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١	-	•1 					2	700	9 1 0 3	215 4
		OO T	E	Exempt Organization	n Business	Inc	ome Tax Re	eturn	01	MB No 1545-0047
	Form	990-T		(and proxy ta	ax under sect	ion (6033(e))	1917		
		:	For cale	ndar year 2019 or other tax year be	ginning ,	2019, a	and ending	, 20		2019
	Departm	ent of the Treasury		► Go to www.irs.gov/Form9			•••••	ion.	Open t	o Public Inspection for
		Revenue Service	▶ Do ı	not enter SSN numbers on this for				ıs a 501(c)	(3). 501(c)	(3) Organizations Only
	address changed " " " " " " " " "									lentification number trust, see instructions)
		pt under section	Print	SERENITY, INC.			· · · -		, , ,	,
		01(c (3)	or	Number, street, and room or suite r	no IfaPO box, see in	structio	ons	F	35-132	usiness activity code
	∐ 40 □ 40		Type	City or town, state or province, cou	ntny and ZIP or foreign	noctal	code	 -	(See instruct	•
	☐ 52			JEFFERSONVILLE, IN	•	i postai	code		53112	0
	C Book	value of all assets	F Gr	oup exemption number (See						·
		d of year 1,959,364.		neck organization type 🕨 🗵		on	☐ 501(c) trust	4	01(a) trust	Other trust
	H En	ter the number o	of the c	organization's unrelated trade	s or businesses.	1	De	escribe t	he only (or	first) unrelated
				SIGN RENTAL			e, complete Parts			
				at the end of the previous se	ntence, complete	Parts	s I and II, complet	te a Sch	edule M fo	or each additional
				omplete Parts III-V.						
				e corporation a subsidiary in an			nt-subsidiary contro	olled grou	ıp?▶	∐ Yes ⊠ No
				and identifying number of the ► EDWIN L GOLDBERG	parent corporation	on. ►	Telephone n	umber I	N (812) 3	282-6613
				e or Business Income			(A) Income	T	penses	(C) Net
	1a	Gross receipts					(yc	(-)	169	
	b	Less returns ar			c Balance ▶	1c		- 71		
	2			Schedule A, line 7)		2			100	75. 3. 3. 3. 3. XII
	3	_	-	t line 2 from line 1c		3		4.00	A 4 2 4 4 5 1	
?	4a	Capital gain ne	t incor	ne (attach Schedule D)		4a		1472		
	b			4797, Part II, line 17) (attach l		4b				
)	C			n for trusts		4c		4.0		
1	5			a partnership or an S corp						
	_	,			5		100			
	6	-		le C)		6	6,360		7,294	-934
1	7			ced income (Schedule E)		7				
	8	·	•	s, and rents from a controlled organi	•	8				
	9 10			ection 501(c)(7), (9), or (17) organiz ivity income (Schedule I)		10			,	
	11			Schedule J)		11				
3	12			structions, attach schedule).		12				
-	13	Total. Combine		·-		13	6,360		7,294	-934
	Part	I Deduction	s Not	Taken Elsewhere (See ins	tructions for limit	ations				t be directly
				he unrelated business incor						
	14			cers, directors, and trustees (Schedule K)	RE	CEIVED		. 14	
	15	Salaries and wa	_	/	1. 1) - -	. 15	
	16	Repairs and ma				. NC	ov 2 0 2020	$ \dot{Q} \cdot \cdot $. 16	
•	17							& · ·	. 17	
	18			lule) (see instructions)		Ø6	DEM. HT	<u> </u>	. 18	
9	19 20	Taxes and licer						 · ·	. 19	
>	21			imed on Schedule A and else			. 20 21a		21b	
-	22	Depletion							. 22	
)	23			rred compensation plans .					. 23	
	24			grams					. 24	
	25			nses (Schedule I)					. 25	
	26	Excess readers	ship co	sts (Schedule J)					. 26	
	27	,		ach schedule) . ়					. 27	
	28	,		•						
	29			xable income before net ope						934
	30	,		perating loss arising in tax					1 4	
	24/	•							. 30	-934
	31/ Fár Pa			xable income. Subtract line 3 Notice, see instructions. BAA	ou from line 29			<u> </u>	1 /	Form 990-T (2019)
,	/ Pa	perwork neaucti	UN MUL	monoe, see instructions. RAA		REV	10/27/20 PRO		15	العاربين المارين الماري
							-			, , , T

Page	2

Form 99	0-T (2019)					Page 2
Part I	II To	otal Unrelated Business Taxable	e Income			
/32 \	Total of	unrelated business taxable income	e computed from all unrelated trade	es or businesses (see		
`	'instruct	lons)			32	-934
33	Amoun	s paid for disallowed fringes			3 3	
34	Charita	ble contributions (see instructions for	r limitation rules)		34	
35	Total u	nrelated business taxable income be	efore pre-2018 NOLs and specific de	eduction. Subtract line	1	
	34 from	the sum of lines 32 and 33			85	-934
36	Deduct	on for net operating loss arising	in tax years beginning before J	anuary 1, 2018 (see		
	instruct	ions)			86	
37	Total of	unrelated business taxable income l	before specific deduction. Subtract I	ine 36 from line 35 .7	37	-934
		deduction (Generally \$1,000, but se	•		38	
		ed business taxable income. Subt				
	enter th	e smaller of zero or line 37			39	0
Part I	V Ta	x Computation				
_	_	zations Taxable as Corporations. N	Multiply line 39 by 21% (0.21)		40	0
		Taxable at Trust Rates. See				
	the amo	ount on line 39 from: 🦳 Tax rate sch	edule or Schedule D (Form 1		41	
42	Proxy t	ax. See instructions			42	
		ive minimum tax (trusts only)			43	
		Noncompliant Facility Income. See			44	
		add lines 42, 43, and 44 to line 40 or			45	0
		ax and Payments				
		tax credit (corporations attach Form	1118; trusts attach Form 1116) .	46a		
	_	redits (see instructions)	·	46b		
		business credit. Attach Form 3800 (46c		
		or prior year minimum tax (attach Fo		46d		
		redits. Add lines 46a through 46d			46e	
		t line 46e from line 45			47	0
48	Other tax	tes Check if from	m 8611 Form 8697 Form 8866	Other (attach schedule)	48	
		x. Add lines 47 and 48 (see instruction		· · · · · · · · · · · · · · · · · · ·	49	0
50	2019 ne	et 965 tax liability paid from Form 965	5-A or Form 965-B, Part II, column (k	k), line 3	50	
51a	Paymer	nts: A 2018 overpayment credited to	2019	51a		
b	2019 es	stimated tax payments		51b		
С	Tax dep	posited with Form 8868		51c		
		organizations: Tax paid or withheld		51d		
е	Backup	withholding (see instructions)		51e		
f	Credit f	or small employer health insurance p	oremiums (attach Form 8941)	51f		
g	Other c	redits, adjustments, and payments.	☐ Form 2439			
	☐ Form	n 4136 🔲 Oth	her Total ▶	51g		
		ayments. Add lines 51a through 51g			52	
53	Estimat	ed tax penalty (see instructions). Che	eck if Form 2220 is attached	▶□	53	
54	Tax du	e. If line 52 is less than the total of lin	nes 49, 50, and 53, enter amount ow	ed >	54	
55	Overpa	yment. If line 52 is larger than the to	ital of lines 49, 50, and 53, enter amo	ount overpaid >	55	0
56	Enter the	amount of line 55 you want	to 2020 estimated tax ▶	Refunded ►	56	
Part \	71 St	atements Regarding Certain A	ctivities and Other Information	(see instructions)		
		ime during the 2019 calendar year, o				
		inancial account (bank, securities, oi				
		Form 114, Report of Foreign Bank a	and Financial Accounts. If "Yes," ent	ter the name of the fore	ign coun	try
	here >					×
	_	ne tax year, did the organization receive a	_	of, or transferor to, a foreig	n trust?	. X
		' see instructions for other forms the	-			
_59		e amount of tax-exempt interest rec				
C:		renalties of perjury, I declare that I have examined frect, and complete Declaration of preparer (other			or my knowl	cage and belief, it is
Sign		(Conc.		· · ·		discuss this return
Here			TREASURER			parer shown below ons)? XYes \ No
	Signatu	re of officer	Date Title	L		
Paid		Print/Type preparer's name	Preparer's signature		k 🗵 ıf	PTIN
Prepa	arer	WILLIAM E CHADY	WILLIAM E CHART		mployed	P01462682
Use C		Firm's name ► WILLIAM E CHADY				-1230786
		Firm's address ► 13050 MIDDLETOWN	INDUSTRIAL BLVD STE C, LOVISV	LLLE, KY 40223 Phon		2) 253-9610
			REV 10/27/20 PRO		Fo	orm 990-T (2019)

	dule A – Cost of Goods Solo	d. Ent	er method of i	nventory v	aluation >			Page			
1 Inventory at beginning of year			1 6 Inventory at			at end of year 6					
2 Purchases			7	Cost of g	Cost of goods sold. Subtract line						
3	Cost of labor	3	3	_	6 from line	5. Enter here and in Pa	t [
4a	Additional section 263A cost	ts			I, line 2 .		7				
	(attach schedule)	4	а	8	Do the rul	les of section 263A (wi	th respect to	Yes No			
b	Other costs (attach schedule)	4	b			roduced or acquired for		يظ بالد			
5	Total. Add lines 1 through 4b	5									
Sche	dule C—Rent Income (From	n Rea	I Property an	d Persona	l Property I	Leased With Real Pro	perty)				
(see	instructions)							****			
	ription of property				*****						
(1) RE	NTAL FOR HIGHWAY SIGN	RENT	ALCOMMER	CIAL PRO	PERTY						
(2)											
(3)						·····					
(4)											
	2. Rent	receive	d or accrued								
	om personal property (if the percentage of personal property is more than 10% but n more than 50%)	ot	(b) From real a percentage of rent 50% or if the ren		roperty exceeds	3(a) Deductions directly in columns 2(a) an					
(1)			•	···	6,360.		*****				
(2)					•						
(3)				***************************************							
(4)		<u>-</u>				****	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Total			Total		6,360.	437.411.4					
(c) Total income. Add totals of columns 2(a) and 2			2(b) Enter		-	(b) Total deductions. Enter here and on page	± 1 .	1.			
	nd on page 1, Part I, line 6, column (/				6,360.	Part I, line 6, column (B					
Sche	dule E-Unrelated Debt-Fin	ance	d Income (see	nstruction	s)						
	1. Description of debt-finance	d prope	rtv		come from or debt-financed	1	ced property				
	·	•	•	pro	operty	(a) Straight line depreciation (attach schedule)	(b) Other do				
(1)					***************************************						
(2)											
(3)											
(4)				1				***************************************			
a	acquisition debt on or	of or a ebt-final	adjusted basis illocable to nced property is schedule)	4 c	Column Iivided olumn 5	7. Gross income reportable (column 2 × column 6)	8. Allocable of (column 6 × tot 3(a) and	al of columns			
(1)					%		*****				
(2)			******		%						
`' (3)					%						
(4)					%						
· · · · · · · · · · · · · · · · · · ·						Enter here and on page 1, Part I, line 7, column (A)	Enter here and Part I, line 7,				
Totals Total c	ividends-received deductions incl	 uded II	 n column 8 .		. •						

Schedule F-Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)								
Exempt Controlled Organizations								
Name of controlled organization	2. Employer identification number		lated income instructions)	4. Total of specified payments made	5. Part of column included in the organization's gr	controlling	conne	eductions directly ected with income in column 5
(1)					- -			
(2)					-			
(3)								
(4)				-				
Nonexempt Controlled Organiz	zations			•			1	
7. Taxable Income	8. Net unrelated in (loss) (see instruct			otal of specified yments made	10. Part of column coluded in the organization's gr	controlling	connec	eductions directly cted with income in column 10
(1)								
(2)								
(3)								
(4)								
Totals		· · ·	·	.	Add columns 5 Enter here and 6 Part I, line 8, co	on page 1, olumn (A)	Enter h Part I,	columns 6 and 11 lere and on page 1, line 8, column (B)
Schedule G-Investment I	ncome of a Sect	ion 501(or (17) Organi	•	1		
1. Description of income	2. Amount of	income	dire	Deductions ctly connected ach schedule)	4. Set-aside (attach sched	I	5. Total deductions and set-asides (col 3 plus col 4)	
(1)								
(2)								
(3)								
(4)								
Totals	Enter here and Part I, line 9, c	olumn (A).					Part I, lii	re and on page 1, ne 9, column (B).
Schedule I—Exploited Exe	empt Activity Inco	ome, Oth	ner Than	Advertising In	come (see inst	tructions)		
Description of exploited activity	2. Gross unrelated ty business incoi from trade o business	me conn r prod	Expenses directly lected with duction of related ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expo attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)								
(4)								
Totals	Enter here and page 1, Part line 10, col (A	l, page	here and on e 1, Part I, I0, col (R)	A service of the serv				Enter here and on page 1, Part II, line 25
Schedule J-Advertising I	ncome (see instruc	tions)						
Part I Income From P	eriodicals Repor	ted on a	Consoli	dated Basis	_			
1. Name of periodical	2. Gross advertising income		Direct	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Read	•	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								1,545,417,453
(2)								NEW THE THE
(3)				The Block of the Charles				
(4)								STATE AND THE STATE OF THE STAT
Totals (carry to Part II, line (5))	>		,					

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 7. Excess readership 4. Advertising gain or (loss) (col 2 minus col 3) If 2. Gross costs (column 6 6. Readership 5. Circulation 3. Direct advertising minus column 5, but 1. Name of periodical costs advertising costs ıncome a gain, compute not more than ıncome cols 5 through 7 column 4) (2) (3) (4) Totals from Part I Enter here and Enter here and on Enter here and on page 1, Part I, line 11, col (B). on page 1, Part II, line 26 page 1, Part I, line 11, col (A) Totals, Part II (lines 1-5) . Schedule K-Compensation of Officers, Directors, and Trustees (see instructions)

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

Form **990-T** (2019)