(Rev January 2020)

Department of the Treasury

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

OMB No 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

lr	iter	nal Rever	nue Service	► Go to www.irs.gov/Form990 for instructions and the latest inform	mation.	110	Inspection
7		For the	2019 calen	dar year, or tax year beginning , 2019, and ending			, 20
_ B		Check if	applicable	C Name of organization SERENITY, INC.		D Employer	identification number
Г	_	Address		Doing business as		35-1324	859
Ē	=	Name ch	•	Number and street (or P O box if mail is not delivered to street address) Room/si	uite [	E Telephone	number
٦	=	Initial ret	•		(812)28		
_ L	=		irn/terminated	PO BOX 279  City or town, state or province, country, and ZIP or foreign postal code		<del>(                                    </del>	
	=			- 1,	G Gross rece	eipts\$ 229,796.	
\	=	Amende	o return ion pending	JEFFERSONVILLE, IN 47131-0279  F Name and address of principal officer			ordinates? Yes No
JL		Applicat	ion pending				cluded? Yes No
۲' <del>.</del>		Tay-aya	mpt status	SO1(c)(3)   SO1(c) ( )   (Insert no )   4947(a)(1) or   \  557/			ee instructions)
<u>;</u> U			: ► N/A		(c) Group exe	•	·
$\mathcal{O}_{\vec{s}}^{k}$			organization			•	gal domicile IN
<u>۱</u> ۱ –		art I	Summa		17/4	VI State of le	gai dominio TIV
Λ.		1		cribe the organization's mission or most significant activities. HALFWAY	UOME EO	D MATE	AT COHOT TOS
Ñ	a)	•	Differing des	chbe the organization's mission of most significant activities. MALEWAT	nome ro	K MADE	ALCOHOLICS
V	Š						
$^{\prime}$	Governance	_	Chook this	oro than 2	50% of its	not accote	
J	Š	2		box  if the organization discontinued its operations or disposed of me		3	10
		3		f voting members of the governing body (Part VI, line 1a)		4	10
	S S	4				5	10
	ŧ	5		ber of individuals employed in calendar year 2019 (Part V, line 2a)		6	26
,	Activities	6		ber of volunteers (estimate if necessary)		7a	
<i>\</i>	⋖	7a	Total unrei	ated business revenue from Part VIII, column (C), line 12		7b	6,360.
Ŋ-		b	Net unrela	ted business taxable income from Form 990-File 351VED	Prior Year	/b	0. Current Year
, ,			O			227	
7	ne	8		ervice revenue (Part VIII, line 2g) . NOV <b>2</b> 0 2020.	79,9	921.	54,577.
	evenue	9	_	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			175,219.
J	ě	10	Other	tilloome (rait viii, colaimi (ry, iiilos o, ¬, and ¬ar - · · · · · ·	166 (	520	
•		11	Tetal rever	nue (Part VIII, column (A), lines 5, 6d, 8c; 9c; QG ant Ne) UT	166,6		220.706
-		12 13		d similar amounts paid (Part IX, column (A), lines 1–3)	246,5	065.	229,796.
		14		····			
		15	-	aid to or for members (Part IX, column (A), line 4)	23,9	300	22,167.
	Ses	16a		rat fundraising fees (Part IX, column (A), line 11e)	23,3	700.	
	Expenses	_		raising expenses (Part IX, column (D), line 25) ► 0.			an amount of the manager age of the confidence and
	ă	17		(D + D)   (A)   44   44   04	246,6	570	241,387.
		18		enses (Part IX, column (A), lines 11a-11d, 11f-24e)	270,6		263,554.
				ess expenses. Subtract line 18 from line 12	-24,0		-33,758.
-	. 2	19	neveriue is		ning of Currer		End of Year
å	d Balances	20	Total accet	ts (Part X, line 16)	2,019,1		1,959,364.
Acce	Bal	21		ties (Part X, line 26)	381,4		355,402.
ţ	Fund	22		or fund balances. Subtract line 21 from line 20	1,637,7		1,603,962.
		art II		re Block	1,001,	720.	1,003,302.
				, I declare that I have examined this return, ingluding accompanying schedules and statements	and to the h	est of my ki	nowledge and helief it is
	tru	e, correc	t, and complet	be Declaration of preparer (other than officer) is based on all information of which preparer has a	any knowledg	e /	/
-				200		1 / lz /	2020
9	Sic	gn	Signat	ure of officer	Date	<del>'/ '/</del>	
		re	10	IN L GOLDBERG, TREASURER			
•				or print name and title	·		<del></del> _
-	_		<del></del>	e preparer's name Preparer's signature	1.	Check 🔀 ı	PTIN
		id	MITI I T				P01462682
		epare	r <del> </del>				1230786
ι	Js	e Onl	Firm's nar				
<u> </u>	10:	v tha IE		dress ► 13050 MIDDLETOWN INDUSTRIAL BLVD STE C, LOUISVITE, KY 402 this return with the preparer shown above? (see instructions)	ZZ 3  Prione i	10 (502)	<b>⊠</b> Yes
- '	na'	Danie Ir		triis return with the preparer shown above; (see instructions	7/20 BBO	· · ·	Form <b>990</b> (2010)

Form 99	0 (2019)	Page <b>2</b>
Part		
1	Check if Schedule O contains a response or note to any line in this Part III	· · · <u></u>
•	HALFWAY HOME FOR MALE ALCOHOLICS	
		<b></b>
	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	es -⊠ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	VIN-
	services?	es 🛆 No
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	neasured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	s to others,
	the total expenses, and revenue, if any, for each program service reported.	
	(Code: ) (Expenses \$ 225, 345. including grants of \$ 46, 969. ) (Revenue \$ 223, 4	
70	HALFWAY HOUSE THAT SHELTERS MEN DURING THEIR RECOVERY PROCESS	
	FROM ALCOHOLIC ADDICITIONS	
		•
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
		••••
		••••
	(Cada: ) /Evnance \$ uncluding grants of \$ ) (Poyonus \$	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$	/
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶ 225,345.	

Part IV	Check	list of F	Required	Sc	hedul	es
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art	Checklist of Required Schedules			г
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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 "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
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 donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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		_×
С	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		×
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	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		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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), line 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 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19	_	×
20a	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		×
			000	

Part	Cnecklist of Required Schedules (Continued)			
			Yes	No
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 \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	-	×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
С.	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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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 conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 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 controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		×
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	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? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38		×
Part				
	Check if Schedule O contains a response or note to any line in this Part V	-	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	- X - X - X - X - X - X - X - X - X - X		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Rod	×

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	<b>i</b>			FA
	Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment	tax returns? .	2b	×	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst				13.5
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year		3a	×	10000
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on S		3b	×	
	At-any-time-during-the-calendar-year, did-the-organization-have-an-interest-in, or a-signature-or oth				
<del>,</del> u	a financial account in a foreign country (such as a bank account, securities account, or other finan	-	4a		×
b	If "Yes," enter the name of the foreign country ▶	· • · · · · · · · · · · · · · · · · · ·			hou
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	-	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			Ì
	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?	contributions or	6b		
7	Organizations that may receive deductible contributions under section 170(c).			F9 1 1 1	
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	The state of the s	×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property t				
	required to file Form 8282?		7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	到機能		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b	penefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	fit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	8899 as required?	7g_		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fi	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m	aintained by the	野田		123
	sponsoring organization have excess business holdings at any time during the year?		8	a va chomi a	×
9	Sponsoring organizations maintaining donor advised funds.				對關
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		×
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer of the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or sponsoring organization make a distribution to a donor advisor.	son?	9b	J-80 (10 7 5 W)	×
10	Section 501(c)(7) organizations. Enter:	1 1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a		欄側	
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:	1 1		li ii	
а	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.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu		12a	200000000000000000000000000000000000000	186 FF 4595
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			248,8	THE REAL PROPERTY.
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	(Magnilette):	1.112 (A11.1519 40.01519
	Note: See the instructions for additional information the organization must report on Schedul	e O. 1 1			Į į
b	Enter the amount of reserves the organization is required to maintain by the states in which	401			
	the organization is licensed to issue qualified health plans	13b			抵選
C	Enter the amount of reserves on hand	13c	编编编		
14a	Did the organization receive any payments for indoor tanning services during the tax year? .		14a	<del>                                     </del>	_ ×
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on		14b	<u> </u>	-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in	remuneration or	45		
	excess parachute payment(s) during the year?		15		
46	If "Yes," see instructions and file Form 4720, Schedule N.	etmont income?	16		iel William
16	Is the organization an educational institution subject to the section 4968 excise tax on net inveil "Yes," complete Form 4720, Schedule O.	sament income?		944	
	n rest complete i unit freut contieudie Ot		Partition County	1.英族的海绵 3841	1 141.411.4124.03

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ır.	istruc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>	. 🗶
Secti	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
b	committee, explain on Schedule O.  Enter the number of voting members included on line 1a, above, who are independent . 1b 10			
2	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, trustees, or key employees to a management company or other person?.	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
7a	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?	7a		×
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	Transide bussi	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
a	The governing body?	8a 8b	×	<del> </del>
b	Each committee with authority to act on behalf of the governing body?	OD	<del>  ^</del>	<del>                                     </del>
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	odo l	×
Secu	on B. Policies (This Section B requests information about policies not required by the internal Never	iue Ci	Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a		×
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		WE AV	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	THE SECOND	×
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14		×
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b	indian (Els	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," 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	461		
Saat!	organization's exempt status with respect to such arrangements?	16b		<u></u>
<u>Secu</u>	Let the states with which a copy of this Form 990 is required to be filed TN			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-			
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  Upon request  Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and response companies and response companies. It is a supposed to the person who possesses the organization's books and response companies.		<b>•</b>	

Part VII	ompensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	ndependent Contractors
•	beck if Schedule O contains a response or note to any line in this Part VII

#### 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. See instructions for the order in which to list the persons above.

(A)	(B)	(do s	not ch	Pos	C) ition	a than 4	one	(D)	(E)	(F)	
Name and title	Average hours per week	(do not check more than one box, unless person is both an officer and a director/trustee)					n an tee)	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) RICHARD MCFARLAND	30.00									_	
HOUSE DIRECTOR					×			22,167.	0.	0.	
(2) ED UMBRETT PRESIDENT	1.00	×		×				0.	0.	0.	
(3) JEFF NICHOLSON VICE PRESIDENT	1.00	×		×				0.	0.	0.	
(4) EDWIN GOLDBERG TREASURER	2.00	×		×				0.	0.	0.	
(5) LAURA LYNN MELTON SECRETARY	1.00	×		×				0.	0.	0.	
(6) GREG BURCHETT DIRECTOR	1.00	×						0.	0.	0.	
(7) GEORGE GIVENS DIRECTOR	1.00	×						0.	0.	0.	
(8) RANDY CHANDLER DIRECTOR	1.00	×						0.	0.	0.	
(9) LOREN BIERLY DIRECTOR	1.00	×						0.	0.	_0.	
(10) REBECCA DEJARNETT DIRECTOR	1.00	×						0.	0.	0.	
(11) STEVE SCHROERING DIRECTOR	1.00	×						0.	0.	0.	
(12)											
(13)											
(14)											

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	, (A) Name and title		Position (do not check more that box, unless person is bofficer and a director/tr						Reportable compensation	(E) Reportable compensation from related	ภา	(F) Estimated amount of other compensation
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional †rustee	Officer	Key employee	Highest compensated employee	Former	1	organization (W-2/1099-MI	s SC)	from the organization and related organizations
(15)									-			
(16)												<del></del>
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												<del>.</del> .
(23)												
(24)												
(25)			:									
1b c	Subtotal	VII, Sectio		•	•			► ► ►	22,167.		0.	0.
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w		e than \$100,		of
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If</i> "Yes," complete 3								loyee, or highes			Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	portal an \$1	ble 150,	000,	)? /:	nsatic f "Ye.	s, "	complete Sched	nsation from dule J for s	the uch	4 ×
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co										5 ×
Secti	on B. Independent Contractors			,								_
1	Complete this table for your five high compensation from the organization. Report											
	(A) Name and business add	ress							(B) Description of sen	vices	C	(C) ompensation
											_	
2	Total number of independent contractor	•	-					th	nose listed abov	e) who		कार्याच्या विकास करते.

Part	VIII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII									
	•	Check if Schedule	U CO	ntai <u>ns a</u> re	spon	se or note to ar	(A)	(B)		<u>· · · · □</u> (D)	
							Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512–514	
nts Its	1a	Federated campaign	าร .		1a			***************************************			
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues			1b						
s, G	C	Fundraising events			1c					alimity (Commission Commission Commission Commission Commission Commission Commission Commission Commission Co	
- <u>#</u> - <u>E</u>		Related-organization			_1d_			nijaki Pitakana akaliman			
imi	e f		nent grants (contributions) 10 contributions, gifts, grants,				12 1 12 13 13 13 13 13 13 13 13 13 13 13 13 13				
tior r S		and similar amounts no				54,577.					
بة قر الج	a	Noncash contribution			<del></del>	31/3//1				jajoni	
is at	3	linos 1a-1f			1g	<b>s</b>					
ပြွန်	h	Total. Add lines 1a-	-1f .	<u> </u>		. <u>.</u> <b>&gt;</b>	54,577.	e.			
4.						Business Code					
jc	2a	HOUSE INCOME				531110	154,692.	154,692.	0.	0:	
e e	b	TOKEN CLUB IN	COME			531110	14,167.	14,167.	0.	0.	
en S	C	SIGN RENTAL				531110	6,360.	0.	6,360.	0.	
Program Service Revenue	a										
1	e f	All other program se		rovenue					·		
•	, g	<b>Total.</b> Add lines 2a-					1/5,219.				
	3	Investment income				<del></del>	3,0,213.	Military and a second was a second	dod national and was under share and		
	,	other similar amoun									
	4	Income from investr	of tax-exem	npt bo	ond proceeds ►						
	5	Royalties				<u>, </u>					
				(ı) Rea	l	(II) Personal					
	6a	Gross rents	6a				The state of the state of				
	b	Less: rental expenses	6b			,					
	С	Rental income or (loss)				L				in the state of	
	d	Net rental income o	r (loss	6) <u>.</u> (ı) Securit		(ii) Other	Davidson assets		FIRE COMPANY	5-2 1000 1000 1000 1000 1000 1000 1000 10	
	7a	Gross amount from		(i) Securit	lies	(ii) Other					
		sales of assets other than inventory	7a								
a l	h	Less cost or other basis		<u> </u>			Participants				
eune	_	and sales expenses .	7b								
	С	Gain or (loss)	7c						figure for a		
Other Rev	đ	Net gain or (loss)				<u></u>					
ţ.	8a	Gross income from		ndraising					<b>基基等的</b>	<b>全国国际</b>	
0		events (not including			1			F 15575			
		of contributions rep 1c). See Part IV, line						3.75			
					8a 8b						
		Less: direct expense Net income or (loss)				ente •	Service State & Service		7.5		
	с 9а	Gross income f			y eve			News Colon		reside.	
	34	activities. See Part I			9a			and the second			
	b	Less: direct expens			9b			anama di mana			
	С	Net income or (loss)			ctivitie	es <b>&gt;</b>					
	10a	Gross sales of in		_							
		returns and allowan			10a						
	b	Less: cost of goods			10b		they is in				
	С	Net income or (loss)	from	sales of in	vento	T.	Erorana and Control (1984)	introduction and a service.		n Takibiitadhadiittiilii kent	
Sn						Business Code				1 3 5 5 4 5 5 5 5	
Miscellaneous Revenue	11a								-		
scellaneo Revenue	p,								_		
Sce	c d	All other revenue					<del>                                     </del>	-		· <del></del>	
Ξ̈́	e	Total. Add lines 11a	 1–11d	 		•					
	12	Total revenue. See				•	229,796.	168,859.	6,360.	0.	

	IX Statement of Functional Expenses			<del></del>	
Section	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respons				
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .				
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 5	Benefits paid to or for members				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section $4958(c)(3)(B)$ .	22,167.	22,167.	_0.	0.
7 8	Other salaries and wages				
9 10 11 a	Other employee benefits				
b c d	Legal	4,000.	0.	4,000.	0.
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
g	(A) amount, list line 11g expenses on Schedule O)				
12 13	Advertising and promotion				
14 15	Information technology			***************************************	
16 17	Occupancy	123,638. 9,376.	123,638. 0.	0. 9,376.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	3,370.	0.	,	
19 20	Conferences, conventions, and meetings . Interest	18,747.	0.	18,747.	0.
21 22	Payments to affiliates	71,468.	71,468.	0.	0.
23 24	Insurance	8,072.	8,072.	O.	O.
24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedulc O.)				
a b c d	MISCELLANEOUS	3,657.	0.	3,657. 2,429.	0.
e	All other expenses				*
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	263,554.	225,345.	38,209.	0.

			(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash—non-interest-bearing	8,987.	1	9,338.
	2	Savings and temporary cash investments	46,409.	2	46,409.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	_5_	Loans-and-other-receivables-from-any-current-or-former-officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2,,561, 588			pa podago napindo dames se madales de la compansión
	b	Less: accumulated depreciation <b>10b</b> 657, 971.	1,963,787.	10c	1,903,617.
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,019,183.	16	1,959,364.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18 19	
	19 20	Deferred revenue		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
'n	22	Loans and other payables to any current or former officer, director,		áminus e	
Liabilities	22	trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	The state of the s
<u>=</u>	23	Secured mortgages and notes payable to unrelated third parties	381,463.	23	355,402.
	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	381,463.	26	355,402.
ances		Organizations that follow FASB ASC 958, check here ► ⊠ and complete lines 27, 28, 32, and 33.			
<u> </u>	27	Net assets without donor restrictions	1,637,720.	27	1,603,962.
Δ E	28	Net assets with donor restrictions	500pr	28	
et Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
S	29	Capital stock or trust principal, or current funds		29	
se	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ä	31	Retained earnings, endowment, accumulated income, or other funds	1 627 720	31	1 602 060
ë	32	Total net assets or fund balances	1,637,720.	32	1,603,962.

33

2,019,183.

Total liabilities and net assets/fund balances .

					<u> </u>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		• •	• • •	<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	.1		229 <u>,</u> 7	
2	Total expenses (must equal Part IX, column (A), line 25)	2		263 <b>,</b> 5	
3	Revenue less expenses. Subtract line 2 from line 1	3		-33 <b>,</b> 7	58.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	637 <u>,</u> 7	20.
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 on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,	603 <b>,</b> 9	62.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
	·		F	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				. 4
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	ın 🔛		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or		
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
, p	Were the organization's financial statements audited by an independent accountant?		. 2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted or	ıa 🧱		
	separate basis, consolidated basis, or both.				
	⊠ Separate basis    □ Consolidated basis    □ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight	of		
	the audit, review, or compilation of its financial statements and selection of an independent account	ant?	. 20	F 20 20 20 20 20 20 20 20 20 20 20 20 20	×
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on 💮		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in t			
	Single Audit Act and OMB Circular A-133?		. <u>3a</u>	4	×
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	audits .	.   3b		
			_	000	(0010)

#### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

2019

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization SERENITY, INC. 35-1324859 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 🗵 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. ď Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations . . . . Provide the following information about the supported organization(s) (v) Amount of monetary (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (vi) Amount of (described on lines 1-10 isted in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Part	Support Schedule for Organiza (Complete only if you checked the						
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support		<u> </u>	,			
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
· 2 ·	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.			,	,	/	/ .
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3	.h. paolin shahar alikuwa alerkain	amentoticin interest (1987)	and polymeration of the state of	THE CONTROL OF THE THE STREET OF THE	assituación con a la sampaina sectua	
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).						
<u>6</u>	Public support. Subtract line 5 from line 4				Committee of the control of the cont		
	on B. Total Support	1 2015	4 > 2040	4.) 0047	1 (1) 0010	(-) 0010	(0 T-4-1
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	( <b>d</b> ) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4			/			
9	Net income from unrelated business activities, whether or not the business is regularly carried on					i	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10		COMMISSION OF THE PROPERTY OF THE STREET,	<b>HURRICH</b>	HYMATA:		
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	i, or fifth tax ye	ear as a sectio	n 501(c)(3)
<del></del>	organization, check this box and stop he		<u>· · · / ·</u>	· · · ·	• • • •	<u> </u>	<u>· · P L</u>
	on C. Computation of Public Suppor			41			
14	Public support percentage for 2019 (line			1, column (t))		14	<u>%</u>
15 16a	Public support percentage from 2018 Sch 331/3% support test—2019. If the organi			 Con line 13 or		15	check this
iva	box and <b>stop here.</b> The organization qua				iu iiile 14 is 50	7370 OF HIOTE,	Crieck triis
b	331/3% support test—2018. If the organithis box and stop here. The organization	zation did not	check a box o	in line 13 or 16		is 33 <sup>1</sup> /3% or m	ore, check
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization resupported organization	ation meets the meets the "fac	e "facts-and-d ts-and-circums	circumstances' stances" test	" test, check the the organization of the control of the	this box and son qualifies as	stop here. a publicly .
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, checl	k this box and	see 🕨 🖵
	instructions /	• • •	:	<u>· · · · · · · · · · · · · · · · · · · </u>			0 or 990-EZ) 2019
	,				Sch	iedule A frorm 99	v or asu-E&12019

# Page **3** Schedule A (Form 990 or 990-EZ) 2019 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.) Section A. Public Support (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 Calendar year (or fiscal year beginning in) ▶ (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise 2 sold or services performed, or facilities

~	furnished in any activity that is related to the	i.			٠,	34 E 21144 1 - 1	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						<u></u>
4	Tax revenues levied for the	,					
	organization's benefit and either paid to	1					
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
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						
	or 1% of the amount on line 13 for the year	· · · · · · · · · · · · · · · · · · ·					<del></del>
	Add lines 7a and 7b	The state of the later	FWILDWIN'S ALL STREET	Hat. 1 Character on 11" ha	production 174 - Acta describe	· NASSEMBLY OF MANAGEMENT PICE	
8	Public support. (Subtract line 7c from						
Sacti	on B. Total Support	ir askarsi				A Control of the Cont	•
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6	(a) 2010	(3) 2010	(6) 2011	(0, 20.0	(5) = 5 : 5	(1) 1010
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	1					
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	1					
С	Add lines 10a and 10b						
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			i	,		
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,				•		
	and 12)		<u> </u>	1 11 1 6 11	6.64)- 4		- 501(a)(0)
14	First five years. If the Form 990 is for the	•	· ·		•		
C4	organization, check this box and stop he	_	****	<u> </u>	· · · · ·		· · <u> </u>
	on C. Computation of Public Suppo			12 solumn (f)		15	0 %
15 16	Public support percentage for 2019 (line		=			16	97.3 %
16 Secti	Public support percentage from 2018 Sc on D. Computation of Investment In			· ·		10	91.5 70
17	Investment income percentage for 2019			ov line 13. colu	(fl)	17	0 %
18	Investment income percentage for 2019						2.7 %
19a	331/3% support tests—2019. If the organ						
1 74	17 is not more than 33½%, check this box						
b	331/3% support tests—2018. If the organi						
J	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d						

#### Part IV 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. All Supporting Organizations**

- 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 (as 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.**
- c 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 because 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.)

		Yes	No
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Scriedi	Me A (FOIII) 990 of 990-E2) 2019		rage J
Part	IV Supporting Organizations (continued)	1	7"
11 a	Has the organization accepted a gift or contribution from any of the following persons?  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?	Yes	No ×
	A family member of a person described in (a) above?  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.	11b 11c	×
Sect	ion B. Type I Supporting Organizations	<del></del>	
		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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	
Sect	ion C. Type II Supporting Organizations	150	T
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Yes 1	No
Sect	ion D. All Type III Supporting Organizations	<del></del>	
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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3	
Sect	ion E. Type III Functionally Integrated Supporting Organizations		
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it   The organization satisfied the Activities Test Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (		
2	Activities Test. Answer (a) and (b) below.	Yes	No
а	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 <b>Part VI identify those supported organizations and explain</b> 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.	2a	
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 <b>Part VI</b> 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 <b>Part VI</b> 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	ı tru	st on Nov. 20, 1970 (explain	n in Part VI). See
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	ł		
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	٠	(A) Prior Year	(B) Current Year (optional)
1 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>b</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	<b>国际企业的企业的企业</b>	
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4	<b>建加加加州的一种美国共和国的</b>	
5 Income tax imposed in prior year	5		<u>-</u>
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	y in	tegrated Type III supporting	g organization (see
instructions)			

Schedule A (Form 990 or 990-EZ) 2019

Part	V Type III Non-Functionally Integrated 509(a)(3	<u>Supporting Organi</u>	zations (continued)	
Secti	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e			
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	oses of supported orga	ınızatıons	
4	Amounts paid to acquire exempt-use assets			
<u>5.</u>	-Qualified set-aside amounts (prior IRS approval required)			H 19 5
6	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions. Add lines 1 through 6	<del> </del>		
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
•	(reasonable cause required - explain in Part VI). See			
	instructions.		tar a-connect-campe, paper in a dip apressioner of the second	
3	Excess distributions carryover, if any, to 2019		And the second of the second o	
a	From 2014			
<u>b</u>	From 2015			
C	From 2016			
<u>d</u>	From 2017			
<u>е</u>	From 2018			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			ALT THE REPORT OF A CHARLES AND A SHEET WAS A SHEET OF THE SHEET OF TH
<u></u> h	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<del></del>	Distributions for 2019 from	<b>那些运动的</b> 这个是是对你是这个		
. •	Section D, line 7. \$			
a	Applied to underdistributions of prior years		THE STATE OF THE PROPERTY OF T	
<u>b</u>	Applied to 2019 distributable amount			See 1936 8886-893 and Sudballaboration of a section of a section of
	Remainder. Subtract lines 4a and 4b from 4.	Michigan and separational as - 35 relays 1 ( 1933) 1 10 mm will be seen		
5	Remaining underdistributions for years prior to 2019, if			
_	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			ANNE ROMANDO SANCER MARANTANI ANG MARANTANI
7	Excess distributions carryover to 2020. Add lines 3 <sub>j</sub> and 4c			
8	Breakdown of line 7			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018 .			
e	Excess from 2019 .			

Schedule A (Form 990 or 990-EZ) 2019

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

20**19** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name o	or the organization		Employer identification number
SER	ENITY, INC.		35-1324859
Par	Organizations Maintaining Donor Advi	sed Funds or Other Similar Fund	s or Accounts.
	Complete if the organization answered "		
		(a) Donor advised funds	(b) Funds and other accounts
	Tatal sussibility at any distance	(a) Donor advised fands	(b) r undo und other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets hel	d in donor advised
•	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, ar	_	
U	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		
			· · · · · · · · · · · · · · · · · · ·
Par	Conservation Easements.		
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the o	rganization (check all that apply).	
	Preservation of land for public use (for example, recreation)	ation or education)	a historically important land area
	☐ Protection of natural habitat	☐ Preservation of	a certified historic structure
	☐ Preservation of open space	<del>-</del>	
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	in the form of a conservation
_	easement on the last day of the tax year.	d a qualified conservation contribution	Held at the End of the Tax Year
	•		
a	Total number of conservation easements		. 2a
þ	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified hi	• •	
d	Number of conservation easements included in (	c) acquired after 7/25/06, and not oi	na
	historic structure listed in the National Register .		. 2d
3	Number of conservation easements modified, trans	ferred, released, extinguished, or term	inated by the organization during the
	tax year ▶		
4	Number of states where property subject to conserv	vation easement is located ►	
5	Does the organization have a written policy regi	arding the periodic monitoring, inspe	ection, handling of
	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
	<b>&gt;</b>	g, <u>.</u>	,
7	Amount of expenses incurred in monitoring, inspecting	n handling of violations, and enforcing o	onservation easements during the year
•	►\$	g, harding of violations, and emoroting c	onscivation casements during the year
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of s	
			<del>_</del>
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text of		ncial statements that describes the
	organization's accounting for conservation easemer	nts.	
Part	III Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
12	If the organization elected, as permitted under FAS	B ASC 958, not to report in its revenue	statement and balance sheet works
14	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote t		
	• •		
b	If the organization elected, as permitted under FAS		
	art, historical treasures, or other similar assets held		earch in furtherance of public service,
	provide the following amounts relating to these item		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	<ul><li>(i) Revenue included on Form 990, Part VIII, line 1</li><li>(ii) Assets included in Form 990, Part X</li></ul>		<b>&gt;</b> \$
2	If the organization received or held works of art,		
_	following amounts required to be reported under FA		5 , ,
а	Revenue included on Form 990, Part VIII, line 1 .		▶ \$
b	Assets included in Form 990, Part X		> \$
-	rices in black and believed, talk A. a. a. a. a.		· · · · · · · · · · · · · · · · · · ·

Par	t III Organizations Maintaining	Collections of	Art, Historic	cal Treasures,	, or Ot	her Similar Ass	ets (continue	<u>d)</u>
3	Using the organization's acquisition, collection items (check all that apply)		her records, o	check any of the	e follow	ring that make sig	nificant use of	ıts
а	☐ Public exhibition			oan or exchang				
b	Scholarly research		e 🗆 C	Other			••	
C	☐ Preservation for future generations	5						
4	Provide a description of the organiza XIII.	ition's collections a	and explain h	ow they further	the org	anızation's exem	ot purpose in P	art
5	During the year, did the organization							
	assets to be sold to raise funds rathe		ined as part of	of the organizati	on's co	llection?	☐ Yes ☐ I	<u>о</u> /
Par	Escrow and Custodial Arra Complete if the organization 990, Part X, line 21.		" on Form 99	90, Part IV, line	∋ 9, or ı	reported an amo	ount on Form	
1a	Is the organization an agent, trustee included on Form 990, Part X?							Vo
Ь	If "Yes," explain the arrangement in P	art XIII and comple	ete the followi	ng table:				
						Am	ount	
c	Beginning balance				1c	<del></del>		
q	Additions during the year				1d	<del> </del>	<del></del>	
e	Distributions during the year				1e	ļ		
f	Ending balance				1f			
2a b	Did the organization include an amou If "Yes," explain the arrangement in P					-		VO.
	t V Endowment Funds.	art Alli. Check her	e ii trie explan	iation has been	provide	U UII Part XIII .	· · · <u> </u>	—
	Complete if the organization	ı answered "Yes	" on Form 99	0 Part IV. line	e 10.			
	Complete if the organization	(a) Current year	(b) Prior yea		100	(d) Three years back	(e) Four years bac	
1a	Beginning of year balance	(1,)	<u>, , , , , , , , , , , , , , , , , , , </u>	(-///		<u>,,,</u>	(-, <u> , </u>	
b	Contributions			_				_
c	Net investment earnings, gains, and losses							
d	Grants or scholarships							_
e	Other expenditures for facilities and programs							
f	Administrative expenses	-						_
g	End of year balance							_
2	Provide the estimated percentage of	the current year en	id balance (lin	e 1g, column (a)	)) held a	IS.		_
а	Board designated or quasi-endowme	nt ▶	%					
b	Permanent endowment	%						
C	Term endowment ▶%	-						
_	The percentages on lines 2a, 2b, and							
3a		e possession of the	ie organizatio	n that are held	and adr	ministered for the		
	_ ·							<u>-</u>
	- · · · · · · · · · · · · · · · · · · ·							—
b	•							—
4	<b>`</b>	•	•					_
Pari	Land, Buildings, and Equip							_
	Complete if the organization	n answered "Yes	<u>" on Form 99</u>	90, Part IV, line	e 11a. S	See Form 990, F	Part X, line 10.	
	Description of property	(a) Cost or ot (investm		Cost or other basis (other)		Accumulated preciation	(d) Book value	
1a	Land	20	0,000.				200,000	).
b	Buildings	. 2,21	9,569.				2,219,569	<del>)</del> .
C	Leasehold improvements							
d	Equipment						11,299	
е						ı	130 706	
Part 1a b c	Are there endowment funds not in the organization by:  (i) Unrelated organizations  (ii) Related organizations	organizations listed s of the organization pment.  an answered "Yes (a) Cost or or or (investm)  20 2,21	as required con's endowment  on Form 99  ther basis (b) Cent)	on Schedule R? ent funds.  90, Part IV, line	  e 11a. §	See Form 990, F	Yes N 3a(i) 3a(ii) 3b  Part X, line 10 (d) Book value 200,000 2,219,56	

Part VII	Investments — Other Securities.  Complete if the organization answered "Yes" on For	m 990, Part IV, lın	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Met	hod of valuation -of-year market value
(1) Financial	derivatives		_	
(2) Closely h	eld equity interests	·		==
(3) Other				
(A)				
(B) -	w we will be a second of the s	` .		
		<del></del>		
		<del></del>		
	·			
(F)				
(G) (H)			<del>[</del>	
	mn (b) must equal Form 990, Part X, col. (B) line 12.) .		AND SECTION AND SECTION	
Part VIII	Investments—Program Related.		THE PARTY OF STREET, S	denter (a 5000000 part of the contract of the
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Met	hod of valuation -of-year market value
(1)				
(2)				
(3)				·-·-
(4)				
(5)				**==
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col (B) line 13.) .	<u> </u>		
Part IX	mn (b) must equal Form 990, Part X, col (B) line 13.) .  Other Assets.		A MEDICAL PROPERTY OF THE PARTY	
rartix	Complete if the organization answered "Yes" on For	m 990. Part IV. lin	e 11d. See Form	990. Part X. line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)	MATERIA (1)			
(8)				
(9)	(A)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	· · · · ·	<u> ▶</u>	
Part X	Complete if the organization answered "Yes" on For line 25.	m 990, Part IV, lin	e 11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal ır				
(2)				
(3)	,			
(4)				
(5)				
(6)				
(7)				
(8)				
_(9)			_ <del></del>	
	(-/		<u> </u>	
2. Liability for	runcertain tax positions. In Part XIII, provide the text of the footnot	ote to the organization	n's financial stateme	ents that reports the
organization'	s liability for uncertain tax positions under FASB ASC 740. Check	nere if the text of the	e lootnote has been	provided in Part XIII . 🗆

Part			ue per Return.
	Complete if the organization answered "Yes" on Form 990		
1	Total revenue, gains, and other support per audited financial statements	8	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	l
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 12.)	5
Part			
	Complete if the organization answered "Yes" on Form 990		•
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	<u> </u>	
	Other losses		
C		<del></del>	
d	Other (Describe in Part XIII.)		2e
e	Add lines 2a through 2d		3
3	Subtract line 2e from line 1	i	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40	
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
_c	Add lines <b>4a</b> and <b>4b</b>		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, II XIII Supplemental Information.	ine (8.)	.   5
2; Par	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	rt to provide any add	ditional information.
		<del>-</del>	<u></u>
<b></b>			
		<del></del>	<del></del>
		•	
	`	<u></u>	
	<u></u>		
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Schedule D'(Fo		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.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

SERI	ENITY, INC.					35-1324859	
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.							
_a	_X_Mail solicitations		——е- <u>-</u>	]-Solicitati	ion of non-govern	ment grants	
b	☐ Internet and email solicitation	ns	f	] Solicitati	on of governmen	t grants	
С	☐ Phone solicitations		g □	] Special t	fundraising events	6	
d	In-person solicitations						
2a	Did the organization have a writ or key employees listed in Form						
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by			draisers) pu	ursuant to agreen	nents under which th	e fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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		<del></del> -	
1							
2							
3							
4							
5							
6							
7							
8			-				
9		_	-		-	•	
10						_	
otal				<u> </u>			
3							
KY	registration or licensing. 7 IN		, 				
							•
<b></b> -							
				••			
				- <b></b>			
			••				

Schedule G (Form 990 or 990-EZ) 2019

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	•	gross receipts greater tha			4 1 000	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col <b>(c)</b> )
Revenue						
eve	1	Gross receipts				
ш	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)				
	4	Cash prizes				
		·				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
ă X	7	Food and beverages				
oct E						
	8	Entertainment				
	9	Other direct expenses .				
		Sinoi Sinoi Sinponoss				
	10	Direct expense summary. Ad				
Pa	11 rt III	Net income summary. Subtra Gaming. Complete if the	e organization answe	ered "Yes" on Form	990. Part IV. line 19.	or reported more than
_		\$15,000 on Form 990-E2	Z, line 6a.			
ē						
=	į .		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
ven			(a) Bıngo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	(d) Total gaming (add col (a) through col (c))
			(a) Bingo		(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 2	Gross revenue	(a) Bingo		(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Expenses			(a) Bingo		(c) Other gaming	(d) Total gaming (add col (a) through col (c))
ct Expenses	2	Cash prizes	(a) Bingo		(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Expenses	2	Cash prizes	(a) Bingo		(c) Other gaming	(d) Total gaming (add col (a) through col (c))
ct Expenses	2 3 4	Cash prizes	(a) Bingo	bingo/progressive bingo	☐ Yes %	(d) Total gaming (add col (a) through col (c))
ct Expenses	2 3 4	Cash prizes		bingo/progressive bingo		(d) Total gaming (add col (a) through col (c))
ct Expenses	2 3 4 5	Cash prizes	□ Yes %	bingo/progressive bingo  Yes%  No	☐ Yes %	(d) Total gaming (add col (a) through col (c))
ct Expenses	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor	☐ Yes % ☐ No  Id lines 2 through 5 in c	bingo/progressive bingo  Yes %  No  column (d)	☐ Yes% ☐ No	(d) Total gaming (add col (a) through col (c))
ct Expenses	2 3 4 5 6 7 8	Cash prizes	☐ Yes % ☐ No  Id lines 2 through 5 in course. Subtract line 7 from I	bingo/progressive bingo  Yes %  No  column (d)	☐ Yes %	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	☐ Yes % ☐ No  Id lines 2 through 5 in cours, Subtract line 7 from I	bingo/progressive bingo  Yes %  No  column (d)	☐ Yes %	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 a Is	Cash prizes	Yes % No  Id lines 2 through 5 in conjugation conducts gain activities	bingo/progressive bingo  Yes  % No  column (d)	☐ Yes %	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 a Is	Cash prizes	Yes % No Id lines 2 through 5 in construct line 7 from Inganization conducts gapenduct gaming activities	bingo/progressive bingo  Yes %  No  column (d)	☐ Yes %	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 a Is	Cash prizes	Yes % No Id lines 2 through 5 in construct line 7 from Inganization conducts gapenduct gaming activities	bingo/progressive bingo  Yes %  No  column (d)	☐ Yes % No	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 8 b If	Cash prizes	Yes % No  Id lines 2 through 5 in or y. Subtract line 7 from I ganization conducts ga onduct gaming activitie aming licenses revoked	Dingo/progressive bingo  Yes %  No  Column (d)	☐ Yes % No No	
Direct Expenses	2 3 4 5 6 7 8 8 b If	Cash prizes	Yes % No  Id lines 2 through 5 in or y. Subtract line 7 from I ganization conducts ga onduct gaming activitie aming licenses revoked	Dingo/progressive bingo  Yes %  No  Column (d)	☐ Yes % No No	

REV 10/27/20 PRO

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

Schedu	ule G'(Form 990 or 990-EZ) 2019		Page <b>3</b>				
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No				
12	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?	☐ Yes	□ No				
13	Indicate the percentage of gaming activity conducted in.						
а	The organization's facility		%_				
b	An outside facility		<u></u> %_				
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		•				
	Name ►						
	Address ►						
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□ No				
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the						
	amount of gaming revenue retained by the third party ► \$						
С	If "Yes," enter name and address of the third party:						
	Name ►						
	Address ▶						
16	Gaming manager information:						
	Name ►	Name ►					
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
	□ Director/officer □ Employee □ Independent contractor						
17	Mandatory distributions.						
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		□ No				
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$						
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.	(iii) and ( nal infor	v); and mation.				

REV 10/27/20 PRO

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Schedule G (Form 990 or 990-EZ) 2019

#### 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.

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
SERENITY, INC.	35-1324859
Pt VI, Line 11b: THE BOARD HAS A WEEKLY MEETING AND REVIEWS ALL F	'INANCIAL DATA
THE THE THREE MEDICAL MEDICAL POLICE DESCRIPTION OF THE PROTECTION	VEND ALL DANK
AND THE ANNUAL MEETING THE BOARD REVIEWS THE RECAP FOR THE ENTIRE	LIEAR ALL BANK
ACCOUNTS ACCOUNTS ARE RECONCILED MONTHLY	
	<del></del>
	·····