi	on or most sign	nificant acti	vities:	HALFWA	AY HOME	FOR MA	ALE ALCOHOLICS		
ø	}	•			J	-							
auč					,								
Activities & Governance	2	Check th	ns box ▶□ if the orga	anization d	liscontinued its	operations	s or di	sposed of	more than	25% of i	ts net assets.		
õ	3		of voting members of								23		
∞ ∞	4		of independent voting								23		
ies	5	Total nur	mber of individuals en	nployed in	calendar year	2017 (Part	V, line	2a) .		5			
<u> </u>	6	Total nur	mber of volunteers (es	stimate if n	ecessary) .					6	26		
Aci	7a		elated business rever					,		7a	3,180.		
	b	Net unre	lated business taxabl	e income f	rom Form 990	-T, line 34	. ,			7b	-1,016.		
	P										Current Year		
d	8	Contribu	tions and grants (Parl	t VIII, line 1	h)			[66	5,682.	48,890.		
ž	9	Program	service revenue (Par	t VIII, line 2	2g)			[
Revenue	10	Investme	ent income (Part VIII, d	column (A)	, lines 3, 4, and	17d)		[•		
Œ	11	Other rev	venue (Part VIII, colun	nn (A), line	s 5, 6d, 8¢, 9¢,	10c, and 1	11e).	[164	1,553.	173,790.		
	12	Total/rev	enue lade lines 8 thro	ough 11 (m	ust equal Part	∕III, column	(A), lir	ne 12)	23:	1,235.	222,680.		
-	13	Grants a	nd similar amounters	aid (Part I)	(, column (A), li	nes 1-3) .		[
	14	Benefits	paid to or for membe	rs (Part IX,	, column (A), lir	ne 4)							
S	15	Salaries,	other conpensation, c	pensation, employee benefits (Part IX, column (A), lines 5-10)							30,942.		
Š	16a	Professi	onal-fundraisino/fees/	(Bart IX, co	olumn (A), line	11e) . ,			(400.	and the stagence are come gray to the tag tagency to consider any particular and		
Expenses	b	Total tun	draising expenses (P	art IX, colu	ımn (D), lıne 25) >		0.					
ļŪ.	17		penses (Rath) coller							3,468.	212,728.		
	18	Total exp	penses. Add lines 13/	17 (must e	equal Part IX, ç	olumn (A), i	line 25	i)		L,459.	243,670.		
	19	Revenue	less expenses. Subt	ract line 18	3 from line 12	<u> </u>	<u>,</u>			7,224.	-20,990.		
50								Be	ginning of Cu		End of Year		
Net Assets or	20		sets (Part X, line 16)					· ·		2,544.	2,067,606.		
¥2.5	21		oilities (Part X, line 26)					· · _		1,636.	407,688.		
			ts or fund balances.	Subtract li	ne 21 from line	20	· ·	<u> </u>	1,680	0,908.	1,659,918.		
	art II		ture Block										
Ui	nder pena	ilties of perju	ury, I declare that I have exa liete Declaration of prepare	amined this re	eturn, including acc	companying so	chedules	s and statem	ents, and to t	he best of m	ny knowledge and belief, it is		
	ie, correc	t, and comp	lete beclaration of present	1	Unicer) is pased on				ius early killow	1.	\		
C :		-		300	\rightarrow				l	11/1	4 / / X		
Sig			nature of officer						U	ile ,	V		
me	ere	1	WIN L GOLDBERG	, TREAS	URER								
			e or print name and title	· · · · · · · · · · · · · · · · · · ·	Preparer's signatur	re ,		Date	•	т	- PTIN		
Pá	aid	1				/	4		/1 § /201	Check [X If		
Pr	epare	;r	IAM E CHADY		WILLIAM E	CHANT	1	- 1 TT			Noyed P01462682		
Ų	se On	ly Firm's r			.,, .,,		ب	1000			51-1230786		
N.A.	w the II		address ► 13050 MIDDLI is this return with the					, KY 4022	· · · · · · · · · · · · · · · · · · ·		02) 253-9610 X Yes No		
					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~ · · · · · · · · · · · · · · · · · · ·	(2)		09/12/18 PRO		Form 990 (2017)		
ro	rapen	work Redu	ıction Act Notice, see t	ure separat	๛ เมอเสนตเสดทร์.	DAA		KEV	USI LE IO PRU		FORM 230 (2017)		

	T C+2	tement of Program Sa	ervice Accomplishments		Page 2
Part			ains a response or note to any line in thi	s Part III	
1	Briefly de	Scribe the organization's Y HOME FOR MALE A	s mission:		
2	prior For	n 990 or 990-EZ?	ny significant program services during the		the Yes 🗵 No
3	Did the services?	'	ducting, or make significant changes i	n how it conducts, any prog	gram · Yes X No
4	Describe expenses	s. Section 501(c)(3) and	on Schedule O. ram service accomplishments for each of 501(c)(4) organizations are required to re if any, for each program service reported.	port the amount of grants and	
4a			212,696. including grants of \$	ROCESS	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)

4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)

									_
4d	Other	program	services	(Descri	be	ın	Schedule	0.)
	-	_							

(Expenses \$ including grants of \$

4e Total program service expenses ▶ 212

212,696.

REV 09/12/18 PRO

ABDG0

Part	IV Checklist of Required Schedules			
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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
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		×
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		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
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		,	
7	"Yes," complete Schedule D, Part I	6		×
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		×
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a		14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		
15	Did the organization report on Part IX, column (A), Ilne 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		×	
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
	If "Yes," complete Schedule G, Part III	19	- QQA	X

Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated]
	employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			×
_70	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			1
	through 24d and complete Schedule K. If "No," go to line 25a	04-		
	· · · · · · · · · · · · · · · · · · ·	24a	<u> </u>	×
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
_ d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			â
40	Part IV instructions for applicable filling thresholds, conditions, and exceptions):	,		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		<u> </u>
_	Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		 ^
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
90	conservation contributions? If "Yes," complete Schedule M			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		×
31				١
32	Part I	31		×
32	complete Schedule N, Part II	00		
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		×
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
0.4	·	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	١ ا		
	or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	1		
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		×
36	Section 501(c)(3) organizations, Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
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		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			,,,
	19? Note. All Form 990 filers are required to complete Schedule O.	38		×

	(2011)	 			ugo (
Part					_				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	· ·						
		1 1	Some 5	Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0							
b	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable ,	1 b 0							
Ç	Did the organization comply with backup withholding rules for reportable payments	to vendors and		unic programi,					
	reportable gaming (gambling) winnings to prize winners?		1c	7957 1 400	X				
2a									
	Statements, filed for the calendar year ending with or within the year covered by this return 2a								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .								
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year		3a	×					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in So	chedule O	3b	×					
4a	At any time during the calendar year, did the organization have an interest in, or a signature of								
	over, a financial account in a foreign country (such as a bank account, securities account, or	or other financial							
	account)?, ,		4a		×				
þ	If "Yes," enter the name of the foreign country: ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fi	nancial Accounts							
	(FBAR).			12.30					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year?	5a		×				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	r transaction?	5b		×				
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,0	00, and did the		•					
	organization solicit any contributions that were not tax deductible as charitable contributions		6a		×				
b	If "Yes," did the organization include with every solicitation an express statement that such								
	gifts were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).	r		A STATE OF					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods							
	and services provided to the payor?		7a	,	×				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property to								
	required to file Form 8282?		7c		×				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		100.25					
ę	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b	enefit contract?	7e		×				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		7f		×				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		7h	· · · ·					
ğ	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m	aintained by the							
	sponsoring organization have excess business holdings at any time during the year?		8	المسترسية ا	×				
9	Sponsoring organizations maintaining donor advised funds.			7929					
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		X				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related per	son?	9b	 	×				
10	Section 501(c)(7) organizations. Enter:		5.474.C	1123	3				
ı ç a	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	,,,,,							
''a	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources								
-	against amounts due or received from them.)	116							
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu		12a	150					
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		克爾拉門					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?		13a	11.99-22006	ARMENT.				
а	Note. See the instructions for additional information the organization must report on Schedul	 eO	13a	1926 J. E.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	J J.		272					
Ü	the organization is licensed to issue qualified health plans	13b							
_	Enter the amount of reserves on hand	13c							
C	•	136	41-	1075/638	WEST SHOW				
14a	Did the organization receive any payments for indoor tanning services during the tax year? .		14a	ļ.,	×				
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in	ouredule U .	14b	ــــــــــــــــــــــــــــــــــــــ	Ь.,				

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	structi	ions.
Cooti	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u> </u>	×
Secti	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b 2	Enter the number of voting members included in line 1a, above, who are independent. 1b 23 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		×
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6 7a		x x x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	pidilipan sa s		ለ ዘ ነ
а b 9	The governing body?	8a 8b	×	,
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	9 J	nde)	<u>×</u>
36011	on B. Poncies (This Section B requests information about policies not required by the internal never	1000	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		×
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		×
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-		
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		×
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13 14 15	Did the organization have a written whistleblower policy?	13 14	ក ក្រកាឡា ក	×
a b	The organization's CEO, Executive Director, or top management official	15a 15b		×
16a	with a taxable entity during the year?	16a		<u>वर्षः</u> ×
b	If "Yos," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	n in general and a second	on Cayoti Vi S-
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed IN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
19	Own website Another's website Don request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interfinancial statements available to the public during the tax year.	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and rec		>	

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Pag	је	"

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	ndènendent Contractors

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Chock this box If neither the organization no	r any relate	d orga	anız			ompe	nsa	ited any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, u	unles r and	Posi eck s pe d a d	rson	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RICHARD MCFARLAND HOUSE DIRECTOR	30.00	×						30,942.	0.	0.
(2) THORTON STUBBONS COOK PART TIME	18.00	×						0,	0.	0.
(3) BOARD OF DIRCTORS	1,00	×						0.	0.	0.
(4)										
(5)										
(6)										, , , , , , , , , , , , , , , , , , , ,
(7)					_					
(8)										
(9)							 			
(10)										**************************************
(11)										
(12)				 						
(13)										
(14)					<u> </u>					

r an	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than o box, unless person is both officer and a director/trusty						(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organızatio (W-2/1099-M		compensation from the organization and related organizations
(15)												
(16)								 				
(17)			ļ,					ļ,				
(18)		,										
(40)			-			,				····		
(20)				-								
										-,		
												· · · · · · · · · · · · · · · · · · ·
(22)										<u>.</u>		
(23)												
(24)										, , , , , , , , , , , , , , , , , , , ,		,
(25)												
1b c d	Sub-total	VII, Sectio	n A					→ →	30,942.		0.	0.
2	Total number of individuals (including bureportable compensation from the organ	t not limited								ore than \$10		
3	Did the organization list any former of employee on line 1a? If "Yes," complete										nsated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or ind	ividua · ·	
Section 1	on B. Independent Contractors Complete this table for your five highest	compensat	ed inc	dene	nde	ent	confr	acto	ors that receive	nd more that	n \$100) 000 of
·	compensation from the organization. Repyear.											
	(A) Name and business address								(B) Description of s	ervices		(C) Compensation
												
2	Total number of independent contractor received more than \$100,000 of compens							th	iose listod abo	ove) who		

Pari	Check if Schedule O contains a response or note to any line in this Part VIII											
		Check it Schedule O	contains a res	oonse or note t	(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue				
						exempt function revenue	buşiness revenue	excluded from tax under sections 512-514				
ats the state of t	1a	Federated campaigns	s 1a									
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b									
S, C	С	Fundraising events .										
Gift	d	Related organizations										
ns, Simi	e	Government grants (con										
er S	f	All other contributions, gi	1.7									
햧		and similar amounts not inc		48,890.								
ont nd (g	Noncash contributions includ	,		40.000							
<u>8</u>	h	Total. Add lines 1a-1	<u> </u>	Business Code	48,890.							
Program Service Revenue	2a			- Zaoméas Codé								
ě	b			······································		······································		•				
8		**********************						· · · · · · · · · · · · · · · · · · ·				
eΖ	ď				· · · · · · · · · · · · · · · · · · ·							
S	e			· · · · · · · · · · · · · · · · · · ·								
gra	f	All other program sen	vice revenue .					•				
£	g	Total. Add lines 2a-2										
	3	Investment income	77			,		,				
		and other similar amo		🔛			, , , , , , , , , , , , , , , , , , , ,	- 				
	4	Income from investment	ond proceeds			ļ	,					
	5	Royalties	(i) Real	(ii) Personal		ur senerani en	THE REPORT OF THE PARTY OF THE					
		,	· · · · · · · · · · · · · · · · · · ·	(ii) Personal								
	6a	Gross rents	173,790.									
	b	Less: rental expenses Rental income or (loss)	173,790.			The state of the s		ar in the Constitution (All Constitution of the Constitution of th				
	c d	Net rental income or (173,790.	170,610.	3,180.	0.				
	7a	Gross amount from sales of	(i) Securities	(il) Othér								
-	'-	assets other than inventory					Constitution of Tax Section					
	b	Less: cost or other basis		, ,								
		and sales expenses .						ra alla contra francisco de la contra del contra de la contra del la				
	C	Gain or (loss)										
	d	Net gain or (loss) .		🔈								
a								inter control and the second s				
Ž	8a	Gross income from fu	indraising			rational data (production)						
eve		events (not including \$,								
Œ		of contributions reported See Part IV, line 18	ed on line TC).									
Other Revenue	ь	Less: direct expenses	_									
0	C	Net income or (loss) f	•	events >			Anna de maria de la companya del companya del companya de la compa					
	_	Gross income from ga		7		on one many transportant was Provided administration of the						
		See Part IV, line 19										
	b	Less: direct expenses	s b									
	С	Net income or (loss) f	rom gaming acti	vities ⊳		,						
	10a	Gross sales of in		, ,								
		returns and allowance	es a									
	b	Less: cost of goods s										
	С	Net income or (loss) f					AND THE PARTY OF T					
		Miscellaneous R	revenue	Business Code								
	11a				 	 						
	b				<u> </u>		,					
	d	All other revenue .		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	 	 	 					
	e	Total. Add lines 11a-			· 							
	42	Total revenue See	,		222 680	170 610	3 180	V				

Form 990 (2017)
Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con			is must complete co	olumn (A).
	Check if Schedule O contains a respon	ise or note to any lii			🗀
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21			的是是是自然	
2	Grants and other assistance to domestic 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		,		医基础系统图
5	Compensation of current officers, directors, trustees, and key employees	30,942.	30,942.	0.	Q.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	30/3121		4	
7	Other salaries and wages		***************************************		,
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	-			
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management			··· · · · · · · · · · · · · · · · · ·	
b	Legal	*		0.075	
C	Accounting	9,975.	0.	9,975.	. 0.
d e	Lobbying				
f	Investment management fees		TELESCOPE SECURE	PERSONAL PROPERTY AND AND ASSESSMENT	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
12	Advertising and promotion				
13	Office expenses	,			
14	Information technology			,	
15	Royalties				
16	Occupancy	100,758.	100,758.	0.	0.
17	Travel	6,600.	0.	6,600.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .			01.15	
20	Interest	21,155.	0.	21,155.	0.
21	Payments to affiliates	60,991.	60,991.	0.	, <u> </u>
22 23	Insurance	7,427.	0.	7,427.	0,
24	Other expenses. Itemize expenses not covered				
44	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	TELEPHONE	4,472.	0.	4,472.	0.
b	MISCELLANEOUS	1,350.	0.	1,350.	0.
C				 ,	
d	All other eveness				
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	243,670.	192,691.	50,979.	0.
26	Joint costs, Complete this line only if the	243,070.	192,091.	30,373.	, , , , , , , , , , , , , , , , , , ,
e.u	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

是是不是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人, 第1885章 第

€P	árt X	Balance Sheet			
	<u> </u>	Check if Schedule O contains a response or note to any line in this Pa	art X		
		•	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	27,596.	1	43,630.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	7.	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	ouen. Mandarithudha 12 seonadh Mandarithudha 12 seonadh Mandarithudha 12 seonadh
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	····
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 2,550, 289.			
	b	Less: accumulated depreciation 10b 526, 313.	2,084,948.	10c	2,023,976.
	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	<u> </u>
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,112,544.	16	2,067,606.
	17	Accounts payable and accrued expenses		17	· · · · · · · · · · · · · · · · · · ·
	18	Grants payable		18	· · · · · · · · · · · · · · · · · · ·
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	S. S. Onlaw - Frank F. S. Ser B. Sect. Self. July 4
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	and the state of t
Ξ	23	Secured mortgages and notes payable to unrelated third parties	431,636.	23	407,688.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	431,636.	26	407,688.
Net Assets or Fund Balances	·	Organizations that follow SFAS 117 (ASC 958), check here 🕒 🗵 and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	1,680,908.	27	1,659,918.
Ва	28	Temporarily restricted net assets		28	
p	29	Permanently restricted net assets	waster for a section and the section	29	Salar Barrier (1997)
Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and		200	
ō		complete lines 30 through 34.		劉澄	
ets	30	Capital stock or trust principal, or current funds	, , , , , , , , , , , , , , , , , , , ,	30	
SSI	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
it A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	1,680,908.	33	1,659,918.
	34	Total liabilities and net assets/fund balances	2,112,544.	34	2,067,606.

Part	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	222,68	0.
2	Total expenses (must equal Part IX, column (A), line 25)	2	243,67	0.
3	Revenue less expenses. Subtract line 2 from line 1	3	-20,99	0.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,680,90	8.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule Q)	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	1,659,91	8.
Part	Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII ,	<u> </u>	· · · · ·	\Box
1	Accounting method used to prepare the Form 990: 🗷 Cash 🔲 Accrual 💢 Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plaın ın		No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:			
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	 ed on a		×
С	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account	intant?	2c	×
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		3a	×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b	
			Form 990 (2	1047

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.

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2017

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number

ER	EN]	ITY,	, INC.					35-1324859	
Рa	rt I		Reason for Public Char	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.
he	orga	anıza	ation is not a private founda	tion because it is	s: (For lines 1 through	12, chec	k only or	ne box.)	\sim
1			hurch, convention of churcl						\mathcal{C}
2			chool described in section						17
3		A h	ospital or a cooperative hos	spital service org	janization described i	n section	170(b)(1)(A)(iii).	/ <u> </u>
4		-	nedical research organization	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	iii). Enter the
_			pital's name, city, and state						
5		sec	organization operated for talential operated for the complete operation 170(b)(1)(A)(iv). (Complete operated for the complete operated for the compl	plete Part II.)	•		•		ai unit described in
6 7] An	ederal, state, or local governorganization that normally cribed in section 170(b)(1)	receives a subst	tantial part of its sup-				tho general public
8	\Box] A c	ommunity trust described in	n section 170(b)	(1)(A)(vi). (Complete i	Part II.)			
9		or u univ	agricultural research organi iniversity or a non-land-gra versity:	nt college of agn	iculture (see instruction	ons). Ente	r the nam	ne, city, and state of	the college or
10		rece sup acq	organization that normally reipts from activities related port from gross investment jurred by the organization a	to its exempt fui t income and uni fter June 30, 197	nctions—subject to c related business taxal 75. See section 509(a	ertain exc ble incom i)(2). (Cor	ceptions, ie (less se nplete Pa	and (2) no more that ection 511 tax) from art III.)	n 33¹/₃% of its
11			organization organized and						
12		of c	organization organized and one or more publicly suppo eck the box in lines 12a thro	orted organization	ns described in <mark>secti</mark>	on 509(a)(1) or se	ection 509(a)(2). See	e section 509(a)(3).
í	3		Type I. A supporting organithe supported organization supporting organization. Yes	(s) the power to	regularly appoint or e	lect a ma	jority of t	rted organization(s), he directors or trust	typically by giving ees of the
ı)	-	Type II, A supporting organ control or management of organization(s). You must	the supporting o	rganization vested in	the same			
•	3		Type III functionally integ its supported organization(ally integrated with,
(đ		Type III non-functionally it that is not functionally integrequirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an	
•	•		Check this box if the organ functionally integrated, or 1						e II, Type III
1	f E	Enter	the number of supported of	organizations .					[]
	g F	Provi	de the following information	about the supp	orted organization(s).	<u>, </u>		, 	
•	(i)	Name	e of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
	,		· · · · · · · · · · · · · · · · · · ·			Yes	No		-,
A)									
B)	-								
C)									
D)									
E)									
				The second secon	and the second of the property of the second of	-	-	,, 	····

Part		•					-
	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support	y quality array	21 1110 10010 110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	iodoo oompio	/	/
	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		1		,		
3	The value of services or facilities furnished by a governmental unit to the organization without charge , .						
4	Total. Add lines 1 through 3						······································
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4				V. 7.2-1.2-11.		
	on B. Total Support			1 / 1 0015	() 0040	() 0047	(O T - 1 - 1
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	\ (c) 2015	(d) 2016	(e) 2017	(f) Total
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	,	/ /				
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the support of the support of the form 990 is for the support of the support				\	12 ear as a sectio	n 501(c)(3)
• •	organization, check this box and stop he				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		🏲 🗆
Secti	on C. Computation of Public Support				\		/ Ç
14 15 10a	Public support percentage for 2017 (line Public support percentage from 2016 Sci 331/3% support test—2017. If the organ box and stop here. The organization qua	hedule A, Part izațion did not ilifies as a publ	II, line 14 check the boo licly supported	 con line 13, ai organization	\		🕨 🗀
b	331/3% support test—2016. If the organithis box and stop here. The organization					is 33½% or m	ore, check ▶ □
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization means the 'organization' meets the 'organization'.	cets the "facts 'facts-and-circ	-and-circumst :umstances" te	ances" test, clest, clest, The organi	reck this box a zation qualifle	and stop here. s as a publicly	Explain in supported
b,	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization resupported organization. Private foundation. If the organization discounter the companization of the organization discounter the companization discounter the companizat	ation moots the meets the "fac	ie "facts-and-c ts-and-circum:	orcumetances stances" test.	" tost, check The organizati	this box and son qualifies as	etop here. a publicly
18	• • •	•				•	· · Þ 🔲

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support		, oto notou bon	 			
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees		1		1		······································
	received. (Do not include any "unusual grants.")		202,125.		1		202,125.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the	1]	1	
	organization's tax-exempt purpose		5,760.				5,760.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513					<u>i</u>	
4	Tax revenues levied for the						•
	organization's benefit and either paid to	ļ					
	or expended on its behalf					<u> </u>	
5	The value of services or facilities	'		, ,			
	furnished by a governmental unit to the					ļ	
	organization without charge			<u> </u>			
6	Total. Add lines 1 through 5	ļ,	207,885.				207,885.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .					 	
b	Amounts included on lines 2 and 3	[[[
	received from other than disqualified persons that exceed the greater of \$5,000					<u> </u>	
	or 1% of the amount on line 13 for the year		'				
С	Add lines 7a and 7b				[[
8	Public support. (Subtract line 7c from			*****	日本 一日 日本	3 5 5 5 5	· · · · · · · · · · · · · · · · · · ·
	line C.)			ti i tarabaking Karabaking	The left real and the good provide	A Section of the sect	207,885.
Secti	on B. Total Support					· · · · · · · · · · · · · · · · · · ·	
-	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6		207,885.				207,885.
10a	Gross income from interest, dividends,		,				
	payments received on securities loans, rents,						
	royalties, and income from similar sources.		ļ <u>.</u>		ļ	ļ	
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975		5 760				r 760
_		<u></u>	5,760.			 	5,760.
	Add lines 10a and 10b	<u> </u>	5,760.				5,760.
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.)	1]	
13	Total support. (Add lines 9, 10c, 11,	·····					,
	and 12.)		213,645.	L			213,645.
14	First five years. If the Form 990 is for the	-		-	-		n 501(c)(3)
	organization, check this box and stop he				<u> </u>		· · • □
	on C. Computation of Public Suppo						
15	Public support percentage for 2017 (line						97.3 %
16	Public support percentage from 2016 Sc on D. Computation of Investment In			 		16	97.3 %
17	Investment income percentage for 2017			v line 12 colu	mp (fl)	17	0.7.0/
18	Investment income percentage for 2017 (•				18	2.7 %
19a	331/3% support tests—2017. If the organ						
134	17 is not more than 331/3%, check this box						* *
b	331/3% support lests—2016. If the organization		_			-	
-	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	•	-	=	• • •	• •	

Part V Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section .	A. Ali	Supporting	Organ	rizati	ions

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 bocause of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Part	N Supporting Organizations (continued)		
- -	•	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	1
C	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	
Secti	on B. Type I Supporting Organizations		
		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 trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year,	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	
Secti	on C. Type II Supporting Organizations		
1	Were a majority of the organization's directors or trustoes during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Yes	No
Secti	on D. All Type III Supporting Organizations		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described 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," describe in Part VI the role the organization's 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	instructior	1S).
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instruc	tions).
^	·	Yes	
2	Activities Test. Answer (a) and (b) below.		Section 1
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	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 reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
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, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

Part V. Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		-
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		,
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		- '
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 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		,
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 8, Column A)	1		
2 Enter 85% of line 1.	2		7
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		· · · · · · · · · · · · · · · · · · ·
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		, , , , , , , , , , , , , , , , , , , ,
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			, , , , , , , , , , , , , , , , , , , ,
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	y in	tegrated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2017

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	izations (continued)	
	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	,
,.	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	ınızations	
4	Amounts paid to acquire exempt-use assets			<u> </u>
5_	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI). See instructions.	· · · · · · · · · · · · · · · · · · ·		
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	th the organization is res	sponsive	
	(provide details in Part VI). See instructions.	 		
10	Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount			
10	Line 8 amount divided by line 9 amount	 	(ii)	(iii)
S:	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6		经验证证证	armonia 2. The u.E. a. What of the office of the
2	Underdistributions, if any, for years prior to 2017		,	
	(reasonable cause required - explain in Part VI), See			
	instructions.		Control of the South Control o	Paradosan extense de la companya de
3	Excess distributions carryover, if any, to 2017			
<u>a</u>				
b	From 2013			
<u>c</u>	From 2014			
d	From 2015			
θ	From 2016			THE STATE OF THE PROPERTY OF THE PARTY OF TH
f	Total of lines 3a through e Applied to underdistributions of prior years			
<u>g</u> h	Applied to underdistributions of prior years Applied to 2017 distributable amount	BANG TO THE WAY TO SERVE THE		ESSABLE PER TIME AND THE PROPERTY OF
,!! _	Carryover from 2012 not applied (see instructions)			
_ `	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	Lating Theory I design to a faithful a	TAN TO MAN THE PROPERTY OF THE PARTY OF THE	ALTERNATION TO COLUMN TO AND
4	Distributions for 2017 from	W. 1840 W. 1957		A TOTAL MENTAL M
•	Section D, line 7:			
a	Applied to underdistributions of prior years		AND SAME CANADA CANADA CONTRACTOR OF THE SAME CANADA CONTRACTOR OF THE CANADA CONTRACTOR OF THE CANADA CONTRACTOR OF THE CANAD	End Section 1997 Control Contr
b	Applied to 2017 distributable amount			Approximate the second
C	Remainder. Subtract lines 4a and 4b from 4.	September of the second	grafi var i veri i mir diministrati beli i i i i i i i i i i i i i i i i i i	
5	Remaining underdistributions for years prior to 2017, if		A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN	
-	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017, Subtract lines 3h	ATTICL STATE		, , , , , , , , , , , , , , , , , , ,
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
<u>, p</u>	Exconn from 2014		inania pulteri a micrarilia	
<u>ç</u>	Excess from 2015			
<u>_d</u> _	Excess from 2016			
_	FYCASS Irom 2017	The state of the s	A second to the second	The state of the s

Schedule A (Form 990 or 990-EZ) 2017

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, 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 1c, 2a, 2b, 3a, and 3b; Part V, line 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.)

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SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

Name of the organization 35-1324859 SERENITY, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area 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 conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 , . . . , . . , . . , If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: **b** Assets included in Form 990, Part X

REV 09/12/18 PRO

Part	Organizations Maintaining	Collections of	Art, Hist	orical T	reasures,	or Other S	imilar Ass	ets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot	her recor	ds, checl	k any of the	following th	at are a sig	nificant use of its
а	Public exhibition		d [Loan	or exchange	programs		
b	Scholarly research		е [_			
С	Preservation for future generations	3				,		
4	Provide a description of the organization		and expla	in how th	ncy further th	ne organizat	ion's oxomp	ot purposo in Part
_	XIII.							
5	During the year, did the organization assets to be sold to raise funds rather							☐ Yes ☐ No
Part	IV Escrow and Custodial Arra	ingements.			-,,*			
•	Complete if the organization 990, Part X, line 21.		on Forr	n 990, P	art IV, line	9, or report	ted an amo	ount on Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?							☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fol	lowing ta	ble:			
							Am	ount
С	Beginning balance,					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount	nt on Form 990, Pa	art X, line	21, for es	scrow or cus	stodial accou	unt liability?	☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII. Check here	ouf the ex	planation	has been p	rovided on F	Part XIII .	
Par		, ,	-					
	Complete if the organization							
		(a) Current year	(b) Pric	r year	(c) Two years	back (d) Thre	ee years back	(e) Four years back
1a	Beginning of year balance							
þ	Contributions				,		-	
Ç	Net investment earnings, gains, and losses							
d	Grants or scholarships	,						
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance					-		
2	Provide the estimated percentage of t	he current vear en	d balance	e (line 1a.	column (a))	held as:		
ā	Board designated or quasi-endowmer		%	- ((-,,			
b	Permanent endowment ▶	%						
c	Temporarily restricted endowment ▶	%						
_	The percentages on lines 2a, 2b, and		00%.					
3a	Are there endowment funds not in the			ation tha	t are held a	nd administe	ered for the	(
	organization by:							Yes No
	(i) unrelated organizations			, .				3a(i)
	(ii) related organizations							3a(ii)
D A	If "Yes" on line 3a(ii), are the related o							3b
4	Describe in Part XIII the intended uses		on s endo	willent to				
Part	VI Land, Buildings, and Equip Complete if the organization		' on For	~ aan B	art IV line	112 See F	orm 990 E	Part Y line 10
	Description of property	(a) Cost or ot			r other basis	(c) Accumul		(d) Book value
	Description of property	(investme		• •	her)	depreciati		(d) Book value
1a	Land	·				./		
b	Buildings	·		2,3	78,680.	354	,704.	2,023,976.
C	Leasehold improvements	•		,				
d	Equipment	•						
е	Other ,	<u>: </u>			<u></u>			
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	30, Part X	, column	(B), line 10d	:) ▶	2,023,976.

Part VII	Investments—Other Securities.		Page 2
7-010-7-1	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11b. See Form 990, Part X, line 12.
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial	derivatives		
(2) Closely-h	neld equity interests		
(3) Other		`	,
(A)			
(B)			
(C)			
(D)			
(E) (F)	.,,	·	
(G)	,		
(H)		 	, , , , , , , , , , , , , , , , , , , ,
	b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Para VIII	Investments - Program Related.		latest service and activities as described in the contraction of the c
STORY OF THE PARTY OF THE PARTY.	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11c. See Form 990, Part X, line 13,
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
_(4)	·		
(5)			
(6)		 	
<u>(7)</u>			· · · · · · · · · · · · · · · · · · ·
<u>(8)</u> (9)		 	
	o) must equal Form 990, Part X, col. (B) line 13.) ▶		
Pan IX	Other Assets.	1	Tables of the second control of the second s
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.
	(a) Description	· · · · · · · · · · · · · · · · · · ·	(b) Book value
(1)	<u> </u>		
(2)			
(3)			
(4)		P	,
(5)			
_(6) _(7)			
(8)			· · · · · · · · · · · · · · · · · · ·
_(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		·
Part X	Other Liabilities. Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lın	e 11e or 11f. See Form 990, Part X,
	line 25.	142000000000000000000000000000000000000	
1.	(a) Description of liability (b) Book value		
(1) Federal in	Coule faxes		
(2)			
(4)	The state of the s		
(5)			rt ar til er mestig plante mindliggar und einer eine gegen er er einer eine mille er eine er eine er eine er e Er er
(6)	1 the second		
(3) (4) (5) (6) (7) (8)			
(9)			
	b) must equal Form 990, Part X, col. (B) line 25.) ▶		
	uncertain tax positions. In Part XIII, provide the text of the footr		
organization's	s liability for uncertain tax positions under FIN 48 (ASC 740). Che	eck here if the text of t	he footnote has been provided in Part XIII

Schedule D (Form 990) 2017

BAA

Part	Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 990			
1	Total revenue, gains, and other support per audited financial statemen			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12;	15		
	Net unrealized gains (losses) on investments	. 2a		
a	Donated services and use of facilities			
Ь				
C	Recoveries of prior year grants			
ď	Other (Describe in Part XIII.)	·		
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4-		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
C	Add lines 4a and 4b			
5 	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, III			
Part	Reconciliation of Expenses per Audited Financial State			•
	Complete if the organization answered "Yes" on Form 990			
1	Total expenses and losses per audited financial statements		· · · · <u>1</u>	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
þ	Prior year adjustments			
С	Other losses			
đ	Other (Describe in Part XIII.)			
8	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b .			
þ	Other (Describe in Part XIII.)			
C	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18.)	5	
	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a			· · · · · · · · · · · · · · · · · · ·
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa	·		
·				
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Schedule D (For	m 990) 2017	Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Department of the-Treasury

► Attach to Form 990 or Form 990-EZ.

	of the organization	P GO to www	r.irs.gov/rom	990 101 tile 12	itest instructions.	Employer identifi	cation number
	ENITY, INC.					35-1324859	
Par	<u> </u>	Complete if the	ne organiza	ation ansv	vered "Yes" on I		
	Form 990-EZ filers are						
1	Indicate whether the organization				owing activities. C	heck all that apply.	
a	▼ Mail solicitations				on of non-govern		
b	☐ Internet and email solicitation	ons	f	Solicitati	ion of government	grants	
C	Phone solicitations		g [Special 1	fundraising events	3	
þ	In-person solicitations						
2a	Did the organization have a wri						
	or key employees listed in Form		-		•	-	
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by			draisers) pi	ursuant to agreem	ients under which th	ne fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2						······································	
3		 	 		}		
4	•						,
5			1			· · · · · · · · · · · · · · · · · · ·	
6	 , , 			<u> </u>	 		
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9		 		ļ			
10			 				
[atal							
otal 3	List all states in which the orga	anization is regis	tered or lic	ensed to s	iolicit contribution	s or has been notifi	cd it is exempt from
	registration or licensing.						
ΚY	IN			,			
					,		
		•				,	
						,	
				·	•	•	
			-				,
,					•		
		•			-		

		than \$15,000 of fundraising gross receipts greater that	ng event contributions					
		•	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))		
Revenue	1	Gross receipts						
<u></u>	2 3	Less: Contributions Gross income (line 1 minus line 2)						
	4	Cash prizes						
	5	Noncash prizes						
sesu	6	Rent/facility costs						
Direct Expenses	7	Food and beverages			· · —			
Direc	8	Entertainment						
	9	Other direct expenses .						
	10 11	Direct expense summary. Ad Net income summary. Subtra	ld lines 4 through 9 in o act line 10 from line 3, o	column (d)				
Pa	rt III.	Gaming. Complete if the than \$15,000 on Form 9	organization answe			reported more		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))		
- Re	1	Gross revenue						
ses	2	Cash prizes	· · · · · · · · · · · · · · · · · · ·	7	· · · · · · · · · · · · · · · · · · ·			
Expenses	3	Noncash prizes		,				
Direct 1	4	Rent/facility costs						
_	5	Other direct expenses .						
	6	Volunteer labor,	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No			
	7	Direct expense summary. Add lines 2 through 5 in column (d)						
, , , ,	8	Net gaming income summary	y. Subtract line 7 from I	ine 1, column (d)				
9	a Is	nter the state(s) in which the or the organization licensed to co "No," explain:	onduct gaming activitie			🗌 Yes 🗌 No		
	10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . Yes b If "Yes," explain:							
				. ,				

Part I	See instructions.
Part I	See instructions.
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.
	spent in the organization's own exempt activities during the tax year ▶ \$
	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
17	Mandatory distributions:
	□ Director/officer □ Employee □ Independent contractor
	Gaming manager compensation ▶ \$ Description of services provided ▶
	Name ►
16	Gaming manager information.
	Address ▶
	Name ▶
	If "Yes," enter name and address of the third party;
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
	Address ▶
	Name ▶
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	The organization's facility 13a % An outside facility 13b %
a b	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?
	formed to admin Indicate the pero The organization An outside facilit Enter the name a

Page 3

Schedule G (Form 990 or 990-EZ) 2017

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Schedule G (Form 990 or 990-EZ) 2017

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.

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

2017
Open to Public

Inspection

OMB No 1545-0047

SERENITY, INC.	35-1324859
Pt VI, Line 11b: THE BOARD HAS A WEEKLY MEETING AND REVIEWS ALL F	INANCIAL DATA
AND THE ANNUAL MEETING THE BOARD REVIEWS THE RECAP FOR THE ENTIRE	YEAR ALL BANK
ACCOUNTS ACCOUNTS ARE RECONCILED MONTHLY	

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